

## BEHAVIORAL AND EMOTIONAL PROBLEMS OF ADOLESCENTS- RELATIONSHIP WITH ACADEMIC ACHIEVEMENT

Anees Ahmad\*, Najam Khaliq\*\*, Zulfia Khan\*\*\*

Lecturer\*, Reader\*\*, Professor\*\*\*

Department of Community Medicine, JNMC, AMU, Aligarh

### ABSTRACT:

#### Research Question :

*Is there any relationship between the behavioral and emotional problems of adolescents and their academic achievement.*

#### Objectives :

1. To estimate the prevalence of behavioral and emotional problems of adolescents.
2. To assess the effect of these problems on the academic achievement of adolescents.

**Study Design :** Cross-sectional study

**Study Unit :** Adolescents (10-19yrs).

**Study Area :** Field practice areas of Department of Community Medicine, JNMC, Aligarh.

**Study Variables :** Behavioral problems, emotional problems and academic achievement.

**Statistical Analysis :** By Chi square test of significance.

**Result :** The prevalence of combined behavioral and emotional problems was 17.9%. Behavioral problems (educational difficulties, substance abuse and conduct disorders) were more prevalent in adolescents as compared to emotional problems (depression and anxiety). Both types of problems had an inverse relationship with the academic achievement of students. Students had multiple problems and the load of these problems was more (2.9 problems / student) in those doing poor in studies.

**Conclusion :** Significant proportion of male adolescents has behavioral and emotional problems that are often hidden and precipitate academic underachievement. Acute or chronic academic underachievement should be used, as a warning sign so that proper mental health services can be provided to such students at the earliest.

**KEYWORDS** - Behavioral and Emotional problems, Academic achievement

### Introduction :

Behavior problems in children and adolescents are classified into two major domains of dysfunction, namely externalizing behaviors and internalizing behaviors. Achenbach & Edelbrock, (1978)<sup>1</sup>. Impulsivity, aggression and antisocial features mark the externalizing behaviors. The internalizing behaviors are evidenced by depression,

dysphoria and anxiety.

As general category labels, the term "behavioral disorders" versus "emotional disorders" are synonymous with "externalizing" versus "internalizing" conditions. Bhola & Kapoor (2000).<sup>2</sup>

Adolescents may suffer from the behavioral problems such as conduct disorders,

educational difficulties, substance abuse, hyperactivity etc and emotional problems like anxiety, depression etc. at one time or the other during their development. Many of these problems are of transient nature and are passed unnoticed.

Success in school is an excellent marker for general adolescent well being; school failure in adolescence is a powerful indicator of other high-risk behaviors, such as delinquency, substance abuse, and pregnancy. Reiff (1998)<sup>3</sup>. The causes of school failure are myriad and often multiple within individual students who are struggling academically. Social, behavioral, and emotional problems frequently lead to academic difficulties. Robert (2005)<sup>4</sup>.

It is surprising to note that there are only few studies about behavioral and emotional problems and their relation with academic achievement of adolescents from India. The aim of the present study is to estimate the prevalence of psychosocial maladjustment of school going male adolescents and to assess their association with academic achievement.

#### **Material & Methods :**

The study was undertaken during 2002-2003, in the schools under rural and urban field practice areas of the Department of Community Medicine, JNMC, Aligarh. The total population of the male adolescents (10-19 yrs) for all schools was 2347, out of which a sample of 410 students (205 from the rural schools and 205 from the urban schools) were selected using Probability Proportionate to Size sampling (P.P.S) but analysis was done only on 390 students due to the rejection of forms having incomplete information.

The study was carried out in 2 phases. In phase 1, a detailed psychosocial history was obtained from all selected adolescents and a

screening tool the youth report of Pediatric Symptom Checklist (Y-PSC)<sup>6</sup> was used to screen the psychosocial impairment. The sensitivity of Y-PSC is 95% in middle socioeconomic class samples compared with 80% in lower class samples and specificity ranges from 100% in the lower class compared with 68% in middle class samples and has been found to be valid & reliable tool for screening psychosocial problems in children and adolescents.

Academic achievement was assessed by the class teachers of the respective classes in terms of the average of three consecutive major school examinations on a 4-point Likerts scale (1- Excellent, 2- Good, 3- Average and 4- Poor).

In the 2<sup>nd</sup> phase, all those adolescents with suspected psychosocial problems were referred to the psychiatrist for specific diagnosis. The diagnosis was generated as per criteria laid down in ICD10 (WHO1993).<sup>7</sup> Statistical Analysis was done by using SPSS 11 pack for windows. Chi Square test ( $\chi^2$ -test) was used for comparing groups.

#### **Results :**

Majority of the study population belonged to early (10-13 yrs) and mid teens (14-15 yrs) of predominantly Hindu religion and lower to middle socioeconomic status. **Table I**

Out of 390 students (200 from urban and 190 from rural schools), 82 students (38 from rural and 44 from urban) were found positive by screening test (Y-PSC). After psychiatric assessment by ICD-10 criteria, 70 (33 rural and 37 urban students) fulfilled one or more ICD-10 criteria for the behavioral and emotional problems giving an overall prevalence of 17.9%.

It was found that 82.1% of the study

population was free from any problem studied. Thus, the prevalence of the total behavioral and emotional problems was 17.9% among male adolescents with insignificant urban and rural

difference. It is prominent that the prevalence of behavioral problems is greater in the male adolescents. **Table II**

Table - I

Distribution of the study population according to their socio-demographic variables.

Socio-demographic Variables	Place				Total	
	Urban		Rural		No.	%
	No.	%	No.	%		
<b>Age Group</b>						
10 - 13 yrs	54	(27)	111	(58.4)	165	(42.3)
14 - 15 yrs	99	(49.5)	40	(21)	139	(35.6)
16 - 19 yrs	47	(23.5)	39	(20.6)	86	(22.1)
<b>Religion</b>						
Muslim	156	78	14	7.4	170	43.6
Hindu	44	22	176	92.6	220	56.4
<b>Social class*</b>						
I	22	11	7	3.7	29	7.4
II	74	37	23	12.1	97	24.9
III	91	45.5	134	70.5	225	57.7
IV	13	6.5	26	13.7	39	10
<b>Total</b>	200	100	190	100	390	100

\* Modified Prasad's Classification (1970) with All India Consumer Price Index (AICPI), 96

Table - II

Distribution of the psychosocial problems according to the place of residence of study population.

S.No.	Psychosocial problems	Adolescents with psychosocial problems †						Test of Significance ( $\chi^2$ )
		Urban (n=200)		Rural (n=190)		Total (n=390)		
		No.	%	No.	%	No.	%	
	No problem	163	81.5	157	82.6	320	82.1	N.S

**Behavior Problems**

1 Conduct Disorder	19	9.5	17	8.9	36	9.2	N.S
2 Educational difficulties	37	18.5	31	16.3	68	17.4	N.S
3 Substance Abuse	26	13	26	13.7	52	13.3	N.S

**Emotional Problems**

4 Depression	7	3.5	5	2.6	12	3.1	N.S
5 Anxiety	9	4.5	6	3.2	15	3.8	N.S

N.S = Not Significant

Multiple Psychosocial Problems

**Table-III**

**Distributions of the psychosocial problems according to the academic achievement assessed by the class teachers in the adolescents.**

S.No.	Psychosocial problems	Adolescents with psychosocial problems										Test of Significance ( $\chi^2$ )
		Academic Assessment by Class-Teachers										
		I		II		III		IV		Total		
		N=4	%	N=20	%	N=319	%	N=47	%	N=390	%	
	No problem	4	100	16	80	27	84.9	29	62	320	82.1	15.33   df=2
	<b>Behavior Problems</b>											
	1 Conduct Disorder	0	0	2	10	26	8.1	8	17.0	36	9.3	3.87‡ df=1
	2 Educational difficulties	0	0	2	10	48	15	18	38.3	68	17.5	16.1‡ df=1
	3 Substance Abuse	0	0	4	20	34	10.6	14	29.8	52	3.4	12.5   df=1
	<b>Emotional Problems</b>											
	4 Depression	0	0	1	0.05	6	1.8	5	10.6	12	3.1	10.2§ df=1
	5 Anxiety	0	0	0	0	8	2.5	7	14.9	15	3.9	17.6   df=1
	<b>Total problems</b>	0		9		122		52		183		
	<b>Problems/Child</b>			2.2		2.5		2.9		2.6		

† Multiple Psychosocial Problems. df = degree of freedom.

I=Excellent, II = Good, III = Average, IV = Poor in studies.

‡=p<0.05, §= p<0.005, || =p<0.001.

It is obvious from the **Table III** that the educational difficulties were highest (38.3%) among the behavioral problems in the students doing poorly in studies. Among the emotional

problems, anxiety disorders (14.9%) were present in greater proportion of low achievers than the depressive illness (10.6%).

It is to be appreciated that the students graded as doing excellent in studies had neither behavioral nor emotional problems. The prevalence of these problems had an inverse relationship with the academic achievement of the adolescents. As the prevalence of psychosocial problems increase, the academic progress decreases. This difference in the prevalence of behavioral and emotional problems according to the academic achievement of the students is statistically highly significant.

It is also evident from the **Table III** that the students suffered from multiple problems and the load of problem per child is inversely associated to the academic achievement of the adolescents.

#### Discussion And Conclusion :

The present study assessed the prevalence of both behavioral (easily recognized to others) and emotional (difficult to recognize) problems. In this study, the estimated overall prevalence of both types of problems was 17.9%. Other researchers have shown a wide variation (10-40%) depending on the screening tool used in their study. (Singh et al

1983, Gupta et al 2001, Anita et al 2003)<sup>8,9,10</sup>

The significant inverse relationship of both the behavioral and emotional problems with the academic achievement was highlighted in this study. Significant associations have been observed consistently between academic achievement and externalizing problems and various studies have supported this view. (Spagna et al 2000, Grigorenko 2001)<sup>11,12</sup>

In contrast to the voluminous literature on the relation between behavioral problems and learning disabilities, little has been written

about academic achievement and emotional problems. The statistically significant negative association was revealed between emotional problems in the present study. Other researchers have also supported this observation earlier Myklebust (1975)<sup>13</sup> and McGee et al (1988)<sup>14</sup>.

Significant proportion of the male adolescents has behavioral and emotional problems that are often hidden and precipitate academic underachievement. Acute or chronic academic underachievement should be looked, as a warning sign so that proper mental health services can be provided to such students at the earliest.

The combination of ignored behavioral problems and the lack of mental health services in our country amplify the risk of precipitating academic underachievement and rising delinquent behavior in male adolescents. There is need to raise public awareness about the prevalence of these often "hidden" emotional disorders in Indian adolescents.

#### References :

1. Achenbach, T.M., Edelbrock C.S. The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin*. 1978; 85: 1275-1301
2. Bhola P and Kapoor M. Prevalence of emotional disturbance in Indian adolescent girls. *Indian Journal of Clinical Psychology*. 2000; 27: 217-222.
3. Reiff M I. Adolescent School Failure: Failure to Thrive in Adolescence. *Pediatrics in Review*. 1998; 19:199-207
4. Robert S B. School Failure - Assessment, Intervention, and Prevention in Primary

- Pediatric Care. Pediatrics in Review. 2005; 26:233-243.
5. Laukkanen E, Shemeikka S, Notkola IL, Koivumaa- H and Nissinen A. Externalizing and internalizing problems at school as signs of health-damaging behaviour and incipient marginalization. Health Promotion International. 2002; 17: 139-146.
  6. Jellinek MS, Murphy JM, and Robinson J. Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics*. 1988; 112:201209.
  7. WHO. International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, 1993; Vol-2.
  8. Singh AJ, Shukla G D, Verma B L, Kumar A and Srivastava R M. An epidemiological study on childhood Psychiatric disorders. *Indian Pediatr*. 1983; 20: 167-172.
  9. Gupta I, Verma M, Singh T and Gupta V. Prevalence of behavioral problems in school going children. *Indian J Pediatr*. 2001; 68: 323 -326.
  10. Anita, Gaur D R, Vohra A K, Subash S, Khurana H. Prevalence of Psychiatric morbidity among 6 to 14 yrs old children. *Ind J of Comm Med*. 2003; 28: 133-137.
  11. Spagna M.E., Cantwell D.P., Baker L. Learning Disorders in Sadock B.J. & Sadock V.A.(eds), *Comprehensive Text Book of Psychiatry*, Lippincott, Williams & Wilkins, Philadelphia. 2000; 2614-2628.
  12. Grigorenko E.L. Developmental dyslexia: an update on genes, brains, and environments. *Journal of Child Psychology and Psychiatry*. 2001; 42: 91-125.
  13. Myklebust H.R. Non verbal learning disabilities; assessment and intervention. In Myklebust H.R. (ed) *Progress in Learning Disabilities*. New York: Grune & Stratton 1975; 3:85 121.
  14. McGee, R., Share D. L., Moffitt T.E., Williams S.M. & Silva P.A. Reading disability, behaviour problems and juvenile delinquency. In D.H. Saklofske & S.G.B. Eysenck (Eds) *Individual Differences in Children and Adolescents: International Perspectives*. London: Hodder & Stoughton. 1988; 158-172.

