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Socio-demographic Factors in Internalizing and Externalizing Problems among at-risk Rural Adolescents

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The present study is aimed at examining the association between the internalizing and externalizing problems on the one hand and socio-demographic variables on the other using a sample of 490 (M=267, and F=223) at-risk rural adolescents aged between 11-14 years. The sample was recruited from four rural government schools located in Coimbatore district, Tamil Nadu. The data were collected using the Youth Self Report that provided measures of internalizing and externalizing problems of the adolescents. The socio-demographic details chosen for the study were collected using personal data sheet. ANOVA and correlation analysis was carried out to analyze the data. The findings show that males had higher levels of externalizing problems compared to females. Students in Class 8 had higher internalizing problems compared to those in Class 7. Significant differences between the schools included in the study with regard to both internalizing and externalizing problems were found. Those with fathers who were illiterates had greater internalizing problems compared to those whose fathers had middle school level education. Mother's monthly income was significantly and positively correlated with internalizing problems. Family's monthly income was significantly and positively correlated with both internalizing and externalizing problems. Academic performance was significantly and positively correlated with externalizing problems in the sample. Factors like age, native place and mother tongue, area of residence, community, religion, father's occupation and income, mother's education, and occupation, and home were not significantly related to internalizing and externalizing problems. The findings are discussed with implications for future research, practice, and policymaking.

Keywords: Socio-demographics, at-risk, rural adolescents, internalizing problems, externalizing problem.

The world population has1.6 million individuals in the age group 12-24 years, of which 721 million adolescents are aged between 12-17 years ("World population monitoring adolescents and youth," 2012). Approximately 46% (i.e., 3.48 billion) of the world's total population lives in rural areas (World population, 2018). The most contemporary UN data has estimated India's population to be1.35 billion, with the rural population occupying about 68.84% (India Population, 2018). Presently, the largest share of the world's youth population is found in India, and it will continue to grow in this trend for the next 20 years. Youth (15-24 years) in our country form one-fifth (i.e., 19.1%) of the total population. In rural India, among the major states in the nation, Tamil Nadu occupies the fifth place in poverty. The total rural population of Tamil Nadu was 37.18 million, that is, 51.55% of the nation's total population (Census of India, 2011). The identity of those coming from the rural background is often not cherished, and hence, they are stigmatized (Sayer, 2005). Those in rural areas are subjected to several challenges, namely, poverty and food insecurity in addition to educational and financial challenges. Among developing nations, rural development has received special global attention. Three out of four people in developing countries live in rural areas, and many live in extreme poverty (World Bank, 2007). Many decades ago, Mahatma Gandhi said, "India lives in villages." Still, a significant proportion of the Indian population lives in rural areas, but in India, the rural population mostly represent the low-income group. Nearly 26% of rural India is poor (Socio-

demographic census, 2011). Both psychological and social upliftment of the rural population is essential to empower them and ensure a good quality of life for those coming from a rural background.

Adolescence is the phase of transition, and it is the age of opportunities to acquire many skills and knowledge. Adolescence is the most crucial segment of our life where potentials of individuals reach their peak. They are precious human resources. Perspectives and experiences of the twenty-first century youth are spectacularly different from that of the previous generations. Young people in the nation are the agents of prosperity. Motivation, passion, willpower, and size of the adolescent population are the determining factors of a nation's potential economic, cultural, and political development. For the development of the nation, researchers and policymakers want to formulate the policies to enhance the adolescent's psychological, social, cultural, and physical well-being. Adolescents who live in poverty face crucial shortcomings. To alleviate the discrepancy among adolescents coming from different backgrounds that provide them different levels of access to resources (physical, psychological, social, and cultural), it is essential to focus on the services that can make significant changes in their lives. Adolescents must be provided with the opportunity to participate in learning actively and taught to apply their learning in practical situations in addition to improving their skills in schools in order to benefit best from education.

In developing nations, 87% of young women and men have scanty and unequal access to resources, healthcare, education, training, and employment in addition to economic, social, and political opportunities. In our society, youth are both victims and perpetrators of the risk. Globally, for the enhancement of adolescents' lives, education is fundamental. It is vital to decimate poverty and hunger and foster equitable economic growth and development. Adolescents in many parts of the world face poverty, hurdles to education, various and intersecting forms of discrimination, violence, and they are often prohibited from the decision-making process. In the process of social, economic, and political development, operative and full participation of young people with knowledge and education are vital factors (Youth in India, 2017). In an individual's life, the factors that may increase the probability of maladaptive behavior like truancy and misbehavior are labeled as risk factors. Personal characteristics, lack of parental interaction and involvement, unhealthy practices of the community, poverty, and impoverished conditions are the different factors that constitute a risk for an individual for healthy development (Annalakshmi, 2011).

Social inequalities increase the risk factors for many mental disorders causing greater inequality in risk with increasing inequality (WHO, 2014). Nearly 21% of low-income children and youth aged 6 to 17 have mental health problems, and 57% of these children and youth with mental health problems come from households living at or below the federal poverty level (Masi & Cooper, 2006). Majority of students studying in rural schools in India are from low-income families. That also stands as the most prevalent risk for healthy psychosocial development among these adolescents (Annalakshmi, 2011). Young people in rural areas are different from those in urban areas (Cartmel & Furlong, 2000); they have poor physical health (Jason & Jarvis, 1987; Pollitt, 1994), lower intellectual attainment and poor school performance (Dubow & Ippolito, 1994; Guo, 1998). The negative child outcomes associated with living under the poverty threshold has been well documented (Brooks-Gunn & Duncan, 1997), particularly when poverty is experienced during the first five years of life (Duncan, Yeung, Brooks-Gunn, & Smith, 1998). The inner-city poor adolescents exposed to a substantial number of stressors and adversities, including community violence, crowding, poor-quality schools, and inadequate housing (McLoyd, 1998).

Though poverty is considered a pervasive stressor that adversely affects many aspects of individual and family functioning, many children from the impoverished background are positively adjusted (Luthar, 1999; Garmezy, 1991; Werner & Smith, 1982). The primary need is not just about reducing inequalities and creating equal opportunities for all but also providing rural children and youth with better tools, skills, and

capacity. Sustainable development is possible only when the scale of rural development matches that of the urban development with one reinforcing the other. This underscores the need for devoting attention to the psychological well-being of children and youth from rural background.

Socio-economic status is reported to be associated with a wide range of health, cognitive, and socio-emotional outcomes in children, with these effects beginning prior to birth and continuing into adulthood (Bradley & Corwyn, 2002). Family income can influence well-being (Brooks- Gunn & Duncan, 1997). SES is also found to be associated with health behaviors during adolescence (Hanson & Chen, 2007). The risk for health is caused not by a single factor but by a number of risks, internal and external, occurring together in a cumulative fashion. Mental disorders, including stress and anxiety, suicidal tendencies, and increased suicidal death rates, increased consumption of substance use, high-risk sexual behaviors, and violence are not rare (Sunitha & Gururaj, 2014). Sattvic character positively and rejection in school negatively predicted resilience among adolescents of low Socio-economic status (Annalakshmi, 2015). Out of the total population, 35-50% of rural low and middle-income countries constitute children and adolescents. There is a huge gap between need and the availability of child and adolescent mental health (CAMH) resources (Patel, Flisher, Nikapota, & Malhotra, 2008). Negative cognitions are recognized as risk factors among poor children living in rural background (Cortina et al., 2016).

Hardships bring out positive outcomes associated with personal factors such as personality and temperament. Later researches include a focus on both personal and external factors which may act against risk (Luthar, Cicchetti, & Becker, 2000). Protective factors may relate to the individual, the family, peers, school, and the community. Experienced adversities largely related to health issues, natural disasters, violence, victim and a bully, parent and family-related factors, and socio-demographic characteristics, e.g., teenage mother, poverty, and homelessness (Shean, 2015).The study of resilience among adolescents is particularly essential because of individuals during the adolescence stage experience unique challenges posed by the developmental stage in physical, emotional, and social spheres. Also, only resilient adolescents develop into competent adults with high self-efficacy (Werner & Smith, 1982), and high self-control (Alvord & Grados, 2005).

Adolescents who have suffered family violence were at higher risk of both internalizing and externalizing problems. Internalizing problems were high among female adolescents, adolescents who realized financial adversity in their family, and biological parents who did not live together. Late adolescents, who were living in large cities and families with financial status, either low or above-average, were reported to have more externalizing problems (Ajduković, Rajhvajn, & Sušac, 2018).

The most common mental health problems among children and adolescents are internalizing and externalizing problems with a prevalence rate ranging from 10 to 14% respectively (Ihle & Esser, 2002; Holling, Kurth, Rothenberger, Becker, & Schlack, 2008). Internalizing problems are defined as anxious and depressive symptoms, social withdrawal, and somatic complaints. Externalizing problems are characterized by aggressive, oppositional, and delinquent behavior. When tutors are asked to list the most typical rebellious behaviors of their students, they often report talking out, non-compliance, out of seat behavior and fighting with classmates. While compared to internalizing problem behaviors, externalizing problem behaviors are observable and can be easily addressed by any school personnel or by the teacher. So, for the teachers, internalizing problems are extremely challenging because these problems are not observable and are most challenging to recognize. In fact, because of this, teachers would say, we would be harsher towards the students. Students who experience internalizing problems usually suffer alone and typically act in silence and also experience allied problematic internal feelings such as anxiety, sadness, reserved nature, fearfulness and hypersensitivity (Davis, Young, Hardman, & Winters, 2011).

Students who have internalizing problem behavior have many consequences. They are mainly harmful to their physical health, academic performance, future employment openings, and future psychological coping (Merrell & Walker, 2004). Although externalizing behaviors dominate a teacher's attention, it is imperative to realize and recognize those students who are showing internalizing problem behaviors. Many of the internalizing problems are co-morbid with one another, making it tricky to identify student's main problem. Internalizing and externalizing problems can have a negative implication for mental health, adaptability, and academic performance. Demographic factors that describe the context of the adolescent can have a significant influence on their lives. They can serve as a protective factor or as a risk factor. The present study tries to understand how socio-demographic factors can serve as risk factors that thwart the lives of adolescents, particularly among those from rural backgrounds.

Researchers and policymakers who aspire to incite strength in vulnerable individuals, groups, and societies were attracted by the concept of resilience. It has become the primary concern and focus of interest for academic researchers, policymakers, and practitioners in the field of mental health and primarily well-being because of its potential influence on health, well-being, and quality of life. Originally the term "Resilience" originated from material science and environmental studies which describes the quality of a material to regain its original shape after being compressed, stretched, or bent (McAslan, 2010). Typically, in psychology, resilience has been defined elaborately over time and in different contexts because it is multifaceted and complex.

The term resilience means the potential of an individual to compete with his or her adversity and sustain normal progress. Resilience has less emphasis on adversity and more on exposure to competence (Cicchetti, 2010; Goldstein & Brooks, 2013; Luthar, 2006; Masten, 2013, 2014; Panter-Brick & Leckman, 2013; Rutter, 2012). The definitions of resilience have two core ideas experiencing serious risk and demonstrating positive functioning. It is an interaction between the child and the environment. Resilience can be seen as remaining competent and making positive adaptation by those who have a challenging condition reflecting a genetic, psychological and environmental disadvantage (Garmezy, 1974). Resilience is the individual's potential to cope effectively with vulnerabilities of both internal and external stresses (Werner & Smith, 1989). Resilience is a social mold, identifies well-being associated with people's both process and outcome. Resilience models mostly focused on promotive and protective factors and adaptive capacities (Masten, 2011).

Resilience is the dynamic process and includes the ability to adapt successfully in adversity that menaces the system function, viability, and development (Masten, 2014). Resilience potentially influences health, wellbeing, and quality of life (Shean, 2015). Recently resilience viewed as a multidimensional construct that includes personal and specific skills that allow individuals to adapt (Campbell-Sills, Cohan, & Stein, 2006). It is also understood as a process is influenced by multiple systems like family, school, communities, and society (Ungar, 2011, 2005, 2004; Longstaff, 2009; Masten & Obradovic, 2008; Masten, 2007; Barankin & Khanlou, 2007; Lerner, 2006; Lahtinen, Lehtinen, Riikonen, & Ahonen, 1999).

Resilience is an interpersonal process and interaction between risk and protective factors within a person's background that reduce the impact of biological, physical and social adverse factors which menace a child's health and well-being (Fraser & Galinsky, 1997). Protective factors may relate to the individual, the family, peers, school, and the community. Experienced adversities related mainly to health-related issues, natural disasters, violence (a victim and including bully), parent and family-related factors, and socio-demographic characteristics, e.g., teenage mother, poverty, homelessness (Shean, 2015). The focus of resilience research has changed in the last decade, and more contemporary definitions have put back the pathogenic responses to hardship through capacities for successful adaptation. Resilience is a process that is influenced by personal as well as environmental resources (Haglund, 2007; Iacoviello, 2014; Kalisch, 2015; Southwick, 2005; Wu, 2013). It is amendable and can be

enhanced by the intervention (Bengel, 2012; Connor, 2006; Southwick, 2011). Most definitions of resilience assent that it engages children exhibiting adaptive or proficient functioning despite exposure to high levels of adversity. Resilience is not constant but may wax and vanish over the life course (Luthar, 2006).

Resilience has shifted from being considered a fixed personality trait to being a secular process. In resilience, both risk and protective factors may have unique effects on children at different phases of growth (Masten & Obradovic, 2006). Resilience is a multilevel mixed process that involves individual, family, and community-level risk and protective factors. Protective factors of individual may include self-efficacy, emotional self-regulation, and self-determination (Cicchetti, 2010). Family factors may include sibling attachment and close association with caregiver (NCH, 2007). Community factors may include a sense of community connectedness and community's social assets (Dean & Stain, 2007; Mayery, Pope, Hodgins, Hitchenor, & Shepherd, 2009).

A person who encountered serious threats and manifested positive functioning in some way are the two core objectives of resilience's definition by resilience theorists, but Ungar's definition varies from others as it encompasses context and cultural background. According to Ungar (2008), resilience is a dynamic process and it is both psychological and environmental capacity of an individual to navigate and collectively negotiate their psychological, social, cultural and physical resources in holistic view including opportunities in one's environment to experience wellbeing in the backdrop of significant vulnerability and condition of the individual, family and culture to experience these resources imparted in culturally meaningful aspect to overcome adversity. It is essential to discover the processes contributing to resilient adaptation in individuals from diverse cultural, ethnic, and racial backgrounds (Coll et al., 1996). Resilience can be understood in terms of duration to get back to normalcy, reaction to adverse events, response to risk factors, perception effect of past adverse events, defining problems in coping with future, openness to experience and flexibility were identified to obtain an empirical measure of resilience (Annalakshmi, 2009).

Resilience is an outcome of the interaction between individual factors and environmental factors (physical, psychological, social, and cultural). The present study attempts to identify the socio-demographic variables that are associated with psychological problems. The findings of this study can provide a framework and directions for designing affirmative actions for this target group. This study can provide pointers that can help us identify at-risk adolescents considering their socio-demographic background and context, and design preventive programs to nurture resilience among at-risk groups. The specific objective of the present investigation was to examine the relationship between socio-demographic variables on one hand, and internalizing and externalizing problems, on the other hand, among adolescents aged 11-15 years from rural background.

Operational definition

Internalizing problems are operationally defined as problems of anxiety/depression, being withdrawn/depressed, somatic problems and over controlled behaviors. Externalizing problems are operationally defined as problems of aggression, hyperactivity, rule breaking, noncompliant, and under controlled behaviors.

Hypotheses

Null hypotheses were framed on each of the demographic variable studied (viz., gender, class, school, father's education, father's occupation, mother's education, mother's occupation, father's income, mother's income, family income) and internalizing/externalizing problems, and were tested. In addition to these, null hypothesis relating to academic performance and internalizing/externalizing problems was also tested.

Method

Sample

Data were collected from four government schools in Coimbatore district. The Participants for this study were recruited from seventh and eighth standard classes. The inclusion criteria for the recruitment of participants in the

sample include (1) Adolescents studying in rural government schools, and (2) Adolescents in the age group 11-17 years. The exclusion criteria for the participants include (1) Those suffering from physical or psychiatric problems and (2) Refusal to give informed consent. The sample for the study consisted of 490 adolescents (Males = 267; Female = 223) in the age group 11 to 14 years (M = 12.45, SD = .59). The sample included students from various communities: BC (42.2%), MBC (26.4%), SC (26.8%), ST (.4%), and FC (4.1%). About 93.7% of the sample was Hindus, 4.5% was Christians, and 1.6% was Muslims. The participants' monthly family income ranged from INR 500 to INR 17000 (M = 4490.90, SD = 3986.39).

Measures

Youth Self-Report (YSR; Achenbach, 1991). Youth self-report provides an assessment of emotional and behavioral problems among youth ages 11 to 18years. The original test consists of 112 items distributed across ten subscales categorized under internalizing problems, externalizing problems, and other problems. For the present study, only 25 items on internalizing problems and 32 items on externalizing problems were included. The internalizing problems include anxious/depressed, withdrawn/depressed, and somatic complaints. A sample item for anxious/depressed is 'I am afraid of going to school.' A sample item for withdrawn/depressed is 'I refuse to talk.' A sample item for somatic complaints is 'I feel dizzy or lightheaded.' Externalizing problems include rule-breaking behavior and aggressive behavior. A sample item for rule-breaking behavior is 'I do not feel guilty after doing something I shouldn't.' A sample item for aggressive behavior is 'I argue a lot.' The alphas for internalizing and externalizing problems on the present sample were 0.77 and 0.81, respectively. Each item on the scale is provided with three response options such as 0 (not true), 1 (somewhat or sometimes true) and 2 (very true or often true). The scales, including personal data sheet, was translated into the vernacular language for ease of administration and to ensure good data quality. Informed consent was obtained from parents and participants.

Personal datasheet. This was designed to collect data on socio-demographic variables such as name, age, date of birth, gender, native place, mother tongue, class and section, school, area of residence, caste, community, religion, father's education, occupation and income, mother's education, occupation, and income, and type of residence.

Academic Performance Index. The academic performance of the individual participants was obtained by an index, derived from the percentage of the sum of the marks obtained by the participants on their last examinations held in the course of the academic year concerned.

To examine how socio-demographic variables related to internalizing and externalizing problems, correlation analysis, and one-way ANOVA was carried.

Results

The results from the analyses carried out on the data collected are presented below.

A one-way between-subjects ANOVA was carried out to find the difference between genders on internalizing and externalizing problems. The ANOVA showed that there was no significant difference between males and females on internalizing problems, F (1,488) = 1.85, p = .17. There was a significant difference between males and females on externalizing problems, F (1,488) = 33.04, p = .01.The mean score for males (M = 16.41, SD = 8.77) was significantly higher than females on externalizing problems (M = 12.38, SD = 6.30).

A one-way between-subjects ANOVA was carried out to find the difference between class 8 and class 7 on internalizing and externalizing problems. The ANOVA showed that there was a significant difference between class 8 and class 7 on internalizing problems, F (1,488) = 11.29, p = .00. The mean score of students from class 8 (M = 17.59, SD = 6.91) was significantly higher than those from class 7 on internalizing problems (M = 15.46, SD = 7.12). There was no significant difference between class 8 and class 7 on externalizing problems, F (1,488) = 1.58, p = .21.

A one-way between-subjects ANOVA was carried out to find the difference between the

schools on internalizing and externalizing problems. The ANOVA showed that there was a significant difference between the schools on internalizing problems, F (3,486) = 5.78, p = .001. Post hoc comparisons using the Tukey HSD test indicated that the mean score of the School IV (M = 14.22, SD = 6.45) on internalizing problems was significantly lower than School I (M = 17.20, SD = 6.80), School II (M = 17.82, SD = 7.38) and School III (M = 16.31, SD = 7.26). In addition, there was a significant difference between schools on externalizing problems, F (3,486) = 5.98 p = .001. Post hoc comparisons using the Tukey HSD test indicated that the mean score of the School IV (M = 11.83, SD = 7.49) on externalizing problems was significantly lower than School I (M = 14.73, SD = 8.21), School II (M = 16.00, SD = 7.97), and School III (M = 15.37, SD = 7.58). This result suggests that the students from School IV have lower internalizing and externalizing problems compared to the students from the other three schools just cited.

A one-way between-subjects ANOVA was carried out to find the difference between the levels of father's education on internalizing and externalizing problems. The ANOVA showed that the levels of father's education did not have a significant effect on internalizing problems, F (5,470) = 2.35, p = .04. Post hoc comparisons using the Tukey HSD test indicated that the mean score of students whose fathers were illiterates (M = 18.12, SD = 7.11) was significantly higher than those who fathers had education up to middle school level (M = 14.34, SD = 6.12). However, the other levels of father's education did not have a significant effect on internalizing problems. In addition, levels of father's education did not have a significant effect on externalizing problems, F (5,470) = 1.08 p = .37. This result suggests that those with fathers who were illiterates had greater internalizing problems compared to those whose fathers had middle school level education.

A one-way between-subjects ANOVA was conducted to find the difference between the various levels of father's occupation on internalizing and externalizing problems. The ANOVA showed that the levels of father's occupation did not have significant effect on both internalizing problems, F (3,486) = .28, p = . 84, and externalizing problems, F (3,486) = .29, p = .83.

A one-way between-subjects ANOVA was carried out to find the difference between the levels of mother's education on internalizing and externalizing problems. The ANOVA showed that the levels of mother's education did not have significant effect on internalizing problems, F (5,475) = 1.37, p = .23, and externalizing problems, F (5,475) = 1.17, p = .32.

A one-way between-subjects ANOVA was carried out to find the difference between the various levels of mother's occupation on internalizing and externalizing problems. The ANOVA showed that the levels of mother's occupation did not have significant effect on internalizing problems, F (3,486) = 1.42, p = .24, and externalizing problems, F (3,486) = .86, p = .46.

The correlation analysis carried out to examine the relationship between income and problems revealed interesting findings. Mother's monthly income was significantly and positively correlated with internalizing problems r(490) = .13, p< .01. Further, family's monthly income was significantly and positively correlated with both internalizing problems r(490) = .12, p< .01 and externalizing problems r(490) = .15, p< .01. Father's monthly income and other sources of monthly income were not significantly correlated with both internalizing problems and externalizing problems.

The correlation analyses carried out to examine the association between academic performance, income and psychological problems showed that externalizing problems were significantly and positively correlated with academic performance r(490) = .12, p< .01; however, psychological problems, age, father's, mother's, other source, and family's monthly not significantly correlated with academic performance.

Discussion

The present study examines the psychological problems of at-risk adolescent students studying in rural government schools. Specifically, the study examined the effects of socio-demographic variables on internalizing and externalizing

symptoms as reported by adolescents. These findings show interesting associations between certain socio-demographical factors and internalizing/externalizing problems in the population studied.

In the present study, males report higher externalizing problems than females. Gender socialization may be invoked to explain this difference between males and females on externalizing problems. We witness gender difference in the socialization process and coping styles (Chodorow, 1978). Girls undergo a process of unity and relationship while boys undergo a process of autonomy that may involuntarily increase the harmful behavior that intensifies over time (Chodorow, 1989). This finding is in line with those of other research carried out across different countries like Spain (Abad, Forns, & Gómez, 2002), and different cultures like Swedish (Broberg et al., 2001), Greek (Roussos et al., 2001), Russian (Slobodskaya, 1999), Finnish (Helstelä & Sourander, 2001), Norwegian (Heyerdahl, Kvernmo, & Wichsterom, 2004), and Irish (Fitzpatric & Deehan, 2001).

Students studying in the eighth standard reported higher levels of internalizing problems compared to those in the seventh standard. It is possible that the vulnerability of at-risk students increases with their movement to higher classes due to the increase in academic and social demands placed on them. As the students progress to senior classes, they witness an increase in academic pressure. Perhaps students at-risk may not be adequately equipped to manage this and hence report higher levels of internalizing problems. This may be indicating increasing challenges that the at-risk adolescents have to face as they progress to higher classes. Younger children from low socio-economic background encounter internalizing and externalizing problems that grow consistently as they grow into adolescence (Mallin, Walker, & Levin, 2013).

Rural adolescent students report lack of concern for differences in students' capabilities seen in teachers' in a rural school, their lack of involvement, lack of proper guidance, and poor quality of teaching as challenges they see in rural schools (Annalakshmi, 2011). Interestingly, the present study findings show that even among rural schools, there was a difference in the level of internalizing and externalizing problems reported by their students. This may be attributed to the difference in school culture. Though all the schools selected in the sample, being government schools located in rural areas, were similar in nature, there were variations in the school culture. School culture was found to be influenced mainly by the administrative leaders like Principal and Head Master of the school. The teachers, too, can influence the school culture. School climate was positively correlated with student self-concept (Rutter, Maughan, Mortimore, & Ouston, 1979), and academic achievement (Rutter, 1983; Rutter et al., 1979). School social climate is associated with changes in student psychopathology that was independent of initial levels of problems, age, sex, and SES differences among students. Fostering close social contact between children and significant non-parental adults is found to provide a stable support system that has a therapeutic value (Galbo, 1983). School bonding is associated with problem behavior (Simons-Morton, Crump, Haynie, & Saylor, 1999). Rejection experienced in school negatively predicted resilience among students from low socio-economic status (Annalakshmi, 2015). Since at-risk students come from a disadvantaged environment, they have limited support for growth from their families; they often look for the needed support from the school. Hence the school environment becomes very critical to the wellbeing of at-risk adolescents. The findings related to school difference suggest that more attention has to be paid to the school culture for providing a congenial environment to at-risk students.

Students with illiterate fathers had higher internalizing problems compared to those whose fathers had had middle school level education. Educational and behavioral outcomes in children are significantly influenced by educational level attained by their parents (Davis-Kean, 2005; Dearing, McCartney, & Taylor, 2002; Duncan, Brooks-Gunn, & Klebanov, 1994; Haveman & Wolfe, 1995; Nagin & Tremblay, 2001; Smith, Brooks-Gunn, & Klebanov, 1997). Due to their

low level of education level, the parents from low socioeconomic status exhibit a lack of interest in academic condition that also plays a significant role in increasing problem behavior (Annalakshmi, 2011). India is a patriarchal society where fathers in the family play a very significant role. Father relationship has a substantial impact on child health, cognitive development, and social functioning, and can predict both positive and negative psychological well-being (Rohner & Veneziano, 2001). It is a unique bond and attachment (Mackey, 2001), and can serve as a male role model providing discipline and supervision (Ackerman, 2002; Flouri & Buchanan, 2003; Mackey, 2001). Illiterate fathers may be handicapped in providing the necessary support as role models and adopting an effective parenting style for their children. Father's education appears to be a protective factor to at-risk adolescents from rural background.

A positive relationship between the mother's monthly income and internalizing problems is found in the present study. In addition, a positive relationship between the family's monthly income and both internalizing and externalizing problems is also found in the present study. Children living in poverty are more likely to develop social-emotional problems than their peers who are not poor, and the magnitude of this risk may increase (Brooks-Gunn & Duncan, 1997; Duncan & Brooks-Gunn, 1997; Evans, 2004; Linver, Brooks-Gunn, & Kohen, 2002; McLeod & Shanahan, 1996; McLoyd, 1998; Taylor, Dearing, & McCartney, 2004; Yeung, Linver, & Brooks-Gunn, 2002).In the present study, we find that more the income greater in the level of internalizing/externalizing problems. The sample as a whole is from the low-income strata of the society. Within this stratum it appears that more the income greater is the psychological problem experienced by the adolescent student. It could be because in this stratum, higher family income could indicate that both the parents in the family are employed. This limited availability of both the parents for their adolescent child because of their being employed may limit their availability to care for their child. The adolescent with both the parents employed has none at home to attend to their needs on their own. Whether this is a fact or artifact needs further investigation.

Previous studies have reported that failures in academic performance initiate the development of externalizing or internalizing symptoms, or worsen the current symptoms of problem behavior (Chen, Rubin, & Li, 1997; Dishion, Patterson, Stoolmiller, & Skinner, 1991; Maughan, Rowe, Loeber, & Stouthamer-Loeber, 2003; Williams & McGee, 1994). Interestingly in the present study, academic achievement was positively correlated with externalizing problems. This may be reflecting adjustment problems among high achievers studying in rural government schools. Urban adolescent students who were high achievers had better school adjustment compared to low achievers (Bala, 2014). Rural students studying in rural government schools report low cognitive stimulation in the schools, insensitivity in the schools to students' need, teachers' lack of consideration for individual differences in students' capabilities, and parental lack of interest in academic condition (Annalakshmi, 2015). High achievers among these rural adolescent students may find this lack of cognitive stimulation in rural government schools challenging, resulting in adjustment difficulties. Hence we find academic achievement significantly and positively correlated with externalizing problems among adolescents from rural schools.

Overall the study findings suggest that some socio-demographic factors are correlated with problem behavior among rural adolescent students. Majority of the students studying in rural schools are from low-income families. They are confronted with multiple risks like studying in rural schools that usually have crowded classroom, that have less number of teachers to a large number of students, school rules and regulations that are not clear, and frequent migration of students from one school to the other making stable peer relationships difficult (Annalakshmi, 2011).The level of education of parents of rural adolescents is also usually low posing challenge to effective parenting. Lack of resources in the lives of rural adolescents places them at risk for healthy psychosocial development.

Thus the majority of the adolescents from rural background coming from families with low income are at-risk; however, even among them, certain socio-demographic factors increase their vulnerabilities. Findings from this study can help us identify high at-risk adolescents using such specific factors.

The study findings suggest that there is no relationship between age, native place, and mother tongue, area of residence, community, religion, father's occupation, mother's education, occupation, and type of home on one hand and behavioral problems on the other. This may be indicating that in the rural low-income group, perhaps the other factors mentioned here are similar, leaving the rural low-income background to be a strong potential risk factor for adolescents coming from that background.

Conclusion

An exploration of socio-demographic variables and their influence on internalizing and externalizing problems among at-risk rural adolescents is vital because risk factors for many common mental disorders are heavily associated with social inequalities and poverty. In India, the adolescents studying in rural schools are at-risk for psychosocial development due to the lack of resources in their lives. Males and students studying in higher class are more vulnerable than females' and those studying in the lower class. School culture plays a protective role against behavior problems in adolescents coming from rural low-income families. In addition, the lack of father's education appears to be a risk factor for rural at-risk adolescents. A higher level of income within the low-income strata appears to increase the vulnerability of adolescents coming from a rural background. Improved academic performance appears to be a risk for externalizing problem behavior. The limitation of the present study is that it was a self-report measure. Mixed methods could provide deeper insights into the specific context of these adolescents and understand its relationship to psychological problems. Longitudinal studies can provide a better understanding of the trajectory of development of at-risk adolescents, and the dynamics involved in the development of psychological problems in them. The study focused only on two broad types of problems like internalizing and externalizing problems. Studying specific types of problems like anxiety, depression, and somatic problems can reveal more interesting findings. Our study sample consisted of younger adolescents; it may not generalize to older adolescents who may engage in a higher number of risk behaviors. There is also a need to explore effective ways for at-risk adolescents to have a meaningful relationship with their family. Further research should also thoroughly examine how various internalizing and externalizing symptoms interact and impact different types of risky behavior.

Our research, being exploratory, hosts several opportunities for future research. Studies on rural adolescents from low-income groups must examine the dynamics in the relationship between socio-demographic variables and psychological factors. Demographic factors like, the income of the family can help identify at-risk adolescents so that resilience interventions can be provided to them. In developing countries rural youth and urban youth are represented in nearly equal proportion. Investing in young people can generate abundant results in terms of poverty reduction, employment generation and food and nutrition security. Findings from the present study provide some important directions for future researches and have policy implication for rural youth empowerment through direct government projects in which rural youth can flourish. Restricted access to land, natural resources, finance, technology, knowledge, information, and education also make it difficult for young people to benefit from opportunities that can enhance their lives and contribute to the rural economy. The findings can lead to the development of effective policies and environments to maximize young people's productivity, connectivity, agency, and opportunities.

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