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GENDER DIFFERENCE IN INTERNALIZING AND EXTERNALIZING BEHAVIOURAL PROBLEM AMONG ADOLESCENT STUDENTS OF RANCHI

Social Science

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ABSTRACT

The present investigation is an attempt to examine the gender difference in internalizing & externalizing behaviour problems of adolescent students. The total sample included 80 adolescent students (age range 14 to 16 years). Internalizing and externalizing behaviour problems was assessed by child behaviour checklist (CBCL) finding revealed that male students exhibit more externalizing behaviour than female. No difference was found in internalizing behaviour was problem between male and female students.

KEYWORDS

internalizing, externalizing, behaviour problems.

INTRODUCTION

Internalizing behaviors encompass a dimension of childhood psychopathology that includes behaviors that are directed inward or are over controlled and are associated with a number of depressive and anxiety disorders. Examples of internalizing behaviors may include fearfulness, somatic complaints, worrying, and withdrawal. Internalizing disorders are the source of significant distress and impairment, yet they often go unidentified and untreated. Depression and anxiety are associated with genetic, temperamental, and environmental risk factors that influence their development. Internalizing disorders constitute a specific type of emotional and behavioral problem.

Adolescents may also develop internalizing behavioural problems, which are the internal psychological, emotional and affective cognitions and behaviours of an individual. Problems such as inhibition, depression, withdrawal, anxiety, and fearfulness, rather than affecting the external world ted to more centrally affect the child's internal psychological environment. Other terms for this behaviour problem constellation involve “neurotic” and “over controlled” (Eisenberg, Cumberland, Spinrad, Fabes, Shepard, Reiser, Murphy, Losoya, & Guthries, 2001; Hinshaw, 1987).

Externalizing behaviour problem considered those behavioural problems which are manifested in children's outward behaviour. Whereas externalizing behaviors are easily observable by others internalizing behaviors or not. For example, we can easily spot when a student is being physically aggressive toward another student (externalizing), but we cannot hear the negative self-talk that may be going through someone's head (internalizing). Internalizing problems are more common among females, while externalizing problems are more common among males.

In early childhood, internalizing and externalizing problems are the most reliably diagnosed types of psychopathology. Data suggest that these problems are closely related and are likely to co-occur not only in childhood, but also in adolescence. The internalizing symptomatology includes depression, anxiety and withdrawal. On the other hand, externalizing behaviors are outer-directed and they comprise behaviors like rule-breaking, aggression, impulsivity, and defiance. Furthermore, children with internalizing problems are more likely to experience sadness, low impulsivity, and exhibit less social contact. In contrast to children with internalizing problems, children with externalizing problems tend to experience anger and be impulsive, and they are also inclined to show health compromising behaviours such as smoking.

Research on problem behaviour (internalizing & externalizing): An overview

Internalizing behaviors in children and adolescents are increasing (Kessler, Avenevoli & Merikangus, 2001; Merikangus et al., 2010) and externalizing problems have a high prevalence in children and adolescents (CDC, 2010; Nock, Kazdin, Hiripi, & Kessler, 2007).

Externalizing and internalizing disorders such as anxiety, depression, hyperactivity and disruptive behaviors are common in childhood and adolescence and can play a significant role in achievement. Depression is defined as a depressed mood and includes loss of interest or pleasure in activities (American Psychiatric Association, 2000).

The symptoms measured by rating scales of ADHD are typically consistent with those identified as disruptive externalizing problems (Reynolds & Kaufman, 2004). ADHD is also often referred to as “under controlled”, consistent with the way Achenbach and Edelbrock (1978) define externalizing problems. Disruptive behaviors will include conduct problems and aggression for the sake of this study. Conduct problems can be described as engaging in rule-breaking and antisocial behaviors. This can also include destroying property (Reynolds & Kamphaus, 2004).

According to Reid et al. (2009), internalizing disorders occur from an inability to decrease negative emotions and/or to increase positive emotions. As more school-aged children are dealing with internalizing problems, professionals will need to be aware of the risk-factors and warning signs.

Research has shown that many students with internalizing problems such as depression or anxiety often go unnoticed (Chavira, Stein, Bailey & Stein, 2004). Particularly in the school setting, those children engaging in disruptive behaviors are identified for interventions or services while those quietly seated in the back of the classroom are often over-looked. Actually, those children and adolescents with externalizing symptoms, who are more easily identified, are often dealing with internalizing symptoms as well but their behaviors are manifested differently (White & Renk, 2012).

Adolescents in general, are less likely to seek help for themselves (Walcott & Music, 2012). Furthermore, gender contributes to prevalence of internalizing problems. Females are more likely than males to experience depression and anxiety (De Bolle, De Clerq, Decuyper & De Fruyt, 2011; Friedrich, Raffaele Mendez & Mihalas, 2010).

When children have depression, symptoms can present in a slightly different way by appearing as externalizing behaviors like aggression or anger (Aluja & Blanch, 2004).

These externalizing problems often co-occur. The most prevalent co-occurring disorder with the neurodevelopment ADHD disorder is ODD. 40.6 percent of children with ADHD also have ODD. 21.6 percent of children have co-occurring minor depression/dysthymia and 15.2 percent have generalized anxiety disorder (GAD) (Elia, Ambrosini & Berrettini, 2008).

Externalizing behaviors such as hyperactivity and conduct problems have significant ramifications for children and adolescents in school as well as into adulthood. These are the types of disruptive behaviors that are usually identified more often in boys (one and a half times) than girls and typically lead to referrals to mental health clinics (Piko et al., 2005). Externalizing problem behaviors are also associated with internalizing disorders such as anxiety as well as substance abuse and juvenile delinquency (Rogers et al., 2001).

Disruptive behaviors also frequently co-occur with attention deficit disorders as well as internalizing problems (Piko et al., 2005). Frick et al. (1991) suggest that externalizing behaviors have a negative impact on academics because of the attention component that frequently co-occurs.

OBJECTIVE

- To assess the incidence of internalizing and externalizing behavioural problems among school going adolescents of Ranchi.
- To find out gender difference in internalizing and externalizing behavioural problems.

Hypotheses

- Internalizing and externalizing behavioural problems would be prevalent in school going adolescents of Ranchi.
- Male will show more externalize problems than female.
- Female will show higher number of internalized problem than male.

METHODOLOGY

Sample

Eighty (80) male and female students (40 each group) in the age range of 14 to 16 years residing in Ranchi town constituted the sample for the study. They were selected by random sampling method.

SELECTION CRITERIA:

- Only Hindu students of Ranchi town.
- 14 to 16 years of age group.
- Students of government school.
- Both parents alive.
- Willingness of the subjects.

Tools used

The child behaviour checklist (CBCL) for age 6-18 years- This scale was developed by Thomas M. Achenbach (2001). The CBCL/6-18 includes open-ended items, yields scores on internalizing and externalizing problems as well as scores on DSM-IV related scales. Externalizing symptoms such as rule breaking and aggressive behavior. Internalizing symptoms such as anxiety, depression, thought problem and attention problem. Reliability scale ranged between .80-.92 and validity ranged between .72-.89.

Procedure

Permission to conduct the study was taken from the school authorities and informed consent was taken from the parents/guardians of these children. A group meeting was conducted with the parents of the children. Thereafter parents of selected children were administered CBCL. The answered checklists were collected and record as per manual.

RESULT AND DISCUSSION

Percentage of school students having internalizing & externalizing problems scores on C.B.C.L. was calculated to find out the prevalence of internalizing & externalizing behaviour problems among school students, table 1 and 2 present the data.

Table 1Frequency and percentage of internalizing and externalizing behavioral problems among total sample group

sample	Internalizing	Percentage	Externalizing	Percentage
80	36	45%	44	55%

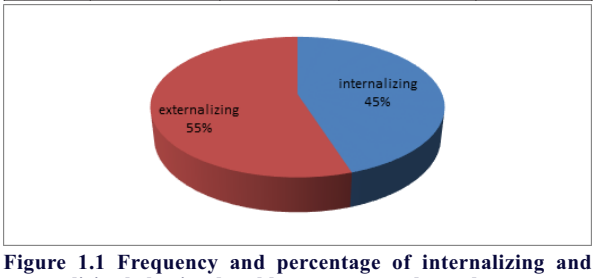

Figure 1.1 Frequency and percentage of internalizing and externalizing behavioral problems among total sample group

Above table shows that 44 out of 80 students (55%) demonstrate elevated externalizing problem behaviour. In the previous study it was found that externalizing problem such as hyperactivity, conduct problem, aggression were very common in adolescent students.

Table 2 Frequency and percentage of internalizing and externalizing behavioral problems among male & female students

Gender	Sample	Internalizing	Percentage	Externalizing	Percentage
Male	40	12	30%	28	70%
Female	40	24	60%	16	40%

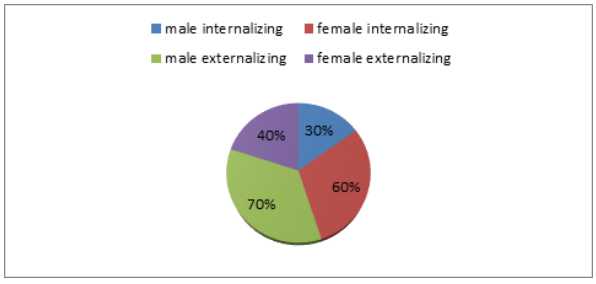

Figure 2.2 Frequency and percentage of internalizing and externalizing behavioral problems among male & female students

Table 2 and figure 2.2 shows prevalence rate of internalizing and externalizing among male and female students. It reveals that more percentage of (60%) female students showed internalizing problems than male group (30%). On the other hand majority of adolescents, boys show externalizing problems (70%) and only 40% of female students showed externalizing problems. Thus we can conclude that male students had more externalizing problem and less internalizing problem than their counterpart female students.

Table 3 Gender differences in Internalizing behaviour problem

Gender	Sample	Mean	SD	t ratio	Significance
Male	40	20.62	9.90	1.40	Not significant
Female	40	17.78	8.98		

Table 3 shows that mean scores of male & female respectively 20.62 & 17.78, SD of male 9.90 and SD of female 8.98 and t ratio 1.40 which is show no significant difference between male and female on internalizing behaviour.

Table 4 Gender differences in Externalizing behaviour problem

Gender	Sample	Mean	SD	t ratio
Male	40	21.8	10.34	2.42*
Female	40	16.58	10.01	

* Significance at 0.05

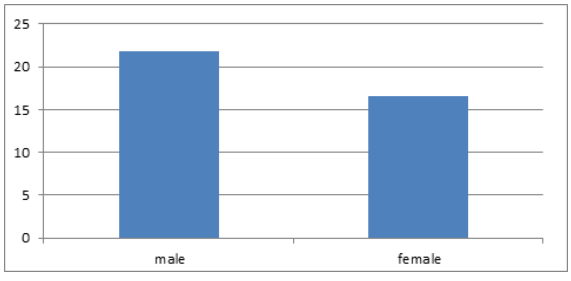

Table 4 Gender differences in Externalizing behaviour problem

Male and female students were compared on externalizing behaviour problems scores. Table 4 reveal that male scored significantly higher than female on externalizing behaviour problem (t=2.42; P<.05), which is show significant difference between male and female on externalizing behaviour.

CONCLUSION

- Majority of students shows higher scores on externalizing behaviour problems.
- No difference was found in internalizing behaviour problems between male and female students.
- Male shows more externalizing behaviour than female.

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