



EXTERNALIZING BEHAVIOUR PROBLEMS AMONG SCHOOL STUDENTS IN RANCHI TOWN

Education

Sarwat Afrin

PhD. research scholar (Ranchi University, Ranchi), Assistant professor in K.O. College, Gumla

ABSTRACT

The present investigation is an attempt to examine the gender, socio economic status and IQ difference in externalizing behaviour problems in school students. The total sample included 240 school students (age range 12 to 14 years). Externalizing behaviour problem and IQ was assessed by child behaviour checklist (CBCL) and standard progressive matrices (SPM) respectively. Results revealed that male, low IQ and low SES students exhibit more externalizing behaviour problems and less externalizing is found in high socio economic students.

KEYWORDS

externalizing, behaviour problems, IQ

INTRODUCTION

Childhood externalizing behaviour is an important construct in the field of child and adolescents psychiatric and mental health profession. A better understanding of this problem behaviour and risk factor underlying it is essential for learning how to prevent this behaviour problem in future.

Concept of Externalizing Behaviours

The most common behavior pattern of children with emotional and behavioral disorders consists of anti social or externalizing behaviors. In the classroom, children with externalizing behaviors frequently to get out of their seats, yell, talk out, and curse, disturb peers, hit or fight, ignore the teacher, complain, argue excessively, steal, lie, destroy property, do not comply with directions, have temper tantrums, are excluded from peer-controlled activities, do not respond to teacher corrections, do not complete assignments.

Rhode, Jensen, and Reavis (1998) describe noncompliance as the “king-pin behavior” around which other behavioral excesses revolve “Noncompliance is simply defined as not following a direction within a reasonable amount of time. Most of the arguing, tantrums, fighting, or rule breaking is secondary to avoiding requests or required tasks”. Clearly, an ongoing pattern of such behavior presents a major challenge for teachers of antisocial children. “They can make our teaching lives miserable and single-handedly disrupt a classroom” (Rhode et al., 1998). Externalizing behaviour consists of aggressive behaviour and rule breaking behavior has been defined as:

Aggressive behaviour:

Generally speaking, aggression is one component of conduct disorder; it consists of physical or verbal behaviors that harm or threaten to harm others, including children, adults. It is an important childhood concept because studies show that childhood aggression is a strong predictor of adult crime and violence (Farrington, 2001; Moffitt, 1993). Generally speaking, aggression is found to be more common in boys than in girls. While boys often engage in physical aggression, girls are more likely to exhibit what has been termed “relational aggression,” such as exclusion of others from their social group, and slander (Hadley, 2003). Aggressive behavior is an intention to cause harm or an act intended to increase relative social dominance.

Rule breaking:

Rule Breaking Behavior refers to individual behaviour that fails to conform to the applicable normative expectations of the group.

Factors associated with Externalizing behaviour problem

Genetic, early maternal and environmental factors may contribute to the risk of externalizing behavior. Maternal malnutrition, smoking, drug and alcohol use during pregnancy, illness during pregnancy and birth complications may influence development and thereby contribute to the risk of externalizing behaviors. Likewise, genetic factors, including the predilection for the biological mother or biological father to use externalizing behaviors, may contribute to the risk of a child displaying externalizing behavior, according to the “Journal of Child and Adolescent Psychiatric Nursing.”

Developmental factors that predict poor outcomes include poor

emotional regulation, inattention, lower socioeconomic status, poverty, high stress, maternal rejections and poor parenting, according to the “Journal of Child and Adolescent Psychiatric Nursing.” Other risk factors include drug or alcohol abuse and poor cognitive ability.

Review of literature:

A number of theories purport to explain the development of externalizing and internalizing problems. One of the first theories of the development of externalizing was proposed by Moffitt (1993). Moffitt's theory was based on the assumption that adjustment difficulties in boys are a precursor to externalizing behaviour. Moffitt posited two distinct pathways: child-onset and adolescent limited pathway. The theory posits that manifestations of psychopathology are present in early to middle childhood. This psychopathology is believed to stem from the interaction of such factors as poor parenting, poor peer relations, and biological difficulties such as cognitive deficits and hyperactivity (Moffitt, 1993). The evidence, based on a review by Moffitt, Caspi, Dickson, and Silva (2001), supports these theorized precursors to externalizing problems.

Girls are theorized to be comparably free of externalizing problems during early to middle childhood because of biological, cognitive, and social buffers present during this period (Keenan & Shaw, 2003). This contention is partially supported by Moffitt et al.'s (2001) theory that, like boys, girls can also be tracked on two distinct pathways: childhood-onset and adolescent-limited pathway. However, girls tend to display less externalizing problems in childhood when compared to boys. Adolescence is when girls tend to engage in more externalizing problems. The development of behavioral problems for boy and for girls is part of normal development according to Moffitt et al. (2001). The difference between boys and girls is that these predisposing factors do not tend to manifest themselves in girls until adolescence.

Many problems in school can be attributed to externalizing problems (anger, non-compliance), research is showing that internalizing problems do affect children's ability to learn (Hodges & Plow, 1990).

Emsile, Kennard, and Kowatch (1995) reported that “chronic mood disorders can over time cause learning disabilities”. Their review of literature noted that children with internalizing behaviour disorders, as a whole, perform more poorly on measures of intelligence than children without internalizing behaviour disorders. However, the studies they cite examined not only children with depression, but also children with other psychiatric disorder.

The idea that behaviour abnormalities cause learning problems can be supported by the research of smart, Sanson and Perior (1996). Their research demonstrated that behaviour problems can lead to delays in reading. As in prior studies, their research focused on externalizing problems (attention-distractibility) and the effects on learning. While this longitudinal study (Smart et al., 1996) could not pinpoint the exact mechanism or the exact time the behaviour problem created the learning problem, there was support to show that is how the circle begins.

Objectives:

- To assess the prevalence of externalizing problem

behaviour in school children

- To determine gender difference in externalizing behaviour problems.
- To measure the influence of socio economic status on externalizing problem behaviour.
- To examine the impact of the level of IQ on externalizing behaviour.

Hypotheses

- Prevalence of externalizing problem behaviour in school children will be high.
- There will be no gender difference in externalizing problem behaviour.
- There will be no difference in the externalizing problem behaviour in high and low SES groups.
- No impact of IQ will be found on externalizing problems of school children.

Method

Sample:

The sample consisted of 240 school students (120 male and 120 female) from different primary schools of Ranchi town. The sample was selected by stratified random sampling technique. The age of the sample group ranged between 12 to 14 years. The basis of the sample stratification was: gender (male-female), SES (high and low) and IQ (high and low). A factorial design 2x2x2 was planned to be used.

Tools:

The following tools were administered on all the subjects:

- **Child behaviour checklist-** This scale was developed by Thomas M. Achenbach (2001). The CBCL/6-18 includes open-ended items. Reliability scale ranged between .80-.92 and validity ranged between .72-.89.
- **Standard progressive matrices-** Raven's Standard Progressive Matrices (SPM) is a group or individually administered test that nonverbally assess intelligence in children and adults through abstract reasoning tasks. The test-retest reliability of the test varies from .83 to .93 for different age groups

Procedure:

After obtaining the written permission from school authorities, written informed consent was obtained from the parents of the selected children. Participation of school students in the study was voluntary. They were assured that their truthful answers would be treated strictly confidential.

After building up rapport, all the selected subjects were administered individually the standard progressive matrices (SPM) developed by Raven et al (1998). On the basis of obtained score on SPM subjects were categorized into two groups: high and low intelligent group. The high intelligent group was consisted of those subjects who scored up to Q3 on SPM and low group consisted of those subjects who scored up to Q1 on SPM scale.

The next phase of the study was to administer CBCL to parents of the selected subjects who were well acquainted with the subjects.

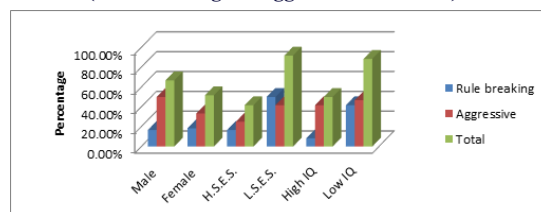
RESULT AND ANALYSIS

To examine the prevalence of problem behaviour, the percentage of children having aggressive and rule breaking problem were calculated. The data has been presented in table 1:

Table 1 Percentage of children having externalizing problem behaviour (Rule breaking and aggressive behaviour)

Sample/ subgroups	Externalizing problem behaviour					
	N	Rule breaking		Aggressive		Total
		N	Percentage	N	Percentage	N
Male	120	20	16.67%	60	50%	80
Female	120	22	18.33%	40	33.33%	62
H.S.E.S.	120	20	16.67%	30	25%	50
L.S.E.S.	120	60	50.00%	50	41.67%	110
High IQ	120	10	8.33%	50	41.67%	60
Low IQ	120	50	41.67%	56	46.67%	106

Figure 1.1 Percentage of children having externalizing problem behaviour (Rule breaking and aggressive behaviour)



Prevalence of total externalizing behaviour problem ranged between 41.67% to 91.67% and it was highest in low SES group (91.67%) where as lowest in children with (41.67%) in HSES group. Thus we can conclude that; male child showed more externalizing problems than female.

Children from low SES background showed more than children with low IQ showed more problems. It was found that male children, high SES and high IQ group showed low level of rule breaking (16.67, 16.67 and 8.33 respectively).

Table 2 Gender difference in externalizing problem behaviour

Groups	N	Mean	Sd	T
Male	120	13.55	3.68	8.63**
Female	120	10.01	3.16	

**significant level 0.01

With an objective of finding out gender differences with regard to externalizing problem behaviour, means and sd were computed separately from the distribution of externalizing behaviour scores of male and female students. Then the significance differences between the means of the two groups were tested using t test. The results are presented in table 2.

The mean scores of male students were higher (m=13.55) than the mean scores of their (m=10.01) female counterpart t ratio was 8.63 which was statistically significant. We can conduct that gender certainly influenced behaviour problem of the children.

Table 3 SES differences and externalizing problem behaviour

Groups	N	Mean	Sd	T
HSES	120	30.85	5.5	10.64**
LSSES	120	39.26	6.2	

**significant level 0.01

To measure SES different two group of (high and low) children were selected. Mean, sd and t were calculated from the distribution of externalizing behaviour score. The result was present in the table 3.

The above table showed that low SES group had greater mean score (m=39.26) as compared to high SES group (m=30.85) and the difference between their mean score was significant beyond 0.01 level of confidence.

Table 4 IQ difference and externalizing problem behaviour

Groups	N	Mean	Sd	T
High IQ	120	18.43	8.89	2.06*
Low IQ	120	20.87	8.97	

*significant level 0.05

To identify low and high IQ group the SPM was administered on a group of 120 male and 120 female students. A median split (median=35) was used to identify high & low group adolescents scoring above median value were treated as high internalizing and externalizing scoring below median were considered as low intelligence.

The above table showed that low IQ group had greater mean score (m=20.87) as compared to high SES group (m=18.43) and the difference between their mean score was significant beyond 0.05 level.

CONCLUSION:

On the basis of our findings we can say that gender and SES and IQ level are the most important correlates of externalizing behavioral

problem among school children.

REFERENCES

1. Emsile, G.J., Kennard, B.D., & Kowatch, R.A. (1995). Affective disorders in children: Diagnosis and management. *Journal of child neurology*, 10(1), S42-S49.
2. Farrington DP. (2001) Predicting adult official and self-reported violence. In: Pinard GF, Pagani L, editors. *Clinical assessment of dangerousness: Empirical contributions*. New York: Cambridge University Press, pp. 66–88.
3. Hadley M. (2003) Relational, indirect, adaptive, or just mean: Recent work on aggression in adolescent girls—Part I. *Studies in Gender and Sexuality*, 4:367–394.
4. Hodges, K., & Plow, J. (1990). Intellectual ability and achievement in psychiatrically hospitalized children with conduct, anxiety, and affective disorders. *Journal of Counseling and Clinical Psychology*, 58 (5), 589-549.
5. Keenan, K., & Shaw, D. (2003). Starting at the beginning: Exploring the etiology of antisocial behavior in the first years of life. In B. B. Lahey, T. E., Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 153-181). New York: Guilford Press.
6. Moffitt TE. (1993) Adolescence-limited and life-course-persistent antisocial behavior—A developmental taxonomy. *Psychological Review*, 100:674–701.
7. Moffitt, T. E., Caspi, A., Rutter, M., & Silva, P. (2001). Sex differences in antisocial behaviour: Conduct disorder, delinquency, and violence in the Dunedin Longitudinal Study. Cambridge: Cambridge University Press.
8. Rhode, G., W.R. Jenson, and H.K. Reavis. (1998). *The Tough Kid Book : Practical Classroom Management strategies*, Longmont, Co: Sporis West.
9. Smart, D. Sanson, A., & Prior, M.(1996). Connection between reading disability and behavior problems: Testing temporal and causal hypotheses. *Journal of Abnormal Child Psychology*, 24(3), 363-383.