

OVERVIEW OF SOME INTERNALIZED AND EXTERNALIZED BEHAVIOURAL PROBLEMS IN PRIMARY SCHOOL STUDENTS WITH REGARD TO GENDER

ZASTUPLJENOST POJEDNINIH INTERNALIZIRANIH I EKSTERNALIZIRANIH PROBLEMA U PONAŠANJU KOD DJECE OSNOVNOŠKOLSKOG UZRASTA S OBZIROM NA SPOL

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ABSTRACT

The aim of the study was to identify differences in the representation of individual externalized and internalized behaviours with regard to the gender of the respondents. The sample of respondents in this study consists of 450 primary school students (both genders). The survey was conducted in the first semester of 2017/18. The Achenbach System of Empirically Based Assessment (ASEBA Youth Self-Report - YRS; Achenbach, 2007) was used for the purposes of this study. The instrument measures adaptive functioning and competencies and maladaptive functioning, that is, behavioural, emotional and social problems between the ages of 11 and 18. T-test and descriptive statistics methods were used in the data processing. It was observed that externalized problems were statistically significantly more prevalent in male ($t = 233$; $p < 0.001$) and internalized problems are more prevalent in female respondents ($t = p < 0.001$). In addition, boys had statistically significantly higher scores on the Social problems and Rules-violating behaviours sub-scales. Girls had statistically significantly higher scores on the Anxiety / Depression, Somatic problems, and Thinking problems sub-scales. Through interpretation of the obtained results, it can be concluded that the considered psycho-social characteristics of students (gender) significantly contributes to the phenomenology of internalized and externalized behaviours, which suggests the possibility and justification of creating different interventions aimed at preventing risky behaviours of different groups of children and young people.

Keywords: Internalized and externalized problems, primary school, risky behaviours, prevention.

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SAŽETAK

Istraživanje je imalo za cilj utvrditi razlike u zastupljenosti pojedinih eksternaliziranih i internaliziranih ponašanja u odnosu na spol ispitanika. Uzorak ispitanika u ovom istraživanju čine 450 učenika osnovne škole, oba spola. Istraživanje je provedeno u prvom polugodištu školske 2017/18. godine. U istraživanju je korišten Achenbachov integrisani sistem procjene, verzija za samoprocjenu adolescenata (ASEBA Youth Self-Report - YRS, Achenbach, 2007). Instrument mjeri adaptivno funkcionisanje, odnosno kompetencije i maladaptivno funkcionisanje, odnosno bihevioralne, emocionalne i socijalne probleme u dobi od 11 do 18 godina. U odradi podataka korištene su metode deskriptivne statistike i t-test. Uočeno je da su eksternalizirani problemi statistički značajno više zastupljeni kod muških ($t = 233$; $p < 0,001$), a internalizirani kod ženskih ispitanika ($t = p < 0,001$). Pored toga, dječaci su imali statistički značajno veće skorove na podskalama Socijalni problemi i Ponašanje kojim se krše pravila. Djevojčice su imale statistički značajno veće skorove na podskalama Anksioznost/depresivnost, Somatski problemi i Problemi mišljenja. Kroz interpretaciju dobivenih rezultata moguće je zaključiti da razmatrana psihosocijalna obilježja učenika (spol) znatno doprinosi fenomenologiji internaliziranih i eksternaliziranih ponašanja, što upućuje na mogućnost i opravdanost kreiranja različitih intervencija usmjerenih prevenciji rizičnih ponašanja različitih skupina djece i mladih.

Ključne riječi: Internalizirani i eksternalizirani problemi, osnovna škola, rizična ponašanja, prevencija.

INTRODUCTION

One of the most common divisions of behavioural problems is the division into externalized and internalized behavioural problems (Achenbach, 2001). Externalized behavioural problems are also referred to as predominantly active behavioural problems and refer to insufficiently controlled behaviours and other directed behaviours. Internalized or predominantly passive behavioural problems refer to behaviours that are overly controlled and self-directed (Bouillet, Uzelac, 2007). In the definition of behavioural disorders, Lebedina Manzoni and Ricijaš (2013) refer to the division into two broad groups of symptoms that are complementary to the division into externalized and internalized problems: one that creates a problem for the environment and one that creates a problem for children / young people themselves.

Bornstein et al. (2010, according to Mahmutović, 2015) state that externalized behaviours include problems with attention, self-control, non-cooperative behaviour, as well as antisocial and aggressive behaviours, whereas internalized disorders refer to depressed moods, reticence, anxiety, feelings of inferiority, shyness, hypersensitivity and the feeling of somatic difficulties. It is worth pointing out that internalized and externalized disorders are often not mutually exclusive and that through many samples their positive relationship was concluded (Novak and Bašić, 2008).

According to Ashford and colleagues (2008, according to Bašić, 2009), internalized problems are intrapersonal disorders such as depression, anxiety and excessive apprehension (Achenbach, 2008), and they occur quite frequently up to the age of sixteen and approximately 15% of children have experiences of emotional disturbance (Costello et al., 2003, according to Bašić, Kooler-Trbović, Uzelac, 2004).

Risk factors are those characteristics, variables, or adverse circumstances that, by their influence, increase the possibility to develop certain behavioural problems in an individual's behaviour (Farrington & Welsh, 2008, according to Popović-Ćatić, Popović, 2009). The concept of risk factors has changed over time, so that from the original understanding of risk factors as stable, non-variable and specific circumstances, they have been now understood as variable variables that are closely linked to the developmental stages and age of children. A child "at-risk" is any child or young person who, due to various circumstances (cultural, economic, health, etc.), is deprived or has limited sources of support during development, and is consequently at risk of becoming an unsuccessful and unproductive member of a society/community. Every individual during his/her life experiences situations that present some degree of risk for the development of undesirable behaviours, but the number, duration and intensity of risk affects the effect on the development of the individual. It is generally believed that the presence of multiple risk factors is associated with undesirable behaviour. Also, risk factors affecting the development of undesirable behaviours in one developmental period may not necessarily have such an impact in later developmental stages (e.g. family relationships have a greater impact on a child's behaviour during childhood than in the later adolescence period). One of the important risk factors affecting the occurrence of risky behaviours in children is life with only one parent (father or mother), family conflicts, ignorance and neglect of the child, school failure, low self-esteem, adverse economic situation, physical, sexual and emotional abuse, lack of parental involvement in the life of the child, daily life of parents under stress, and lack of desirable forms of parenting behaviour (Amato 2001, according to Zloković, Vrcelj, 2010). In professional and scientific circles, as well as in everyday life, in addition to the term risky behaviour, some other terms are also used such as: behavioural disorders, educational squalor, social maladaptation, deviant behaviour, etc. Risky behaviours are those behaviours that endanger the health and overall physical, psychological and social well-being (Ilić et al., 2003; according to Popović-Ćatić, 2007: 32). The terms children "at risk" and youth "at risk" are a most recent, comprehensive denomination for children and young people with problems growing up, various behavioural disorders, etc. McWhirter et al. (1993, according to Mihić, Bašić, 2008) by these terms refer to children and young people who possess a "set" of behaviours, factors and consequences that pose a risk of negative events for the young man in the future. So, for example, children with behavioural problems, aggressive children, children with poor achievement in school have a poor prognosis regarding the manifestation of delinquent behaviour and other risky behaviours in adolescence (Bašić, Ferić Šlehan, Krantelić Tavara, 2007). To describe the risk to which children and young people are exposed, one must assume its continuum.

The aim of the study was to identify differences in the representation of individual externalized and internalized behaviours with regard to the gender of the respondents.

MATERIAL AND METHODS USED FOR THE PURPOSES OF THIS STUDY

Sample of respondents

The sample of respondents in this study consists of 450 primary school students (both genders). The research was conducted in the Municipalities of Doboj Istok (Doboj East) and Gračanica - in the primary schools in Klokotnica, Brijesnica, Lukavica and in the primary school "Hasan Kikić". The initial step in the research is to explore the attitudes of teachers and students about risky behaviour, as well as the prevalence of school violence. Seventh and eighth grades were selected by random sampling. The test will be conducted with each subject individually in accordance with the test requirements.

The method of research conduction

The survey was conducted during the first semester of 2017/18 (November-December), after the conduct of the research was approved by the Ministry of Science, Culture and Sports of the Canton of Tuzla, after the consent of the parents for the survey was obtained, as well as after an agreement was made with the principals and the Teachers' Council of the schools, in which the research was conducted. The students, at the beginning of the class scheduled to conduct the research, were explained how to complete the questionnaire. The examination process itself will take one school hour. The data were collected while ensuring the anonymity of the respondents, which contributed to receiving honest and realistic answers.

The implementation of research in primary school was preceded by an analysis of laws, by-laws and regulations that form the basis for the implementation of preventive action of the school. Teachers were also interviewed for the purpose of gathering meaningful data on the school's preventive function.

Measuring instrument

The Achenbach System of Empirically Based Assessment (ASEBA Youth Self-Report - YRS; Achenbach, 2007) was used for the purposes of this study. The instrument measures adaptive functioning and competencies and maladaptive functioning, that is, behavioural, emotional and social problems between the ages of 11 and 18. The instrument contains eight syndrome-specific scales that measure problems with co-occurrence and they are: Anxiety/Depression, Reticence/Depression, Somatic problems, Social problems, Thinking problems, Attention problems, Rules-violating behaviours, and Aggressive behaviour. The syndromes are grouped into externalized and internalized ones. Externalized syndromes refer to conflicts with other people and their expectations, which include Rules-violating behaviours and Aggressive behaviour (examples of claims: "I violate rules at home, at school, etc.", "I often mock others." Internalized syndromes refer to psychological problems directed at the individual and overly controlled behaviours, which include Anxiety / Depression, Reticence / Depression, Somatic problems (examples of claims: "I am shy," "I try to keep aside", "I am not happy, I am sad, sad or repressed).

Behaviour is estimated at 112 statements, with a three-point Likert-type scale. Respondents were tasked with answering each of these 112 statements in the questionnaire with: 0- not true, 1 - sometimes or partially true, or 2 - completely true. Higher scores imply a greater representation of behavioural problems.

Method of data processing

Statistical program SPSS 20.0 for Microsoft Windows was used for data processing. The Cronbach's alpha coefficient was used to prove the metric properties of the scales. Descriptive statistics methods and t-test were used in the data processing. Within the descriptive statistics, basic indicators, arithmetic mean, dispersion measures such as standard deviation, minimum and maximum characteristic values, and range of variation were calculated.

RESULTS AND DISCUSSION

The sample consists of students of both genders, aged 12-13. Table 1 shows the sample structure with regard to gender and age of the respondents.

Table 1. Distribution of respondents with regard to gender and age

			Grade		Total
			VII	VIII	
Gender	male	N	93	140	233
		% within Gender	39.9%	60.1%	100.0%
		% within Grade	47.9%	54.7%	51.8%
	female	N	101	116	217
		% within Gender	46.5%	53.5%	100.0%
		% within Grade	52.1%	45.3%	48.2%
Total	N		194	256	450
	% within Gender		43.1%	56.9%	100.0%
	% within Grade		100.0%	100.0%	100.0%

Male adolescents (233) and female adolescents (217) are fairly uniform in the sample. Out of the total number of respondents, 194 are 12 years old and attend the 7th grade, 256 are 13 years old and attend the 8th grade.

Table 2. Gender differences in the overall level of behavioural disorders and internalized behaviours, considering risk factors Anxiety/Depression, Reticence/Depression, Somatic problems, Social problems, Thinking problems, Attention problems, Rules-violating behaviours, and Aggressive behaviour

Variable	Gender	N	AM	SD	t	p
Anxiety/Depression	male	233	21,54	5,19	2,17	,02
	female	217	24,90	5,16		
Reticence/Depression	male	233	11,47	2,45	-,20	,63
	female	217	12,05	2,64		
Somatic problems	male	233	11,24	3,00	2,10	,03
	female	217	14,27	3,24		
Social problems	male	233	14,02	3,00	-2,40	,01
	female	217	15,13	2,77		
Thinking problems	male	233	13,05	3,33	-2,01	,04
	female	217	13,10	3,40		
Attention problems	male	233	42,54	6,57	-1,74	,08
	female	217	43,04	5,93		
Rules-violating behaviours	male	233	16,61	3,17	-5,97	,00
	female	217	15,76	2,53		
Aggressive behaviour	male	233	28,82	5,60	1,24	,11
	female	217	27,51	5,02		
Internalized problems	male	233	48,24	8,07	-3,65	,00
	female	217	49,56	8,41		
Externalized problems	male	233	45,44	8,18	5,73	,00
	female	217	45,28	6,98		
Total score	male	233		24,20	1,01	,29
	female	217	513,57	21,75		

Given that students' gender is a relevant factor in relation to behavioural disorders, differences in the representation of externalized and internalized problems in male and female adolescents were also analyzed. Presumed significant differences in the representation of externalized and internalized problems between male and female adolescents were identified, and the results of the comparisons are presented in Table 2.

No significant differences were found between the male and female respondents in the total score on the YRS.

However, it was observed that externalized problems were statistically significantly more prevalent in male respondents ($t = 233$; $p < 0.001$) and internalized problems are more prevalent in female respondents ($t = p < 0.001$). In addition, boys had statistically significantly higher scores on the Social problems and Rules-violating behaviour sub-scales. Girls had statistically significantly higher scores on the Anxiety / Depression, Somatic problems, and Thinking problems sub-scales. Other studies confirm a higher prevalence of externalized problems in boys and internalized problems in girls. Research findings on the prevalence and manifestation of behavioural disorders lead to the conclusion of gender differences (Leadbeater et al., 1999; Oatly and Jenkins, 2003). Girls are twice as likely to develop depressive conditions as boys. It should be noted that depression, as an internalized problem, manifests itself differently in boys and girls. In boys, depression is manifested through impulsive and aggressive behaviour, and in girls, depression is manifested through reticence and depressed mood.

Externalized problems are manifested through relationships with the environment and include aggression and delinquent behaviour. These behaviours are more common in male adolescents than in female adolescents. It can be generally said that the results of the research consistently suggest that in adolescence, internalized problems are more common in girls and externalized problems are more common in boys (Macuka, Smojver-Azic, 2012; Oatly and Jenkins, 2003; Vulić-Prtorić, 2002). A study conducted in Brazil (Santos et al., 2015, according to Mohorić, Takšić, and Šekuljica, 2016) found that out of 349 children, 25% had externalized behavioural problems over a two-year period. Bearing in mind that externalized problems include a variety of behaviours and symptoms, it is important to highlight the link between the factors that affect them. We divide these factors into individual, family and environmental. In a study conducted by Vulić-Prtorić (2004), the results indicate that 73.5% of children and young people have experienced up to 35 psychosomatic symptoms in the last three months. For the emergence of internalized problems in the literature, the most commonly mentioned are certain risk factors that we divide into individual, family and environmental. In addition to the risk factors for developing the problem, there are also protective factors that reduce the possibility of these problems occurring. Social competence is one of them, and it denotes the ability to generate and coordinate flexible, tailored responses to requests, and to generate and exploit opportunities in the environment (Waters and Sroufe, 1983, according to Vulić-Prtorić, 2004). Lack of social competence can be a risk factor for the development of certain problems. Bornstein, Hahn, and Haynes (2010, according to Mahmutovic, 2015) wanted to examine, through a longitudinal study, whether social competence was related to the development of internalized and externalized problems in early adolescence. For a period of 10 years, the results showed that children with lower social competence, starting from the age of 4, showed a higher level of externalized and internalized problems when they were 10, as well as 14. With the same research, they came up with results that show that children who show more internalized problems when 4 years old also show more internalized problems at 10 years old, while at the age of 14 they show more externalized behavioural problems.

Children who have advanced social skills in early childhood are less likely to be exposed to psychopathological symptoms. According to the same authors, internalized problems at age 4 and 10 in children increase the risk of externalized problems at age 14. The relationship between social context and the development of behavioural problems has also been investigated by Burt et al. (2008, according to Nincevic, 2009). They have come to the conclusion that social competence and reactions to it, as well as rejection due to lack of competence, can shape a variety of emotional, cognitive and behavioural responses that affect the development of psychopathology in young people. Similar results were obtained by Mesman, Bongers, and Koot (2001, according to Pavlovic, Zunic-Pavlovic, 2012), where they point out that, in early childhood, emotional and behavioural problems lead to externalized problems in pre-adolescent age. Externalized problems are manifested through relationships with the environment and include aggression and delinquent behaviour. These behaviours are more common in male adolescents than in female adolescents. It can be generally said that the results of the research consistently suggest that in adolescence, internalized problems are more common in girls and externalized problems are more common in boys (Macuka, Smojver-Azic, 2012; Oatly and Jenkins, 2003; Vulic-Prtoric, 2002). Research findings also show the prevalence and manifestations of behavioural disorders that lead to the conclusion of gender differences (Leadbeater et al., 1999, according to Oatly and Jenkins, 2003). Girls are twice as likely to develop depressive conditions as boys. It should be noted that depression, as an internalized problem, manifests itself differently in boys and girls. In boys, depression is manifested through impulsive and aggressive behaviour, and in girls, depression is manifested through reticence and depressed mood.

CONCLUSION

The behaviour of the child is the result of individual and social factors between which there is a reciprocal effect and dependence, and risk factors should be viewed in the light of these complex relationships. It was observed that externalized problems were statistically significantly more prevalent in male respondents ($t = 233$; $p < 0.001$) and internalized problems were more prevalent in female respondents ($t = p < 0.001$). In addition, boys had statistically significantly higher scores on the Social problems and Rules-violating behaviour sub-scales. Girls had statistically significantly higher scores on the Anxiety / Depression, Somatic problems, and Thinking problems sub-scales. Through interpretation of the obtained results, it can be concluded that the considered psycho-social characteristics of students (gender) significantly contributes to the phenomenology of internalized and externalized behaviours, which suggests the possibility and justification of creating different interventions aimed at preventing risky behaviours of different groups of children and young people.

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