

INTERNALIZED AND EXTERNALIZED BEHAVIORAL PROBLEMS WITH IMMIGRANTS FROM THE MIDDLE EAST AND NORTHEAST AFRICA

INTERNALIZIRANI I EKSTERNALIZIRANI PROBLEMI U PONAŠANJU KOD IMIGRANATA SA BLISKOG ISTOKA I SJEVERNOISTOČNE AFRIKE

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Original Scientific Article

Received: 02/10/2020

Accepted: 17/12/2020

ABSTRACT

The European immigration crisis in 2015 is the name of the migration of the inhabitants of African and Asian countries to the countries of the European Union. Immigrants were initially from countries affected by the war conditions of Iraq and Syria, but over time, economic immigrants from other Asian and African economically underdeveloped countries also joined the emergency immigrants (UNHCR, 2015). Recognizing and adequately categorizing internalized and externalized problems among newly arrived immigrants in a particular, new environment in primary health and social care is difficult due to language differences and specific stressors that come with settling and living in a new environment. The aim of the study was to examine the presence of internalized and externalized behavioral problems in children and young immigrants. The sample of the study includes 100 respondents, immigrants, and locals, of different gender, ages, countries of origin, and other demographic factors. The survey was conducted at the St Andrew Church Refugee Service and online for anonymity in Egypt, Cairo. Data were collected by the ASEBA Youth Self-Report - YSR questionnaire. The results of the research after statistical analysis of the examined parameters, as one of the most important indicators of the existence of mental illness of immigrants, found that the immigrant subpopulation has more internalized and externalized behavioral problems compared to the domicile population.

Keywords: immigrants, domicile population, internalized, and externalized behavioral problems, mental health.

SAŽETAK

Evropska imigracijska kriza 2015. godine naziv je migracije stanovnika afričkih i azijskih zemalja prema državama Evropske unije. Imigranti su na početku bili iz država pogođenih ratnim uvjetima Iraka i Sirije, ali su se s vremenom imigrantima iz nužde priključili i

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ekonomski imigranti iz ostalih azijskih i afričkih ekonomski slabo razvijenih država (UNHCR, 2015). Prepoznavanje i adekvatno kategoriziranje internaliziranih i eksternaliziranih problema među novopridošlim imigrantima u određenu, novu sredinu u primarnoj zdravstvenoj i socijalnoj zaštiti predstavlja poteškoću zbog razlika u jeziku i specifičnih stresora koje sa sobom donosi naseljavanje i život u novoj sredini. Cilj istraživanja je ispitati prisutnost internaliziranih i eksternaliziranih problema u ponašanju kod djece i mladih imigranata. Uzorak studije obuhvata 100 ispitanika, useljenika i domaćeg stanovništva, različitog spola, starosti, zemlje porijekla i drugih demografskih faktora. Ispitivanje je provedeno u „St Andrew Church Refugee Service“ te online radi anonimnosti na području Egipta, Kairo. Podaci su prikupljeni ASEBA Youth Self-Report – YSR upitnikom. Rezultati istraživanja nakon statističke analize ispitivanih parametara, kao jednog od najbitnijih pokazatelja postojanja mentalnih oboljenja useljenika, našla da imigrantska subpopulacija ima više prisutnih internaliziranih i eksternaliziranih problema u ponašanju u poređenju sa domicilnim stanovništvom.

Ključne riječi: imigranti, domicilno stanovništvo, internalizirani i eksternalizirani problemi u ponašanju, mentalno zdravlje.

INTRODUCTION

One of the biggest consequences of unstable political systems and the various national, religious, racial, and other intolerances that are common, within and between the countries of the Middle East and Northeast Africa, is the growing number of refugees or immigrants to new, culturally diverse countries. various obstacles and problems in integration into society. As we are witnessing a new wave of immigration today, especially from the Middle East to European and Asian countries, it is very important to respond to the challenges they face with adequate assistance and protection measures. The number of international immigrants in the world has continued to grow rapidly over the last fifteen years, reaching 122 million in 2015, to 222 million in 2010, and 173 million in 2000. In 2014, the total number of refugees in the world was estimated at 19.5 million (UNHCR, 2015). More than half of the refugees (53%) worldwide come from three countries: the Syrian Arab Republic with 3.9 million, Afghanistan with 2.6 million, and Somalia with 1.1 million refugees. The number of refugees in the world reached the highest number since World War II. In 2014, the number of refugees was estimated at 19.5 million, accounting for 8% of all international immigration. Developed regions have received 86% of all world refugees (12.4 million people) making it the highest value in two decades. Underdeveloped countries have granted asylum to 3.6 million refugees, or 25% of the total number of refugees (UNHCR, 2015).

The European immigration crisis in 2015 is the name of the migration of residents of African and Asian countries to the countries of the European Union. Migrants were initially from war-torn countries created by the Islamic State of Iraq and the Levant, ie Iraq and Syria, but over time, economic migrants from other Asian and African economically underdeveloped countries joined the emergency migrants (UNHCR, 2015). . The legal status of immigrants depends on the cause of each migrant's migration: asylum seekers - if a person has emigrated from their country due to the imminent danger of war, such people are considered war

refugees and under international law, each state has the right to asylum: enjoy other countries a refuge from persecution. ” (UN, 2015), labor immigrants - if a person has emigrated from their country for a more favorable economic future. Labor or economic migrants do not have the right to asylum and can be deported to the nearest previous country where their security is not endangered (EUROSTAT, 2019). The number of men seeking asylum in the European Union in 2015 is just over 900,000, while the number of women is just over 343,000 (EUROSTAT, 2019).

Immigrant behavior problems

In 1990, there were 17 million immigrants in the world, and that number rose to 40 million in 2000 after the break-up of Yugoslavia and the collapse of the USSR. The study of internalized and externalized problems of immigrant behavior is of great importance, because aggressive, rule-breaking behavior, withdrawal, attention disorders, and social problems interfere with the overall functioning of children and youth. In recent decades, there has been an increasing number of immigrants as well as behavioral disorders in children and young people from this group, in our country and in the world (Žunić-Pavlović, Kovačević-Lepojević, 2010). There has been a major shift in the understanding of behavioral disorders in children and young people in the last 150 years: behavioral disorders have received the status of a problem that deserves special attention of scientists and practitioners, different forms of behavioral disorders have been singled out. which were previously classified in the same group, a wide network of different institutions and professional orientations has been developed that work on the prevention and treatment of children and youth with behavioral disorders, etc. (Žunić-Pavlović, Kovačević-Lepojević, 2010).

Recognizing and adequately categorizing mental health problems among newly arrived immigrants in a particular, new environment in primary care is a difficulty due to language differences and the specific stressors that settlement and living in the new environment bring with it. A study by Kirmayer, Rashid, Munoz, and Ryder (2010) aimed to identify risk factors and strategies on how to approach mental health assessment and design a set of preventive and therapeutic measures to prevent and treat immigrant mental health problems in primary care. The authors searched and analyzed a set of literature data on the prevalence and risk factors for common mental health problems, the effects of cultural impacts on health and disease development, and clinical strategies to improve immigrant mental health. Publications and scientific papers were selected based on relevance, use of recent data, and quality of consultation with immigrant mental health experts.

The trajectory, that is, the course of the migrant process can be divided into three parts: pre-emigration, migration, and post-emigration settlement of a new area. Each phase is associated with specific risks and exposure to certain stressors. The prevalence of a particular type of mental health problem is influenced by the nature of the migration experience, in the context of negative experiences before, during, and after settling a new area (Kirmayer, Rashid, Munoz, Ryder, 2010).

The study (Browne et al. 2017) aimed to study predictive factors for the occurrence of emotional problems among a sample of immigrants in Canada. This was about the mental status of the parents, with well-established cause-and-effect relationships between parenthood and the mental status of the parents. Data were collected by longitudinal monitoring and study of immigrants in Canada (N = 7055). Participants entered the sample and the follow-up process 6 months after arriving on Canadian soil and were followed for another 3 years thereafter. The study confirmed a higher likelihood of developing emotional problems in a group of two parents, a single parent and a divorced non-parent on the one hand, compared to immigrants who were not divorced and were not parents on the other.

Behavioral disorders, ie externalized behaviors, constitute one of the two existing groups of behavioral problems, ie externalized and internalized, although the division into two groups appears earlier only under the name of personality problems and behavioral problems (Fischer et al. 1984).

Childhood and adolescence are a time of increased risk for the development of externalized behaviors and related disorders (Steinberg, 2004). It is a period of human development associated with numerous changes in the behavioral, cognitive, emotional, and ideological spheres. These changes occur and at the same time often coexist with intense self-searching, emotional instability, persistent questions such as who am I? Where am I going? It is a time when new challenges arise and new research begins, as well as conflicts and misunderstandings in the family (Lubenko, Sebre, 2010).

Research goal and hypothesis

The research aims to examine the presence of internalized and externalized behavioral problems in refugee children and youth.

The study started with the hypothesis that there is a statistically significant difference in the prevalence of internalized and externalized behavioral problems among immigrants in relation to the local population.

METHODS

Respondents

The sample of the study includes 100 respondents, immigrants, and locals, of different gender, ages, countries of origin, and other demographic factors. The survey was conducted at the St Andrew Church Refugee Service and online for anonymity in Egypt, Cairo.

The study involved 100 respondents, of which 49 respondents belonged to the domestic population (49.0%) and 51 respondents to the immigrant population (51.0%). Of the total number of immigrants, 33 (64.7%) were from the Middle East, and the rest, a smaller part, 18 (35.3%) were from North African countries. 71 respondents were male (71.0%) and 29 (29.0%) female. When it comes to the age of the respondents, 53 respondents (53.0%) were 14 years old, 25 respondents (25.0%) were 15 years old, and 22 respondents (22.0%) were 16 years old.

The research lasted from December 1, 2019. until 25.12.2019. years.

Measuring instrument

Data were collected by the ASEBA Youth Self-Report - YSR questionnaire. The questionnaire consists of 112 questions. Participation in the study was voluntary, and data were collected anonymously.

Method of data processing

Statistical analysis of the data was done with the help of the SPSS software system (version 20). Of the statistical tests, the X² (Hi-Square) test was used. The data are shown in a table. As a level of statistical significance of differences, the usual value of $p < 0.05$ was taken.

RESULTS AND DISCUSSION

The results of the research will present the most frequent variables related to internalized and externalized behavioral problems on the YSR scale (Achenbach, Rescorla, 2007).

Regarding the claim that they behave childishly for their age, 21 respondents (21.0%) stated that the claim in their case was incorrect, 37 respondents (37.0%) stated that the claim in their case was Partially correct, and 42 (42.0%) stated that the claim in their case was correct (Table 1).

Table 1. Respondents' responses to the statement "I behave childishly for my age"

I act childish for my Age	Number	Percentage (%)
Incorrect	21	21,0
Partly correct	37	42,0
Exactly	42	42,0
TOTAL	100	100

Regarding the claim that there are not many things they enjoy, 29 respondents (29.0%) stated that the claim in their case was incorrect, 48 respondents (48.0%) stated that the claim in their case was Partially correct, and 10 (23.0%) stated that the claim in their case was correct (Table 2).

Table 2. Respondents' responses to the statement "There are not many things I enjoy"

Not A Lot Of Things I Enjoy	Number	Percentage (%)
Incorrect	29	29,0
Partly correct	48	48,0
Exactly	23	23,0
TOTAL	100	100

Regarding the claim that they are arguing a lot, 30 respondents (30.0%) stated that the claim in their case was incorrect, 41 respondents (41.0%) stated that the claim in their case was partially correct, and 29 (29, 0%) stated that the claim in their case was correct (Table 3).

Table 3. Respondents' responses to the statement "I argue a lot"

I argue a lot	Number	Percentage (%)
Incorrect	30	30,0
Partly correct	41	41,0
Exactly	29	29,0
TOTAL	100	100

Regarding the statement that they cannot sit still, 23 respondents (23.0%) stated that the statement in their case was incorrect, 39 respondents (39.0%) stated that the statement in their case was partially correct, and 38 (38.0%) stated that the statement in their case was correct (Table 4).

Table 4. Respondents' responses to the statement "I can't sit still"

I can't sit still	Number	Percentage (%)
Incorrect	23	15,2
Partly correct	39	54,5
Exactly	38	30,2
TOTAL:	100	100

Regarding the claim that they cry often, 20 respondents (20.0%) stated that the claim in their case was incorrect, 46 respondents (46.0%) stated that the claim in their case was partially correct, and 34 (34.0 %) stated that the claim in their case was correct (Table 5).

Table 5. Respondents' responses to the statement "I cry often"

I often cry	Number	Percentage (%)
Incorrect	20	20,0
Partly correct	46	46,0
Exactly	34	34,0
TOTAL	100	100

Between the population category (domestic, or immigrant subpopulation) and the degree of a rule violation, a statistically significant difference was found ($\chi^2 = 9.004$, $p = 0.011$, Table 6), with the immigrant population significantly violating the rules.

Table 6. Comparison of population category (domestic or immigrant subpopulation) and degree of rule violation

Population category	I break the rules Number (%)			χ^2	p
	Incorrect	Partly correct	Exactly		
Domestic	16 (16,0%)	27 (27,0%)	6 (6,0%)	9,004	0,011
Immigrants	9 (9,0%)	23 (23,0%)	19 (19,0%)		

UKUPNO	25 (25,0%)	50 (50,0%)	25 (25,0%)		
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Between the category of the population (domestic or immigrant subpopulation) and the attitude of other people towards them, a statistically significant difference was found ($\chi^2 = 4,908$, $p = 0,086$, Table 7), where the immigrant population has a more pronounced feeling that other people in society do not have a positive attitude towards them.

Table 7. Comparison of population category (domestic or immigrant subpopulation) and other people's attitudes towards them

Population category	I don't think anyone loves me (Number (%))			χ^2	p
	Incorrect	Partly correct	Exactly		
Domestic	11 (11,0%)	31 (31,0%)	7 (7,0%)	6,219	0,045
Immigrants	13 (13,0%)	21 (21,0%)	17 (17,0%)		
UKUPNO	24 (24,0%)	52 (52,0%)	24 (24,0%)		

The study by Sapmaz et al. (2017) aimed to assess early-stage psychiatric disorders and factors related to these disorders in a group of post-immigrant refugee children due to the war in their homeland. The study was conducted between January and June 2016 in Turkey, and 89 children and their families were examined in clinical interviews by clinicians whose mother tongue was Arabic, or Persian. The mean age of the respondents (immigrant children) was 9.96 ± 3.98 , with 56.2% ($n = 50$) girls and 43.8% ($n = 39$) boys. Among the respondents, that is, these children, 47 (52.8%) were from Syria, 27 (30.3%) from Iraq, 14 (15.7%) from Afghanistan, and 1 (1.1%) from Iran. A psychiatric disorder was found in 44 (49.4%) children. A total of 26 were diagnosed with anxiety disorders, 12 with depressive disorders, 8 with trauma and similar disorders, 5 with elimination disorders, 4 with attention disorders, and 3 with intellectual deficits. As the most important factors in the occurrence of these disorders, the presentation of a dead or injured person, father's unemployment, etc. are listed.

A study by Stevens et al. (2015), aimed to determine the impact of immigration on four indicators of emotional and behavioral disorders in 10 countries (Denmark, Germany, Greece, Iceland, Ireland, Italy, the Netherlands, Spain, USA, and Wales). The sample was composed of adolescents aged 11-15 years, who attended schools in these countries. Immigrant adolescents from these countries who participated in this study reported statistically significantly higher levels of physical confrontation and bullying and generally lower satisfaction with life and its quality, compared to local adolescents. Second-generation immigrant adolescents reported more psychosomatic symptoms than local adolescents. There were no major differences between immigrants in terms of gender, nor the state in which they attended school.

Purpose of the study Foo, S.Q. et al. (2018) was to examine the amount, i.e., the prevalence of depression in the immigrant subpopulation, with a summary of the results of a number of studies. A group of 25 studies was systematically reviewed and analyzed, and the authors

came to the conclusion and prevalence of 15.6% depression among the immigrant subpopulation, with factors such as level of education, employment, length of stay in the foreign country), etc. Which significantly affects the level and prevalence of depressive disorders in immigrants.

This study found that such phenomena are definitely more common in immigrants than in the local population.

In two studies, Kauf, Asbrock, Issmer, Thorner, and Wagner (2015) analyzed the links between perceptions of deviant behavior by Muslim immigrants and discriminatory behavior toward these groups of foreigners by the local population. Based on a longitudinal and representative sample of the cross-sectional study, the authors showed that the two most common types of deviant behavior are lack of willingness to integrate into society and hostility to the rest of society (part of society outside a given immigrant group) by Muslim immigrants. related to passive discrimination (avoidance of contact and socialization) by the local population.

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