Externalizing and Internalizing Behaviour of Adolescents: A Gender Difference

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Abstract: Adolescence is the most turbulent period during which externalizing and internalizing behaviours emerge. Although there are increasing trends in internalizing and externalizing issues, a paucity of research examines the gender disparities in these behavioural concerns. This study seeks to elucidate the influence of gender on the externalizing and internalizing behaviours of adolescents. The sample consists of 30 students, conveniently drawn from both male and female adolescents between the ages range 16 to 18 years. Their behavioural issues were assessed using the Child Behaviour Checklist (CBCL) questionnaires. An independent sample t-test was used to investigate gender-specific discrepancies in externalizing and internalizing behaviours. The statistical analysis reveals that female adolescents exhibit a higher incidence of internalizing behaviour compared to their male counterparts, while male adolescents display a greater propensity towards externalizing behaviour. Moreover, female adolescents demonstrate a higher prevalence of comorbid behaviour (both internalizing and externalizing) compared to their male adolescents. Externalizing behaviours such as rule-breaking and aggression are predominantly observed among male adolescents rather than females. Internalizing behaviours, encompassing anxiety, withdrawal, and somatic complaints, are more commonly observed among adolescent females than males.

Keywords- Externalizing behaviour, Internalizing behaviour, Adolescents

Introduction

Adolescence signifies a crucial life transition between childhood and adulthoodwhere individuals embark on a journey coined “storm and stress,". In this dynamic period, adolescents grapple with a combination of growth exploration and challenges and undergo a multitude of changes in the biological, social, cognitive, and emotional realms. While most adolescents successfully navigate the transition, a notable percentage do not have the requisite opportunity and support (Santrock,

2007). According to the Center of Disease Control and Prevention (CDC), around 7.4% of children in between the age range 3 to17yrs. exhibit behavioural problems. In the realm of adolescents, it is estimated that 5–10% scuffle with emotional and behavioural challenges, with a notable portion of these issues potentially persisting overthe years. So, during this crucial period of development, both internalizing and externalizing behaviour patterns emerge, making it one of the most evocative periods of adolescent development. As noted by Moffitt (1993), this pivotal phase is often associated with the emergence of both internalizing and externalizing behaviour problems.

Externalizing behaviours are directed outwardly and can exert a negative impact on others or the external environment (Eisenberg et al., 2001, Campbell et al., 2000). Including rule-breaking behaviour, delinquent tendencies, aggressive behaviour, and also often described as a lack of controlled actions (Oland and Shaw, 2005). On the other hand, internalizing behaviour pertains to inwardly directed negative expressions. These behaviours include depression, anxiety, and somatic complaints referred to as overcontrolled behaviour(Hansen and Jordan, 2020; Oland and Shaw, 2005). Externalizing and internalizing behaviours stand as major cited factors driving adolescents towards mental health clinics, encompassing a critical juncture where they create risk for themselves and others. Externalizing behaviours often choose the path of antisocial pursuits, their actions carrying the potential to inflict societal harm if wilfully disregarded. Conversely, internalizing behaviour turns inward; if neglected, it will inflict a wound on the self.

This study aims to clarify the behavioural challenges adolescents encounter and to recognise the significance of understanding both internalizing behaviour and externalizing behaviour. The objectives also encompass a detailed evaluation of the occurrence of both internalizing and externalizing behavioural issues among adolescents, alongside an exploration of potential gender differences in the manifestation of externalizing and internalizing behaviour among adolescents. Understanding these differences can inform tailored interventions to address the specific needs of male and female adolescents. This study was conducted within the context of India, where research in this area is scarce. This study aims to fill the crucial gaps in understanding the behavioural landscape of adolescents.

Methods

Participants

The total participants comprised30 adolescents an equal number of male(15) and female(15). The sample drawn from Puri and Kendrapada districts of Odisha, India. The age range of the participants was between 16 to 18 years, ensuring a focus on late adolescents.

Tools used

The Child Behaviour Checklist (CBCL) by Thomas M. Achenbach, 1991. CBCL is the Acenbach System of empirically based assessment. This questionnaire is conducted between the age range of 6 to 18.

Procedure

The data for the study was collected from parents with the valuable assistance of the teachers. The CBCL questionnaire was distributed to the parents after obtaining consent that they had to provide information about their child. A good rapport was established and they were instructed "Please read the statements below and for each statement that describes your child within the past 6 months and now, choose to circle 2 if the item is very true, choose circle 1 if it is sometimes true, choose to circle 0 if it is not at all true for your child."

Data analysis

The collected data was analysed by using an independent sample "t-test" and statistical analysis was carried out by using the PASW SPSS 20.0.

Result

The result of the study from unveils significant gender differences in adolescent behaviour patterns in male and female behaviours through an independent sample 't' test.

Table-1

Percentage and number of adolescents and obtained scores from the Child Behaviour Checklist

Category	*Male=15*	*Female=15*
Internalizing		
Clinical	**26%(4)**	**86.67%(13)**
Borderline	**6.7%(1)**	**13.3%(2)**
Normal/ Nonclinical	**66.67%(10)**	**0%(0)**
Externalizing		
Clinical	**100%(15)**	**13.3%(2)**
Borderline	**0%(0)**	**33.3%(5)**
Normal/ Nonclinical	**0%(0)**	**53.3%(8)**

Table-1 During the data analysis, the study finding was converted into 3 distinct groups i.e. clinical, nonclinical and borderline. The study findingsfrom Table-1reveal that approximately 26% of male adolescents exhibit clinical levels of Internalizing behaviour problems, while nearly 87% of female adolescents fall within the clinical range. All the male participants and 13.3% of female participants exhibit clinical levels of Externalizing behaviour.

Table-2

Comorbid cases of externalizing and internalizing behaviour

Gender	*Number of cases*
Male	*5(33.33%)*
Female	*7(46.67%)*

Table- 2 highlightsthat comorbid symptoms are presented in 33.33% of males and notably higher among females, i.e. 46.67% indicating a higher prevalence in female adolescents.Additionally, a

substantial difference emerges in mean scores between male and female adolescents across various dimensions.

Table-3

Mean, SD, t value of adolescents who obtained scores on the CBCL scale based on gender

Scale	**Male N=15**		**Female N=15**		
	Mean	*SD*	*Mean*	*SD*	*T value*
Internalizing Problems	*7.6*	*6.5*	*18.6*	*3.62*	*5.76***
Externalizing Problems	*28.93*	*5.49*	*14.33*	*3.75*	*8.50***
Anxious/ Depressed	*4.73*	*3.0*	*11.73*	*2.12*	*7.40***
Withdrawn	*.93*	*1.48*	*2.0*	*1.3*	*2.09**
Somatic Complains	*1.80*	*2.2*	*4.93*	*1.53*	*4.51**
Rule Breaking Behaviour	*14.2*	*2.30*	*7.93*	*2.96*	*6.47***
Aggressive behaviour	*14.73*	*3.89*	*6.33*	*2.19*	*7.27***

Table-3 indicates astatistically significant gender discrepancy is evident (t=5.76,p<0.01) with males exhibiting mean scores of 7.6 and females 18.6, signifying a notable variation in internalizing behaviour at 0.01 level significance, which meansfemales show a higher prevalence of internalizing behaviour than males.Gender-baseddifferences are notable(t=8.50,p<0.01), with males exhibiting a male score of 28.93 and females 14.33, understanding a significant divergence between male and female adolescents, implies males are high on externalizing problems as compared to females.A pronounced gender contrast emerges (t=7.40, p<0.01) with males demonstrating a mean score of 4.73 and females 11.73. indicating that female adolescents showed marked distinction in anxiety and depression at 0.01 level of significance.Statistically,a notable significant gender difference is observed (t=2.09, p<0.05)with a male and female recording a mean score of 0.93 and female 2.0, suggesting a discernible difference in social withdrawal behaviour at 0.05 level of significance.Gender-based disparities are evident in somatic complaints score (t=4.51, p<0.01) with males reporting a mean score of 1.80 and females 4.93, signifying females showed a substantial difference in somatic complaints at the 0.01 level.Significant gender dichotomy is observed (t=6.47, p<0.01), with males and females displaying a mean score of 14.2 and 7.93 respectively in rule-breaking behaviour. The mean score difference is statistically significant at the 0.01 level and the male score is remarkably higher than the female. with a calculated t value of 7.27, suggesting the presence of aggressive behaviour is higher among males than females, with a mean value of male and female 14.73 and 6.33 respectively.

Discussion and Conclusion

Adolescent behaviour problemsare indeed concerning in contemporary society.These behaviour issues are characterized by internalizing and externalizing behaviour issues whichlead to several futuretrajectories, potentially leading to antisocial tendenciesmental health issues and several severe self-harming behaviours.The first key findings indicated that females show a higher prevalence of internalizing behaviour than males this may be due to women'sattribution of socialization patterns to internalize the effects of stressor exposure, this finding is consistent with

the previous findings(Rosenfield, 2000). The second finding implies that males have more externalizing problems than females do, isaligns with the findings of William and Best, 1990 can be attributed these differences to the practice of traditional gender roles. But both genders manifested some sort of behavioural problem. Females were more inclined than males to have comorbid instances this could be because women have been greater socialized to internalize the consequences of stressors. The study findings also revealed that adolescent females are more prone to experiencinganxiety than adolescent males. This may be due to the adolescent femalesmanaging their ownthoughts, and the negative meta-cognitive beliefs they hold about themselves (Bahram&Yusufi, 2011).A negligible proportion of both genders exhibited social withdrawal behaviour, whereas the amount is slightly higher among females. The finding also unveils the fact that when anxiety-related issues co-occur with somatic complaints, women experience higher rates of somatic complaints (Silverstein, 1999). Additionally, the findings highlighted the fact that males are more likely to break the law. The result of the current study supported byBosson et al. (2009)is that it may be due to socialization pressure (primarily from peer pressure) that malesare more inclined to their muscularity and are likely to violate the law and display masculinity as a result.Male adolescents reflected more aggressive behaviour than females. It mightbe because they are striving to achieve social supremacy and effectively vying for status and resources also for the polarization of gender roles(Hoff, Reeseweber, Schnider,2009; Eagly,Wood and Diekman, 2000). This study helps to identify and address behavioural problems in adolescents at an early stage. Parents, teachers, and others should be equipped with knowledge and skills to effectively support adolescents facing behavioural and emotional difficulties. Integrating academic curricula and ensuring access to qualified counsellors and specialists can be highly beneficial for addressing behavioural challenges. This also helps in addressing behavioural problems in adolescents and has broader social implications. The sample size was small, which raises concerns about the generalizability of the result. This is a pilot study relying solely on quantitative analysis, which may have limited its ability to capture a broader range of information from a larger data set.

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