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INTERNALIZATION PROBLEMS – ANXIETY AT KOSOVAR ADOLESCENTS AT AGE 11-18

Abstract

The purpose of the study: The purpose of this study was to identify internalization problems-Anxiety to Kosovo adolescents aged 11-18 years.

Methodology of the Survey: In this survey participated 1727 students aged 11-18 years. From them 44.6% (N = 770) were boys and 55.4% (N = 957) girls. Their average age is M = 14.67 (SD = 2.06), boys M = 14.52 (SD = 2.02) and girls M = 14.79 (SD = 2.08). The sample is done randomly and the study sample is stratified sample. In determining the sample was used three criteria: the criterion of the region, the criterion of residence and gender criteria. To collect data in this study is administered standardized questionnaire Youth Self Report / YSR 11-18 years and a demographic questionnaire. Analysis of the data collected was done by SPSS 19 program.

Results of the study: for internalization problems resulted that 64.9% (N=1121) of participants belongs to the first degree or normal development of these problems, 16.7% (N=288) of them belong to the second degree in the confines of the presentation of internalization problems and 18.4% (N=318) of them belong to the third degree or level of clinical presentation of internalization problems. Then for anxiety problems 90.8% (N=1568) of participants belong to the first degree or normal development of these problems, 4.8% (N=83) of them belong to the second degree in the confines of the presentation of anxiety problems and 4.4% (N=76) of them belong to third degree or clinical level of presentation of anxiety problems. Also, the values found for the internalization / anxiety problems showed that have valid statistical differences between genders.

Keywords: *Adolescents, Internalization, Anxiety, Questionnaire, YSR*

Introduction and review of the literature

Internalization problems are problems directed by inside, who include withdrawal, depression and anxiety. While on the group of internalization problems include- anxiety disorder, social and specific phobias, obsessive- compulsive disorders, panic disorder, and depression (Cimpel, Holland, 2003). Emotional problems refer to symptoms of anxiety and depression, such as sadness, loneliness, sad, feelings of worthlessness and anxiety. From a psychological perspective, emotional problems have great personal cost, including reduced levels of functioning with family and friends, school achievements and subjective wellbeing. From a public health perspective, emotional problems have enormous economic costs associated with treatment, medical and psychological care, and reduced work capacity later in life (Karevold, 2008). In the normal population, girls are expected to present more internalization problems and less than boys' externalization behaviours (Sieh, Visser-Meily, Oort, Meijer, 2012). Even by Achenbach & Rescorla (2007) have shown girls generally score higher on somatic complaints and anxiety / depression, while boys generally had higher results in problems with attention and behaviour that break the rules and aggressive behaviour. Also, studies from China show a prevalence significantly higher behavioural internalization among adolescents who are tobacco users than for adolescents who do not use it, along with other complaints such as headaches, fatigue, somatic complaints, etc (Muthupalaniappen, Omar, Omar, Iryani, Hamid, 2012). Children who have internalization problems as anxiety and depression, are at risk of not receiving appropriate help or treatment more than children with externalization problems (trouble dealing with aggressive behaviour) which tend to be a nuisance to others (Nevid, Rathus, & Greene, 2003). Emotional problems often associated with other psycho-social problems, including immaturity, lack of attention, confusion, and problems of concentration, academic difficulty, reports or weak relationships with society, low self-esteem, and other lower social competencies (Farrell & Barrett, 2007). There are a number of factors that affect the appearance of emotional problems such: as biological factors related to genetic factors,

hereditary and brain lesion or stroke. Psychological factors is due to the different events in the child's psyche, stress, trauma, birth of another child, divorce, separation from parents, various disputes between spouses, etc. And social factors manifested due to environmental or cultural circle of social change, different migrations etc. (Vranica & Rushiti-Vranica, 2016).

Anxiety disorders - Nobody is deprived from moments of anxiety. But deviance appears where passed the measures of normal anxiety. Each of us may feel anxious when contacting a strong man, with a very high status, when is in a ceremonial situation assessment, etc. In these cases it appears natural tendency to protect our self, talking less, avoiding topics where we feel ignorant, being stored and cared for our self, avoiding confidentiality and agreeing and smiling (Dragoti, 1999). The term anxiety means feeling the complex of fear, uncertainty, dissatisfaction, which did not cause factors and outside situations of persons, but the current source have in its individual, in depth of its spirit (Nushi, 2002). Anxiety is an emotional increase, a concern situation generally difficult and stressful, caused by expectations of a stimulus or situation that is not physically present and really painful, but cent to be such and that the person is under the pressure of an experience such a long time (Orhan, 2011). In the complex state of anxiety prevailing feelings of fear, which is not the normal fear, respectively real fear, which caused to the person by assessing a dangerous situation for himself. Fear at anxiety is not fear such as phobias, but it is the constant fear, with which a man approaches a work action constantly thinking about his success, for fear that there would be unable to come out on top (Nushi, 2002). The most characteristic signs of anxiety are: thought feeling restless, inability to concentrate, feelings of irritable. Body rapid heart beats, sweating, breathing difficulties, dizziness, weakness, more negative images than in normal situation. Besides this anxiety is an emotion that accompanies stressful situations and itself stress can lead to higher levels of anxiety. Moreover, a further increase of anxiety can lead to panic and it usually makes the person requested fast deviation from situations where it is (Orhan, 2011). Although ranking various psychological literatures as a form of anxiety disorder are: generalized anxiety disorder, panic disorder,

obsessive-compulsive disorder phobia and post-traumatic stress disorder (Juniku, 2015). Epidemiological studies show that about 3% of children have anxiety disorders. Children with anxiety are at increased risk to have social problems and academic difficulties, also have increased risk of becoming adults anxious, as also at increased risk of developing serious mental disorders in particular substance misuse the emergence of depression etc (Creswell, & Hatton, 2007). Studies show that individuals with high levels of anxiety are more susceptible to certain diseases such as ulcers, hypertension, headaches, etc. But sometimes people may experience anxiety by use of drugs such as amphetamines, caffeine, etc (Orhan, 2011). Also, some studies of the development of children with low weight birth generally reported an increased prevalence of emotional and behavior problems, including signs of anxiety, depression, aggression, hyperactivity, low self concept, problems with behavior at home and school (Miller, Bowen, Gibson, Hand, & Ungerer, 2001). Family studies have consistently reported a large overlap between anxiety disorders of family members. Children of parents with anxiety disorders have a heightened degree of anxiety disorders and parents of children with anxiety disorders experience an increased incidence of anxiety disorders compared with the general population. Therefore, parental anxiety is generally seen as a risk factor for anxiety disorders to children (Bögels & Brechman-Toussaint, 2006).

Methodology

Sample and research procedure

Population of this research is adolescents 11-18 years of Kosovo. According to official data from the Agency of Statistics of Kosovo (April 2013, fq.23), the number of adolescents 11-18 years old, is 274 485 adolescents, of whom 141,876 are boys and 132,609 are girls. Sample participating in the research is determined by the total number of 11-18 years old population in Kosovo, and based on international standards under Required Sample Size, from: The Research Advisors (2006) referring to the 95% confidence level with error margin of 2.5 % for 1527 questionnaires. Samples or the number of adolescents 11-18 years participating in research is

1727. Selection of adolescents participating in research is characterized by their random choice. The study sample was stratified sample. In determining the sample are used three criteria (layer): the criterion of region, the criterion of residence and gender criteria. The research has been extended to five municipalities of Kosovo, in the municipality of Prishtina, Mitrovica, Gjilan, Ferizaj and Gjakova. After determining the children participating in the research were established direct contacts with schools where the research was planned, with whom is developed an informative conversation about the purpose of developing and completing the questionnaire survey. Subsequently is appointed time, place, class and method of administration of questionnaires.

Instruments used in research

To collect data in this study were administered two questionnaires, as a demographic questionnaire and standardized questionnaire Youth Self Report / YSR 11-18 years (Thomas M. Achenbah, 1991, 2001). Form Reporting by youth (Youth Self Report / YSR 11-18 years (Thomas M. Achenbah, 1991, 2001), aims to assess emotional problems, behavioural problems and total. Including these in two groups of symptoms they internalization (anxiety, depression, etc.) and externalization (e.g. hyperactivity, aggression, etc.). In these two groups entered eight symptoms such as social withdrawal, somatic complaints, anxiety / depression, social problems, thought problems, attention problems, and Aggressive those Behavioural problems. YSR contains a total of 112 items, which are valued according to the Likert scale with 0 = Not True (as far as you know) 1 = somewhat or sometimes true and 2 = very true or often true. The last item requires the completion of any other problem that may have the young but not included in the list of items provided. All information describes the young or adolescent now or within the past six months.

Ethical aspect

Preliminarily for realization of the research is done a clearance from 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.

Results

Table 1.

Demographic data, according to the number and percentage of adolescents participating in research

		N	%
Number of students	Boys	770	44.6
	Girls	957	55.4
	Total	1727	100
Settlement	Village	621	36.0
	City	1106	64.0
Age group	11-14	805	46.6
	15-18	922	53.4

In this research participated 1727 students aged 11-18 years. From them 44.6% (N = 770) were boys and 55.4% (N = 957) girls. Their average age is M = 14.67 (SD = 2:06), boys M = 14:52 (DS = 2:02) and girls M = 14.79 (SD = 2:08). The major percentage of adolescents participants in the research 64.0 (N = 1106) was from the city and 36.0 (N = 621) of them were from the village. Hi square test ($\chi^2(1, N = 1727) = 136.204, p = .000$), found significant differences in the distribution of percentages in relation to the settlement. Then, in the age variable, participants were grouped into two groups depending on their level of education. The first group included students with lower secondary education aged 11-14 years (N = 805), while

the second group included students in upper secondary education 15-18 years (N = 922). Hi square test (χ^2 (1, N = 1727) = 7926, p = .005), found significant differences in the distribution percentages. Also for the variable of gender analysis of Hi-square test showed that there are statistical differences between the groups available (χ^2 (1, N = 1727) = 20,248, p = .000).

Table 2.

The data, based on the number and percentage for emotional and behavioral problems in adolescents participants in the research

		N	%
Internalization Problems	Normal	1121	64.9
	Border	288	16.7
	Clinic	318	18.4

From 1727 students / adolescents aged 11-18 years who participated in this research, for internalization problems showed that 64.9% (N = 1121) of them belong to the first degree or normal development of these problems, 16.7% (N = 288) of them belong to the second degree in the borders of presentation internalization problems and 18.4% (N = 318) of them belong to the third degree or clinical level of presentation internalization problems.

Table 3.

The data, by Gender, Number, Mean and standard deviation for internalization problems in adolescents' participants in research

	Gender	N	Mean	DS
Internalization Problems	Boy	770	11.89	7.315
	Girl	957	15.84	8.698

Values found for internalization problems showed that have valid statistical differences between genders $t(1721.63) = -10.26, p = .000$. Arithmetic middle values showed that girls have higher levels of internalization problems (MA = 15.84 vs 11.89).

Table 4.

The data, based on the number and percentage of anxiety problems among adolescents participants in research

		Number	%
Anxiety problems	Normal	1568	90.8
	Border	83	4.8
	clinical	76	4.4

From 1727 students / adolescents age 11-18 years old that participated in this research, for anxiety problems resulted that 90.8% ($N=1568$) of them belong to first or normal degree of development of these problems, 4.8% ($N=83$) of them belong to second degree in confines (border) of presentation of anxiety problems and 4.4% ($N=76$) of them belong to third degree or clinical level of presentation of anxiety problem.

Table 5.

The values of the number of participants for the large degrees of anxiety by gender

		1	2	3	Total
Gender	Boys	700	39	31	770
	Girls	868	44	45	957
Total		1568	83	76	1727

From 1727 students/ adolescents aged 11-18 years old that participated in this research, for anxiety problems, boys reporter lower values for anxiety problems, where ($N= 700$) of them

belong to first or normal degree of development of these problems, ($N=39$) of them belong to second degree in confines (border) of presentation of anxiety problems and ($N=31$) of them belong to third degree or clinical level of presentation of anxiety problems. While girls for anxiety problems, have reported higher values, where ($N= 868$) of them belong to first or normal degree of development of these problems, ($N=44$) of them belong to second degree in confines (border) of presentation of anxiety problems and ($N=45$) of them belong to third degree or clinical level of presentation of anxiety problems. So, the values found for anxiety problems that showed valid statistical differences between genders $t(1706.431) = -8478, p = .000$. Arithmetic middle values showed that girls compared with boys have higher levels of anxiety problems ($MA = 3.66$ vs 2.87).

Research restrictions

This research the main source of data collection has form of reporting by adolescents and nature of such data collection increases the risk of providing objectivity of the information provided, because adolescence as a result of the different age characteristics, can neglect the sincere answer in questionnaires. Then another limitation is calculated the lack or failure of management reporting form of parents and teachers for emotional and behavioural problems in adolescents.

Conclusion

The purpose of this study was to identify Internalization – Anxiety problems at Kosovo adolescents aged 11-18 years. The results of this study identified certain degree of submission of internalization and anxiety problems in adolescents participating in the study.

Results of the study: for internalization problems resulted that 64.9% ($N=1121$) of participants belongs to the first degree or normal development of these problems, 16.7% ($N=288$) of them belong to the second degree in the confines of the presentation of internalization

problems and 18.4% ($N=318$) of them belong to the third degree or level of clinical presentation of internalization problems. Then for anxiety problems 90.8% ($N=1568$) of participants belong to the first degree or normal development of these problems, 4.8% ($N=83$) of them belong to the second degree in the confines of the presentation of anxiety problems and 4.4% ($N=76$) of them belong to third degree or clinical level of presentation of anxiety problems. Also, the values found for the internalization / anxiety problems showed that have valid statistical differences between genders. Based on the literature used for the realization of this study in the normal population, girls are expected to present more internalization problems and less than boys' externalization behaviours (Sieh, Visser-Meily, Oort, Meijer, 2012). Even by Achenbach & Rescorla (2007) have shown girls generally score higher on somatic complaints and anxiety / depression, while boys generally had higher results in problems with attention and behaviour that break the rules and aggressive behaviour. Also, pursuant to the results of the study done in our country, it is worth mentioning that identified gender differences in appearance internalization-anxiety problems among adolescents participating in the study. Where through the t-test analysis for internalization problems and anxiety problems have noticed that girls showed higher values of middle arithmetic in relation with boys. Based on the results of this research and in the importance of the development of healthy adolescents in every aspect and especially emotional aspect, in particular, as a matter of national priority, in our country it is necessary to rise and develop preventive programs and treatment centers for adolescents with different emotional problems. Such awareness programs about emotional problems, it is also necessary to rise and place also for parents and for teachers, since a good portion of the time the teachers spent with children / adolescents and after the parents they are the closest persons who can recognize well the performance of social, emotional and behavior development in children / adolescents. Educational psychological and health services, for young people in Kosovo today are very few compared to any country in the region or beyond, including the lack of psychologists in primary and secondary schools in Kosovo. Then the difficult situation in this aspect makes even more

severe lack of research on this age group. Where the results of pure scientific research, should be considered as a safe base from where to begin to work with this age group.

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