

A STUDY ON EMOTIONAL AND BEHAVIORAL PROBLEMS AMONG NORMAL AND VISUALLY CHALLENGED ADOLESCENT STUDENTS

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ABSTRACT: Adolescence is a crucial period in one's life span. Social scientists view adolescent as a period of intense changes that can have a lasting effect on the individual's further life. It involves extensive changes in almost every aspect of development, including physical, cognitive, emotional and social domains. It is during this period that adolescents start growing beyond their parents. As they become older, adolescents view their parents in less idealized terms but more as individuals (Steinberg and Silverberg, 1986). As adolescence involves crucial changes the adolescent is challenged with the demand of adjusting to these changes with respect to his/her major life domains such as relations with parents, with others, with self and school achievement and health aspects. Inability to adjust to these changes often lead to maladaptive problems in adolescents (Verma and Larson, 1999). The present study is aimed to examine the emotional and behavioral problems among normal and visually impaired adolescent students. Gender, Class, No. of sibling and Birth order were considered to use as biographical variables. The main objective of the study is to examine the differences between normal and visually impaired adolescent students on emotional and behavioral problems. The sample of the present study consists of 224 students (with 47.3% of them being visually impaired students) studying 6th to 9th classes in various schools in the north coastal area of Andhra Pradesh. The age range of the sample is 10 to 16 years. All the students selected are from residential schools. The obtained data from the sample were analyzed by using the statistical techniques to examine the differences between normal and visually impaired adolescent's students.

Keywords: Emotional Problems, Behavioural Problems, Adolescent, Visually Challenged.

INTRODUCTION:

As adolescence involves crucial changes the adolescent is challenged with the demand of adjusting to these changes with respect to his/her major life domains such as relations with parents, with others, with self and school achievement and health aspects. Inability to adjust to these changes often lead to maladaptive problems in adolescents. According to ecological (Bronfenbrenner, 1979) model, youths who have difficulties in their social interactions are at increased risk of developing maladaptive outcomes such as emotional and behavioral problems, substance abuse and school failure. Psychologists and others who are the stakeholders in dealing with psychological problems of youth often classify their problems into emotional and

behavioral problems. Emotional problems are those problems in which youth turns the problems inwardly and exhibits them in the form of emotional symptoms such as anxiety, depression, and withdrawal or in the form of psychosomatic problems (Ibrahim, 2005). The behavioral problems are those problems in which youth turns the problems outwardly and expresses them in the form of "acting out" behaviors such as delinquency and aggressive behavior (Ibrahim, 2005).

The visually impaired adolescent faces certain unique problems as he/ she matures. (Cholden, 1958) stated that three special preoccupations of the visually impaired adolescents are found among most seeing young men and women. However, they are complicated by the fact of blindness. One preoccupation is with the importance of bodily attractiveness to the female and masculine strength and independence to the male. The desire to impress the opposite sex and the anxiety surrounding the sexual relationships are typical of adolescence but they are more difficult for visually impaired adolescents. The second preoccupation is the concerns independence and the dilemma of children with visual impairment who cannot achieve certain degree of freedom from parents and others. The third common problem of all adolescents is to achieve a certain degree of exhibitionism that is more difficult for the blind.

The period of adolescence may cause a great deal of anxiety for the person with a physical handicap, who faces not only the usual development challenges but also the added strain of his or her physical disability. Tuttle (1987) has claimed that persons with visual impairments have four major problems with which to contend. First, in order to feel competent, they must develop good coping skills and adaptive behaviors. Second, they deal with the task of maintaining a sense of self-esteem in the face of predominantly negative reflections. The third problem centers on visually impaired person's abilities to maintain control over situations, to perceive alternative courses of action, and to make decisions of choices regarding events in their lives. The fourth problem has to do with the negative impact of self-esteem that results from the fact that a visually impaired person, even with the best of coping skills and adaptive behaviors, is still dependent on others to accomplish certain daily tasks and consequently does not appear to be exercising an internal locus of control.

REVIEW OF RELATED LITERATURE:

Bailey, Hill and Hawkins (2009) using data from (n = 136) grandparents (G1), parents (G2), and children (G3), examined continuity in parental monitoring, harsh discipline, and child problem behavior across generations. The results highlighted the need for preventive interventions aimed at breaking intergenerational cycles in poor parenting practices.

Davidson and Cardemil (2009) examined the associations among parent-child relationship characteristics and child externalizing symptoms in a sample of 40 Latino parent-adolescent dyads. Specifically, the associations between parent child relationship characteristics (i.e., communication and parental involvement) and adolescents' problem behaviors were examined.

They found significant relationships among parent-child communication, parental involvement, and child problem behaviors.

Mishra and Ranjan (2008) have also been studied whether the gender difference affects emotional intelligence of adolescents (N=80, 40 male, 40 female). The results showed that adolescent boys and girls differ significantly on emotional intelligence and boys were found to be significantly higher on emotional intelligence than the girls. The higher scores of adolescent boys indicate that they are better on interpersonal, intrapersonal, adaptability and stress management skills and their overall general mood (happiness and optimism) are of higher order than the adolescent girls.

Alfred Hirshoren, Carl J. Schnittjer (2006) were investigated The Behavior Problem Checklist (Quay & Peterson, 1979) was completed by classroom teachers for 104 children and youth (64 boys and 40 girls) at a state residential school for the blind to determine the prevalence of problem behavior. Results were compared to earlier studies of behavior problems of no handicapped children and of two groups of hearing-impaired children, one living at home and attending a community program and a second group attending a state residential school. Results were more similar to those obtained with the hearing-impaired children in the residential setting than to either the no handicapped or the hearing-impaired living at home. Comparisons by sex failed to find statistically significant differences.

Vincent 8. Van Hasselt; Alan E. Kazdin and Michel Hersen (2001) were study the Psychological and social adjustment of visually handicapped youths has not been well studied across different raters and settings. Child, parent, and teacher forms of the Child Behavior Checklist were administered to evaluate problem behavior in the following groups: (a) visually handicapped adolescents in a residential school, (b) mainstreamed visually handicapped adolescents in public schools, and (c) sighted adolescents in public schools. Visually handicapped subjects in the residential placement evinced greater dysfunction than other subjects, as reflected in parent, teacher, and child evaluations. Although little correspondence was found between teachers' and children's scores, a number of significant correlations were obtained between teachers' and parents' ratings of children's behavior. Results are discussed in terms of the need to evaluate the adjustment and functioning of visually handicapped children and adolescents, the potential utility of psychological intervention with a subset of this population, and the importance of additional controlled research with visually handicapped persons.

METHODOLOGY:

The aim of the present study is to examine the emotional and behavioral problems among normal and visually impaired adolescent students.

Objectives:

In view the aim of the present study the following objectives were drawn.

To examine the differences between normal and visually impaired adolescent students on emotional and behavioral problems.

To examine the differences between normal and visually impaired adolescents on emotional and behavioral problems in between boys and girls.

Method: In this study, the investigator has adapted mixed method (qualitative & quantitative) and for data collection survey method was adapted.

Sample: The sample of the present study consists of 224 students (with 47.3% of them being visually impaired students) studying 6th to 9th classes in various schools in the north coastal area of Andhra Pradesh. The age range of the sample is from 10 to 16 years. All the students selected are from residential schools. The following tables present the details of the sample.

Table-1: Sample of the Study

Sample Description	N	%	Mean Age	SD
Normal Children	118	52.7	13	1.09
Visually Impaired Children	106	47.3	13.94	1.47
Total Sample	224	100	13.44	1.37

The table 2 shows the demographic variables of the total sample. In the sample 54% adolescent students were boys and rest of them were girl students. The sample was drawn across gender (male& female), Class (6, 7, 8 &9), number of siblings (1or2 & above 2) and birth order (first born, second born &third born).

Table-2: Socio Demographic Composition of the Sample

Individual Variable		Visual Impairment				Total	
		Yes		No			
		N	%	N	%	N	%
Gender	Boys	61	57.5	60	50.8	121	54
	Girls	45	42.5	58	49.2	103	46

Instruments:

The following instruments were used for collecting the necessary data.

A. Youth Self Report (YSR)

The Youth Self Report (11-18), a part of the Achenbach System of Empirically Based Assessment's (ASEBA) school-age forms, is a checklist developed by Achenbach. In the present study the current version (2001) of the Youth Self Report (YSR) was used. This form, like other ASEBA school age forms, assesses the child's competencies, adaptive functioning and gives measures on specific emotional and behavioral problems that the child is currently experiencing.

The YSR is an extensively used measure and got acceptance in worldwide as an effective tool for screening adolescents for their competencies and problems (Ho, et al., 2001; Murad, et al, 2003). Confirmatory factor analytical studies (Rescorla, et al., 2001) yielded similar factors across different cultures.

The eight syndromes that the YSR tapes are: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior and aggressive behavior. A part from these eight specific measures of the youth's psychological distress, the YSR also provides composite scores for three broad problem categories that allow the clinician to have a quick overall understanding of the youth's problems. They are:

- Internalizing problem score which is a composite of the scores on anxious/depressed, withdrawn/depressed and somatic complaints scales of the YSR.
- Externalizing problem score which is a composite of the scores on rule- breaking behavior and aggressive behavior.
- Total problem score which is a composite score of all the problem scales.

The problems part of the YSR consists of 112 problem items that enable the youth (11-18 years) to report the degree of severity in each problem by circling '0' if the item is not true of himself or herself, '1' if the item is somewhat or sometimes true, and '2' if it is very true or often true within the past 6 months.

However, in view of the objectives of the present study only the problems part of the YSR was used.

Psychometric Properties:

Decades of research has demonstrated that the YSR has good psychometric properties. The Cronbach's alpha for the problem scales ranged from .71 to .86 indicating good internal consistency. The test-retest reliability with 8 days interval on the problem scales ranged from .67 to .88 with most of them being $>.70$.

Content validity of the YSR was supported by the research evidence that the items can significantly discriminate ($p^{.01}$) between referred and non-referred youth independent of demographic characteristics (Achenbach and Rescorla, 2003). For the present study Telugu translation of the YSR developed by Ramana (2007) was used in this study. The Spearman-Brown split half reliability for the Telugu version ranges from 0.4342 to 0.819 with most of coefficient above 0.60.

B. Biographic Data Sheet

A biographic data sheet was prepared by the researcher, in Telugu language to collect data regarding the students' gender, age, impairment, etc. for the present study.

ANALYSIS & INTERPRETATION OF DATA:

Data analysis was carried out by using the following statistical techniques.

Descriptive statistics were used to describe the data.

T-test was used to examine the influence of personal variables (gender & class) on the YSR syndrome scores.

RESULTS AND DISCUSSION:

Differences between normal and visually impaired students on emotional and behavioral problems.

The mean differences between the normal and visually impaired students on emotional and behavioral problems were shown in Table-3.

TABLE -3: Mean differences between normal and visually impaired students and YSR syndrome scales

Syndrome Scale	Mean / S.D.	Normal Children (n=118)	Visually Impaired (n=106)	t
Anxious/Depressed	Mean	11.409	10.340	1.728
	S.D.	4.875	4.384	
Withdrawn/Depressed	Mean	7.026	5.367	3.734**
	S.D.	3.128	3.475	
Somatic Complaints	Mean	7.585	6.513	2.040*
	S.D.	4.222	3.642	
Social Problems	Mean	9.242	8.248	1.915
	S.D.	3.937	3.826	
Thought Problems	Mean	9.100	6.722	4.267**
	S.D.	4.396	3.942	
Attention Problems	Mean	7.955	7.056	2.114*
	S.D.	3.323	3.035	
Rule Breaking Behaviour	Mean	10.537	5.230	7.187**
	S.D.	5.992	5.053	
Aggressive Behaviour	Mean	14.497	10.156	5.027**
	S.D.	6.007	6.827	

Note: *p< .05, ** = p <.01

Table -3 shows the significance of mean differences between normal children and visually impaired children (at p<.01) on all the problem scales expect on anxious/depressed and social problems. Examination of descriptive statistics reveals that normal children scored high on all these problem scales indicating that that they are experiencing more of these problems than the visually impaired children. Normal children have more withdrawn, thought problems, Rule breaking behavior and normal somatic complaints and attention problems. Though the difference

between the two groups on Anxious/Depressed and social problems was not significant, in line with the remaining findings visually impaired children scored high on this scale.

Further analysis was carried out to examine the differences between the two groups on the problem scales, keeping the personal variable constant for both groups. The results of this analysis were provided in table 4 to 24.

Table-4: Normal and Visual Impaired boys and Emotional/Behavioral Problems

Sub scale		Normal Boys (N=60)	Visual Impaired Boys (61)	t value
Anxious/Depressed	Mean	12.787	10.737	2.342*
	S.D.	5.028	4.585	
Withdrawn/Depressed	Mean	7.963	5.393	4.047**
	S.D.	3.077	3.869	
Somatic Complaints	Mean	8.817	6.704	2.976**
	S.D.	4.130	3.657	
Social Problems	Mean	10.148	8.688	1.978*
	S.D.	4.081	4.035	
Thought Problems	Mean	10.347	6.524	5.054**
	S.D.	4.325	3.981	
Attention Problems	Mean	9.066	7.0164	3.614**
	S.D.	3.093	3.145	
Rule Breaking Behavior	Mean	13.400	5.302	8.301**
	S.D.	5.513	5.210	
Aggressive Behavior	Mean	17.242	8.688	8.276**
	S.D.	4.380	6.756	

Note: *p=< 0.05, ** p=<0.01

T-test analyses reveal that Normal and Visual Impaired boys have significant mean differences on Anxious/Depressed, withdrawn/depressed, somatic complaints, Social problems, thought problems, attention problems, Rule breaking behavior and Aggressive behaviour. An examination of the descriptive statistics show that Normal boys reported experiencing significantly more number of Anxious/Depressed, withdrawn/depressed, somatic complaints, Social problems, thought problems, attention problems, Rule breaking behavior and Aggressive behavior than Visually Impaired boys.

Table-5 shows the mean differences between normal and Visually Impaired girls on the YSR problem scales.

Table-5: Normal and Visual Impaired girls and Emotional / Behavioral Problems

Sub scale		Normal Girls (N=58)	Visually Impaired Girls (N=45)	t value
Anxious/Depressed	Mean	9.984	9.802	0.217
	S.D.	4.308	4.085	
Withdrawn/Depressed	Mean	6.056	5.333	1.255
	S.D.	2.898	2.899	
Somatic Complaints	Mean	6.311	6.252	0.076
	S.D.	3.961	3.646	
Social Problems	Mean	8.305	7.651	0.931
	S.D.	3.580	3.479	
Thought Problems	Mean	7.809	6.990	1.022
	S.D.	4.116	3.918	
Attention Problems	Mean	6.805	7.111	-0.502
	S.D.	3.183	2.909	
Rule Breaking Behavior	Mean	7.574	5.121	2.492**
	S.D.	4.966	4.889	
Aggressive Behavior	Mean	11.658	12.146	-0.390
	S.D.	6.170	6.477	

Note: *p<0.05, ** p<0.01

T-test results reveal that Normal and Visual Impaired girls have significant differences on rule-breaking behavior, at $p < 0.01$. Descriptive statistics show that Normal girls were significantly more rule breaking behaviour than visually impaired girls. There are no significant differences found between these two groups on Anxious/Depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems and Aggressive behaviour.

the results seem to be somewhat contradictory to the general belief they can be understood in the light of the students' immediate life conditions. All the visually impaired children have better facilities in terms of food, accommodation etc. compared to the normal students. They have less academic burden and school and teachers are less demanding. Academic stress is a common factor for psychological distress among school children. In the class room situation also the

teacher's attention would be low and the strength of the class is about 60-80 so they may not express their personal feeling to others. The residential hostel for normal adolescent's strength is very high (up to 500) when compared to the visually impaired adolescent's residential hostel. These visually impaired students spend their most of the time with extracurricular activities like singing, music, making handicrafts and playing indoor games. On the other hand, normal students are burdened with more academic pressure.

The results revealed that normal boys have more emotional and behavioral problems in YSR syndrome scales because these adolescents are physically fit and they may have more assignments in schools rather than the visually impaired adolescents. In the female sample the results shows the normal female adolescents have more rule breaking behavior than visually impaired adolescents. It may be noted that these normal adolescents are more individual and independent than visually impaired adolescent girls. Finally, influences of psychosocial problems were identified in normal adolescents than visually impaired adolescents.

SUGGESTIONS AND CONCLUSION:

As per the above results we can conclude that, normal adolescents have more emotional and behavioural problems than the visual impaired adolescents because of those are finically fit and they could assimilate and accommodate with environment easily than the visual impaired students. According to psychological research and principles adolescent period is an ambiguity age period so in this age group these emotional & behavioural problems are common for all the boys and girls but comparatively girls have more emotional and behavioural problems. As a researcher here I want to suggest some measures to reduce these problems. Those are

- ✓ To accommodate a pleasant learning environment irrespective of their gender and individual differences.
- ✓ To create barrier free learning environment including physical, social and psychological aspects.
- ✓ To facilitate different learning experiences like gender equality, inclusiveness & adolescent education.
- ✓ To conduct awareness progrjammes and campaigns about issues and challenges of emotional, behavioural problems & stress management.
- ✓ To make available counselling and guidance sessions regularly for adolescent students
- ✓ To make accessible medical and special care about special need students

Along with the above measures we have to take some common and needful measures to reduce their problems and issues.

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