

# Journal Homepage: -www.journalijar.com

# INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)



**Article DOI:**10.21474/IJAR01/8549 **DOI URL:** http://dx.doi.org/10.21474/IJAR01/8549

# RESEARCH ARTICLE

# PREVALENCE OF EMOTIONAL AND BEHAVIOURAL PROBLEMS AMONG ADOLESCENT STUDENTS.

#### B. Prasad Babu.

Assistant Regional Director ,Indira Gandhi National Open University Regional Centre, Vijayawada, Andhra Pradesh, India.

# Manuscript Info

# Manuscript History

# Received: 11 December 2018 Final Accepted: 13 January 2019

Published: February 2019

#### Key words:-

Emotional, behavioural problems, adolescent students, youth self report.

# **Abstract**

The present study was conducted to examine the prevalence of emotional and behavioral problems among adolescent students studying class tenth to graduation from the state Andhra Pradesh with specific reference to Vijayawada city. A total of 200 students were selected, between 13 and 18 years with a mean age of 16.26 (±1.87) years participated in the study to examine the prevalence of emotional and behavioural problems of students and to determine whether problems varied according to age, gender and so on. More than half the sample (69%) constituted girls. Data was obtained for administering the English and Telugu versions of Youth Self Report (YSR) developed by Achenbach. The significant influence of age, gender and number of friends on certain behavioural and emotional problems were noticed and father's occupation has been found that no significant influence.

.....

Copy Right, IJAR, 2019,. All rights reserved.

# Introduction:-

Emotional and behavioral problems (EBP) of adolescents are a common concern for parents and mental health stakeholders alike. Emotional problems are in which a person turns the problems inwardly and exhibits them in the form of emotional symptoms such as anxiety, depression, and withdrawal or in the form of psychosomatic disorders. The behavioral problems, on the other hand are problems such as delinquency and aggressive behavior in which a person turns his problems outwardly and expresses them in the form of "acting out" behaviors. Children who show signs of these behaviours interrupt on the rights of others and often violate the norms of the classroom or community.

According to the World Health Organization (WHO), about 450 million of the world's populations suffer from mental or neurological disorders or from psychosocial problems; while one in every four persons is affected by a mental disorder at some stage in their life (WHO, 2001). Adolescents are likely to experience emotional and behavioural problems such as depression, anxiety, attention deficit and conduct related disorders. Adolescents constitute over 40 percent of India's population and information about their mental health is a national essential and early Indian studies reported that prevalence rates of psychiatric disorders among them ranging from 2.6 to 35.6 percent (Shoba et al., 2005).

Most adolescents, in the process of growing up, will have emotional and behavioural problems that are transient in nature and are due to the stress of development and adaptation to family and societal expectations (Schroeder &

# Corresponding Author:-B. Prasad Babu.

Address:-Assistant Regional Director, Indira Gandhi National Open University Regional Centre, Vijayawada, Andhra Pradesh, India.

806

Gordon, 2002). These problems may be related to a wide range of personal, biological, family and social stressors. Epidemiological studies find that over the course of any one year, in the process of coping with all of this pressure only about 20 percent of children suffer from an emotional and behavioural problem that is severe enough to interfere with their day-to-day functioning (Nottelmann & Jensen, 1995).

Psychologists involved in dealing with psychological problems of students' have classified their problems into emotional and behavioral problems. The primary task of the child psychologists is to identify those children who suffer from emotional and/or behavioural problems that significantly interfere with their development or functioning. ASEBA school age forms like Youth Self-Report (YSR), Child Behavior Checklist (CBCL) and Teacher Report Form (TRF) developed by Achenbach (2001) are the most widely used checklists to measure emotional and behavioral problems of children and adolescents.

# Objectives of the Study:-

- 1. To examine the prevalence of Behavioural and Emotional problems among adolescents.
- 2. To study the influence of demographic variables on emotional and behavioural problems among adolescents.

# Method:-

# Sample:-

A total of 200 students from high school and college students studying in Vijayawada city of Andhra Pradesh were selected using stratified random sample technique, between 13 and 18 years studying upto graduation with a mean age of  $16.26~(\pm 1.87)$  years participated in the study. Students were given preference to select either English or Telugu form of YSR and the scales were administered in small groups at the school and college. The subjects were asked to complete the column of age, gender, education, father occupation, number of friend's place of stay etc., related to individual information printed on the first page of the form. The subjects were asked to read the instructions and the doubts if any were cleared. Then the subjects were asked to begin marking the items. There was no time limit for answering the form, but normally 30 to 40 minutes were taken to complete the items in the form.

## Tools:-

The Youth Self Report (YSR) developed by Achenback (2001) and the test consists of 112 problem items that enable the youth (11-18 years) to report the degree of severity in each problem. The YSR includes eight syndrome scales:

# **Analysis of Data:-**

Data obtained from the samples was analyzed with the help of computer using SPSS package. The analysis involved mean, standard deviation, t test and analysis of variance.

# **Results and Discussion:-**

The prevalence of behavioural and emotional problems among the sample of students was examined by estimating the occurrence of such problems in various subgroups of the sample. Subgroups were formed on the basis of the type of gender, age father's occupation and number of friends they have. This section presents the results regarding the influence of demographic variables on emotional and behavioural problems among adolescents.

Table 1:-Influence of Age on Syndrome scales.

Syndrome Scale	Mean / SD	Below 16 years (n=85)	Above 16 years (n=115)	t test
Anxious/Depressed	Mean	5.87	8.26	5.17**
	SD	2.93	3.59	1
Withdrawn	Mean	4.01	5.37	3.77**
	SD	2.50	2.54	1
Somatic Complaints	Mean	3.31	4.65	3.66**
	SD	2.48	2.62	
Social Problems	Mean	3.98	5.68	3.77**
	SD	3.31	2.91	
Thought Problems	Mean	2.83	4.61	4.74**

	SD	2.55	2.71	
Attention Problems	Mean	2.95	5.44	6.01**
	SD	2.89	2.89	
Rule Breaking Behaviour	Mean	1.45	3.52	7.69**
	SD	1.61	2.17	
Aggressive Behaviour	Mean	4.09	7.84	7.13**
	SD	3.47	3.92	

Note: \*\* = p < .01

The influence of age of the students on the prevalence of emotional and behavioral problems was examined and the results are presented in table 1. A significant influence of age was noted. It is prominent that adolescents who are above 16 years of age scored high on all syndrome scales than adolescents who below the age of 16. Both emotional problems and behavioural problems are more prevalent with increase of age level of the adolescents. However the results should be further analyzed to understand under which items differences were more pre dominant. Adolescents of above 16 years as compared to those from the lesser than 16 years tend to be more anxious/depressed (t = 5.17; p < .01), withdrawn (t = 3.77; p < .01), having somatic complaints (t = 3.66; p < .01) and report more thought (t = 4.74; p < .01) and attention problems (t = 6.01; p < .01), and also indulge in more rule breaking (t = 7.69; p < .01) and aggressive behavior (t = 7.13; t = 0.18). Similar studies have shown that there is significant influence of age on depression is reported by (Roza et al., 2003). Older children reported more depression (Rola, 2005; Ginsburg et al., 2006 and Brooks et al., 2002). Older children (age 12 and older) reported more somatic symptoms than younger children (Ginsburg et al., 2006).

**Table 2:-**Influence of Gender on Syndrome scales.

Syndrome Scale	Mean / SD	Male (n=62)	Female (n=138)	t
Anxious/Depressed	Mean	5.96	7.81	3.60**
	SD	3.29	3.48	
Withdrawn	Mean	4.61	4.87	.607
	SD	3.01	2.41	
Somatic Complaints	Mean	3.41	4.38	2.49**
	SD	2.46	2.67	
Social Problems	Mean	5.32	4.80	.922
	SD	4.02	2.74	
Thought Problems	Mean	4.01	3.78	.481
	SD	3.28	2.53	
Attention Problems	Mean	4.30	4.42	.223
	SD	3.48	2.98	
Rule Breaking Behaviour	Mean 2.69 2.	2.62	.190	
-	SD	2.57	2.02	
Aggressive Behaviour	Mean	6.00	6.36	.570
	SD	4.14	4.19	

Note: \*\* = p < .01

The results regarding the influence of gender on emotional and behavioral problems are presented in table 2. The significant influence of gender on certain emotional problems were noticed with girls being more anxious / depressed (t = 3.60; p < .01) than boys and tend to be showed more somatic complaints than boys (t = 2.49; p < .01). Though not significant, boys reported more social and thought problems than girls. In short, girls tend to report more emotional problems than boys. Davis et al., (2002) state that girls display more somatic complaints than boys.

**Table 3:-**Influence of Father's occupation on Syndrome scales.

Syndrome Scale	Mean/SD	Employed (70)	Unemployed (23)	Self employed (107)	F
Anxious/Depressed	Mean	7.78	6.86	6.97	1.27

	SD	3.86	4.40	3.04	
Withdrawn	Mean	4.45	4.78	5.01	.979
	SD	2.52	2.76	2.63	1
Somatic Complaints	Mean	3.98	4.39	4.08	.202
	SD	2.78	2.25	2.64	
Social Problems	Mean	4.97	5.30	4.88	.160
	SD	2.87	3.32	3.38	
Thought Problems	Mean	4.08	3.52	3.78	.436
	SD	2.79	2.35	2.87	
Attention Problems	Mean	4.70	4.30	4.19	.550
	SD	3.25	3.11	3.08	
Rule Breaking Behaviour	Mean	2.97	2.65	2.42	1.28
	SD	2.27	2.34	2.11	
Aggressive Behaviour	Mean	6.68	6.52	5.90	.792
	SD	4.37	4.77	3.89	

Father's occupation has been found to have no significant influence on the emotional and behavior problems of the children (see table 3). However we can observe from the table that adolescents of employed fathers reported slightly higher means on anxious/depressed, thought problems, attention problems, rule breaking and aggressive behaviour syndrome scales. Where as adolescents of self employed fathers reported higher means on withdrawn syndrome scale. As pointed earlier no significant differences were found with regard to father's occupation on adolescents emotional and behavioural problems.

Table 4:-Influence of Number of Friends on Syndrome scales.

Syndrome Scale	Mean / SD	1or 2 Friends (44)	More than 2 friends (156)	t
Anxious/Depressed	Mean	8.40	6.91	2.33*
	SD	3.83	3.37	
Withdrawn	Mean	5.40	4.62	1.67
	SD	2.82	2.53	
Somatic Complaints	Mean	4.88	3.85	2.12*
<u>-</u>	SD	2.91	2.52	
Social Problems	Mean	5.70	4.75	1.71
	SD	3.26	3.15	
Thought Problems	Mean	4.50	3.67	1.42
	SD	3.59	2.49	
Attention Problems	Mean	4.50	4.35	.266
	SD	3.28	3.10	
Rule Breaking Behaviour	Mean	2.97	2.55	1.08
	SD	2.34	2.16	
Aggressive Behaviour	Mean	7.00	6.03	1.36
	SD	4.10	4.17	

Note: \* = p < .05

The results regarding the influence of number of friends on adolescent emotional and behavioral problems are presented in table 4. The significant influence of friends on certain emotional problems is noticed among adolescents with less than 2 friends being more anxious / depressed (t = 2.33; p < .05) than adolescents who have more than 2 friends and tend show more somatic complaints (t = 2.12; p < .05). Though not significant, adolescents with less than 2 friends reported more social and thought problems than the other group. In short, adolescents with less than 2 friends tend to report more emotional problems and behavioural problems than with more friends. One possible reason could be that since adolescence is the age where they prefer to be more sociable with their peers, unlike being isolated or being choosy, so that they can express in sharing feelings with friends. Without proper expression or venting feelings could manifest into emotional and behavioural problems.

## **Conclusion:-**

Adolescents with age group above 16 years reported more emotional and behavioral problems (anxious/depressed, social problems, thought problems, attention problems, rule breaking behaviour and aggressive behavior dimensions.) than adolescents with less than 16 years of age. Regarding Gender, Girls reported more anxious/depressed and somatic complaints than boys. No significant differences were observed on adolescents emotional and behavioural problems in relation to father's occupation. An adolescent with less number of friends (1 or 2) seems to be associated with more anxious/depressed problems and reported more somatic complaints.

#### **References:-**

- 1. Achenbach TM. (1991 & 2001). Manual for the Youth Self-Report and 1991 profile. Burlington: Department of Psychiatry, University of Vermont.
- 2. Davis, C., Tang, C., and Ko, J. (2002). Assessing the impact of social factors on the mental health of Chinese at risk adolescents in Hong Kong. British Journal of Social Work, 32(5), 609-619.
- 3. Goodman, E., Slap, G.B., and Huang, B. (2003). The Public Health Impact of Socioeconomic Status on Adolescent Depression and Obesity. American Journal of Public Health, 93(11), 1844-1850.
- 4. Kaltiala-Heino, R., Marttunen, M., Rantanen, P., and Matti, R. (2003). Early puberty is associated with mental health problems in middle adolescence. Social Science & Medicine, 57(6), 1055-1064.
- Nottelmann, E.D., & Jensen, P.S. (1995). Comorbidity of disorders in children and adolescents: Developmental perspectives. In T.H. Ollendick & R.J. Prinz (Eds.), Advances in clinical child psychology (Vol 17, 109-151). New York: Plenum Press.
- 6. Palapattu, A.G., Kingery, J.N., and Ginsburg, G.S. (2006). Gender Role Orientation and Anxiety Symptoms Among African American Adolescents. Journal of Abnormal Child Psychology, 34(3), 441-449.
- 7. Saint-Clair, B. (2002). Depressive symptoms and associated psychopathology in urban adolescents: A cross-cultural study of three countries. Journal of Nervous and Mental Disease, 194(2), 106-113.