

# Factors Involved In Problem Behavior In School-Age Girls Between The Age Of Five And Fifteen

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## **Abstract**

*This paper evaluates the behavioral and mental health problems that are seen among girl students in the age group of five to fifteen years in a school setting. This study used a qualitative method to study the patterns of problem behaviors and factors that place girl students at risk for childhood behavioral problems with specific reference to internalizing externalizing and attention problems. The quantitative method uses the ASEBA-BPM, while qualitative analysis based on personal interviews with girls indicated family disturbances. Peer relations, low SES, and parenting style have been identified as key factors which may have contributed to behavioral issues in girl students.*

## **Keywords**

***Internalizing problems, Externalizing Problems, Attention Problems, School, Girls, ASEBA-BPM***

## **1. INTRODUCTION**

Psychological problems in children and adolescents affect the child/adolescent and the family, school, and global public health. Children and adolescents encounter several types of emotional and behavioral problems, namely disruptive problems, eating disorders, depression, anxiety, and pervasive developmental disorders. Of these, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, and temper tantrums are some of the most common behavioral problem types that can be seen in school-age children. Most of these behavior problems can be differentiated as externalizing or internalizing behaviors. Another common disorder affecting school-going children can be referred to as Specific Learning Disability.

## **2. REVIEW OF LITERATURE**

Research shows that a high stress level is often associated with higher levels of both internalizing and externalizing problems [11]. Externalizing problems of early childhood often manifest in disruptive behaviors such as hyperactivity, aggression, and defiance. In contrast, early internalizing problems typically appear as anxiety, withdrawal, and unfortunate effect [12]. A large body of cross-sectional findings suggests that externalizing and internalizing problems often co-exist together [13].

Internalizing difficulties that include depression, anxiety, and social withdrawal, like externalizing symptoms, are difficult behaviors to cope with for those children and adolescents who suffer from them, the reason being their effects are stable and long-lasting [14]. In child and adolescent psychopathology, internalizing behavior problems are most common, and symptoms are self-directed, causing unease, tension, and suffering, leading to

behaviors like anxiety, depression, and withdrawal. In early childhood, the child's exposure to stressors may interfere with the development of emotion regulation, attachment, interpersonal skills, and stress responses, increasing the risk of developing depression later [15]. School is a society in its miniature form, and students hone their various skills that are required for adulthood at school [16]. The impact of childhood developmental problems, a lack of learning skills, and poor performance at school work may predispose a child/adolescent to several mental health issues due to which she/he has difficulty in progressing in life and drop-outs are viewed as excluded from social, educational and occupational fields [17].

Attention problems most often manifest in the form of attention-deficit/hyperactivity disorder (ADHD) and project significantly negative outcomes for children and adolescents, including poor academic performance and increased aggression [19]. ADHD behaviors are more frequently observed in boys than in girls [20].

### **3. METHODOLOGY**

The researcher used the Teacher Form of the Achenbach System of Empirically Based Assessment's Brief Problem Monitor (ASEBA-BPM) to survey the prevalence of childhood behavior issues after being invited. Teachers assessed all students in the school from Classes I to X by filling out the BPM Teacher Form. Girls who scored high on the Brief Problem Monitor were invited to participate in the next stage of the research, which included a case history interview to better understand the problem behaviors. As a result, the report collects and analyses data using both quantitative and qualitative approaches. In the second phase of the study, 144 female students between the ages of 5 and 15 took part. Using qualitative approaches, revelatory data was collected, arranged, and presented in the current report.

### **4. RESULTS AND DISCUSSION**

The researcher presents the factors that contribute to problem behaviors qualitative analysis of the interviews with the girl students, teachers, and the assessment of the counselor/researcher.

In the current study, revelatory information has been collected, organized, and presented using qualitative methods. This method was chosen to make the discussion more robust. A semi-structured interview format was used to observe the children and gather more information from teachers and caregivers. Data gathered using the interview format was thematically arranged using codes and trends that emerged from the research. The information was organized based on open coding and axial coding. Open coding referred to the initial data classification, while axial coding was used to refine the information even further.

#### *Affective Issues noticed in the Sample.*

While the researcher was interacting with the students, numerous affective issues were noticed. Initially, there was the avoidance of a sensitive topic which was conveyed through a period of silence, or the child was not willing to approach the topic. An interview with TJ indicated that she did not want to approach the topic, and an interview with NA indicated unresponsiveness to any of the questions asked. Feelings of shock were also expressed by MJ as follows

*...I have seen my mother suffering so much from cancer, and after her death, my father remarried within two months. I was very shocked!*

Children often undergo emotional trauma while the mother's death occurs, and more so as the mother is the primary caregiver in the family and children tend to be emotionally attached. Research has reported that the death of a parent is significantly associated with mental health

issues ranging from increased depressive symptoms, anxiety, and externalizing problems [21]. Interviewee SE summarizes her experience as follows:

*...it was very shocking, and I was stunned to see my father's body and the gruesome way in which my father was murdered.*

Girls in the sample reported feeling upset with the situations they were experiencing (Interviews with AB, SS1, ATD, SJJ, K, MJ, RF, EE, and SE). The conditions the children were in gave rise to their feelings of being upset and distressed. In the words of AB

*...the boy I was interested in was not interested in me, and I am feeling terribly upset about it.*

Research indicates that reactions are emotionally strong while perceiving that others are rejecting them, and human behavior has been known to be directed in a way that can avoid rejection [22].

### *Anxiety*

A section of the sample and their caregivers from the current study experienced anxiety at the interview with the researcher. Since the sample was selected based on their elevated scores on ASEBA-BPM, they were anxious about how they were asked to meet the researcher and not the others who participated in the research. Parents and caregivers also experienced similar anxiety about how it would affect the child if they had a counseling session. Interviewees JA, DRC, SN, TJ, NSS, RV, CJR, HG, HM, MV, SJ, SDK, K, MJ, RF, KEG, GP, CE, MDS, JSD reported referral anxiety and had concerns about confidentiality.

Interviewee MDS made mention as follows:

*...I was feeling nervous as to why I was asked to meet the counselor*

On a personal level, anxiety was experienced by the girls (AB, CJ, HHB, SS, CMW, SM, SS1, HV, MS, DS, TJ, CS-JS, RL, JDM, TD, RP, MJA, SL, MDCX, AJK, MM, SL, HG, EAR, MKW, RF, KEG, MS) who knew they

had problems and experienced anxiety about finding a solution to their problems and hence approached the counselor. Interviewee RF summarizes her experiences as follows:

*...the teacher is not conducive to me and is often picking on me, so I am very anxious to come to school.*

The interviewees (FMX, AJ, SS2, AJK, SL) reported having high anxiety levels due to the problems they were facing at home. SL reported as follows:

*.... I feel that her friends do not want to keep a close friendship with her because of her home situation. Her mother had left her father and her and went away to start another family.*

### *Attention Problems*

Several cases from the sample have been reported as being distracted, hyperactive and inattentive. This was noticed in the session as well as through feedback from parents and teachers. Girls with attention issues experience difficulty focusing for a period long enough to finish a given task. They also may have concentration problems, but on the other hand, if handed over something interesting, they can be totally involved doing it. Interviewee WC summarizes her opinion as follows:

*.... I am unable to complete any of my projects correctly and on time and unable to focus.*

Interviewee JE was observed by the researcher as fidgety, with poor concentration, and reportedly doing poorly in academics. The researcher also observed that the parents could be preoccupied with the younger sibling of JE. Studies done by [23] indicated a link between attachment, feeling of security, and attention problems in children younger than 18 years. Distractibility can also be referred to as being distracted by one's own thoughts or by something that has been happening outside. Interviewee RS was observed as follows:

*.... The child was given a puzzle to do in order to establish a rapport during the session.*

*Interviewee RS behaved as if she has something else in mind and was more preoccupied with that. She stopped mid-way and wanted to leave the session before her attention was*

*redirected towards the task assigned.*

The teacher reported interviewees (FAS, KP, SDK, and ShJ) as being very fidgety in the class and moving around too much while class is in progress. They shuffled around in their chairs and were often found doodling in their notebooks.

### *Behavioral Problems*

Behavioral problems that have been noticed in this sample have been classified into issues of frequent absenteeism, being problematic both at home and classroom, stealing, and bed-wetting. Interviewees (AB, SM, CSP, MV, KCG, and CMF) have frequently been absent from school. Interviewee AB carelessly stated as follows:

*...I had a headache, and I did not attend school, and moreover, I find it very boring.*

Another interviewee (CMF) shared with the researcher as below:

*...that she is in a relationship and she would come dressed to school and get dropped off at the gate, but, once her parent leaves, she would go with her boyfriend out the whole day and be back again at the school gate time school ended.*

Children with behavioral issues can be challenging to deal with both on the home and school fronts. Interviewee PN stated as follows:

*.....what is wrong if I am rude and back answer, my parents? It is they who have forced me to study, and I hate sitting for long hours.*

Interviewee EAR's teacher shared with the researcher as follows:

*.... that the child is often using foul language and is passing comments on other children's skin color.*

Nearly all children can have a moment of disruptive behavior or an error in exhibiting that particular behavior; however, problem behavior is a consistent pattern that needs intervention at the earliest. Behavioral problems and emotional problems in childhood and early adolescence can also be long-lasting. They can indicate the onset of psychiatric problems, thereby making it critical to understand and manage them at the earliest [24]. Interviewees (LSM, GY, MBL, and SDK) were referred for stealing things in the classroom. Interviewee SDK informed that:

*.... I took the stationery from my friends' bag, and since I thought someone might find me, I quickly put it into another friends' bag and told the teacher that she took it.*

Findings of a study indicated that poor attention towards academics, anger over trivial issues, disobedience, and stealing were a few of the commonly seen behavioral problems in school children [25]. Bed-wetting was also seen among the current sample. Interviewee SR reported as follows:

*.... I unknowingly wet myself in the night; however, I feel nervous to ask the teacher to allow me to use the restrooms in class. All my friends are ridiculing me for wetting myself.*

### *Caregiver*

The role of the caregiver is undoubtedly crucial while raising a child. Several aspects of the caregiver's attitudes or perceptions have a long-lasting effect on children and adolescents. In the current sample, most caregivers were parents, but grandparents and uncles too featured in this subtype. Interviewees (MiSD, MDCC, CT, SS, and ER) reported being extremely attached to their parent/parents. Interviewee SS stated as follows:

*...My father has been the one taking care of me since my childhood, and my mother has a central government job. He is the one who helps me get dressed for school, and I am more attached to him than my mother.*

Other caregivers included grandparents who supported their grandchildren by allowing them to stay over at their house until the parents returned from work. In the case of Interviewee TiaJ, her mother was a single mother and had no parent, so she left her in the care of her uncle. Few other interviewees (MDCC, SS1, JA, JAN, and EE) reported that their fathers

exhibited negative behavior, which was not acceptable. Interviewee JAN visibly upset, stated: *...My father is an alcoholic, and one night he came home drunk and asked my mother for money. Since she did not oblige, he attacked my mother and a younger son with a knife. My brother started bleeding and had been rushed to a nearby hospital. I hate my father. She confessed immense hatred for her father.*

#### *Child Physical health*

In the current sample, the researcher recorded the key aspects of physical health in the sample pertaining to a pre-existing health condition, poor eyesight, health conditions requiring surgical intervention/medication, and low birth weight of the girls. Interviewee VA stated as follows:

*...I was born with a cleft lip, and subsequently, the surgery was done to correct it, but the mark is still there on my face.*

Research has proven that children, especially between five and ten years who have cleft lip since birth, can have increase psychosocial problems than their normal counterparts [26]. Another Interviewee YF, was noted to have tics, and her parent reported the following:

*.... YF has epileptic seizures, and one eye twitches constantly. It's a habit she has no control of. She has been diagnosed with mild bilateral epileptiform activity. She appears sluggish, but it is because of the medication, and please request the school not to pressurize her and we are aware of her condition and doing the best we can.*

Few serious health conditions were also observed in Interviewee KEG, who has difficulty adjusting at home and school. She had fainted all of a sudden and was rushed to the hospital. Her mother reported the following:

*...she has been complaining of very severe headaches on and off, but I was under the impression it was a normal headache and applied the balm. This happened a couple of times. It was shocking when she fainted, and we had to take her to the emergency, and later tests revealed it was a brain hemorrhage, and a complex surgery was done on her.*

Parent of the Interviewee MCA indicated:

*..... at birth, she weighed only 1.60 kg and was kept in the incubator for 10 days. However, her other developmental milestones were normal.*

Studies indicate that children born preterm with low-birth-weight may increase distraction and poor functioning skills that could lead to decreased social competence as they progress into school-going age [27]. Interviewees (JDM and DSF) reported very high power in the ophthalmologist test and are observed to be wearing high-powered spectacles to help them see better.

#### *Externalizing*

Externalizing behaviors are often aimed at the external environment and encompass aggression, disobeying rules, stealing, cheating, and destruction of property. In the current study, interviewees (PS, AR, JE, SS, HB, SK, VS, DRC, NK, TJ, RL, YJF, AAA, CJR, MV, SDK, KCG) have been

observed to report externalizing behaviors that have been further axial coded into anger and aggression issues, being unmanageable at home/school and being arrogant. Interviewee SDK's mother reported the following:

*...it is a herculean task every morning to get her ready for school; she is very disobedient and gets very angry if I tell her to do what is correct. Every single day is a struggle with her, and we are unable to manage her. Is this a Problem?*

Interviewee MV's mother was extremely upset and, with tears in her eyes, stated the following:

*.... She is getting very angry and aggressive if things are not done the way she desires. She*

*has been asking me for a phone; since I refused, she has damaged my phone on two occasions. She gets into such temper tantrums that she broke the cupboards and threw all the clothes out. I do not know what to do with her!*

Prior research indicated that five percent of youth indulged in severe externalizing behaviors that included violence, life-course-persistent offending, conduct disorder, property damage, and extreme substance abuse. The teacher had referred to interviewee TJ and stated the following:

*.... she is very unruly in the class and is setting a bad example. She refuses to comply with my instructions and is also answering me back. She is extremely arrogant.*

#### *Influence of family disturbances*

MDCX started losing interest in her studies, and over time, when the counselor interviewed, she slowly started to open up about witnessing the suicide of her brother. Similarly, JA2, MJ, and MJA opened up about the scary moments of losing one parent and the feeling of being left alone when the other parent is remarried. The emotional revelations of MJA, NS, KRE, AAA talk about the family disturbances at home when parents are in the process of separation, or their remarriages or experiences with step-siblings and how these situations surround them with thoughts of isolation, development of disinterest in studies, anxiety, and frustration at times. AAA even made a suicide attempt due to the parent's suspicious and harsh behavior.

*...I am upset and angry with things happening around me, unable to study, do not feel like going back home from school*

On the other side, the harsh behavior of the father towards the mother leading to brutally hurting her, leaves our informant JA2 in a withdrawn and sad state.

*...I was so scared when my father was about to attack my mother with a knife which accidentally hurt my brother*

Extensive researches on the role of family environment in the development of adolescents have also reported similar findings as those spoken by the interviewees, where family disturbances drastically affect the psychological state of adolescents [28].

#### *Internalizing behavior*

The narratives of students who attended counseling sessions for diverse reasons but showed certain themes of discussion in line with the quantitative study done on internalizing behavior of adolescents. The emotional talks of MJA, NS, KRE, AAA about the family disturbances at home when parents are in the process of separation or their remarriages or experiences with step siblings surround them with thoughts of isolation, disinterest in studies, anxious and frustration at times. AAA emotionally states:

*...I am upset and angry with things happening around me, I do not like my mother thinking about remarriage, and I do not like that man. How can she be so selfish and think only about herself? I do not feel like going home from school*

Another interviewee KSJX was described by the teacher as follows:

*.... she has a problem with bed-wetting and also wetting herself in the classroom; otherwise, she is academically good. I find her to be very aloof and quiet in the class, and she has very few friends and appears like she has something she needs to share.*

The child further informed the researcher that she is very anxious and cannot control her urge; she also feels shy and odd to ask the teacher to use the restroom. Her friends make fun of her because of this issue, and therefore she does not talk to anyone in the class.

#### *Learning Issues*

Learning issues are rampant in school children. In the current sample, the researcher encountered learning issues in several interviewees (ERK, APP, MCA, FAS, AR, JE, JI, WC,

KSJX, AKS, BJJ, RM, HV, PM, DRC, SN, NN, SS2, JRG, NK, LSP, BW, IU, VD, KK, AER, SKH, NSS, LTS, AJK, EE, YF, SJ, DSF, MJP, PR, EE, GP, CE, AR, MR-VC, and CE). An important observation was that many of the learning issues manifested in the children due to lack of consistent training in coping with the academic load. Due to lack of education or inability to balance time between family and work, parents' inability to help make children practice writing and reading at home may have contributed to the girls' learning issues. Interviewee ERK could not offer much information as she did not respond and was staring blankly. The teacher reported the following comments:

*...she is not able to copy into her notebook what the teacher asks her to. There is no interaction between her and the teacher and her and the peers. She speaks in monosyllables and does not respond to any questions asked.*

As intellectual deficiency/learning deficiency was suspected, the parents were asked to get the child's IQ tested. Interviewee MCA has been observed to have a reversal of alphabets and no spacing between words. Her verbal communication was fluent; however, she did not show interest in a written activity. Her notebooks had several spelling mistakes, and her notes were illegible. The child was suspected of having dyslexia in the area of writing. Research indicates the prevalence rate for writing disorders is between seven and 15% in school-age children, and boys are reportedly more affected than girls [29]. Interviewees (JE, JI, AKS, RM, AJK, and PR) showed b and d reversals. Interviewee AKS was also referred for Remedial classes in order to help overcome the reversals. Interviewee MJP was observed as being:

*...very cheerful and fluent while speaking but very poor in mathematical abilities. Reading, writing, and spelling issues were found in interviewees to be high.*

Interviewees (JE, BW, KK, NSS, and MJP) reported issues in mathematics. Interviewee BW was reported as:

*...her concepts for basic arithmetic were poor, and she could not perform the simple arithmetic problems. In order to help her with the basics, she was referred to the remedial class.*

Research suggests that initial signs of dyscalculia are noticed in early school age and manifest in delays in recalling basic arithmetic facts, learning and counting, and implementing arithmetic strategies [30]. Moreover, prior research has reported that 10% of children do have mathematical learning issues and or dyslexia despite them having the average intellectual capability and a sufficiently good learning environment [31].

#### *Effect of Low Socioeconomic Status*

The informants (K, JA2, MV, SJJ) who were experiencing signs of internalizing behavior were also struggling with low financial status. Especially, informant K kept herself aloof at school due to low SES. The informant's friends made all efforts to mingle, but K hesitated to speak with them feeling inferior. Interviewee EE reported that:

*...parents have frequent quarrels at home, and it is mostly about the finances of the home. The atmosphere is always tense and uncomfortable.*

Research findings reported that family type and economic hardship could explain externalizing and internalizing behaviors in adolescents [32].

#### *Parenting Information*

In the sample, the researcher attempted to understand the girl child's problem behavior in totality. This, in many instances, required parental information. Interviewee AR's parents approached as follows:

*... can understand that our child is not getting good grades. We feel very bad about it and are not properly educated, so we want our children to do well and not become like us. Please see if you can do anything to help us. We are not aware of what she needs to study, and she is*

*taking advantage of the situation.*

Studies indicate a link between parents' socioeconomic status and academic performance; therefore, it may be suggested that for children of parents without or with low education, schools must positively arrange after-school lessons on weekends and holidays to boost the children's academic performance. Governments should also make policies that are conducive to bridging the gap between the rich and the needy academically.

#### *Parenting Issues*

Parents form a role model for children in their growing phase. In support, studies also suggested the importance of positive parenting and the negative impact of harsh parenting or neglected parenting on the minds and behavior of children, especially adolescents [33]. The interview of KRE throws some insights into managing studies along with the burden of household work, taking care of younger siblings, and fear of untimely quarrels of parents. Unable to handle such situations, KRE's elder sibling left home. The informant opened up after a few sessions with the counselor:

*...I feel alone, isolated and insecure...(cries) there is no one to take care of me...always under mental pressure and unable to focus on any work.*

While MDCC, KRE, NS were isolating themselves from others and internalizing their sufferings, on the other hand, the harsh parenting led GY to choose unfair activities like stealing from friends to buy food as GY was scared to ask her mother. Another student MV was arrogant who threw behavior tantrums at home but stayed isolated in school due to her mother's negligence, who was busy with her office work.

#### *Peer issues*

The quarrelsome environment at home and strict parenting made SS isolated and picking fights with peers. Internalizing behavior strains the peer relationships and aggravates the mental disturbances [34]. RL stated as follows:

*... was very disturbed with the harsh environment at home found consolation in a friend, but a conflict with that friend took her thought to the extreme step of suicide.*

#### *Poor academic performance*

Poor academic performance has been a concern for the students and the teachers, and the caregivers. AAA's parents were in the process of a divorce, which was troublesome for the adolescent. AAA could not concentrate on their studies, and her performance eventually declined. MJA and CSP reported to the researcher as follows:

*... My family disturbances are bringing my motivation down and negatively affecting my academic performance. Constant arguments and quarrels at home lead to a negatively charged atmosphere that does not make us focus.*

Interviewee JDM was referred by the teacher as follows:

*.... I am having very poor concentration and have been obtaining very poor grades, and it is concerning. I feel very anxious about the situation*

[35] in her studies reported a link between the family's educational background and socioeconomic level as a key indicator of an adolescent's learning process.

#### *Sexual Abuse*

Childhood sexual abuse is significantly associated with several adverse mental health outcomes [36]. It was unfortunate that Interviewees (CVD and TiaJ) had such experiences to describe in the sample. Single parents or working parents who leave their children at home in joint families sometimes fail to notice that their own family members abuse the girl adolescents. Such situations can leave the child an emotional trauma.

Interviewee CVD sadly described:

*... was abused by an elderly man who lived in the same street. He offered her an apple and*

*took her into his room. He then touched inappropriately. In two other instances, this has happened to me.*

Interviewee TiaJ had a similarly painful incident to describe:

*...My mother went to work, so while my sister and I were not at school, we were in the care of our maternal uncle, who showed us a video of adult content and would ask us to dance andsing like the women in the video. It was a horrible experience until my teacher found out.*

### *Speech Problems*

The researcher also encountered children with speech problems (JI, KK, KR, EE, and GP). Studies report that speech disorders in children often affect their fluency to speak and intelligibility. Interviewee GP shared as follows:

*.... I had a delay in speech as a child, my mother told me.*

Parents indicated that all the other developmental milestones were normal except speech. On observation, her reading was found to be good except for stammering and her inability to pronounce the sounds 'c's and 's.' Parents were encouraged to approach a speech therapist to help her overcome the speech issues.

However, providing intervention in schools is paramount as identifying, assessing, and managing problematic behavior in its nascent stage helps prevent the problem from getting magnified into adulthood. Therefore, schools can be a supportive base during this phase of life. Interventions can be directed by a mental health professional. However, they can come into the practice or be beneficial only when the child, teacher, caregiver, and the counselor can work in unison, follow up and finally make a difference.

## **5. CONCLUSION**

Qualitative analysis reports several associated behaviors with Externalizing, Internalizing, and Attention Problems in the current sample. Having crying spells, feelings of depression and loneliness, being shy and withdrawn, and suicidal ideation is highly noted internalizing behaviors in the girls. Anger, arrogance, aggression, and defiant behaviors have featured significantly indicating externalizing symptoms. Attention problems were seen as manifestations of distraction, hyperactivity, and inattentiveness. As a result, girls have developed learning issues and poor academic performance that manifested in illegible notes, lack of basic concepts, features of LD (letter reversals, reading/writing/spelling issues, mathematics issue), memory problems, and language problems. Poor academic performance was represented in the current sample due to insufficient attention and involvement from parents, further indicating poor grades and disorganized classwork. In-depth personal interviews with the girls also indicated findings that were significantly associated with peer problems, family disturbances, affective issues, behavioral problems, physical health problems, problems with parents and caregivers, sexual abuse, and speech problems. Parenting issues significantly influenced adolescent problem behavior, especially while using harsh and inconsistent discipline, parent negligence, and a suicidal parent. Parent information pertaining to anxiety about the child, family relationship problems, death of spouse, parent employed overseas, lack of discipline at home, and low parent education were observed in the findings.

The current study indicated a child counselor ratio of 1402:1, and the counselors work part-time, which is grossly inadequate. Findings indicate that teacher training in childhood and adolescent mental health problems is imperative considering the crucial role of the teachers in the process.

## **6. SUGGESTIONS**

Mental health is one of the most neglected aspects of our society. There is a need to increase

awareness about depression among teachers and parents to identify and help depressed adolescents in schools. There is a growing need for developing teaching practices and school-based interventions to support socially anxious adolescents [34]. Studies also suggested that policies could be refined to encourage the implementation of preventive programs that can spread awareness on personality education and erroneous mobile phone dependency for healthy and positive growth [38]. Positive parenting is another aspect that builds parent-adolescent relationships, which is backed by studies suggesting that authoritative parenting showed better outcomes over authoritarian and neglectful parenting across cultures [33]. However, parenting programs should be conducted at a greater scale which is to be availed by parents across the country.

## 7. IMPLICATIONS AND FUTURE POLICY

Gender-specific pathways, whether it be the intergenerational transmission of internalizing and externalizing behaviors across three generations or the influence of fathers' corresponding behavior on girls' internalizing and externalizing behavior, is another important area to work on. Females are more at risk for internal stress due to gender stereotypes, negative self-worth [39], and temperamental dimensions like shyness [40]. This is an explorable area.

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Table 1: Emergent Themes in Student and Informant Interviews

Reported Observation	No of Observations	Informants	Dimension
Avoidance of topic Feeling of shock Feeling Upset	11	AB, SS1, TJ, NA, ATD, SJJ, K, MJ,RF, EE, SE	Affective Issues
Referral Anxiety Personal anxiety Social anxiety Problems at home	42	SS1, FMX, JA1, HV, DRC, AJ, MS, SN, SS2, DS, CSP, TJ, CS-JS, NSS, RV, RL, JDM, TD, RP, MJA, SL, CJR, MDCX, AJK, MM, SL, HG, EAR, HM, MV, SJ, SDK, MKW, K, MJ, RF, KEG, GP, CE, MS, MDS, JSD	Anxiety
Distracted Hyperactive Inattentive	31	ERK, MSD, MiSD, MDCC, AB, FAS,PS, JE, AP, WC, CMW, SK, PN, DRC, MS, MU, VP, ARW, RV, SJ, CJR, MDCX, SJJ, KP, SDK, ShJ, RS,CE, MV, SS1, YS	Attention Problems
Absenteeism Problematic in Classroom Unmanageable at home Stealing Bed-wetting	25	AB, APSS, HB, SM, KSJX, PN, LSM,SR, CSP, R, TD, YJF, GY, CJR, MBL, CB, EAR, CJN, MV, SDK, YJ, ShJ, KCG, KEG, MDS, CMF	Behavioral problems
Attached to parent Supported by grandparents/Uncles Father negative behavior Joint family	21	MiSD, MDCC, CT, SS, CMW, SS1, JA, CS, R, JFJ, NA, JA, CJR, NG, TiaJ, SJ, JAN, DSF, PR, EE, ER	Issues with Caregiver
Pre-existing health condition Surgical intervention required poor eyesight On medication, low birth weight	20	ERK, MCA, PS, SS, KSJX, VA, IU, KK, ARW, NSS, JDM, RP, CJR, MDCX, KR, YF, MR/VC, MV, DSF, KCG	Child Physical health

Anger and Aggression, Unmanageable at home/school Arrogant	17	PS, AR, JE, SS, HB, SK, VS, DRC, NK, TJ, RL, YJF, AAA, CJR, MV, KCG, SDK	Externalizing
Broken Family Death of loved one Sibling Issues Family problems	35	CT, FAS, JE, JI, AP, SS, HB, CMW, SM, SS1, SK, JA2, DMA, MRM, DS, KMM, TJ, NA, ARJ-CJ, NS, KRE, MJA, AAA, ATD, SL, MDCX, MM, KP, AP, K, JAN, MJ, EE, RS, VB	Family disturbances
Crying spells Depressed Feelings of loneliness Shy and withdrawn Suicidal	45	MDCC, AB, JI, SS, CMW, KSJX, JA, VA, BJJ, SR, MS, SS2, CTC, K, NK, LSP, BW, IU, VD, ARW, RL, NS, KRE, JA, MJA, GY, AAA, SL, MBL, MDCX, VA, SJJ, MV, SDK, MKW, K, MJ, RF, KCG, RS, SE, MS, AR, MDS, MJ	Internalizing
Illegible Notes Lack of basic concepts, Features of LD (letter reversals, Reading/writing /spellings Issue, mathematics issue), Unable to remember, Low IQ suspected, Language Problems	42	ERK, APP, MCA, FAS, AR, JE, JI, WC, KSJX, AKS, BJJ, RM, HV, PM, DRC, SN, NN, SS2, JRG, NK, LSP, BW, IU, VD, KK, AER, SKH, NSS, LTS, AJK, EE, YF, SJ, DSF, MJP, PR, EE, GP, CE, AR, MR-VC, CE	Learning Issues
Death/Illness of father, Financial problems	18	WC, FMX, K, NSS, LS, JA, SJJ, HM, MV, K, JAN, ShJ, KCG, EE, ER, CE, AR, JSD	Low-SES
Harsh and inconsistent discipline suicidal mother parent inattention	34	MiSD, MDCC, MCA, FAS, PS, SM, SS1, CSP, K, SK, DRC, JFJ, TJ, NA, KRE, DS, YJF, SJ, GY, CJR, MM, VA, HG, MV, K, DSF, EE, KEG, NS, ER, CC, CE, VB, JSD	Parenting issue
Peer relationship issues, Infatuation	17	AB, CT, AP, SS, SS1, K, RV, RL, SL, MBL, VP, MDCX, AJK, CB, EAR, MV, SDK	Peer issues

Lack of attention from parents Poor grades Poor classwork and unorganized presentation	61	MDCC, APP, CT, MCA, FAS, JI, WC, HB, AKS, BJJ, HV, VS, PM, DMA, DRC, AJ, SN, NN, CTC, MRM, DS, CS, CSP, K, JRJG, LSP, BW, MU, VD, KK, ARW, JFJ, TJ, SKH, NSS, NA, JDM, LS, KRE, DS, MJA, AAA, LTS, MG, AJK, VA, MR/VC, KP, MV, SDK, AP, K, DSF, MJP, PR, KCG, EE, ER, CC, CE, VB	Poor academic performance
Neighbour Uncle	2	CVD, TiaJ	Sexual abuse
Speech problems	5	JI, KK, KR, GP, EE	Speech Problems