

GENDER DIFFERENCES IN MANIFESTATION OF EXTERNALIZATION AND INTERNALIZATION PROBLEMS AT KOSOVO ADOLESCENTS 11-18 YEARS OLD

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ABSTRACT

The purpose of the study: The purpose of this study was to identify gender differences in the prevalence, characteristics and distribution of emotional problems and conduct to Kosovo adolescents aged 11-18 years. Methodology of the Survey: In this survey participated 1727 students aged 11-18 years. From them 44.6% (N = 770) were boys and 55.4% (N = 957) girls. Their average age is $M = 14.67$ ($SD = 2.06$), boys $M = 14.52$ ($SD = 2.02$) and girls $M = 14.79$ ($SD = 2.08$). The sample is done randomly and the study sample is stratified sample. In determining the sample were used three criteria: the criterion of the region, the criterion of residence and gender criteria. To collect data in this study is administered standardized questionnaire Youth Self Report / YSR 11-18 years and a demographic questionnaire. Analysis of the data collected was done by SPSS 19 program. Results of the study: To prove statistical significance of differences between the two groups of data, t-test was used for independent groups. Values found for internalization problems showed that have valid statistical differences between genders $t(1721.63) = -10.26$, $p = .000$. Arithmetic middle values showed that girls have higher levels of internalization problems ($MA = 15.84$ vs 11.89). Values found for externalization problems through t-test showed that have valid statistical differences between genders $t(1436.93) = 4.07$, $p = .000$. Values of middle arithmetic showed that boys have higher levels of externalization problems ($MA = 9.45$) than girls ($MA = 8.12$). Values found for total problems, also showed that there are differences statistically validated between the sexes $t(1712) = -3.55$, $p = .000$. Arithmetic middle values showed that girls have higher levels of total problems ($MA = 39.25$) than boys ($MA = 35.54$).

Keywords: Adolescents, Internalization, Externalization, Questionnaire, YSR.

INTRODUCTION AND REVIEW OF THE LITERATURE

Adolescence is the age that prevails in every person's life as a short age, but with major qualitative changes, affecting many areas of personality development: physical and psychological, mental and social. Biopsychic world in this age will be restructured, will be formed and reconstituted with unusual rhythms, often inaccessible from the imagination of adults and not fully explainable by the intellectual capacity of the adolescent (Dragoti, 2005). During phase of adolescence manifested changes of mood, various psychological disorders, attitudes negative to everyone as in the family and in the social circle, dreams, fantasies, seeing themselves as the hero who suffers isolation, seeking its identity, indecision, departures from home, fighting for country and understanding in society, then various deviations, such as alcoholism, consumption of narcotics, conflicts and misunderstandings in

partner relations, disappointments in life, etc. (Vranica & Rushiti-Vranica, 2016). However, as the frequently expressed problems in adolescence age are emotional and behavioural problems. Problems that in childhood and adolescence are usually classified into two categories: emotional and behavioural problems (Karevold, 2008). Externalization problems are problems outside that involve behaviour directed and actions directed outside, provocative behaviour and those of not obedience (Cimpel, Holland, 2003) denial of the rights of others with the purpose of impairment and injury (Vranica & Rushiti-Vranica, 2016). In the group of externalization problems enter: hyperactivity and attention disorder, provocation disorders, and behavioural disorders (Cimpel, Holland, 2003).

Externalization behaviours can be described as worrying about other people; children who exhibit these behaviours interfere in the rights of others and often violate environmental norms (e.g., class or community). Features of externalization problems may be, disobedience to parents, teachers, blaming others, lies, refusal to work together with others, creating noise, quarrel and clash physically with students, etc., (Zionts, Zionts and Simpson, 2002). Behavioural problems that are closely related to mental health, includes delinquent behaviour and substance use (McLeod, Uemura, Rohrman, 2012). Aggression and other forms of symptoms of externalization behaviours reach their peak between the ages of two and three years. However, a small number of children continue to show high levels of destructive or disruptive behavioural problems in childhood and the early problems of behaviour are associated with delinquent behaviour and mental health problems in adolescence (Trentacosta, Shaw, 2009). Assuming we meet more often and more strongly for gender differences is one that has to do with greater aggression among males. Although this assumption is recorded continuously through many situations and cultures, dimensions of differences are just moderated. In a study done on gender differences in the aggressiveness of the population in childhood and adolescence, Hyde (1986) found that the aggression level on average met in 63% of cases in men and 38% of cases in women (Basow, 2003). According to the findings of longitudinal studies externalization problems of adolescents predict long-term harmful consequences including addiction, damage of family relationships, and criminal activity in adulthood (Henderson, Dakof, Schwartz, Liddle, 2006). Since adolescence is a time of psychological, physical, contextual and transition changes. It is also a period of increased risk of substance use, including tobacco, alcohol and illicit drugs (Ferreira Simoes, Matos, Ramiro, Diniza, and Social Adventure Team, 2012). According to studies from China, the average of overall results for externalization behaviour, for breaking the rules and aggressiveness was significantly higher among adolescents who were users of tobacco than young people who did not use it. These results suggest that adolescents who smoke are more prone to aggressive behaviour and breaking the rules. However, previous studies have demonstrated a high risk of developing delinquent behaviour, academic difficulties etc. (Muthupalaniappen, Omar, Omar, Iryani, Hamid, 2012). Whereas internalization problems are problems directed by inside, who include withdrawal, depression and anxiety. While on the group of internalization problems include- anxiety disorder, social and specific phobias, obsessive- compulsive disorders, panic disorder, and depression (Cimpel, Holland, 2003).

Emotional problems refer to symptoms of anxiety and depression, such as sadness, loneliness, sad, feelings of worthlessness and anxiety. From a psychological perspective, emotional problems have great personal cost, including reduced levels of functioning with family and friends, school achievements and subjective wellbeing. From a public health perspective, emotional problems have enormous economic costs associated with treatment, medical and psychological care, and reduced work capacity later in life (Karevold, 2008). In the normal population, girls are expected to present more internalization problems and less

than boys' externalization behaviours (Sieh, Visser-Meily, Oort, Meijer, 2012). Even by Achenbach & Rescorla (2007) have shown girls generally score higher on somatic complaints and anxiety / depression, while boys generally had higher results in problems with attention and behaviour that break the rules and aggressive behaviour. Also, studies from China show a prevalence significantly higher behavioural internalization among adolescents who are tobacco users than for adolescents who do not use it, along with other complaints such as headaches, fatigue, somatic complaints, etc (Muthupalaniappen, Omar, Omar, Iryani, Hamid, 2012). Children who have internalization problems as anxiety and depression, are at risk of not receiving appropriate help or treatment more than children with externalization problems (trouble dealing with aggressive behaviour) which tend to be a nuisance to others (Nevid, Rathus, & Greene, 2003). There are a number of factors that affect the appearance of emotional and behavioural problems in children, despite some emotional and behavioural problems are not yet known causes of their occurrence. Cause of emotional and behavioural disorders can be: biological factors, such as genetics, brain dysfunction or brain damage, temper, or physical illness. Family factors, such as family structure, family interaction, external pressures that affect family and school factors, such as the inability of school personnel to accommodate the students on the basis of intelligence, academic knowledge, and social skills (Zionts, Zionts and Simpson, 2002).

All these factors as: biological factors, psycho-social, genetic factors, and also different factors during pregnancy, injury or any brain trauma, exposure to any substance with toxic character impact on the emergence of these problems (especially in the emergence of hyperactivity and attention disorders) (Lange et al., 2005). Family problems have great impact on the emergence of these problems, especially in early childhood (Bootzin & Acocella, 1984). Children living in families economically disadvantaged are more likely to experience socio-emotional problems, as weak interactions with society, low self-esteem, low level for socializing and externalization problems in classroom, internalization behaviour more than children living in families with more financial resources (Eamon, 2000). Namely, externalization and internalization problems are the result of the interaction of many variables within the child as well as within its environment. Genetic factors and complications during birth, also attitudes of parents, such as the lack of reaction to the needs of children, cruelty to children, contradicting and discipline, poor supervision of the activities of the child, and depression of parents in interaction with other factors, family and community violence, socio-economic status of the family, single parent status, poverty, social support and society are contributing to the externalization problems and other emotional problems (Hersen & Ammerman, 2000). Also, some studies of the development of children with low weight birth generally reported an increased prevalence of emotional problems and behaviour, including signs of anxiety, depression, aggression, hyperactivity, low self concept, problems with behaviour at home and school (Miller, Bowen, Gibson, Hand, & Ungerer, 2001).

METHODOLOGY

Sample and research procedure

Population of this research are adolescents 11-18 years of Kosovo. According to official data from the Agency of Statistics of Kosovo (April 2013, fq.23), the number of adolescents 11-18 years old, is 274 485 adolescents, of whom 141,876 are boys and 132,609 are girls. Sample participating in the research is determined by the total number of 11-18 years old population in Kosovo, and based on international standards under Required Sample Size, from: The Research Advisors (2006) referring to the 95% confidence level with error margin of 2.5 % for 1527 questionnaires. Samples or the number of adolescents 11-18 years participating in

research is 1727. Selection of adolescents participating in research is characterized by their random choice. The study sample was stratified sample. In determining the sample are used three criteria (layer): the criterion of region, the criterion of residence and gender criteria. The research has been extended to five municipalities of Kosovo, in the municipality of Prishtina, Mitrovica, Gjilan, Ferizaj and Gjakova. After determining the children participating in the research were established direct contacts with schools where the research was planned, with whom is developed an informative conversation about the purpose of developing and completing the questionnaire survey. Subsequently is appointed time, place, class and method of administration of questionnaires.

Instruments used in research

To collect data in this study were administered two questionnaires, as a demographic questionnaire and standardized questionnaire Youth Self Report / YSR 11-18 years (Thomas M. Achenbah, 1991, 2001). Form Reporting by youth (Youth Self Report / YSR 11-18 years (Thomas M. Achenbah, 1991, 2001), aims to assess emotional problems, behavioural problems and total. Including these in two groups of symptoms they internalization (anxiety, depression, etc.) and externalization (e.g. hyperactivity, aggression, etc.). In these two groups entered eight symptoms such as social withdrawal, somatic complaints, anxiety / depression, social problems, thought problems, attention problems, and Aggressive those Behavioural problems. YSR contains a total of 112 items, which are valued according to the Likert scale with 0 = Not True (as far as you know) 1 = somewhat or sometimes true and 2 = very true or often true. All information describing the child now or within past 6 months. The last item requires the completion of any other problem that may have the young but not included in the list of items provided. All information describes the young or adolescent now or within the past six months.

Ethical aspect

Preliminarily for realization of the research is done a clearance from the Ministry of Education Science and Technology of Kosovo. All participants in this research, after they have been familiar with its purpose, participated voluntarily in addition to the questionnaires. And for all research participants' anonymity is ensured.

Results

Table 1. *Demographic data, according to the number and percentage of adolescents participating in research*

| | | N | % |
|--------------------|---------|------|------|
| Number of students | Boys | 770 | 44.6 |
| | Girls | 957 | 55.4 |
| | Total | 1727 | 100 |
| Settlement | Village | 621 | 36.0 |
| | City | 1106 | 64.0 |
| Age group | 11-14 | 805 | 46.6 |
| | 15-18 | 922 | 53.4 |

In this research participated 1727 students aged 11-18 years. From them 44.6% (N = 770) were boys and 55.4% (N = 957) girls. Their average age is M = 14.67 (SD = 2:06), boys M =

14:52 (DS = 2:02) and girls M = 14.79 (SD = 2:08). The major percentage of adolescents participants in the research 64.0 (N = 1106) was from the city and 36.0 (N = 621) of them were from the village. Hi square test (χ^2 (1, N = 1727) = 136 204, p = .000), found significant differences in the distribution of percentages in relation to the settlement. Then, in the age variable, participants were grouped into two groups depending on their level of education. The first group included students with lower secondary education aged 11-14 years (N = 805), while the second group included students in upper secondary education 15-18 years (N = 922). Hi square test (χ^2 (1, N = 1727) = 7926, p = .005), found significant differences in the distribution percentages. Also for the variable of gender analysis of Hi-square test showed that there are statistical differences between the groups available (χ^2 (1, N = 1727) = 20,248, p = .000).

Table 2. *The data, based on the number and percentage for emotional and behavioral problems in adolescents participants in the research*

| | | N | % |
|--------------------------|--------|------|------|
| Internalization Problems | Normal | 1121 | 64.9 |
| | Border | 288 | 16.7 |
| | Clinic | 318 | 18.4 |
| Externalization Problems | Normal | 1509 | 87.4 |
| | Border | 110 | 6.4 |
| | Clinic | 108 | 6.3 |
| Total Problems | Normal | 1387 | 80.3 |
| | Border | 168 | 9.7 |
| | Clinic | 172 | 10.0 |

From 1727 students / adolescents aged 11-18 years who participated in this research, for internalization problems showed that 64.9% (N = 1121) of them belong to the first degree or normal development of these problems, 16.7% (N = 288) of them belong to the second degree in the borders of presentation internalization problems and 18.4% (N = 318) of them belong to the third degree or clinical level of presentation internalization problems. While for externalization problems study identified that 87.4% (N = 1509) of adolescents participating in the study belong to the first degree or normal development of these problems, 6.4% (N = 110) of them belong to the second degree in the borders of presentation eksternalization problems and 6.3% (N = 108) of them belong to the third degree or clinical level of presentation eksternalization problems. Meanwhile, in terms of identifying these problems in total, we have 80.3% (N = 1387) adolescents who have not reported for emotional and behavioral problems, 9.7% (N = 168) of them reported for the development of these problems at borders appearance of problems and 10.0% (N = 172) of adolescents reported emotional and behavioral problems at the clinical level.

Table 3. *The data, by Gender, Number, Mean and standard deviation for emotional and behavioral problems in adolescents' participants in research*

| | Gender | N | Mean | DS |
|--------------------------|--------|-----|-------|--------|
| Internalization Problems | Boy | 770 | 11.89 | 7.315 |
| | Girl | 957 | 15.84 | 8.698 |
| Externalization Problems | Boy | 768 | 9.45 | 7.397 |
| | Girl | 952 | 8.12 | 5.828 |
| Total Problems | Boy | 767 | 35.54 | 21.213 |
| | Girl | 947 | 39.25 | 21.811 |

To prove statistical significance of differences between the two groups of data, t-test was used for independent groups. Values found for internalization problems showed that have valid statistical differences between genders $t(1721.63) = -10.26, p = .000$. Arithmetic middle values showed that girls have higher levels of internalization problems (MA = 15.84 vs 11.89). Values found for externalization problems through t-test showed that have valid statistical differences between genders $t(1436.93) = 4.07, p = .000$. Values of middle arithmetic showed that boys have higher levels of externalization problems (MA = 9.45) than girls (MA = 8.12). Values found for total problems, also showed that there are differences statistically validated between the sexes $t(1712) = -3.55, p = .000$. Arithmetic middle values showed that girls have higher levels of total problems (MA = 39.25) than boys (MA = 35.54).

Research restrictions

This research the main source of data collection has form of reporting by adolescents and nature of such data collection increases the risk of providing objectivity of the information provided, because adolescence as a result of the different age characteristics, can neglect the sincere answer in questionnaires. Then another limitation is calculated the lack or failure of management reporting form of parents and teachers for emotional and behavioural problems in adolescents.

CONCLUSION

The purpose of this study was to identify gender differences in the prevalence, characteristics and distribution of emotional and behavioural problems of Kosovo adolescents aged 11-18 years. Based on the literature used for the realization of this study, many studies have identified gender differences in the appearance of emotional and behavioural problems in adolescents. In the normal population, girls are expected to present more internalization problems and less than boys' externalization behaviours (Sieh, Visser-Meily, Oort, Meijer, 2012). Even by Achenbach & Rescorla (2007) have shown girls generally score higher on somatic complaints and anxiety / depression, while boys generally had higher results in problems with attention and behaviour that break the rules and aggressive behaviour.

Also, pursuant to the results of the study done in our country, it is worth mentioning that are identified gender differences in the appearance of emotional and behavioral problems in adolescents participating in the study. Where through the t-test analysis noted that male and female have statistical differences between them in three large degrees. According to these results for internalization problems, girls showed higher values of middle arithmetic, for externalization problems are boys who have shown higher values and for total problems again girls have reported higher values.

Based on the results of this research and in the importance of the development of healthy adolescents in every aspect and especially emotional and behavioral aspect, in particular, as a matter of national priority, in our country it is necessary to rise and develop preventive programs and treatment centers for adolescents with different emotional and behavioral problems. Such awareness programs about emotional and behavior problems, it is also necessary to rise and place also for parents and for teachers, since a good portion of the time the teachers spent with children / adolescents and after the parents they are the closest persons who can recognize well the performance of social, emotional and behavior development in children / adolescents. Educational psychological and health services, for young people in Kosovo today are very few compared to any country in the region or beyond,

including the lack of psychologists in primary and secondary schools in Kosovo. Then the difficult situation in this aspect makes even more severe lack of research on this age group. Where the results of pure scientific research, should be considered as a safe base from where to begin to work with this age group.

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