

## Internalizing and Externalizing Problems among Adolescents in Malaysian Children's Institutions

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### Abstract

Several studies have identified that post-institutionalized children are significantly correlated with behavioural problems. This study emphasizes on the internalizing and externalizing problems among adolescents in children's institutions in Malaysia. A stratified sampling method is utilized to determine the response among adolescents from four different regions across Malaysia. Through the sampling method, a total of 220 adolescents are selected to be the respondents of this study. The Youth Self-Report (YSR) measurement is used as a tool to measure the behavioural and emotional problems of these adolescents. The results show that 54.5% and 24.1% of the respondents obtain internalizing scores at clinical and borderline levels respectively. In terms of externalizing problems, 41.4% and 20.9% of the respondents obtain scores at clinical and borderline levels. Therefore, relevant agencies should pay extra attention to the behavioural and emotional development of institutionalized adolescents in order to prevent internalizing and externalizing problems among institutionalized adolescents.

**Keywords** - post-institutionalized children, behavioural problems, emotional problems, institutionalized adolescents.

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## Introduction

The behavioural problems among adolescents can be in various forms and the indicators used to measure these problems may vary with different studies. These indicators include internalizing and externalizing behavioural problems, academic failure, anti-social behaviour, substance abuse, risky sexual behaviour and delinquency. Development of behavioural problems can increase the risk of an adolescent getting involved in criminal activities, violence and illegal drug usage during his or her adulthood. The wellbeing and development of a child in terms of mental, behaviour and cognitive will be negatively influenced if the child is exposed to the elements of behavioural problems.

An adolescent is an individual who is undergoing the period of transition from childhood to adulthood, where the individual is prepared to face future challenges in life (Larson, Wilson, & Rickman, 2009; Schlegel, 2009). During this specific period, the adolescent experiences biological, cognitive, social and economic transition. Adolescents can possibly get involved in risk-taking situations, conflicts and troubles which can lead to behavioural problems (Schwartz, Pantin, Coatsworth, & Szapocznik, 2007). It is found that behavioural problems among adolescents is highly associated with improper or inadequate prevention and intervention of caretakers. These problem behaviour may eventually escalate and manifest in adulthood.

The situation is more for adolescents who stay in children's institutions where they are more likely to be exposed to the risk of manifesting behavioural problems. Adolescents who stay in children's institutions usually have the history of physical abuse, neglect by family members or abandonment by parents. Most of them come from extreme poverty and broken families backgrounds. Disabilities and serious illnesses are also some of the reasons some adolescents are sent to a children's institution. These negativities around them may have contributed to the formation of behavioural problems among them. Much research have shown that adolescents in children's institutions have a greater tendency to get involved in crimes during their adulthood. Besides that, previous studies have shown that adolescents who leave children's institutions when they are above 18 years old, are often confronted with several challenges and hardships. These include homelessness, criminal activities (which lead to incarceration), mental health problems, early sexual activities (which result in teenage pregnancies), low educational attainment, unemployment and drug abuse (Lumos, 2015). In addition, a study in Russia has reported that adolescents who leave children's institutions are exposed to high risks of involvement in crimes, prostitution and suicide (Pashkina, 2001).

Nonetheless, it has been pointed out that the issue of behavioural problems among adolescents in children's institutions is due to the poor conditions there. The support and services provided in these institutions are found to be improper and inadequate in ensuring the positive development of adolescents who reside there. Therefore, failure to provide a suitable environment for the adolescents together with the conditions of children's institutions have adverse effects on the growth of the adolescents which may directly lead to behavioural problems.

In Malaysia, only a few studies have been done concerning the well-being of adolescents who reside in children's institutions (WI, CG, MR, R.S & HH, 2015). The seriousness of behavioural problems among children who reside in children's

institutions is still unknown in Malaysia. As stated above, adolescents who have no alternative but to reside in children's institutions have encountered difficult situations and bad experiences with their family members in the past. Therefore, children's institutions should provide necessary intervention and proper aid to the adolescents in helping them to recover from the bad experiences and lead them to positive development. Thus, it is essential to consider this aspect in order to identify the seriousness of behavioural problems among adolescents who reside in children's institutions. It is a crucial step in determining the effectiveness of strategy planning for children's institutions in Malaysia.

## **Methodology**

### **Research Designs, Procedures, Participants and Location**

This study uses the cross-sectional method to study the behavioural problems of the adolescents. The sample size of this study are 220 adolescents, aged 13 to below 18 staying in governmental and private children's institutions in four different regions. These four regions are Negeri Sembilan, Selangor, Kuala Lumpur and Perak. The respondents are selected using the stratified sampling method.

### **Instruments**

The instrument which is employed in this study is the Youth Self-Report (YSR). This instrument is developed and established by ASEBA to measure the emotional behavioural problems of adolescents. YSR is an instrument that consists of 112 items to be completed by the adolescents themselves. The respondents are instructed to evaluate themselves on how true each item describes themselves now or within the past 6 months. This instrument can be used to assess internalizing (anxiety, depression, over-controlled) and externalizing (aggressiveness, hyperactivity, noncompliant, under-controlled) behaviour. It contains eight subscale symptoms which are withdrawn, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behaviour and delinquent behaviour. The summation of subscale anxious/depressed and withdrawn/depressed scores is equivalent to the scores for internalizing behaviour. On the other hand, the summation of rule-breaking and aggressive behaviour scores are the scores of externalizing behaviour. Total problem scores is the sum of all eight symptom scores. Higher scores indicate greater problem behaviour whereas lower scores indicate otherwise. The reliability of the instrument is .92. Prior to the study, a pilot study is conducted with a sample size of 15 adolescents from two children's institutions in Pulau Pinang. The Cronbach Alpha test has shown that the reliability of the measurement is .94, which exceeds the value recommended by Nunnally (1978).

### **Data collection**

The data collection process was conducted for one month, starting from 4 November 2015 to 20 November 2015 involving 15 children's institutions. For each session of data collection, it was executed by five well-trained enumerators and supervised by the researcher. During data collection in each of the institution, all respondents

are instructed to gather in a hall and are put into small groups. All the respondents are given self-administrated questionnaires and are assisted by the enumerators in answering the questionnaires. Before starting to answer the questionnaire, a briefing is given to the respondents concerning the questionnaire.

## Ethical Considerations

This study was approved by the UPM Ethics Committee for Research Involving Human Subjects. The Malaysian Social Welfare Department has granted special permission for the team to conduct the study through approaching the children in the children's institutions.

## Results and Discussion

### Descriptive Analysis

The demographic data of institutionalized children is illustrated in Table 1. As illustrated, the age groups of the respondents are grouped into three categories: namely young adolescents (13-14 years old), the middle group (15-16 years old) and older adolescents (17-18 years old). About half (46.8%) of the respondents are young adolescents and only 12.7% of the respondents are older adolescents. In the sample of study, the distribution between genders are almost even which are 48.2% and 51.8% for males and females respectively. Majority of the respondents (74.2%) have been staying less than five years in the children's institutions. However, 25% of the respondents have stayed in the children's institutions for five to ten years. There are four main reasons for admission to the children's institutions: they are abuse, neglect, broken families, death of parents and extreme poverty. Broken families and death of parents are the main reasons for admission of more than half (52.8%) of the respondents.

**Table 1: Demographic Data of Institutionalized Children**

Character (N=220)	n	%
<b>Age</b>		
13-14	103	46.8
15-16	89	40.5
17-18	28	12.7
<b>Gender</b>		
Boys	106	48.2
Girls	114	51.8
<b>Duration of Stay:</b>		
<5 years	163	74.2
5-10 years	57	25.8
<b>Reasons for Admission</b>		
Abuse		8.2
Neglect		24.5
Broken Families and Death of Parents		52.8
Extreme Poverty		14.5

The distribution of behavioural problem scores is tabulated in Table 2. The results show that majority of the respondents (54.5%) are in the level of clinical for internalizing problem scores. Only 24% of the respondents obtain the normal score for internalizing problems. However, respondents who score clinical level for the sub-symptom of anxious/depressed, withdrawn/depressed and somatic complaints are slight lower as compared to internalizing problem scores which are 23.6%, 21.4% and 12.3% respectively. Most of the respondents are considered as normal for these three sub-symptoms, where the portions are 52.7%, 58.2% and 69.5% for anxiety, withdrawn and somatic complaints respectively. More than half of the adolescents in the children's institutions exhibit symptoms of internalizing problems. This indicates that the environment of the children's institutions may bring about anxiety, depression, and withdrawn behaviour on the children who stay in the institutions. There are five main anxiety disorders that occur in internalizing behaviour: namely separation, social, general, post-traumatic stress and obsessive compulsive disorders (Chen, Lewis, & Liu, 2011). It is discovered that suicides stem from internalizing behaviour (Chen et al., 2011). Nonetheless, the symptoms of anxious, withdrawn and somatic complaints are not as serious as internalizing problem where the numbers of adolescents having clinical level of problem is obviously lower.

**Table 2: Behavioural Problem Scores of Institutionalized Children**

Behavioural Problem	Normal		Borderline		Clinical	
	n	%	n	%	n	%
Internalizing Problem Scores	53	24.1	47	24.1	120	54.5
Anxious/ Depressed	116	52.7	52	23.6	52	23.6
Withdrawn/Depressed	128	58.2	45	20.5	47	21.4
Somatic Complaints	153	69.5	40	18.2	27	12.3
Externalizing Problem Scores	83	37.7	46	20.9	91	41.4
Rules Breaking Behaviour	150	68.2	54	24.5	16	7.3
Aggressive	129	58.6	54	23.2	40	18.2
Total Problem Scores	61	27.7	45	20.5	11.4	51.8

For externalizing problem scores, there are 41.4% of the respondents at the clinical level. About a quarter (37.7%) of the adolescents are normal in the item of externalizing problems. This indicates that 62.3% of the respondents are abnormal in externalizing problems and have the obvious symptoms of such behavioural problems. An individual with the symptom of externalizing behaviour may manifest aggression, violence, harassment, disruptiveness and defiance. Therefore, it can increase the likelihood of getting involved in adult crimes and violence (Jianghong,

2004). The consequences the child may face is ending up dead, in jail, or engaging in substance abuse resulting in making it nowhere in life. However, for the sub-symptom of rules breaking behaviour and aggressive, 68.2% and 58.6% of the respondents have obtained the score at the normal level. Only a minority of adolescents (7.3%) exhibit the symptom of rules breaking behaviour. This somehow indicates that the adolescents in children's institutions are obedient to the rules set. The overall results show that more than half of the respondents have obtained clinical level for total problem scores. A large number of adolescents have indicated that the environment, condition and services provided by the children's institutions is inadequate to instill good behaviour in the children who reside there. It is reported that children who reside in children's institutions have significantly higher behavioural problems than children who are living with their parents (Rahman, Nazri, Daud, Iryani, Nik Jaafar, Shah & Salwina, 2013) in Kuala Lumpur. Thus, more effort should be invested on children's institutions in order to improve the overall condition for instilling positive development of the children.

## **Conclusion**

This study thus proves to the relevant agencies, especially the Department of Social Welfare and schools, that they should pay extra attention to the behaviour and emotional development of institutionalized adolescents. To prevent internalizing and externalizing problems among institutionalized adolescents, more attention should be focused on adolescents identified with such behaviour problems so that professional counselling services in both schools and institutes can be provided. Besides that, relevant agencies should promote activities that can enable adolescents to participate in positive youth development programmes and to engage themselves with the environment so as to minimize the onset of depression, withdrawn and somatic problems. This will benefit youths residing in children's institutions and thus prepare them to be useful citizens in the future.

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