

Internalizing Behaviour Problems among School Students in Ranchi Town

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Abstract : The present investigation is an attempt to examine the gender, socio economic status and IQ difference in internalizing behaviour problems in school students. The total sample included 200 school students (age range 12 to 14 years). Internalizing behaviour problem and IQ was assessed by child behaviour checklist (CBCL) and standard progressive matrices (SPM) respectively. Results revealed that female, low IQ and high SES students exhibit more internalizing behaviour problems and less internalizing is found in high IQ students.

Keywords: internalizing, behaviour problems, IQ.

Introduction

Concept of internalizing Behaviours:

Internalizing behaviors are negative, problematic behaviors that are directed toward the self. People with internalizing behaviors have difficulty coping with negative emotions or stressful situations, so they direct their feelings inward. For example, a young girl may respond to a being bullied by a peer by blaming herself or withdrawing from social activities. Because they occur on the inside, internalizing behaviors are usually not visible to others. symptoms of internalized behaviors include:- social withdrawal, feelings of loneliness or guilt, Unexplained physical symptoms, i.e., headaches and stomach aches, not due to a medical condition, not talking to or interacting with others, feeling unloved, feelings of sadness, nervousness or irritability, fearfulness, not standing up for yourself, changes in sleeping or eating patterns, difficulty concentrating.

Often misunderstood and frequently overlooked, internalizing disorders constitute a specific type of emotional and behavioral problem. In general terms, internalizing disorders consist of problems that are based on over controlled symptoms (Cicchetti & Toth, 1991). The term “over controlled” is used to denote that these problems in part are manifest when individuals attempt to maintain inappropriate or maladaptive control or regulation of their internal emotional and cognitive state in other words, the way they think about the way they feel. The term “internalizing” also indicates that these problems are developed and maintained to a great extent within the individual. For this reason, internalizing disorders have been referred to as secret illnesses (Reynolds, 1992), meaning that they are difficult to detect through external observation. Internalizing Behaviour such behavioural problems that could not be identified because behavioural patterns are not particularly disturbing others in their social environment. Internalizing behaviors are Anxious/depressed, withdrawn and somatic complaint. These behaviors have been defined as follows:

- ◆ Anxious/Depressed is characterized by mental distress or uneasiness because of fear of danger or misfortune; greatly worried.
- ◆ Withdrawn/Depressed is characterized by the actions a person takes when they become physically and/or psychologically upset as enjoys little, loves to be alone secretive and shy.
- ◆ Somatic Complaints are those that have no medical explanation. They generally consist of constipation, nausea, vomiting, headaches, back aches, eye problems and skin problems and over tired.

Review of literature:

Consistent with prior research (Leadbeater, Blatt, & Quinlan, 1995), internalizing symptoms were more common for girls than boys, and somatic and emotional symptoms increased over time for the girls whereas the boys' symptoms decreased. Also

consistent with prior research, externalizing symptoms were reported more by the boys than the girls, but self-reported delinquency increased for both genders (Leadbeater et al., 1995).

Gjerde (1995) reported how the expression of externalizing and internalizing problems may differ between girls and boys. Internalizing problems expressed by boys may be manifested outwardly as aggression or hostility whereas girls may withdraw or ruminate over sadness. Therefore, internalizing problems may be misidentified as externalizing in boys or externalizing problems, manifested as withdrawal by girls, mistaken for internalizing.

Gumber, Sajad, Chuhan, Wani, & Bhatt (2015) study on adolescents also discovered internalizing problems more in females as compared to males.

Emslie, Kennard, and Kowatch (1995) reported that children with internalizing behavior disorders, as a whole, perform more poorly on measures of intelligence than children without internalizing behavior disorders.

Objectives:

- ◆ To assess the prevalence of internalizing problem behaviour in school children
- ◆ To determine gender difference in internalizing behaviour problems.
- ◆ To measure the influence of socio economic status on internalizing problem behaviour.
- ◆ To examine the impact of the level of IQ on internalizing behaviour.

Hypotheses:

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

Method

Sample:

The sample consisted of 200 school students (100 male and 100 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 Q 3 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 anxious, withdrawn and somatic problem were calculated. The data has been presented in table 1.

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

Sample/subgroups	Internalizing problem behaviour								
	N	Anxious		Withdrawn		Somatic complain		Total	
		N	Percentage	N	Percentage	N	Percentage	N	Percentage
Male	100	55	55%	10	10%	9	9%	74	74%
Female	100	64	64%	13	13%	12	12%	89	89%
H.S.E.S.	100	69	69%	6	6%	6	6%	81	81%
L.S.E.S.	100	49	49%	15	15%	14	14%	78	78%
High IQ	100	49	49%	9	9%	7	7%	65	65%
Low IQ	100	58	58%	5	5%	8	8%	71	71%

Prevalence of total internalizing behaviour problem ranged between 65% to 89% and it was highest in female group (89%). Thus we can conclude that; female child showed more internalizing problems. Low IQ groups (65%) showed less internalizing behaviour.

Children from high SES background (69%) showed more anxious problems and low SES background shows more withdrawn and somatic problems (15% and 14% respectively).

Table 2
Gender difference in internalizing problem behaviour

Groups	N	Mean	Sd	T
Male	100	19.33	9.30	2.98**
Female	100	23.07	8.19	

**significant level 0.01

With an objective of finding out gender differences with regard to internalizing problem behaviour, means and sd were computed separately from the distribution of internalizing 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 female students were higher ($m=23.07$) than the mean scores of their ($m=19.33$) male counterpart t ratio was 2.98 which was statistically significant. We can conduct that gender certainly influenced behaviour problem of the children.

Table 3
SES differences and internalizing problem behaviour

Groups	N	Mean	Sd	T
HSES	100	25.59	9.34	3.40**
LSES	100	21.13	8.73	

**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 internalizing behaviour score. The result was present in the table 3.

The above table showed that high SES group had greater mean score (m=25.59) as compared to low SES group (m=21.13) and the difference between their mean score was significant beyond 0.01 level of confidence.

Table 4
IQ difference and internalizing behaviour problem

Groups	N	Mean	Sd	T
High IQ	100	18.94	8.26	3.73**
Low IQ	100	23.61	9.06	

**significant level 0.01

To identify low and high IQ group the SPM was administered on a group of 100 male and 100 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=23.61) as compared to high IQ group (m=18.94) and the difference between their mean score was significant beyond 0.01 level.

Conclusion:

On the basis of our findings we can say that gender and SES and IQ level are the most important correlates of internalizing behavioral problem among school children.

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