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## PATTERNS OF INTERNALISING BEHAVIOUR AMONG GIRL SCHOOL STUDENTS

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### Abstract

This paper evaluates the internalising problems that are seen among girl students in the age group of five to fifteen years in a school in Chennai. This study used a mixed methods design to study the patterns of problem behaviours and factors that place girl students at risk for childhood behavioural problems with specific reference to internalising problems. The survey was conducted to assess the prevalence of childhood behavioural problems using the Teacher Form of the Achenbach System of Empirically Based Assessment's Brief Problem Monitor (ASEBA-BPM). Findings of the study showed significant association of age and gender with internalising behavior and girl students in the age group of 14 years were more prone to internalising behaviors. Qualitative analysis based on personal interviews with girls indicated family disturbances, peer relations, low SES and parenting style as key factors which may have contributed to internalising behaviour issues in girl students.

**Keywords:** Internalising Problems, School, Girls, Depression, Anxiety, ASEBA-BPM.

### Introduction

Adolescence, a transition period for children which involves biological, psychological and social changes. The transition coinciding with the start of puberty, distancing from parents and adjusting to the new school environment may add more evidence to internalizing and externalizing behaviors in children (Silinskas, 2020). In child and adolescent psychopathology, internalising 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 kid's exposure to stressors may interfere with the development of emotion regulation, attachment, interpersonal skills and stress responses, which can increase the risk of developing depression at a later time (Goodman & Brand, 2009). In DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), the internalising problems are mentioned under disorders of anxiety, depression and related cognitive and physiological symptoms. As considered by Achenbach, the symptoms of internalising behavior especially in female population were presented as problems of obesity, depression, anxiety, obsessive-compulsive behavior, phobias and somatic complaints while externalizing symptoms exhibit themselves in delinquent and aggressive behavior. Studies also reported association of internalising behavior with adjustment problems at school such as academic performance, peer relations, irregularity to school, low school belongingness and poor future outcomes (Gökmen, 2020).

### Internalising Behaviors in Girls

School children's emotional and behavioral problems especially in adolescence have a drastic impact on their living at home, school and one's long-term well-being (Hwang & Robert, 1998). Especially, girls were at higher risk than boys for showing more severe levels of internalizing symptoms over a long period (Mendelson et al., 2008). In order to intervene and/or prevent problem behaviors in children, we need to identify the factors and understand the patterns of problematic behavior in adolescent girls. The present study examines the risk factors of internalising problem behaviors and analyses for patterns of behavior problems.

**Depression** is a serious mental health problem seen in growing adolescents. The emotional instability during the growth transition makes adolescents vulnerable for depression. The impact of the disorder is on relationships, academic performance and social functioning. It was also observed that problems may turn chronic and lead to other mental disorders or substance use; severe depression may also lead to suicidal attempts. A study done on school children reported the prevalence of depression to be high in female adolescents (Moeini, 2019). Despite being a serious health issue, depression is still under-recognised and under-treated.

**Anxiety Disorders (AD)** are also frequently reported mental disorders in children and adolescents. The sub-types usually reported are phobias and general anxiety but social anxiety was highly reported in girl adolescents. Adolescents who showed general anxiety also had the risk of depression episodes. The prevalence of ADs was more related to social factors than cultural or geographic factors. High levels of anxiety were also associated with indirect aggression (anger and hostility) in adolescents (Chung et al., 2019). Likewise, students with social anxiety were at risk for under-performance, withdrawal from school, social isolation and negative peer relationships.

**Social Withdrawal** is seen as an emerging concern in adolescents because of the increasing importance of social interactions in recent times. Shyness, unsociability and social avoidance are the sub-types of social withdrawal which are seen to be associated with emotional dysregulation and internalising behaviors. Studies suggest environmental and psycho behavioral factors like



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anxiety/depression, disturbed parental relations, somatic complaints and over use of the internet as risk predictors of social withdrawal (Barzeva et al., 2019).

## Adolescent Predictors

### Personal Characteristics: Age and Gender

Adolescence is a crucial growth phase of child behavior influenced by the living environment. The survey by WHO reported that the majority of cases with depression and anxiety were observed in adolescents. A steep increase in the prevalence of depressive symptoms were occurring around 13 to 15 years of age (Costello et al., 2006).

Gender is also an important predictor of internalising problems that arose during adolescence. Adolescent girls reported more depressive and anxiety symptoms compared to boys in both frequency and severity of symptoms. Different studies showed the probable reasons for females being prone to be affected by internalising problems such as biological hormones and social changes associated with puberty, intergenerational transmission of parent's behavior (Kim et al., 2009), gender stereotype and negative self-worth parents' or care-takers' low levels of education and low SES (Mendelson, 2008); and disturbed family environment i.e., parental or sibling conflicts (Feng et al., 2019).

### Family Environment

The family as a unit is a part of the socio-cultural-economic design that significantly influences a child's behaviour and the development of individual personality characteristics (Baumrind, 1991). Research shows that a mother's authoritative parenting style has a negative relation with internalizing symptoms (Fletcher et al., 2008), whereas higher incidence of fathers being authoritative is associated with increased internalizing problems (Harper, 2010).

Inconsiderate, aggressive and non-accepting parental behaviour has been correlated with the high incidence of insecure attachment (Madigan et al., 2006). The influence of parenting over adolescent self-esteem and internalization are maintained independent of the values in self-esteem and value priorities observed in the cultural context, the sex and age of the participants (Martinez et al., 2020).

According to the Registrar General of India, 2011, a gradual decline of nuclear families in urban areas and an increase in the rural area of India occurred - a shift that could be attributed to the scarcity of housing, lack of infrastructure and the pressure of employment in urban India. This also led to families staying together. As a result, where both the husband and wife are working, their parents stay with them to assist in child-rearing (Seema & Begum, 2008).

Research shows that socioeconomic disadvantage is a key risk for internalizing problems, such as anxiety and depression. The risk is high for children from low-SES families (Evans & Cassells, 2014).

Family socioeconomic status (SES) encompasses education, occupational status, and household income (Bornstein & Bradley, 2003). Family socio-economic status is inclusive of an objective reality i.e., being unable to afford the family's day to day expenses and presence of social capital which include higher parental education using which parents foster better social relations, thereby boosting child development.

### Role of siblings

Yeh and Lempers (2004) found that adolescents who reported more positive sibling interactions were more likely to have better friendships and higher self-esteem, which in turn prevented loneliness and feelings of depression, and reduced the odds of exhibiting delinquent behaviour and substance abuse.

Research with western samples documents that same gender siblings (especially sister-sister pairs) tend to have more intimate relationships as compared to mixed-gender siblings (Buist, et al., 2002).

### Variables related to manifestation of presenting problems

Family structure was clearly associated with certain of the lifestyle and life chance variables during adolescent development. Previous analyses suggest that relationship with parents is also the aspect of family life which relates most clearly to a young person's self-esteem and psychological well-being. The parent-child shared time might be thought of as building both human and social capital on the part of the child. Activities such as a parent conversing with a child during a meal may 'augment a child's cognitive, physical and behavioural skills' (Bryant & Zick, 1996, p. 227). The analyses showed that early anxious/withdrawn behaviour was associated



with a range of measures including: maternal education, childhood conduct and attention problems, child abuse, parental separation, family stressful life events and parental internalising disorders. The family resources like sustained quality parenting and care, frequent communication, stable economic and financial support, increased scope of academic options from migrant parent(s) or even extended family can strengthen psychological well-being (Mordeno et al., 2019).

A covariance of internalising behaviors with peer problems was observed. The association of parenting and problem behaviors was significant in all culture groups. But due to cultural differences, the significance was more in one culture group than other due to poor quality of parenting (Aytac, et al., 2019).

### Methodology

While extensive epidemiological research has been conducted to identify prevalence, patterns and factors that place children at risk for behavioural problems, studies with a specific focus on girl children across the school years are relatively scarce. This study focuses on the prevalence and patterns of childhood disorders among girls' students with specific reference to Internalising, Attention Problems and Externalising behaviours among girl students across grades one through ten in a school in Chennai.

### Objectives

The objectives of the study are to:

- Assess the prevalence of problem behaviours in the school setting as manifest in Internalising, Attention Problems and Externalising;
- Study the association between socio-demographic factors of girl students and the problem behaviours in question;
- Identify factors that place girl students at-risk for development of problem behaviours studied by this research.

### Research Design and Procedure

This research uses a mixed methods design to study the patterns of problem behaviours and factors that place girl students at risk for childhood behavioural problems with specific reference to internalising, attention problems and externalising. Upon invitation, the researcher conducted a survey of the prevalence of childhood behavioural problems using the Teacher Form of the Achenbach System of Empirically Based Assessment's Brief Problem Monitor (ASEBA-BPM). All students of the school from Classes I to X were evaluated by their teachers who filled in the Teacher Form of BPM. Girl students with elevated profiles on the Brief Problem Monitor were recruited into the subsequent stage of the study which used a semi-structured brief case history interview to facilitate a deeper understanding of the problem behaviours, as part of a counselling intervention; the intervention itself being outside the scope of this study for reasons of denied clearances by the school. The study therefore uses quantitative and qualitative methods of study, data collection and analysis.

### Sample

The study used a convenience sampling during the first stage. All students of the School where the study was situated were administered the ASEBA BPM Teacher Form as a screening device to identify problem behaviours and to assess the prevalence of childhood problems with specific reference to internalising, attention problems and externalising. Girl students who have manifested elevated profiles on the BPM were recruited for the second phase of this study. This stage of the study involving semi-structured interviews therefore was based on purposive sampling. All girl students who attended the counselling sessions mandated by the school administration formed part of the study after having obtained due clearances from the school administration.

### Tools

ASEBA Brief Problem Monitor is a rating form that is a quick screening device that reports children's functioning and evaluates interventions. Drawn from the Child Behaviour Checklist, the tool has items for rating Internalising, Attention and Externalising problems.

Girls with elevated scores on the Brief Problem Monitor were administered an in-depth interview during the second phase of the study. The interview attempted to elicit information on family patterns, including number of siblings, order of birth, position among siblings, type of family, parents' education and occupation.

### Analysis

Statistical Package for Social Sciences (SPSS) 17.0 was used for the purpose of analysis of data gathered as part of the study. Analysis was primarily done in terms of descriptive statistics and chi-squares to understand the distribution of the demographics across the sample. Mean scores on externalising, attention problems, internalising and BPM totals were compared to study the



association between childhood behavioural problems and the demographic variables. A stepwise regression was done to assess the impact of the demographic variables on manifestation of behavioural problems. The interview data were subject to a content analysis using constant comparison to understand the patterns of problematic behavioural manifestations at school and to study the factors that play a role in the development of these childhood problems.

Limitations

While ASEBA-BPM is a standardised screening device with acceptable levels of reliability and validity, the researcher could use only the Teacher Form for screening owing to the conditional clearance granted by the school. Also, the semi-structured nature of the interviews done in the second phase of the study limited the depth of understanding of the possible factors that play a significant role in the development and manifestation of childhood behavioural problems. Additionally, not all girl students who had elevated profiles visited for counselling despite being advised by the school administration. This unwillingness on their part limited the researchers access to some students who manifested the behavioural problems as measured by BPM.

Results & Discussion

The present study was focussed on understanding the internalising behavior problems of female adolescents and several lines of evidence show that depression and anxiety in women tend to predominate over men. The prevalence of depression in girls may be explained due to the role of hormonal and social changes associated with puberty (Cohen et al, 1993).

A sample of 144 girl students in the age group 5-15 years participated in the study. The results showed significant association of between age and grade as demographic features and internalising behavior problems. Girls aged 14 years and those in ninth grade scored significantly high on internalizing, as seen in Table 1 and Table 2 respectively.

Table 1 Age and Internalising Problems

	Age	N	MEAN	SD	F
AGE	5	11	58.82	6.735	2.544**
	6	21	56.29	7.630	
	7	12	53.25	5.926	
	8	15	53.47	5.208	
	9	25	52.68	3.987	
	10	19	51.42	3.849	
	11	8	52.63	4.565	
	12	9	55.00	9.165	
	13	10	56.40	5.967	
	14	6	59.00	7.099	
	15	7	58.86	5.610	

Significant at 0.01 level

Adolescence marks the transition from childhood to adulthood. There is a sharp increase in prevalence of internalising symptoms (like depression) occurring around 13 to 15 years of age. Internalising problems were high in the age group of 14-year girls who are in grade 9. Previous studies also suggest high prevalence of internalising behaviour in female adolescents, but treatment referrals are infrequent and a gender differentiated approach to understanding the factors and specific interventions was not paid adequate attention.



**Table 2 Grade and Internalising Problems**

	Grade	N	MEAN	SD	F
GRADE	1	20	54.45	6.022	4.379**
	2	20	59.35	7.422	
	3	5	51.60	3.578	
	4	25	53.32	4.888	
	5	28	51.11	3.071	
	6	12	52.00	3.618	
	7	11	55.64	8.744	
	8	9	56.67	5.937	
	9	6	59.50	6.535	
	10	7	58.43	6.106	

Significant at 0.01 level

Analysis was also done to study the influence of sibling relations on internalising psychopathology of adolescents. The research on sibling intimacy reported its inverse association with internalising behaviour while sibling conflict was directly association with adolescent loneliness (Feng et al., 2019). So, the parent-child relationships, number of siblings, and their affections strengthen the family system.

**Table 3 No of siblings and Internalising Problems**

	No of Siblings	N	MEAN	SD	F
No of Siblings	Single Child	39	55.54	6.476	0.891
	One Sibling	91	54.44	6.163	
	Two Siblings	10	54.00	6.532	
	Three Siblings	3	50.00	.000	

Results however showed no significant association with family variables - number of siblings, birth order or birth position (Table 3, 4 &5).

**Table 4 Order of birth and Internalising problems**

	Order of Birth	N	MEAN	SD	F
Order of Birth	First born	54	55.02	6.730	0.613
	Second born	44	54.16	5.460	
	Third child	6	52.67	6.532	



	Fourth child	1	50.00	-	
	Single	37	55.27	6.518	
	Twins	2	50.00	.000	

Previous studies suggested sibling intimacy to play a role in lowering internalising symptoms but no significant observations were seen in the present study.

**Table 5 Position of sibling and Internalising Problems**

	Position of sibling	N	MEAN	SD	F
Position of sibling	First born	49	54.35	6.648	0.986
	Middle child	32	53.38	5.369	
	Youngest	19	54.68	5.618	
	Single child	43	55.81	6.551	

Research also found the influence of maternal stress, family adversity and family social support on developing internalising behaviors in adolescence. Studies reported significant early emerging internalising problems due to familial factors to have lasting effects at later age. However, the current study did not report any significant association of the variable ‘type of family’ with the internalising behavior in girl adolescents.

**Table 6 Type of Family and Internalising Problems**

	Type of Family	N	MEAN	SD	F
Type of Family	Nuclear	90	54.96	6.226	1.634
	Joint	34	52.82	5.750	
	Separated	9	54.44	6.930	
	Death of mother	2	63.50	2.121	
	Death of father	6	55.83	5.154	
	Father employed overseas	2	58.00	11.314	

Parents and other family members have the longest history with an individual and play major roles in shaping patterns of that individual’s development.

**Table 7 Parent Occupation and Internalising Problems**

	Parent Occupation Type	N	MEAN	SD	T/F
Parent Occupation Type	Father working	89	54.27	5.914	1.801
	Mother Working	45	55.07	6.747	
	Both parents working	7	53.43	5.855	
	None working	2	64.00	2.828	



Higher levels of anxiety, depression and social phobia were closely linked to children being subject to increased rates of physical punishment and parental rejection. It was also associated with maladaptive behavioural patterns and adjustment in children.

**Table 8 Father’s Education and Internalising Problems**

Education of Father	Education of Father	N	MEAN	SD	F
	Not mentioned	103	54.58	6.278	0.454
	Primary School Education	3	52.67	2.309	
	High School Education	13	53.46	7.149	
	Intermediate completed	9	54.67	6.461	
	Degree	10	56.60	5.948	
	PG and above	3	51.33	2.309	
	Technical Education	2	56.50	9.192	

Though a significant association was not found with parent education and occupation in the present study, the chances of a child being neglected when both parents are working and not able to spend ample time with the child, especially girls to understand their emotional needs or struggles cannot be ignored.

**Table 9 Mother’s Education and Internalising Problems**

Education of Mother	Education of Mother	N	MEAN	SD	F
	Not mentioned	92	54.33	6.191	1.051
	Illiterate	1	54.00	-	
	Primary School Education	2	50.00	.000	
	High School Education	8	54.88	5.276	
	Intermediate	16	53.31	4.571	
	Degree	16	58.19	7.644	
	PG and above	4	54.75	7.089	
	Technical	4	54.00	8.000	

**Table 10 Father’s Occupation and Internalising Problems**

Occupation of Father	FACTOR	N	MEAN	SD	F
	Not mentioned	31	56.48	6.727	2.130
	Blue collared	36	52.56	4.796	
White collared	10	54.00	6.532		



	Business	26	55.38	6.255	
	Professionals	26	53.42	6.300	
	Government service	14	57.00	6.714	

There are studies showing that low SES is a risk factor for internalizing problems; especially so in the case of females.

**Table 11 Mother’s Occupation and Internalizing Problems**

	FACTOR	N	MEAN	SD	F
Occupation of Mother	Not mentioned	10	60.20	8.284	1.793
	Blue collared	6	55.33	4.844	
	White collared	9	52.22	2.906	
	Business	1	50.00	-	
	Professional	36	54.75	6.995	
	Government Service	4	54.75	7.089	
	Housewife	76	54.16	5.666	

Though research suggested that females whose caretaker’s education and household income were at lower levels had chances of increased risk for internalizing symptoms (Mendelson, 2008), observed results in the present study no significant association in this context.

**Table 12 shows Qualitative Analysis**

Referring to table 12, analysis shows the narratives of students who attended counselling sessions for diverse reasons but showed certain themes have been presented in this section. The interviews gave insights on how different factors related to adolescents’ girls influence the development of internalising behaviour.

EMERGENT THEMES IN INFORMANT INTERVIEWS			
Reported Observation	No of Observations	Informants	Dimension
Referral Anxiety Personal anxiety Social anxiety Problems at home	42	SS1, FMX, JA, 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
Broken Family Death of loved one Sibling Issues Family problems	35	CT, FAS, JE, JI, AP, SS, HB, CMW, SM, SS1, SK, JA, 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
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 class work 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

**Influence of family disturbances**

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

.....I am upset and angry with things happening around me, unable to study, don’t feel like going back home from school

On the other side, the harsh behaviour of father towards mother brutally hurting her, leaves our informant JA2 in a withdrawn gloomy state.

.....I was so scary when father was about to attack mother with knife which accidently hurt my brother  
Extensive researches on role of family environment in the development of adolescence have also spoken same as the stories of the informants where family disturbances drastically affect the psychological state of adolescents (Feng, 2019).

**Effect of low SES**

The informants (K, JA2, MV, SJJ) who were experiencing signs of internalising behaviour were also struggling with low financial status. Especially, informant K kept oneself 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.



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## 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 behaviour of children especially adolescents. The interview of KRE throws some insights on managing studies along with the burden of household work, taking care of a younger sister and fear of untimely quarrels of parents. Unable to handle such situations KRE's elder sibling left home. The informant opened up after few sessions with counsellor (in own words as)

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

While MDCC, KRE, NS felt isolated from others and were internalising their sufferings on the one hand, on the other hand 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 threw behaviour tantrums at home but stayed isolated in school due to negligence of mother who was most of the time busy with her office work.

## Peer issues

The quarrelsome environment at home and strict parenting made SS isolated and she ended up picking fights with peers. Internalising behaviour strains the peer relationships and aggravates mental disturbances. RL who 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

AAA's parents were in the process of divorce which was troublesome for an adolescent. AAA couldn't concentrate on studies and eventually her performance plummeted. MJA and CSP were also driven students but family disturbances brought their motivation down and affected their academic performance.

## Sexual abuse

Single or working parents who left their children at home in joint families, perhaps were not aware that girl adolescents were abused by their own family members. The same situation was faced by informant TiaJ, who was sexually abused by her maternal uncle. Such situations can leave the child an emotional trauma. Unfortunately, the incident didn't come to light until the teacher found it out and the counsellor intervened to support the child. This marks an important note on the need of teacher and counsellor to identify the emotional disturbances of children before it's too late to address.

## Conclusion

The main conclusive findings of the study showed a significant association of age and gender with internalising behavior in adolescents. Adolescents in the age group of 14 years and especially girl students were more prone to internalising behaviors. But qualitative analysis based on the personal interviews of adolescents were supporting the earlier research extending family disturbances, peer relations, low SES and parenting style as key factors to be focussed for internalising behaviour in girl adolescents. In spite of the general identification that mental health of adolescents is at risk and government policies for mental health welfare, a review study on six policies in India showed gaps in identifying the age groups and explicitly vulnerable groups at risk and in implementation across states due to different cultures, needs and budget allocations Though policies identify that the female adolescents are ignored in the family, at school and in social situations, they are at higher risk of mental health disturbances as also identified in the present study but no special focus is given in the policies for their well-being.

## 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.

Studies also suggested that policies could be refined to encourage implementation of preventive programs that can spread awareness on personality education and erroneous mobile phone dependency for healthy and positive growth.

Positive parenting is another aspect which builds parent-adolescent relationships which is backed by studies suggesting that authoritative parenting showed better outcomes over authoritarian and neglectful parenting across cultures.

A study published in 2017 stated that school counseling in India is a neglected link. As per American School Counseling Association, a student to counselor ratio of 250:1 is recommended but India is far from these numbers. Even in central government



schools, the school counsellors are hired on contractual basis and assigned irrelevant duties which is an alarming signal for change in the system.

### Implications

Future research needs to focus on best parenting practises to enhance parent-child relationships especially for adolescent girls. Highly involved and warm parents have adolescents who experienced significantly lower externalizing and internalizing problems. On similar lines, research on specific parenting practices for female adolescents' needs is required.

Another area of focus needs to look at strategies to enhance school belongingness as studies suggest an association of school belongingness to positive educational experiences and promoting mental health. Females are more at risk for internal stress due to gender stereotypes, negative self-worth. This is an explorable area.

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