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# A study on Behavioral Problems of Adolescents and their influence on selected variables (Gender, Medium of Instruction, Home Environment and Economic Background)

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# **Abstract**

Adolescence is a time for acquiring freedom. Typically, adolescents exercise their freedom by questioning or challenging and sometimes breaking, rules. inquisitiveness to have freedom leads to negative thoughts and behavior. When adolescents have trouble managing their negative emotions or when they are faced with extremely irritating situations, they develop problem behaviors. Problem behaviour is defined as an act of a person who either exerts a significant negative impact on his or her quality of life or the quality of life of others or forms significant risk to the health and safety to oneself or others (O'Brien, 2003). Adolescent express this problems in both external and internal behaviour. It is equally sensitive for present day researchers, parents and teachers as adolescents often feel that people do not understand, at times curse the whole world for that. The adolescents would like their feelings to be respected, to be loved and to speak out their minds. The problem behaviors are observed both by parents at home and teachers at school. But whether they care to probe into why of their problematic behavior is questionable. Therefore, present investigation is to study on Behavioral Problems of Adolescents and their influence on selected variables (Gender, Medium of Instruction, Home Environment and Economic Background). In the present study stratified random sampling method was used to select the sample. A sample of 1000 (500 boys and 500 girls) adolescents studied in Arts, Science and Commerce disciplines from their attendance roll of five junior colleges of rural area (Banki Subdivision) and six junior colleges of the urban area (Cuttack town)were selected. The investigator used standard questionnaires as they are found more suitable and helpful to survey a large sample of adolescents in the present study. Multi-dimensional problems assessment was done on a three-point scale. Eleven dimensions related to behaviour problems were taken for the study. Each dimension consists of seven items. Hence the total number of items in the questionnaire is 77. Data collection was carried out at the premises during working days of the school with due permission from respective institution Heads. Analysis of data was done by using statistical techniques such as S.D, kU, and Sk, ANOVA, and t-test. It had been observed that adolescents have moderate behaviour problems. A maximum number of adolescent boys and girls were found to be sad. Sadness was observed through sad appearance, excessive worry, feeling lonely, easily frustrated, feeling inhibited, and afraid of meeting with strangers. Tension and loneliness among nearly half of the student sample was observed. The causes of tension might be poor performance, stressful workload and over discipline in school, criticism and comparison of parents, over discipline in a hostel, etc. An equal number of samples suffered from confusion moodiness behavior problems. They expressed through aggression or dullness or hopelessness. The causes of confusion may be due to sad appearance, feeling uneasy, afraid of meeting strangers, and excessive worry. Behavoiur problems of adolescent have influence on gender, medium of instruction, home environment and economic condition.

Keywords- Adolescents, Behaviour problems, Gender, medium of instruction, home environment, economic background)

## Introduction

Adolescence is easily noticed by immense agitation in behavioral spheres. World Health Organization defines adolescence as the period of life between the ages of 10 to 19 years. The adolescent does fight to develop his individuality while still adapting to societal norms. Rapid industrialization, urbanization, and modernization have exposed them to changes in society. The resultant decomposition in family structure, undue or minimal control confuses the adolescent and makes him/her especially susceptible to maladaptive patterns of behavior. Healthy adulthood depends upon the successful answers to these behavioral problems. Stepping on this tightrope, most adolescents go through to adulthood normally. All adolescents may not be so fortunate to get the ideal family, teacher, community, and social support for this smooth transition. Some develop non-adaptive patterns in behavioral spheres. Individual's future resulting in depression, delinquency, and suicide among other problems.

Epidemiological studies show that 5–10% of children and adolescents suffer from emotional and behavioral problems, which are among the most common psychiatric disorders for this age group (Thaper et al, 2017). Cognitive-behavioral therapy was strongly supported as an effective treatment for emotional and behavioral problems in children (James et al, 2013). The report of WHO indicated there has been a rise in the prevalence of mental illness and maladaptive behaviors among adolescents. WHO (2001) estimate shows that up to 20% of adolescents have one or more mental or behavioral problems. Most attitudes and behaviors formed during this period determine the habits of a healthy lifestyle during adulthood (Neumark, 2006). Turner et al. (2008) showed that adolescents who were in the warm, intimate, adaptive, communicative, and supportive environment of their family could control the negative effects of stress on their health. In adolescence, the role of parents and their ability to communicate positively and constructively with their adolescents is very critical. Studies had shown that warm and protective family relationships were predictive of the positive correlation between children and adolescents and are considered as protective factors against emotional and behavioral problems in adolescence (Sanders, 2005). Studies conducted in different parts of the world show that the prevalence of behavioral and emotional problems in adolescents ranges from 16.5% (Robert et al, 1998) to 40.8% (Jenson et al 1995), and in India, it is in the range of 13.7% to 50% (Belfer and Sharma 2005). As adolescents form one-fifth of India's population (NFHS-3), this means a sizable disease burden on society. Hence, this study has been planned to know the behavioral problems of adolescents and their influence on selected variables (Gender, Medium of Instruction, Home Environment and Economic Background).

## **Materials and Methods**

# **Population and Sample for the Study**

The population for the study consisted of adolescents studying in schools and colleges Cuttack and Banki Subdivision of Cuttack districts. The total number of students were studying in the higher secondary was 2735 numbers in both Cuttack town and Banki. The total number of boys and girls studied in rural and urban areas was 1641 and 1094 in respectively during 2017-18. Near about 36percent of the samples (1000 no. of the sample) were selected for the present investigation.

For the present study, the investigator has followed a stratified random sampling method. A sample of 1000 adolescents studied in Arts, Science and commerce from their attendance roll of five junior colleges of rural area (Banki Subdivision) and six junior colleges of the urban area (Cuttack town)were selected. The total sample of 1000 adolescents includes 500 male adolescents and 500 female adolescents.

A survey method was used to gather the evidence relating to current conditions and status. The investigator used standard questionnaires as they are found more suitable and helpful to survey a large sample of adolescents in the present study. Multi-dimensional problems assessment was done on a three-point scale. In this tool, there are 33 dimensions. The researcher has taken eleven dimensions that are relevant for the study. Each dimension consists of seven items. Hence, the total number of items in the questionnaire is 77. Multi-Dimensional Assessment of problems Series (MAPS) has been validated by adopting factorial validity technique to establish the independence of dimension by the test developer.

The data was collected from a random sample of 1000 adolescents from 11 higher secondary schools of Cuttack districts. The higher secondary schools had been identified using the list available with the district education officer and block education officer. From the higher secondary schools, the sample population was picked up from the class attendance registers following random sampling procedures. Data collection was carried out at the premises during working days of the school with due permission from respective institution Heads. Finally, all eligible students in the class who are coming under inclusion criteria were voluntarily recruited for the study with continuous interaction and motivation through discussion. Analysis of data was done objective-wise. Analysis of data was done by using statistical techniques such as S.D, kU, and Sk, ANOVA, and t-test.

# **Results and Discussion**

# Objective- To know the behaviour problems of adolescents Table-1 Mean, S. D, Ku, Sk of Behaviour problems of Adolescents

Sl.	Dimension		Entire
no			sample
		2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n=1000
1	Sadness	M.	24.12
		S.d.	8.24
2	Tension	M	10.63
		S.d.	<b>2.77</b>
3	Loneliness	M.	10.51
		S.d.	3.61
4	Guilt feeling	M.	7.25
		S.d.	2.63
5	Over	M.	6.71
	sensitivity	S.d.	2.45
6	Confusion	M.	6.47
		S.d.	2.51
7	Moodiness	M.	6.03
		S.d.	2.31
8	Aggression	M	13.20
		S.d.	5.40
9	Dullness	M	4.64
		S.d	1.54
10	Helplessness	M	4.32
		S.d	1.59
11	Lack of	M	4.15
	confidence		
		S.d	1.56



Fig: 1 Behaviour problems of Adolescents

Table1 indicates that the mean values of different dimensions of behavior problems are higher among boys than girls. The mean behavior problems score of adolescent boys is 25.54 and of girls is 22.71. On the other hand, the mean values of different dimensions of self-concept are higher among boys compare to girls. The Standard Deviation scores show low homogeneity of variance. It indicates that intra-group variability is low.

**Table-2 Adolescent Boys and Girls Behaviour Problems** 

Sl.no	N		Total boys n=500	Total girls n=500
1	Sadness	Mean	23.88	24.37
		SD	8.06	8.42
2	Tension	Mean	10.65	10.61
		SD	2.64	2.90
3	Loneliness	Mean	10.72	10.30
		SD	3.34	3.85
4	Guilt feeling	Mean	7.43	7.07
		SD	2.44	2.80
5	Over sensitivity	Mean	6.84	6.57
		SD	2.41	2.49
6	Confusion	Mean	6.84	6.10
		SD	2.37	2.59
7	Moodiness	Mean	6.38	5.68
		SD	2.01	2.53
8	Aggression	Mean	13.46	12.94
		SD	5.25	5.54
9	Dullness	Mean	4.67	4.60
		SD	1.46	1.62
10	Helplessness	Mean	4.37	4.28
	T 1 C	SD	1.47	1.70
11	Lack of	Mean	4.23	4.07
	confidence	SD	1.51	1.61

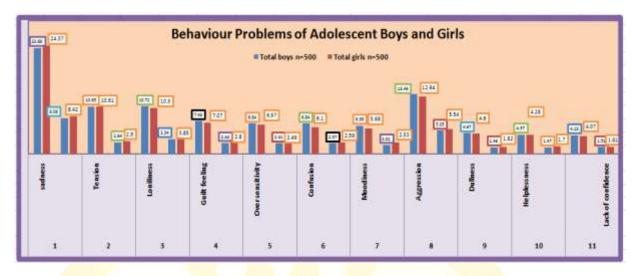


Fig:-2 Behaviour problems of Adolescent Boys and Girls

Table: 2 and Fig: 2 indicated that the mean value of sadness dimension behavior problems of adolescent girls had a little higher (24.37) than boy's behavior problems dimension of sadness. The mean value of the aggression dimension of behavior problems was more (13.46) in comparison to girls. It can be concluded that boys are more aggressive. The loneliness dimension of behavior problems was observed to be the same among adolescent boys and girls. The mean value of tension (10.65 and 10.61) dimension of behavior problems was the same for both adolescent boys and girls.

The mean value of guilt feeling dimension (7.43 and 7.07) of behavior problems was the same for both boys and girls. The mean value of the Confusion dimension of behavior problems was 6.84, and 6.10. It can be concluded that adolescent boys and girls were confused. The mean value of adolescent boys' and girls' moodiness dimensions of behavior problems was 6.38 and 5.38 respectively. So boys were moodier. Lack of confidence Helplessness, dullness dimension of behavior problems of adolescent boys and girls were having lowest mean value.

# 2. To find out the influence of the following variables on the behaviour problems of adolescents.

- a) Gender
- b) Medium of instruction,
- c) Nature of home environment
- d) Economic back ground.

It was hypothesized that there will be no influence of gender, medium of instruction and nature of home environment on behaviour problems.

Table-3 Variable wise N, M, S.D and 't' Value of behaviour problems of Adolescents

S.	Variable		N	df	M	SD	SED	't'
No								value
1	Gender	Boys	500	499	20.59	5.33	0.33	1.66 NS
		Girls	500	499	21.14	5.33		
3	Medium of	English	360	359	20.85	5.25	0.06	0.5NS
	instruction	Odia	640	639	20.88	5.39		
	Nature of	Encouraging	878	877	20.86	5.37	0.51	0.13NS
5	Home	Neutral	122	121	20.93	5.12		
	Environment				170			

Table Value 1.96 at 0.05 level table values 2.58 at 0.01 levels

NS- Not significant

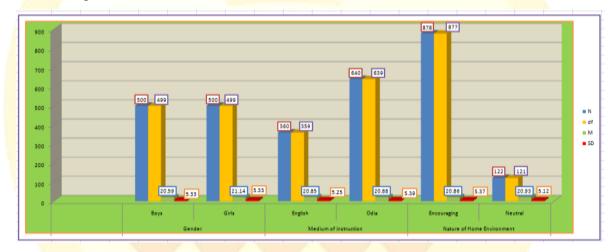


Fig: 4 Variable wise values of behaviour problems of Adolescents

From table 3 it is observed that: In the variable gender the mean score of adolescent boys is 20.59 with SD 5.33 and that of adolescent girls is 21.14 with SD 5.33. The t value of 1.66 is not significant at both levels. In the variable medium of instruction, the mean score for adolescents studying in English medium is 20.85, with SD 5.25 and that of adolescents studying in Odia medium is 20.88 with SD 5.39. The 't' value of 0.5 is not significant at both levels. In the variable nature of the home environment, the mean score of the adolescents belonging to an encouraging home environment is 20.86 with SD 5.37 and that of a neutral home environment is 20.93 with SD 5.12. The 't' value of 0.13 is not significant at both levels.

The t' value of the variable, gender 1.66 indicates that gender differences do not have a significant influence on the behavior problems of adolescents. Hence the null hypothesis is

accepted. The 't' value of the variable, medium of instruction 0.5, indicates that medium of instruction does not have a significant influence on the behavior problems of adolescents. Hence the null hypothesis is accepted. The 't' value of the variable, nature of home environment 0.13 indicates that home environment does not have a significant influence on the behavior problems of adolescents. Hence the null hypothesis is accepted. It is to be inferred that adolescent boys and girls, those from English medium schools and Odia medium schools, those belonging to, those from encouraging home environment compared to the neutral home environment do not differ significantly in their behavior problems.

It was hypothesized that Economic background would not influence significantly the adjustment of adolescents.

Table 4

ANOVA- Influence of Economic Background on behaviour problems of Adolescents

Source of Variation	df	Sum of	Mean square	·F'
		squares	value	Value
Among the means of	2	93	46.5	
conditions				1.63
Within Conditions	997	28396	28.48	NS
Total	999	28489	74.98	

Table value 2.99 at 0.05 level table values 4.60 at 0.01 levels

NS - Not significant

Table 5: N, Mean and S.D. Values of Economic Background of Behaviour problems of Adolescents

S No	Variable	N	Mean	SD
1	Poor	705	20.79	5.42
2	Middle Income	119	21.37	5.37
3	Rich	<b>7</b> 6	20.15	4.31

From table 5 it is observed that the mean score of poor income group individuals is 20.79 (SD 5.42) followed by middle-income group adolescents is 21.37 (SD 5.37) and rich income group 20.15 (SD 4.31). The above table reflects that it is observed that the calculated F value of 1.63 is not significant. Hence the null hypothesis is rejected. The

mean differences 0.58 between the middle-income group and poor in favor of adolescents belonging to the middle-income group 0.64 between the poor and rich income group in favor of adolescents belonging to the poor income group and 1.22 between the middle-income group and rich in favor of adolescents belonging to the middle-income group are not significant at both the levels. This means that economic background does not have a significant influence on the behavior problems of adolescents. Hence the null hypothesis is accepted.

From the above, it is inferred that adolescents belonging to poor communities, those belonging to a middle-income group, and those belonging to the rich groups do not differ in their adjustment. It indicates that income status has no bearing on the behavior problems of adolescents. It can be concluded that the higher the economic status the higher the behavior problems of adolescents.

#### Discussion

Out of 11 dimensions of behavior problems, a maximum number of adolescent boys and girls were found to be sad due to the accumulative effect of inadequate performance, lack of interest in studies, and unable to meet the parental expectations and teacher expectations, school bullying, and separation from mother. Sadness was observed through sad appearance, excessive worry, feeling lonely, easily frustrated, feeling inhibited, and afraid of meeting with strangers.

Tension and loneliness among nearly half of the student sample might also be due to such causes. Tension dimension was expressed through excessive worry, sad appearance, feeling uneasy, feelings inhibited. The causes of tension might be poor performance, stressful workload and over discipline in school, criticism and comparison of parents, over discipline in a hostel, etc.

Guilt feeling and over sensitivity were observed among the selected sample. The causes may be due to criticism and unhealthy comparison of teachers, poor performance, and school bullying. Adolescents expressed this problem through sad appearances and feeling guilty. An equal number of samples suffered from confusion moodiness behavior problems. They expressed through aggression or dullness or hopelessness. The causes of confusion may be due to sad appearance, feeling uneasy, afraid of meeting strangers, and excessive worry.

The causes of moodiness were stressful workload and over discipline in school, poor performance, too much punishment of parents, school bullying, separation from parents,

etc. Moodiness among adolescents was observed through sad appearance, excessive worry, feeling asocial, feeling inhibited, and feeling lonely.

The aggression dimension of behavior problems was observed more among boys than girls. The causes may be due to lack of parental care and concern, lack of discipline, love failure, the stressful workload in the school, and too much pampering parents. Aggression was expressed through feeling lonely, indiscipline, and loss of interest in daily activities, and they seem to be a worry.

Oversensitivity was observed among more girls than boys. The causes may be due to too much pampering, over care and over the discipline of parents, lack of parental care and concern, and school bullying. These behavior problems of adolescent girls were expressed through weeping spells, unusual mood changes, feeling lonely, excessive worry and feeling inhibited.

Further to know the influence of dimensions of behavior problems on selected variables were analyzed. It was observed that gender, medium of instruction, and home environment influenced the behavior of adolescent boys and girls and the income of the individual was directly proportional to behavior problems.

## Conclusion

In the present investigation, the behavior problems dimension of school-going adolescents and higher secondary-going adolescents such as 1) Sadness, 2) Tension, 3) Loneliness, 4) Guilt feeling, 5) Oversensitivity, 6) Confusion, 7) Moodiness, 8) Aggression, 9) Dullness, 10) Hopelessness, 11) Lack of confidence were taken. The causes of problems were poor performance, criticism and unhealthy comparisons of parents, lack of parental care and concern, stressful workload and over discipline in the school/college/hostel/orphan home, criticism and unhealthy comparison of teachers/ lecturers, absenteeism, lack of parental guidance, etc. The behavior problems of adolescent boys and girls can be dealt with through thought-stopping techniques, relaxing techniques, assertive training, aversion technique, thematic appreciation test, etc. through guidance and counseling experts.

Now a day's adolescent's behavior problems became challenging. The sternness of challenging behavior can vary greatly and, in some cases, urgent action is required to limit or reverse the effects. In many cases, however, the term is used to refer to behavior that does not have immediate serious consequences but is, nonetheless, very distressing, disrupting, or traumatic. The management of challenging behavior that is the starting point must be the promotion of positive behavior. Good parenting practices can

help the child and benefit the family as a whole. Treatment that focuses on new ways of parenting, or that involves family, school, and community can be effective. Due to the sensitivity of adolescents and the formation of intellectual, ideological, social, and emotional values, this group should be prioritized and necessary to develop mental health programs appropriate for adolescent's age based on their problems and educational conditions.

#### References

- 1. Abusharaf, R. M. (2009). Transforming displaced women in Sudan: Politics and the body in a squatter settlement. Chicago: The University of Chicago Press. Retrieved from http://press.uchicago.edu/ucp/books/book/chicago/T/bo6676827.html
- 2. Achenbach TM, Rescorla LA. Manual for ASEBA School Age forms and profiles. Research centre for Children, Youth & families, University of Vermont, Burlington, VT, 2001 [Google Scholar]
- 3. Aggarwal, M. (2012). Position of Women during Mughal Period. Retrieved from http://www.historydiscussion.net/society/position-of-women-during-mughal-period-indian-history/702
- 4. Agrawal, J. C. (2007). Development of Planning of Modern Education. New Delhi: Shipra Publications.
- 5. Barki.B.G., and Mukhopadyay,B., (1989). Guidance and Counseling. New Delhi: Sterling publishers Pvt.Ltd.
- 6. Bhaskara Rao Digumarthi., and Nageswara Rao,S., Murugun srihari, (2004). Guidance and Counseling. New Delhi: Discovery publishing house Pvt Ltd.
- 7. Belfer ML, Sharma AK. Child and adolescent mental health around the world: Challenges for progress. J.Indian Assoc. Child Adolesc. Ment. Health. 2005;1:31–[Google Scholar]
- 8. Charles, E., and Skinner, (1995). Educational Psychology. New Delhi: Prenice-Hall of India Pvt Ltd.
- 9. Charles Wenar, (1994). Developmental Psychopathology. New York: Mc.GrawHill Inc Pvt Ltd.
- 10. Canals J, Domench E, Carbajo G. Prevalence of DSM III-R and ICD-10 psychiatric disorders in a Spanish population of 18- year olds. Acta Psychiatr Scand. 1997;96:287–294. [Pub Med] [Google Scholar]
- 11. Gharekhani P, Sadatiyan S (2002) The main protests and treatment of women, 3rd edn. Noredanesh Publications, Tehran

- 12. Helstela L, Sourander A (2001) Self-reported competence and emotional and behavioral problems in a sample of Finnish adolescents. Nord J Psychiatry. 55(6):381–385
- 13. International Institute for population sciences (IIPS) and Macrointernational. 2007. National Family Health Survey(NFHS-3) Volume I. Mumbai: IIPS: 2005-06. [Google Scholar]
- 14. Jenson PS, Watanabe HK, Richters JE, Cortes R, Roper M, Liu S. Prevalence of mental disorder in military children and adolescents: finding from a two stage community survey. J Am Acad Child Adolesc Psychiatry. 1995;34:1514–1524. [Pub Med] [Google Scholar]
- 15. James AC, James G, Cowdrey FA, Soler A, Choke A (2013) Cognitive behavioural therapy for anxiety disorders in children and adolescents. Cochrane Database Syst Rev. 6:CD004690
- 16. Kimm SY, Glynn NW, Kriska AM, Barton BA, Kronsberg SS, Daniels SR et al (2002) Decline in physical activity in black girls and white girls during adolescence. N Engl J Med. 347(10):709–715
- 17. Mishra A, Sharma AK. A clinico-social study of psychiatric disorders in 12-18 years school going girls in urban Delhi. Indian J Community Med. 2001;26(2):71– [Google Scholar]
- 18. Neumark-Sztainer D (2006) Eating among teens: do family mealtimes make a difference for adolescents' nutrition? New Dir Child Adolesc Dev. 111:91–105
- 19. O'Brien, G. (2003). The classification of problem behaviour in diagnostic criteria for psychiatric disorders for use with adults with learning disabilities/mental retardation (DC-LD). Journal of Intellectual Disability Research, 47(1), 32–37. <a href="https://doi.org/10.1046/j.1365-2788.47.s1.39.x">https://doi.org/10.1046/j.1365-2788.47.s1.39.x</a> [Crossref], [PubMed], [Google Scholar]
- 20. Rutter M, Graham P, Chadwick O, Yule W.. Adolescent turmoil: fact or fiction? J Child Psychol Psychiatry. 1976;17:35–56. [PubMed] [Google Scholar]
- 21. Robert E R, Attkinson C, Rosenblatt A. Prevalence of psychopathology among children and adolescents. Am J Psychiatry. 1998;155(6):715–724. [PubMed] [Google Scholar]
- 22. Steinberg D. Basic Adolescent Psychiatry. Oxford:Blackwell Scientific Publications. (1sted.) 1987 [Google Scholar]
- 23. Sadock VA, Sadock BJ. Kaplan and Sadock's Comprehensive textbook of Psychiatry. 7th ed. Philadelphia, USA:: Lippincot Williams and Wilkins Publishers;; 2000. pp. 2903–2954. [Google Scholar]

- 24. Thapar A, Pine D, Leckman JF, Scott S, Snowling MJ, Taylor EA. Rutter's child and adolescent psychiatry Wiley. 2017.
- 25. Turner NE, Macdonald J, Somerset M (2008) Life skills, mathematical reasoning and critical thinking: a curriculum for the prevention of problem gambling. Journal of Gambling Studies. 24(3):367–380
- 26. WHO-Global Status Report on Alcohol 2004. Geneva: World Health Organisation 2004 [Google Scholar]
- 27. The World Health Report 2001. Mental Health: New Understanding, New Hope. Geneva, World Health Organization;: 2001. pp. 39–44. [Google Scholar]

