

Unravelling: A Study to Explore the Intricate Relationship Between Problem Behaviors and Resilience in Youth

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ABSTRACT

Problem behaviors among youth have a negative impact and understanding factors that contribute to counteract these behaviors is crucial for promoting positive youth development and preventing negative outcomes. One such factor is Resilience, or the ability to adapt to stress and adversity. The present study investigates the relationship between problem behaviors and resilience in postgraduate students aged 22-24 years using Wagnild and Young Resilience Scale and Achenbach System of Empirically Based Assessment-Adult Self-Report (ASEBA-ASR). The results indicated that 75.6% of participants had clinical levels of problem behaviors while 5.6% showed borderline levels of problem behaviors. Chi-square tests also showed significant associations between gender ($p < 0.027$), education ($p < 0.046$), total monthly income of subjects' family ($p < 0.058$), and residence ($p < 0.017$) with levels of overall Resilience. Results further showed a negative correlation between resilience and problem behaviors, including both externalizing ($p < 0.000$; $r = -.407$) and internalizing behaviors ($p < 0.000$; $r = -.472$).

Keywords: *Problem Behaviors, Resilience, Youth, Mental health*

Understanding Problem Behaviors and Resilience in Indian Context: In the realm of psychology, Problem behaviors are defined as any behaviors that are seen by society as undesirable, deviating from socially acceptable norms, and hence, usually causing some sort of negative responses. These are typically categorized into two main types: externalizing and internalizing. Externalizing behaviors, which include impulsivity, aggression, and hyperactivity, are disruptive to the environment around the individual, affecting other people or objects. On the other hand, internalizing behaviors include symptoms such as depression, anxiety, or social withdrawal, which are distressing to the individual themselves (Tahereh et al., 2012).

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In the Indian context, factors such as rapid urbanization, socio-economic disparities, and cultural influences can contribute to the prevalence of externalizing behaviors among the youth (Dang et al., 2014; Casuso et al., 2013). Understanding the underlying causes and triggers for such behaviors is crucial for implementing targeted interventions and preventive measures.

On the other hand, internalizing behaviors tend to be less visible, making them more challenging to identify and address. In this context, in societies where the stigma surrounding mental health is still prevalent, recognizing and addressing internalizing behaviors becomes even more critical. By recognizing signs of anxiety, depression, or withdrawal in Indian youth, it can be ensured that timely interventions, and providing healthy supportive systems, will reduce the long-term impact of these behaviors on their well-being. The significance of understanding problem behaviors and the effect of Resilience extends beyond individual well-being. It has broader implications for the overall social fabric and future of the nation. The tool of Resilience or the ability of a person to overcome adversity (Pawelski et al., 2016; Gonçalves et al., 2018) is inferred from the dynamic interactions of their components of risk and adaptation. Empirical research has developed two main perspectives in the study of resilience, namely, the protective and the compensatory models. In the former, protective factors may buffer the impact of threat on outcomes of adaptation such as educational, family, professional, social, health, and mental health conditions. In contrast, in compensatory models, resilience is evaluated as characteristic of the individual, regardless of the threat experienced (Hodgkinson et al., 2021).

Rising above: The Power of Resilience against Negative Setbacks: Resilience connotes strength, flexibility, a capacity for mastery, and a resumption of normal functioning after an upheaval event that challenges individual coping skills (Heward, 2009; Beckett et al., 2006; Bryan et al., 2017; Fergus and Zimmerman, 2005; Paulski et al., 2006; Yan et al., 2012; Seligman et al., 2008). Problem behaviors in youth can have a significant impact on their mental health (Cladwell et al., 2006; Dias and Irene, 2017). Studies have shown that adolescents and youth who engage in problem behaviors such as substance abuse, delinquency, and risky sexual behaviors are more likely to experience depression and anxiety (Dang et al., 2014; Dunn, 2017). These behaviors can lead to a decrease in self-esteem and an increase in feelings of hopelessness (Boellinghaus et al., 2013). Academic performance is also negatively affected by these behaviors (Casuso et al., 2013; Campbell et al., 2006) which can have long-term consequences for their future success and opportunities

Objectives

- To assess the socio-demographic conditions, problem behaviors, and resilience among youth.
- To find the relationship between problem behaviors and resilience among youth.

METHODOLOGY

The main aim of this study was to identify the problem behaviors and resilience among youth and to understand the nature of the relationship between the two. The sampling method used in this study was purposive sampling or intentional sampling where the researcher selected a sample based on specific characteristics or criteria that are important for the study. The study was based on a group of Postgraduate students aged 22-25 years selected from the University of Mysore. A total of 120 postgraduate students were selected

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randomly from the University of Mysore. However, 30 students were denied voluntary participation in the study due to COVID-19. Thus, a total of 90 students formed the final sample of the study.

Tools used:

- Self-Developed Questionnaire to study socio-demographic variables.
- Wagnild and Young's Resilience Scale.
- ASEBA Adult Self Report (18-59 years).

Personal and Socio-demographic conditions

The questionnaire on the personal and socio-demographic conditions of the sample was framed using and it comprised of four sections each detailed to extract relevant information. The first section contained questions to collect personal information of sample, section B included details about parents, section C contained details about family and section D contained information about other socio-demographic conditions such as type of family, family size, religion, caste, mother tongue, total family income, and source of family income, etc.

Achenbach System of Empirically Based Assessment-Adult Self-Report (ASEBA - ASR)

The Achenbach System of Empirically Based Assessment-Adult Self-Report (ASEBA-ASR) is a comprehensive measure designed to assess various behavioral and emotional problems in youths. In the current study, ASEBA – ASR syndrome scale span for ages 18-59 years (for women and men) was administered to assess the problem behavior among youth. It consists of a series of items that assess a wide range of behaviors, including internalizing problems (such as anxiety and depression) and externalizing problems (such as aggression and rule-breaking behavior). This is a 3- point scale that consisted of 126 items covering syndromes of internalizing, externalizing, and other problem behaviors with objective type of answers, namely, 'very true or often true', sometimes or somewhat true, and not true.

Wagnild and Young's Resilience scale

The Wagnild and Young Resilience Scale (RYI) is a psychological assessment tool used to measure an individual's level of resilience. Resilience is defined as the ability to adapt and bounce back from stress, adversity, and other difficult life events. The RYI was developed by Kathryn M. Wagnild and Mary J. Young in 1993 and has been widely used in research and clinical settings since then. This scale was used to identify the degree of individual resilience which was a positive personality characteristic that enhances individual adaptation. This scale encompasses two main factors i.e. personal competence (e.g., self-reliance, independence, invincibility, mastery, resourcefulness, and perseverance) and acceptance of self and life (e.g., adaptability, flexibility, and balanced perspective of life)." The scale consists of 25- items, a self-reported summated rating scale, with responses ranging from strongly disagree (1) to strongly agree (7). The level of agreement is scored on a 7-point Likert scale. This scale is known to have good reliability and validity in measuring resilience and has been used in a wide range of populations, including adults, adolescents, and older adults, as well as in various cultural settings (Yancey et al., 2011).

Data collection: In order to collect the data from the sample the investigator contacted the head of the University of Mysore and after proper consent, from both the head and sample

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under study, questionnaires were administered through online mode. The collected data was entered XL sheet and analysis of data was done with the help of the Statistical Package of Social Sciences version 20 (SPSS- 20) as per the objectives of the study.

RESULTS AND DISCUSSION

Table 3.0 Personal characteristics of sample

Personal Characteristics		Gender				Total	
		Females		Males			
		No	%	No	%	No	%
Age group	22 to 23 years	30	56.6	16	43.2	46	51.1
	24 to 25 years	23	43.4	21	56.8	44	48.9
Birth order	First born	25	47.2	20	54.0	45	50
	Second & later born	28	52.8	17	45.9	45	50
Education	MA	16	30.2	19	51.0	35	38.9
	MSc	37	69.8	18	48.6	55	61.1
Total		53	58.9	37	41.1	90	100

Table 3.0 describes the Personal Information of the sample under study. In terms of age group, most subjects belonged to the 22 to 23 years age group (n=46), with 56.6% (n=30) of females and 43.2% of male subjects (n= 16). With respect to birth order, a slightly higher percentage of second & later-born (52.8%; n=28) were present. The postgrad students form a good sample because they are at a unique developmental stage where they are transitioning into adulthood and facing new challenges such as a desire to fit in, high expectations from their academic programs, and pressure to excel in their future careers. By studying this population, a better understanding of the link between Problem behaviors and Resilience was expected, which would help develop targeted interventions to promote mental health among this group in future studies. It is worth noting that the percentage of females in the MSc program (69.8%) was higher than in the MA (30.2%) program. This could be due to various reasons, such as the field of study, availability of scholarships or funding, or personal preference. This could also be as the science stream often poses as one with diverse career options (Ghee et al., 2015).

Table 3.1– Details about Parents of the Sample

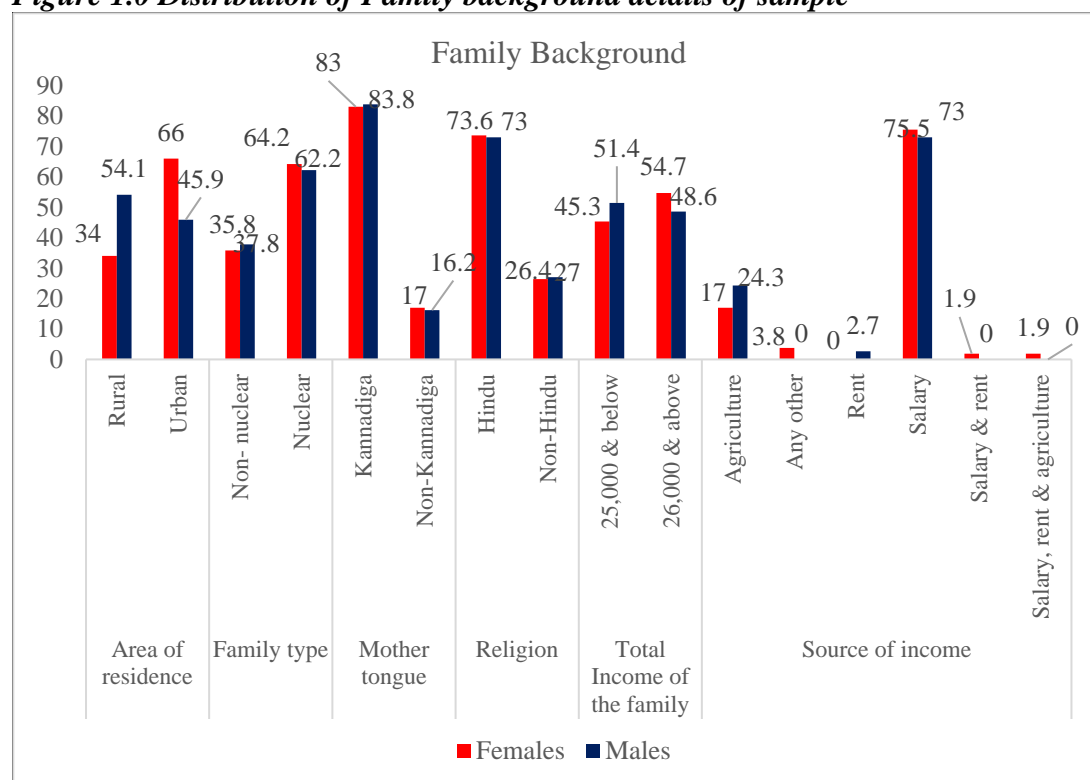
Parents details		Gender				Total	
		Females		Males			
		No	%	No	%	No	%
Father's Age	55 & below	25	48.1	20	57.1	45	51.7
	56 & above	27	51.9	15	42.9	42	48.3
Father's Education	SSLC & below	19	36.5	10	38.6	29	33.3
	PUC & Diploma	8	15.4	2	5.7	10	11.5
	UC & PG	15	28.8	14	40.0	29	33.3
	Not Literate	10	19.2	9	25.7	19	21.8
Father's Occupation	Profession	4	7.7	4	11.4	8	9.2
	Agriculture	11	21.2	10	28.6	21	24.1
	Business	23	44.2	9	25.7	32	36.8
	Office/Administrative work	14	26.9	12	34.3	26	29.9

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Parents details		Gender				Total	
		Females		Males			
		No	%	No	%	No	%
Father's Monthly income	20,000 & below	34	65.4	20	57.1	54	62.1
	21,000 & above	18	34.6	15	42.9	33	37.9
Mother's age	50 & below	32	60.4	22	59.5	54	60.0
	51 & above	21	39.6	15	40.5	36	40.0
Mother's Education	Not literate	16	30.2	21	56.8	37	41.1
	SSLC & Below	19	35.8	15	40.5	34	37.8
	PUC & Above	18	34.0	1	2.7	19	21.1
Mother's occupation	Non-working	45	84.9	36	97.3	81	90.0
	Working	8	15.1	1	2.7	9	10.0
Mother's monthly income	35,000 & below	4	7.55	1	2.7	5	5.55
	36,000 & above	4	7.55	0	0	4	4.45

Table 3.1 provides a brief overview at the age, education, occupation, and monthly income of the subjects' parents. The majority of the subjects' fathers (51.7%) were 55 years old & below while most of the subjects' mothers (60.0%) were 50 years & below. In terms of educational level, occupation, and monthly income, an equal percentage of subjects' fathers (33.3%) had completed SSLC or below and UG, and PG Degrees (33.3%) with the majority of the subjects' fathers (36.8%) being involved in some kind of business with a higher percentage earning (62.1%) less than Rs. 20,000/ per month whereas most of the subjects' mothers were not literate (41.1%) and not working (90.0%).

Figure 1.0 Distribution of Family background details of sample



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Figure 1.0 provides information about the family background, including the area of residence, family type, mother tongue, religion, caste, total family income, and source of income. The highest percentage of the sample (57.8%) was from urban areas of Mysore. Further, most of the subjects were Hindus (73.3%) belonged to nuclear families (63.3%), and spoke Kannada (83.5%) with a steady source of income from a regular salary (74.4%).

Table 4.0 Distribution of subjects based on Levels of Overall Problem Behaviors

Interpretation of OPB	No	%
Borderline	5	5.6
Clinical	68	75.6
Normal	17	18.9
Total	90	100.0

The above table (4.0) describes an overall level of Problem behaviors found in the sample under study. These data sets represent an astonishingly high percentage of the f sample (75.6%) with Clinical levels of Problem Behaviors. *It is worth noting that findings may be related to the stress and uncertainty of the COVID-19 pandemic, which had a negative impact on mental health and well-being.* This is shown in the results of other studies done around a similar time frame (Kotera et al., 2020; Hodgkinson et al., 2021).

Table 4.1 Distribution of Sample Based on the incidences of Internalizing Problem Behaviors under various Independent Variables

Variables		Normal		Borderline		Clinical		χ^2 test (df=2)	Sig
		No	%	No	%	No	%		
Gender	Females	13	24.4	2	3.8	38	71.7	5.966*	0.051
	Males	2	5.4	1	2.7	34	91.9		
Age group	22 - 23 yrs.	14	30.4	2	4.3	30	65.2	13.562**	0.001
	24 - 25 yrs.	1	2.3	1	2.3	42	95.4		
Birth order	First born	7	15.6	1	2.2	37	82.2	0.456	0.796
	2 nd & later born	8	17.8	2	4.4	35	77.8		
Education	M.A	1	2.9	1	2.9	33	94.2	8.053*	0.018
	M.Sc.	14	25.5	2	3.6	39	70.9		
Residence	Rural	2	5.3	1	2.6	35	92.1	6.433*	0.040
	Urban	13	25.0	2	3.8	37	71.2		
Family income	Rs 25000 & below	6	14.0	1	2.3	36	83.7	0.757	0.685
	Rs 26000 & above	9	19.1	2	4.3	36	76.6		

Table (4.1) presents the number and percentage of participants with normal, borderline, and clinical levels of internalizing problem behaviors for each variable. The variables included in the table are gender, age group, birth order, education, residence, and family income. A careful analysis of the table, shows that there is a significant association between age group ($p < 0.001$), education ($p < 0.018$), residence ($p < 0.040$) and the incidence of internalizing problem behaviors. However, the association between gender ($p < 0.051$), birth order ($p < 0.796$), family income ($p = 0.685$), and the incidence of internalizing problem behaviors was not statistically significant. The findings bear significant relevance to the investigation

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of problem behaviors and resilience among youth. Adults encounter difficulties and more life challenges than previous generations, yet they are provided less guidance and intervention for their personal development (Pajares and Urdan, 2004; Berger, 1983). Young people go through a series of biological and psychological changes at the end of adolescence, as they enter adulthood (Clarke et al., 1987). The students need good help to make sure that they are not overwhelmed by the negative loop of problem behaviors and their negative effects (Cohen et al., 2006; Seligman et al., 2008).

These findings align with and contribute to the existing body of literature investigating the relationship between independent variables and the incidence of internalizing problem behaviors among youth (Lightfoot et al., 2011; Arsalan et al., 2020; Shuheilimura et al., 2017; Snapp et al., 2012)). Females exhibited higher percentages of clinical behaviors (71.7%) compared to males (91.9%), indicating a potential gender difference in the manifestation of internalizing problems. These findings align with previous studies that have reported higher rates of anxiety and depression among females (Surzykiewicz et al., 2019). However, the chi-square test did not reveal a statistically significant relationship between gender and problem behaviors ($p=0.051$), suggesting the need for further investigation.

The age group also emerged as a significant variable in relation to internalizing problem behaviors. The 22-23 years age group showed higher percentages of clinical behaviors (65.2%) compared to the 24-25 years age group (95.4%). These findings suggest that younger individuals may be more vulnerable to internalizing problems.

Table 4.2- Distribution of Sample Based on the Incidence of Externalizing Problem Behaviors under Socio-Demographic Variables

Variables		Normal		Borderline		Clinical		χ^2 test (df=2)	Sig
		No	%	No	%	No	%		
Gender	Females	14	26.4	4	7.5	35	66.1	10.556**	0.005
	Males	1	2.7	1	2.7	35	94.6		
Age group	22-23 years	14	30.4	5	10.9	27	58.7	19.889**	0.000
	24-25 years	1	2.3	0	0.0	43	97.7		
Birth order	Firstborn	9	20.0	3	6.7	33	73.3	1.029	0.598
	2 nd & later born	6	13.3	2	4.4	37	82.2		
Education	MA	0	0.0	1	2.9	34	97.1	13.058**	0.001
	M.Sc.	15	27.3	4	7.3	36	65.4		
Residence	Rural	2	5.3	1	2.6	35	92.1	7.880*	0.019
	Urban	13	52.0	4	7.7	35	67.3		
Family income	Rs. 25000 & below	5	11.6	1	2.3	37	86.1	3.524	0.172
	Rs. 26000 & above	10	21.3	4	8.5	33	70.2		

With respect to various socio-demographic variables and Externalizing problem behaviors, in Table 4.2, a highly significant association was found between Gender ($p<0.005$), age group ($p<0.000$), and Education ($p<0.001$). With respect to Residence ($p<0.0019$), a

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significant association was found. Similar results were found in studies by Muzammil et al., 2009; Sahoo and Khess, 2010, Arsalan et al., 2020).

Table 5.0 Distribution of Mean and SD Scores of Resilience based on Gender of Sample

Resilience Factors		N	Mean	SD	t-value (df= 88)	Sig
Personal competence	Females	53	76.58	14.733	2.646**	0.007
	Males	37	68.97	11.288		
Acceptance of self & life	Females	53	36.25	7.608	0.282	0.764
	Males	37	35.84	5.215		
Overall Resilience	Females	53	112.83	20.108	2.106*	0.027
	Males	37	104.81	13.731		

Table 5.1 Distribution of Mean and SD scores of Resilience based on the Age of the Sample

Resilience Factors		N	Mean	SD	t-value (df= 88)	Sig
Personal competence	22 - 23 years	46	75.76	15.716	1.626	0.105
	24 - 25 years	44	71.05	11.332		
Acceptance of self & life	22 - 23 years	46	36.09	7.287	0.013	0.989
	24 - 25 years	44	30.07	6.105		
Overall Resilience	22 - 23 years	46	111.85	21.587	1.243	0.213
	24 - 25 years	44	107.11	13.417		

Table 5.2 Distribution of Mean and SD scores of Resilience based on Birth-order of Sample

Resilience Factors		N	Mean	SD	t-value (df= 88)	Sig
Personal competence	First born	45	73.38	12.563	0.053	0.958
	2 nd and later born	45	73.53	15.219		
Acceptance of self & life	First born	45	36.09	5.439	0.016	0.988
	2 nd and later born	45	36.07	7.820		
Overall Resilience	First born	45	109.47	14.777	0.035	0.971
	2 nd and later born	45	109.60	21.109		

Table 5.3 Distribution of Mean and SD scores of Resilience based on Residence of Sample

Resilience Factors		N	Mean	SD	t-value (df= 88)	Sig
Personal competence	Rural	38	69.58	10.163	2.321*	0.015
	Urban	52	76.29	15.547		
Acceptance of self & life	Rural	38	35.03	5.180	1.278	0.180
	Urban	52	36.85	7.575		
Overall Resilience	Rural	38	104.61	12.491	2.256*	0.017
	Urban	52	113.13	20.696		

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Table 5.4 Distribution of Mean and SD scores of Resilience based on Income of Sample

Resilience Factors		N	Mean	SD	t-value (df= 88)	Sig
Personal Competence	25,000/- & below	43	70.35	12.313	2.069*	0.040
	26,000/- & above	47	76.30	14.725		
Acceptance of Self & Life	25,000/- & below	43	35.44	6.493	0.860	0.391
	26,000/- & above	47	36.66	6.898		
Overall Resilience	25,000/- & below	43	105.79	15.772	1.902*	0.058
	26,000/- & above	47	112.96	19.568		

Tables 5.0 to 5.4 show the mean and standard deviation (SD) scores of resilience based on the gender, age, residence, and income of the sample. The resilience factors include personal competence, acceptance of self & life, and overall resilience. *The results indicate that females have significantly higher mean scores than males in personal competence (76.58 ± 14.733 vs 68.97 ± 11.288 , $t = 2.646$, $p < 0.01$) and overall resilience (112.83 ± 20.108 vs 104.81 ± 13.731 , $t = 2.106$, $p < 0.05$). However, there was no significant difference in the mean scores of acceptances of self & life between females and males (36.25 ± 7.608 vs 35.84 ± 5.215 , $t = 0.282$, $p > 0.05$).*

Table 6.0 Correlation between socio-demographic variables and Problem behaviors

Variables		Internalization problem behavior	Externalization problem behavior	Overall problem behavior
Age	r	.425**	.405**	.462**
	sig	0.000	0.000	0.000
Birth order	r	-.025	.071	.033
	sig	0.818	0.504	0.756
Family income	r	-.198	-.345**	-.303**
	sig	0.061	0.001	0.004

Table 6.1 Correlation between various socio-demographic variables and Resilience

Variables		Personal competence	Acceptance of self and life	Overall Resilience
Age	r	-.219*	-.038	-.182
	sig	0.038	0.721	0.086
Birth order	r	-.049	-.043	-.053
	sig	0.649	0.684	0.618
Family income	r	.336**	.183	.325**
	sig	0.001	0.084	0.002

According to Tables, 6.0 and 6.1 a positive correlation was found between internalizing problem behaviors, externalizing problem behaviors, overall problem behaviors, and the youth's age. These findings clearly indicate that as the age of youth increases the chances of having problem behaviors also increase. Overall, the personal competence factor of resilience and overall resilience significantly correlates with the youth's age and family income respectively.

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Table 6.2 Correlation between Problem Behaviour and Resilience

Dimensions		Personal competence	Acceptance of self and life	Total resilience factors
Internalization problem behaviors	r	-.423**	-.225*	-.407**
	sig	0.000	0.033	0.000
Externalization problem behaviors	r	-.483**	-.275**	-.472**
	sig	0.000	0.009	0.000
Overall problem behaviors	r	-.487**	-.262*	-.470**
	sig	0.000	0.013	0.000

The table (6.2) shows the correlation between different dimensions of problem behaviors and resilience. The results suggest that there is a negative correlation between all three dimensions of problem behavior (internalization, externalization, and overall) and all three dimensions of resilience (personal competence, acceptance of self and life, and total resilience factors). The negative correlation indicates that higher levels of problem behavior are associated with lower levels of resilience. These findings may be related to the stress and uncertainty of the COVID-19 pandemic, which could have had a negative impact on mental health and well-being.

With respect to overall problem behaviors, personal competence demonstrated a significant negative correlation ($r = -.487, p < 0.001$), indicating that individuals with higher personal competence tend to exhibit fewer overall problem behaviors. Similarly, acceptance of self and life showed a significant negative correlation with overall problem behaviors ($r = -.262, p < 0.05$). Moreover, the overall resilience factors exhibited a significant negative correlation with overall problem behaviors ($r = -.470, p < 0.001$), suggesting that higher overall resilience is associated with reduced overall problem behaviors.

These findings provide empirical evidence supporting the hypothesis that higher levels of personal competence and acceptance of self and life, as well as overall resilience, are associated with a lower likelihood of engaging in problem behaviors. The negative correlations suggest that individuals with greater personal competence and acceptance of self and life tend to have stronger resilience, which, in turn, serves as a protective factor against the manifestation of problem behaviors. It indicates that cultivating Resilience acts as a solid element that aims at a reintegration process and a return to normal functioning with the support of protective factors after encountering a severe threat.

The results align with existing research highlighting the importance of resilience in reducing problem behaviors among individuals (Hodgkinson et al., 2020; Haddow et al., 2021). They further emphasize the significance of personal competence and acceptance of self and life as dimensions of resilience that contribute to better psychological well-being and adaptive behaviors (Cadwell et al., 2006; Diaz, 2005; Rutter, 2006; Seligman et al., 2000, Tahereh et.al., 2012; Zarina and Anuja., 2020).

CONCLUSION

The results underscore the significance of devising and implementing intervention programs that prioritize the cultivation of resilience skills at the core to prevent and alleviate problem

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behaviors among young adults. Resilience acts as a overcome challenges and maintain a positive outlook, even in the face of adversity. Additionally, resilience can help students to develop more positive and healthy behaviors by teaching them to focus on their strengths rather than their perceived flaws or negative events around them.

REFERENCES

- Arslan, G., Yıldırım, M., & Wong, P. T. P. (2020). Meaningful living, resilience, affective balance, and psychological health problems during COVID-19. *PsyArXiv*, 1–31. <https://doi.org/10.31234/osf.io/wsr3e>.
- Dang, M. T., Conger, K. J., Breslau, J., & Miller, E. (2014). Exploring Protective Factors among Homeless Youth: The Role of Natural Mentors. *Journal of Health Care for the Poor and Underserved*, 25(3), 1121-1138. doi:10.1353/hpu.2014.0133
- Achenbach and Rescorla (2003) 'Manual for the ASEBA Adult Forms & Profiles', Burlington, Vt: University of Vermont, Research Centre for Children, Youth & Families.
- Beckett, C., Maughan, B., Rutter, M., Castle, J., Colvert, E., Groothues, C., & Sonuga-Barke, E. J. (2006). Do the effects of early severe deprivation on cognition persist into early adolescence? Findings from the English and Romanian adoptees study. *Child development*, 77(3), 696-711. Doi:10.1111/j.1467-8624.2006.00898.x
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology*, 7(4), 267–277. <https://doi.org/10.1037/a0033092>.
- Bryan, C., O'Shea, D., & MacIntyre, T. (2017). Stressing the relevance of resilience: A systematic review of resilience across the domains of sport and work. *International Review of Sport and Exercise Psychology*. <https://doi.org/10.1080/1750984X.2017.1381140>.
- Caldwell, M., Skeem, J., Salekin, R., & Van Rybroek, G. (2006). Treatment response of adolescent offenders with psychopathy features: A 2-year follow-up. *Criminal Justice and Behavior*, 33, 571–596. <https://doi.org/10.1177/0093854806288176>.
- Casuso-Holgado, M. J., Cuesta-Vargas, A. I., Moreno-Morales, N., Labajos-Manzanares, M. T., Barón-López, F. J., & Vega-Cuesta, M. (2013). The association between academic engagement and achievement in health sciences students. *BMC Medical Education*, 13(1), 33. <https://doi.org/10.1186/1472-6920-13-33>.
- Campbell-Sills, I . Ireebe N. (2006) Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research & Therapy*, 44: 585–599.
- Cohen, Sheldon PhD; Alper, Cuneyt M. MD; Doyle, William J. PhD; Treanor, John J. MD; Turner, Ronald B. MD. Positive Emotional Style Predicts Resistance to Illness After Experimental Exposure to Rhinovirus or Influenza A Virus. *Psychosomatic Medicine* 68(6):p 809-815, November 2006. | DOI: 10.1097/01.psy.0000245867.92364.3c
- Dias, Paulo César, and Cadime Irene (2017) Protective factors and resilience in adolescents: The mediating role of self-regulation, *Psicología Educativa*, 23: 37–43
- Dunn, W. (2017). Strengths-based approaches: What if even the “bad” things are good things? *British Journal of Occupational Therapy*, 80(7), 395–396. <https://doi.org/10.1177/0308022617702660>.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26(1), 399–419. <https://doi.org/10.1146/annurev.publhealth.26.021304.144357>.

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- Gonçalves, Ana & Camarneiro, Ana. (2018). Validation of the Wagnild and Young's Resilience Scale in adolescents in residential care. *Revista de Enfermagem Referência. IV Série*. 107-118. 10.12707/RIV17080.
- Government of India (2017) Youth in India-2017, Report by Social Statistics Division, Central Statistics Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, http://mospi.nic.in/sites/default/files/publication_reports/youth_in_india-2017.pdf
- Hodgkinson, R., Beattie, S., Roberts, R. (2021). Psychological Resilience Interventions to Reduce Recidivism in Young People: A Systematic Review. *Adolescent Res Rev* 6, 333–357. <https://doi.org/10.1007/s40894-020-00138-x>
- Lightfoot, M., Stein, J.A., Tevendale, H.D., & Preston, K.S. (2011). Protective Factors Associated with Fewer Multiple Problem Behaviors Among Homeless/Runaway Youth. *Journal of Clinical Child & Adolescent Psychology*, 40, 878 - 889.
- Ghee, P. (2015). What are the most popular degree courses? Retrieved from <http://www.bbc.co.uk/news/education-32230793>. Accessed 1 Jul 2023.
- Muzammil et al., (2009) 'Prevalence of Psychosocial Problems among Adolescents in District Dehradun, Uttarakhand', *Indian Journal of Public Health*, January-March; 53(1): 18-21
- Pawelski, James. (2016). Defining the 'positive' in positive psychology: Part I. A descriptive analysis. *The Journal of Positive Psychology*. 11. 1-18. Doi:10.1080/17439760.2015.1137627.
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12. <https://doi.org/10.1196/annals.1376.002>.
- Diaz, R. (2005). *Young people and homelessness*. https://england.shelter.org.uk/_data/assets/pdf_file/0009/48627/Factsheet_Young_People_and_Homelessness_Nov_2005.pdf.
- Sahoo and Khess (2010) 'Prevalence of Depression, Anxiety and Stress Among Youth Male Adults in India – A Dimensional and Categorical Diagnoses- Based Study', *The Journal of Nervous and Mental Disease*, December; 198(12):901-904
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction (Vol. 55, No. 1, p. 5). American Psychological Association.
- Seligman, M. E. (2008). Positive health. *Applied psychology*, 57, 3-18. <https://doi.org/10.1111/j.1464-0597.2008.00351.x>
- Shuheilimura and KanakoTaku (2017), Gender Differences in Relationship between Resilience and Big Five Personality Traits in Japanese Adolescents, Department of Psychology, Chuo University, 742-1 Higashinakano Hachioji-shi, Volume: 121 issues: 5, page(s): 920-931,<https://doi.org/10.1177/0033294117741654>
- Siegel et al., (1999) 'Body Image, Perceived Pubertal Timing, and Adolescent Mental Health', *Journal of Adolescent Health*, November; 25(2): 155–165
- Tahereh et al., (2012) Resilience and Its Association with Depression, Emotional and Behavioral Problems, and Mental Health Service Utilization among Refugee Adolescents Living in South Australia, *International Journal of Population Research*, Hindawi Publishing Corporation, doi:10.1155/2012/485956
- Wagnild and Young (1993) 'Development of Psychometric Evaluation of Resilience Scale', *Journal of Nursing Measurements*, 1(2):165-178
- Wagnild (2010) 'Special Report on the 25-Item Resilience Scale', Worden M T: The Research Centre

Unravelling: A Study to Explore the Intricate Relationship Between Problem Behaviors and Resilience in Youth

- Yan et al., (2012) Resilience as a Positive Youth Development Construct: A Conceptual Review, *The Scientific World Journal*, Article ID 390450, 9 pages doi:10.1100/2012/390450
- Yancey et al., (2011) 'Role Modeling, Risk, and Resilience in California Adolescents', *Journal of Adolescent Health*;48: 36 – 43, doi: 10.1016/j.jadohealth.2010.05.001
- Youth Info India (2011). Karnataka. UNFPA. http://www.youthinfoindia.org/profiles/files/profiles/en/1/Youth%20Info_Karnataka_IND029.pdf
- Zarina & Anuja (2020) 'Interaction Effect of Gender and Body Image Satisfaction on Resilience, Optimism and Subjective Well-Being', *Studies in Indian Place Names*, 40(1): 507-516

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Conflict of Interest

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