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CROSS-CULTURAL DIFFERENCES IN BEHAVIOR PROBLEMS

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Identifying cross-cultural differences in early appearing emotional and behavior problems is important, as understanding cultural variability can be informative with respect to etiology, trajectory, and potential therapeutic targets. In this chapter, we explore differences between the 14 JETTC cultures with regard to parent reports of emotional and behavior problems in toddlers.

Analyses carried out in multiple cultures suggest that childhood emotional/behavioral difficulties can be organized under primary domains (e.g., Achenbach, Edelbrock, & Howell, 1987), with internalizing

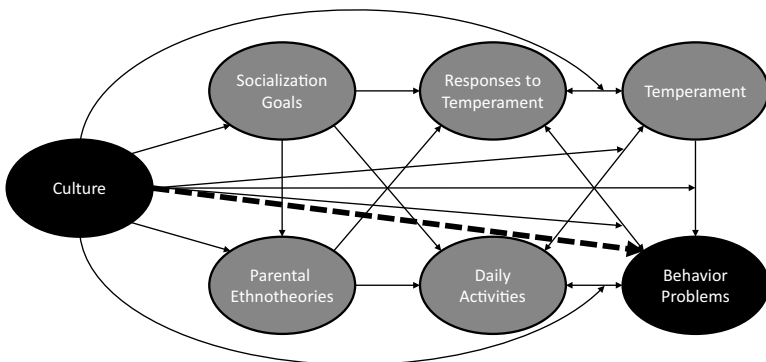


FIGURE 4.1 CBCL behavior problems in the JETTC Conceptual Model

problems (INT) involving one's experience of distressful emotions, such as anxiety and sadness, and externalizing (EXT) including aggressive, noncompliant, and destructive behaviors, directed outward. Cross-cultural comparisons of behavior problems have been conducted primarily with older children, typically in the context of bi-cultural designs. Bergeron and Schneider (2005) provided a quantitative review of the literature with respect to peer-directed aggression. In this summary of 36 studies involving 22 nations, JETTC countries in which children and/or adults demonstrated relatively high levels of aggression included Mexico, Finland, the US, and Spain. Belgium and China were near the median of the distribution, and the Netherlands and South Korea were low. A meta-analysis by Polanczyk, deLima, Horta, Beiderman, and Rohde (2007) suggested very high rates of attention problems in children from South America, moderate rates in North America and Europe, and low levels in Asia. Regarding internalizing-type disorders, a comparison of lifetime prevalence of disorders in 17 countries by the World Health Organization suggested high rates of anxiety and mood disorders in the US, with moderate rates in Mexico and in Europe (including the JETTC countries of Belgium, Italy, Netherlands, and Spain), and low levels in China (Kessler et al., 2007). Importantly, both Bergeron and Schneider (2005) and Polanczyk et al. (2007) noted a large degree of variability in the results of the studies they reviewed, and implicated methodological factors, including age and measurement tools, as important influences on findings of cross-cultural differences.

Recently, Rescorla and colleagues have conducted multicultural comparisons of behavioral and emotional problems measured by the Child Behavior Checklist (CBCL), used in the current study. Rescorla et al. (2007) reported on children ages 6–16 years in 31 societies (including 10 JETTC countries), and Rescorla et al. (2011) compared children ages 1.5–5 from 24 societies (including 11 JETTC countries). Preschoolers and older children from Spain, South Korean preschoolers (but not older children), and Chinese older children (but not preschoolers) scored low, whereas preschoolers from Chile, Turkey, and Russia scored high on total behavior problems (i.e., INT and EXT combined). Rescorla et al. (2011) reported that Spain was low in EXT and INT, Chile high in both, South Korea low in EXT, and Romania and Turkey high in INT. Although not significantly lower than the omnicultural mean, scores from northern European cultures (Belgium, Finland, and the Netherlands) were below the mean in both studies; and US, Italy, and Romania had scores near or slightly above the mean in both reports.

Bergeron and Schneider (2005) noted that value placed on competition and hierarchy leads to higher aggression in individualistic countries and countries high on Power Distance, with values emphasizing nurturance potentially diminishing aggression in feminine cultures. Bergeron and Schneider (2005) also found aggression to be linked to high Uncertainty Avoidance. Negative Affectivity (NEG), particularly fearfulness, was reported to be higher in collectivist countries (Chen et al., 1998; Krassner et al., 2017; Putnam & Gartstein, 2017), and given the strong relation between NEG and INT (e.g., Gartstein, Putnam, & Rothbart, 2012), we expect higher INT problems in collectivist cultures as well.

As there is a considerable degree of inconsistency among existing multi-national studies of disorder rates (e.g., Finland demonstrated high rates of aggression in Bergeron and Schneider (2005), low attention problems in Polanczyk et al. (2007), low problem levels in Rescorla et al. (2007), and moderate problems in Rescorla et al. (2011)), our hypotheses are tentative. Because our methods align most closely with Rescorla et al. (2011), we anticipated children from Spain would be rated low in both INT and EXT, with South Korean children demonstrating low EXT, Chilean children rated high in both types of problems, and Turkish and Romanian toddlers particularly high in INT. Consistent with Bergeron and Schneider (2005), we expected higher EXT in countries characterized as high in Individualism, Power Distance, Masculinity and Uncertainty Avoidance, and higher INT in collectivist cultures.

Results

As shown in Table 4.1, substantial cross-cultural effects for INT, EXT, and total problems were revealed through 2 (sex) by 14 (country) Analyses of Variance (ANOVAs), with age as a covariate. No effects were significant for age, sex, or the interaction between culture and sex.

TABLE 4.1 Effects of culture, age, and sex on CBCL behavior problems

<i>CBCL score</i>	<i>Age</i>	<i>Culture</i>	<i>Sex</i>	<i>Culture × Sex</i>
Internalizing	1.23	7.66**	1.68	0.69
Externalizing	0.95	6.07**	1.03	0.30
Total problems	0.37	6.82**	0.09	0.40

Note: ANOVAs, with age as covariate, gender and country as factors. Dfs for age and sex = 1,810. Dfs for culture and culture × sex = 13,810

** $p < 0.001$. * $p < 0.05$. # $p < 0.10$



FIGURE 4.2 Map of Internalizing marginal means. Darker shading indicates higher scores



FIGURE 4.3 Map of Externalizing marginal means. Darker shading indicates higher scores

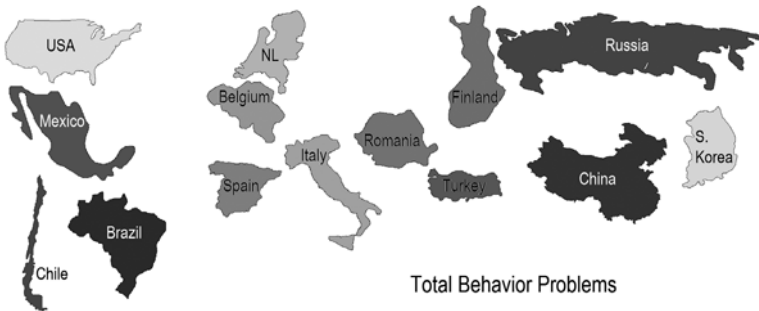


FIGURE 4.4 Map of total behavior problems marginal means. Darker shading indicates higher scores

Main effects comparisons with Bonferroni adjustments indicated children from China, Turkey, and Brazil were all rated higher in INT than the five lowest-scoring countries (Figure 4.2): US, Netherlands, Belgium, South Korea, and Finland. Children from China and Turkey were additionally rated higher than those from Italy, with those from China rated higher than Spain. Children from the US and Netherlands were also rated lower than those from Romania and Russia, with those from the US also lower than Mexico.

Children from Brazil, Chile, Finland, Russia, Mexico, and Belgium were all rated higher in EXT (Figure 4.3) than those from the US and South Korea. Brazil was rated higher than Italy, and China was rated higher than South Korea.

In total problems (Figure 4.4), children from Brazil, China, Russia, Chile, Mexico, and Turkey were all rated higher than those from the US and South Korea. Children from Chile, Russia, China, and Brazil were also rated higher than those from the Netherlands; China and Brazil were rated higher than Italy; and Brazil was rated higher than Belgium.

Relations to Cultural Orientation Dimensions

To explore connections between behavior problems and established cultural distinctions, Pearson's correlations were calculated between average country scores on the three CBCL variables and Hofstede's six cultural orientation dimensions. High levels of both INT and total problems were associated with Collectivism, $r_s(14) = -0.70$, $p < 0.01$, and -0.60 , $p < 0.05$, respectively. INT and total problems were also linked to high Power Distance, $r_s(14) = 0.74$, $p < 0.01$ and 0.60 , $p < 0.05$.

Discussion

Our results converge with those from other multicultural investigations in demonstrating culture exerts a powerful influence on indices of emotional and behavioral problems. Furthermore, the comparisons between JETTC sites were roughly consistent with, and extend, those obtained in the only previous study to examine parent reports of symptomology in young children from multiple countries. Of the 11 countries included in Rescorla et al. (2011) and the current study, children from Chile, Turkey, and Romania were near or at the top of the distribution for total problems, South Korea was near the bottom, and

Belgium and the Netherlands were near the middle in both studies. Modest exceptions to the agreement between the two studies include Spain, which demonstrated very low levels in Rescorla et al. (2011) but moderate levels in the JETTC; the US, rated low in the current study but moderately in Rescorla et al. (2011); and China—moderate in Rescorla et al. (2011) but high in the current study. Results were also consistent insofar as South Korea was particularly low in EXT and Turkey high in INT.

It is of note that correspondence between our findings and those obtained by Rescorla et al. (2011) is greater than that between these two studies and a similar investigation by Rescorla et al. (2007) focused on older children and adolescents. For example, South Korean preschoolers obtained low scores in our study and Rescorla et al. (2011), but older Korean youth were rated relatively high in problems (Rescorla et al., 2007).

The present findings and those of Rescorla et al. (2007, 2011) contrast considerably with reports of worldwide diagnostic rates of Attention Deficit Hyperactivity Disorder (ADHD) in children and lifetime prevalence of disorders (e.g., Kessler et al., 2007; Polanczyk et al., 2007). Polanczyk et al. (2007), in reference to their meta-regression of worldwide ADHD rates, suggested that the role of culture paled in comparison to variability explained by differing methodology across studies. Cultural bias may play a stronger role in clinical diagnoses than responses to a questionnaire checklist. Whereas clinical judgments require a professional to determine whether behaviors violate expected norms, thus meeting criteria for a diagnosis, items of the CBCL (e.g., “Cries a lot,” “Defiant,” and “Unusually loud”) only ask parents to report on the degree to which their children exhibit certain behaviors. Achenbach et al. (2008) have argued convincingly in support of the validity of the CBCL and associated measures in multiple cultures. Additional research is necessary, however, to illuminate the degree to which between-culture comparisons of the CBCL represent differences in child behavior versus parental interpretations.

Recognition of coherence in terms of geographical patterns and cultural orientation correlates of CBCL scores can be useful in deciphering their meaning. Geographically, trends are apparent suggesting high scores on EXT in Latin America, high INT in Asia (with the exception of South Korea), and generally low INT for Europe. Among JETTC cultures, the highest homicide rates were reported in Brazil, Mexico, and Russia (United Nations Office on Drugs and Crime, 2013), where children

were rated high on EXT, and these scores may represent early manifestations of aggression that is relatively normative in these cultures. Higher behavioral inhibition, a predisposition linked with INT, was observed for Chinese children, relative to those from western cultures (Chen et al., 1998). In this study, countries where children were perceived as demonstrating elevated INT and total problems were united by endorsement of collectivism and an acceptance of inequality (Power Distance). Regarding the latter, Bergeron and Schneider (2005) contended that individuals residing in countries in which power is distributed unequally may experience frustration manifesting high levels of aggression. JETTC data suggest that social conditions of this nature may manifest themselves in higher perceptions of problematic anxiety and sadness in families' young children.

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