

Correlation between Teachers' and Adolescents' Reporting of Emotional and Behavioural Problems among Kosovar Adolescents aged 11-18

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Abstract

The aim of the study was to evaluate the correlation between teachers' and adolescents' reporting of emotional and behavioral problems among Kosovar adolescents aged 11-18.

The methodology of the study: The participants in this study were 1727 adolescents ages 11-18 and 140 teachers. From adolescents 55.4% (N=957) girls and 44.6% (N=770) were boys. Their average age is M=14.67 (DS=2.06), girls M=14.79 (DS=2.08) and boys M=14.52 (DS=2.02). The selection of the sample was done at randomly and the study sample is a stratified sample. Data collection in this study was done through the administration a standardized questionnaires Youth Self Report 11-18 and Teacher's Report 6-18. To analyze the data, the following analyzes were developed: the Cronbach alpha, arithmetic mean (MA), standard deviation (SD), chi-square statistics, t-tests and Pearson's correlation.

Results of the study: adolescents participating in this study showed a prevalence of 6.3% for externalization problems at this age, value from 18.4% for internalization and 10.00% for total problems. Regarding gender, girls showed higher mean values than boys in all other scales, except for externalizing problems. Then such problems were reported more by adolescents from the village than by adolescents from the city. And with increasing age, according to the values presented there is an increase of the arithmetic middle values in almost all the scales presented. The results show strong correlation between reporting of teachers and adolescents themselves on internalising, externalization, and total problems.

Keywords: Teacher; Adolescents; Internalization; Externalization; YSR; TR.

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1. Introduction

As a period of psychological and social transition between childhood and adulthood, adolescence is a crucial stage of the development of human identity and personality. Adolescent age is characterized by rapid development in many different aspects. As such, adolescence is a delicate and very sensitive age, and may not always pass without problems.

Emotional and behavioral problems are symptoms of mental health problems in childhood and adolescence [1]. These problems are truly distressful, they are costly and they present a source of stress for children and their families, schools and communities [2]. Externalizing problems are external problems that include behaviors and actions directed outward, provocative behaviors and defiant behaviors. On the other hand, internalizing problems are directed inwardly and include withdrawal, depression, and anxiety [3]. Numerous studies have shown that most mental disorders in adults usually begin in childhood. Thus, depression, anxiety, social phobia, etc., suffered by adults are in many cases a consequence of events experienced before the age of 24 [4]. Various studies have also concluded that internalizing and externalizing problems in early childhood consistently predict internalizing and externalizing problems in later life [5]. Adolescence is often portrayed as a negative stage of life, a period of turmoil and stress to be survived [6]. Family processes, particularly parent-child relationships, appear to be an important part of the development of emotional and behavioral problems in young children, as well as of predicting emotional and behavioral problems in later childhood and adolescence [7]. Adolescents are predisposed to have more mood swings, due to the hormonal changes associated with adolescence, along with the fact that their brains are still developing [8]. Emotional problems are common, equally among boys and girls, however, in adolescence, this ratio changes, with emotional problems being more common in girls than in boys [9]. Therefore, the general tendency of the emergence of emotional problems in women is particularly visible in the internalizing field [10]. And so far, depression is one of the most common [8]. Depression is associated with increased risk of substance abuse, unemployment, early pregnancy, and failure in education [11]. Emotional problems are associated with negative life consequences. Being accompanied by psycho-social problems, confusion and concentration problems, academic difficulties, and poor relations with society, low self-confidence and other low social competences [12]. Also, emotional and behavioral problems often lead to poor school performance and school dropout [2]. In addition, some adolescents hurt themselves as a result of these problems. And, unfortunately, suicide is the leading cause of death among adolescents. However, as with other illnesses, adolescents can take steps to protect their well-being, and there is much that can be done around them to help them [13].

According to [14] 20-25% of children and adolescents suffer from mental disorders, while 15% of them have mental barriers. One in five children with psychological disorders seeks adequate and timely help. Such persons mostly ask for help only when they become an obstacle in the family, at school, in their environment, i.e. only once their unacceptable behavior is observed. Although various studies and statistics indicate that a significant number of adolescents suffer from various mental problems, most of them do not seek treatment, as a consequence of fear of being stigmatized by their peers and others [8]. Adolescents with severe mental health problems may be stigmatized by their peers for of their strange behavior, being labelled as troublemakers at school, as a result of expressed hostility, the inability to communicate effectively, or other factors, and they may

become isolated from the society, etc [15]. Nevertheless, in spite of negative portrayals and attitudes about adolescents, which at times seem so widespread, the portrayal of adolescents nowadays is largely rather positive and emerge from their adolescent years without having experienced serious problems [6].

2. Methods

2.1 Study design and procedure

The aim of the study was to evaluate the correlation between teachers' and adolescents' reporting of emotional and behavioral problems among Kosovar adolescents aged 11-18.

Based on the premise that assessing adolescents through several sources of information can provide a more complete understanding of emotional and behavioral problems in adolescence, it was decided to use three questionnaires, two of which were completed by adolescents (socio-demographic questionnaire and YSR 11-18) and one of them by teachers (TRF 11-18). Prior to conducting the study, permission was requested from relevant bodies, such as the Ministry of Education, Science and Technology of Kosovo.

The school institutions participating in the study were selected by the author of the study, in the five main regions of Kosovo, and immediately upon the selection of the schools participating in the study, the author of the study held direct meetings with the principals of these schools, in order to inform them about the purpose of the study and to establish the possibilities of cooperation in administering the questionnaires.

2.2 Study participants and sampling

The participants in this study were 1727 adolescents ages 11-18 and 140 teachers. From adolescents 55.4% (N=957) girls and 44.6% (N=770) were boys. Their average age is M=14.67 (DS=2.06), girls M=14.79 (DS=2.08) and boys M=14.52 (DS=2.02). The selection of the sample was done at randomly and the study sample is a stratified sample. Three criteria are used in the sampling: the criteria of the region, living place and the gender.

2.3 Study instruments and measures

Youth Self Report /YSR 11-18 and Teacher's Report/TRF 6-18 were the questionnaires used for data collection in this study, accompanied by a socio-demographic questionnaire.

YSR 11-18 and TRF 6-18 aims to assess emotional problems, behavioural problems and total. Including these in two groups of symptoms they internalization and externalization [16, 17].

2.4 Ethical aspects

The research was carried out after its implementation was approved by the Ministry of Education Science and Technology of Kosovo. All participants in this research, after they have been familiar with its purpose, participated voluntarily in addition to the questionnaires. And for all research participants' anonymity is

ensured.

2.5 Data analysis

The Cronbach alpha was used as an index of internal consistency for YSR and TRF. Scores on the broad scales: Total Problems, Internalizing Problems, and Externalizing Problems, are presented in the DSM by the arithmetic mean (AM) and the standard deviation (SD). The relationships between nominal variables were analyzed through intersection (chi-square statistics), differences between groups were analyzed using t-tests and to see the correlation of the values provided by the teenagers themselves with the values provided by the teachers, Pearson's correlation was developed.

2.6 The limitations of the study

In addition to the numerous advantages it has for the context of studies of this little-studied in this field in Kosovo, this study certainly also has its limitations. We can consider the first limitation of this study to be the adolescents' self-reporting form on emotional and behavioral problems and the teacher's reporting form on emotional and behavioral problems of adolescents, as the main source of data collection. Such nature of data collection poses increased risk to ensuring objectivity of the information provided, due to the professional level of the teachers, who may have ambiguities in understanding the content of the TRF questionnaire items and therefore in providing objective corresponding answers. In addition, adolescents may neglect answering honestly the questionnaires, as a result of different age characteristics. As well as they often needed to clarify to you various items/questions that required answers in the administered questionnaires. The second, very important limitation of the study is the impossibility of administering the YSR questionnaire to the parents of the adolescents participating in the study, as the reporting of the parents, too, about the emotional and behavioral problems of the Kosovar adolescents aged 11-18 would contribute significantly to the reliability of the results obtained from this study. Since parents are the ones who know closely the development and possible changes throughout the age of adolescents in many dimensions, including the emotional and behavioural side.

3. Results

The results of the study are presented in several sections, such as: socio-demographic data, internal consistency for all questionnaires used (YSR and TRF), prevalence for YSR internalizing, externalizing and total problems, the degree of clinical symptoms, general scales according to DSM, arithmetic mean and standard deviation values for broad scales and DSM, scales oriented by gender, age group and place of residence - according to YSR, distribution of T-test scores for internalizing, externalizing and total problems by gender, place of residence and age group, and correlation values across broad scales between YSR and TRF.

Table 1: Socio-demographic data for study participants.

		N	%
Nr of adolescents	Boys	770	44.6
	Girls	957	55.4
	In total	1727	100.0
Residence	Village	621	36.0
	City	1106	64.0
Age-Group	11-14	805	46.6
	15-18	922	53.4

The participants of this study were 1727 adolescents of age 11-18 (girls 55.4 % and boys 44.6). To determine if the distribution of cases was equal, we applied the chi-square (goodness-of-fit) test analysis, which is a non-parametric test for a single variable. The Chi-square test (χ^2 (1, N=1727) = 7.926, p= .005 found significant differences in the distribution of percentages. For the gender variable, the Chi-square test analysis showed that there were valid statistical differences between the groups (χ^2 (1, N=1727) = 20.248, p= .000). This table shows that the largest number of adolescents participating in the study were from the city (N=1106), while the participation of adolescents from rural areas was (N=621).

Table 2: Internal consistency(Cronbach α)reported by adolescents(form)for each gender and for all participants.

	Boys		Girls		In total	
	Cronbach α	MA (DS)	Cronbach α	MA (DS)	Cronbach α	MA (DS)
Internalizing	.889	11.89 7.33	.892	15.83 8.65	.890	14.07 8.32
Externalizing	.891	9.45 7.40	.897	8.14 5.83	.894	8.73 6.61
Total Problems	.945	35.54 21.21	.951	39.25 21.81	.946	37.59 21.62

The obtained Cronbach alpha (α) values for the three broad scales (Internalizing, Externalizing, and Total Problems), and for the five DSM oriented scales, showed that they were at high levels. Our results are also consistent with results from previous research by [18] for general samples, Cronbach's alpha for the broad scales and the total scale were high, ranging from .89 as the lowest score, to .94 as the highest score for YSR.

Table 3: Internal consistency (Cronbach α) reported by teachers for each gender and for all participants.

	Boys	Girls	In total
	Cronbach α	Cronbach α	Cronbach α
TRF		.989	.984
			.987

Likewise, the obtained values of Cronbach alpha (α) for TRF according to gender and for all participants in the study showed that they were at high levels .989 for boys, .984 for girls and .987 for all participants. These values are very close to the values of the study authored by [19], where Cronbach's alpha (α) values were .96 for total problems, .89 for internalizing problems and .90 for externalizing problems. The results obtained from the YSR and TRF questionnaires show that these instruments can be considered a strong point of this study and that these instruments can be useful for evaluation purposes, comparison between them and for cross-cultural comparisons.

In order to detect possible differences in broad scales by residence, gender, and age group, we conducted t-test analysis. The values obtained from this analysis are presented in the following table (Table 4).

Table 4: Distribution of t-test results for internalizing, externalizing, and total problems by gender, place of residence, and age group.

			<i>MA</i>	<i>DS</i>	<i>t</i>	<i>P</i>
Internalizing	Gender	Boys	11.89	7.315	-10.255	.000
		Girls	15.84	8.698		
	Residence	Village	14.93	8.537	3.193	.001
		City	13.60	8.197		
	Age- Group	11-14	13.35	8.367	-3.375	.001
		15-18	14.71	8.275		
Externalizing	Gender	Boys	9.45	7.397	4.070	.000
		Girls	8.12	5.828		
	Residence	Village	9.03	6.251	1.501	.134
		City	8.53	6.794		
	Age-Group	11-14	7.31	6.053	-8.438	.000
		15-18	9.93	6.824		
Total Problems	Gender	Boys	35.54	21.213	-3.545	.000
		Girls	39.25	21.811		
	Residence	Village	39.38	21.369	2.573	.010
		City	36.58	21.702		
	Age-Group	11-14	34.49	21.567	-5.588	.000
		15-18	40.29	21.309		

The obtained results showed valid statistical differences in internalizing problems among the participants according to gender, place of residence and age group. The highest values were obtained for girls (15.84 vs. 11.89), adolescents living in rural areas (14.93 vs. 13.60) and older adolescents (14.71 vs. 13.35). We obtained the same result for total problems according to the age group of adolescents. Girls showed higher values compared to boys (39.25 vs. 35.54), adolescents living in rural areas showed higher values than adolescents living in the city (39.38 vs. 36.58), and older adolescents showed higher arithmetic mean values than younger adolescents (40.29 vs. 34.49). In the scale of externalizing problems, no differences of statistical significance were found in terms of place of residence. These differences are valid both in favor of boys (9.45 vs. 8.12) and in favor of older adolescents of age 14-18 (9.93 vs. 7.31).

Referring to table 5, 18.4% of adolescents participating in this study have reported internalizing problems, 6.3% of them have reported externalizing problems and 10% of them have reported for total problems.

Table 5: Number and percentage of prevalence for wide scales.

		Nr	%
Internalizing	Normal	1121	64.9
	Border	288	16.7
	Clinic	318	18.4
Externalizing	Normal	1509	87.4
	Border	110	6.4
	Clinic	108	6.3
Total problems	Normal	1387	80.3
	Border	168	9.7
	Clinic	172	10.0

To see the correlation of the values provided by the adolescents themselves and the values provided by the teachers, Pearson's correlation was analyzed. The obtained correlation values are presented in the table below.

Table 6: Correlation values on broad scales between YSR and TR.

	YSR I	YSR E	YSR PT	TRF I	TRF E
YSR Externalizing –E	.548**				
YSR Total Problems –PT	.891**	.823**			
TRF Internalizing –I	.829**	.497**	.770**		
TRF Externalizing –E	.365**	.785**	.607**	.347**	
TRF Total Problems –PT	.667**	.687**	.800**	.695**	.662**

** . The correlation is valid at the level .01 (2-tailed).

The values obtained from this analysis show strong significant correlation between teachers' reporting and adolescents' self-reporting of internalizing, externalizing and total problems.

4. Discussion

The prevalence of emotional and behavioral problems among Kosovar adolescents aged 11-18 was assessed by self-reporting of adolescents aged 11-18 who completed the YSR questionnaire. Adolescents participating in this study showed a prevalence of 6.3% for externalization problems at this age, value from 18.4% for internalization and a value of 10.00% for total problems. These values were equally similar and different in the study done in Kosovo by [19], which showed prevalence of 18.6% for internalizing problems at this age, the value of 10.7% for externalizing problems and the value of 17.2% for total problems. Regarding gender, girls showed higher mean values than boys in all other scales, except for externalizing problems. Thus, externalizing

problems are more present in adolescent boys than in adolescent girls. As can be observed, externalizing problems and internalizing problems are also more present among adolescents from rural areas than among adolescents from the city. Also, according to the presented values, with increasing age there is also an increase in the values of the arithmetic mean in almost all the presented scales. Based on the findings of this study, we have identified the appearance of externalizing and internalizing problems that are more pronounced in teenagers from the village and in older teenagers, they can suggest that this target group is very important to be considered in the deepening of future scientific studies and intervention programs. However, our results are in line with the results of the study by [19], in the areas where older adolescents, i.e. the age group 12-18, showed higher average values of these problems than younger adolescents. In addition, externalizing problems were also found to be more present in boys than in girls participating in this study. Our results also comply with the results of a Swiss epidemiological study, where older adolescents, assessed by the YSR, reported attention problems slightly more than younger adolescents. Older Greek adolescents, assessed by the same instrument (YSR) presented even more problems, especially in the area of delinquent behavior [20]. Then also according to [18], boys reported higher values in externalizing problems in comparison to girls. In addition, in the study by [21], boys showed much higher results than girls in ADHD problems, delinquent behavior and externalizing problems. Meanwhile, according to the study by [22], boys reported higher results than girls, in externalizing problems, breaking rules, but also in social problems. Meanwhile, our results are inconsistent with the results obtained in the study by [19], in which adolescents from the city reported a higher average in externalizing problems than adolescents from rural areas. Also, according to [23], the values of externalizing problems reported by girls were higher than those reported by boys.

In addition to the data collected from the adolescents using self-reporting forms, the study also used a questionnaire for the assessment of emotional and behavioral problems, which was completed by teachers - TRF. Pearson's correlation was used in order to assess the correlation between the values provided by the adolescents themselves and the values provided by the teachers. The values obtained from this analysis show strong, significant correlation between the teachers' reporting and the adolescents' self-reporting of internalizing, externalizing and total problems. However, our results are not consistent with the results of the study by [19], who in her study found a low correlation between the reporting of adolescents and the reporting of teachers. While the results of our study showed strong significant correlation between teachers' reporting and adolescents' self-reporting of internalizing, externalizing, and total problems, the results of the study by [21], showed that for girls, self-reported ratings were higher than parent and teacher ratings, but parent and teacher ratings did not differ from each other. The results of [24] study on a sample of Russian adolescents also showed that the latent correlations between TRF and YSR, and with parent ratings are moderate or non-existent, and that the TRF-YSR correlation is low .047 (sd = .071). Even the results of a study [18] done in Denmark in a community sample versus clinical samples, age 4-16, showed clinical scores higher on CBCL, TRF and YSR. In the future, in order to know more accurately the emotional and behavioral problems in teenagers, it is good to deepen other studies including, in addition to the reports of teenagers and teachers, also the reports of parents about these problems.

5. Conclusion

The study of emotional and behavioral problems among Kosovar adolescents aged 11-18, attending school from grade 6 to grade 12, is the first study that has collected data on these adolescents in the five main regions of Kosovo. The purpose of the study was to evaluate the correlation between teachers' and adolescents' self-reporting of emotional and behavioral problems among Kosovo adolescents aged 11-18, according to information received from the adolescents themselves and teachers. The results show strong correlation between reporting of teachers and adolescents themselves on internalising, externalization, and total problems.

The results of this study are expected to serve as a point of support and reference for the recognition and assessment of the real situation in terms of emotional and behavioral problems of adolescents, as well as issues such situation brings about, with a view to a clearer definition of the approach to working with young people of this age group. In light of the undeniable fact that adolescence is the age in which the foundations of the future individuals of the society are laid, the results of this study are expected to influence the development of joint programs that will increase the positive impact on the optimal development of these young people, as well as in the establishment and development of programs and psychological services for the prevention and treatment of emotional and behavioral problems in teenagers. The reason behind this is that there are currently very few educational, psychological and health services for adolescents in Kosovo compared to any country in the region or even beyond, including the lack of psychologists in primary and secondary schools in Kosovo. Their presence and professionalism would have a major impact on the awareness of children and adolescents about mental health, especially about emotional and behavioral problems, as well as on their treatment where needed. Likewise, it is very important to develop in our country various awareness raising programs for parents and teachers, regarding the irreplaceable role they have in the development and education of children/adolescents in the family and in the school. To this end, an authentic cooperation between parents and teachers would be quite effective. To conclude, in addition to addressing the lack of institutions and services in charge of raising awareness among adolescents, parents and teachers about the issues of prevention and treatment of various emotional and behavioral problems that can affect adolescents, it is also very important that additional studies be carried out with this age group in our country.

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