



Internalizing and externalizing psychological problems in young adults from Quito, Ecuador


Problemas psicológicos internalizados y externalizados en adultos jóvenes de Quito, Ecuador

Problemas psicológicos internalizados e externalizados em jovens adultos de Quito, Equador

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Data availability:

The dataset supporting the results of this study is available in the OSFHOME repository
<<https://osf.io/9pexa/>>.



Abstract: Psychological problems involve a wide spectrum of internalizing and externalizing behaviors that affect the population. Internalizing problems refer to emotional alterations, while externalizing problems refer to behavioral issues. Based on this, the objective of the present study was to explore the type of internalizing and externalizing psychological problems observed in male and female university students enrolled in two higher education institutions in Quito, Ecuador. In total, 553 university students participated in this study, including 42% men and 58% women aged 18-25 years ($M = 20.79$; $SD = 2.07$). The results obtained using the Spanish version of the Adult Self Report (ASR) showed that women reported a significantly higher number of internalizing problems than men and that externalizing problems occurred in both sexes, albeit with behaviours associated with gender stereotypes. Notwithstanding the lack of gender differences in self-reported substance use, alcohol and tobacco use was higher among men. These results highlight the need to implement context-specific promotion, prevention, and intervention programmes for young adults.

Keywords: mental health; internalizing psychological problems; externalizing psychological problems; young adults; gender stereotypes

Resumen: Los problemas psicológicos involucran un amplio espectro de conductas internalizadas y externalizadas que afectan a la población. Los problemas internalizados aluden a alteraciones emocionales, mientras que los externalizados hacen referencia al ámbito conductual. En función de ello, el objetivo del presente estudio fue explorar el tipo de problemas psicológicos internalizados y externalizados que se presentan en mujeres y hombres universitarios que se encuentran cursando sus estudios en dos instituciones de educación superior de Quito, Ecuador. Participaron 553 universitarios, 42 % hombres y 58 % mujeres de 18 a 25 años ($M = 20.79$; $DE = 2.07$). Como instrumento, se utilizó la versión en español del Adult Self Report (ASR). Los resultados demostraron que los problemas internalizados reportados por las mujeres eran significativamente mayores que los de los varones y que los problemas externalizados se presentaban en ambos sexos, con conductas asociadas a estereotipos de género. En referencia al consumo de sustancias, no hubo diferencia en el reporte de ambos sexos en el uso de drogas, pero sí en cuanto a alcohol y tabaco, cuya incidencia fue mayor entre los hombres. Estos resultados demuestran la necesidad de implementar programas de promoción, prevención e intervención contextualizados al medio dirigidos a adultos jóvenes.

Palabras clave: salud mental; problemas psicológicos internalizados; problemas psicológicos externalizados; adultos jóvenes; estereotipos de género

Resumo: Os problemas psicológicos envolvem um amplo espectro de comportamentos internalizados e externalizados que afetam a população. Os problemas internalizados referem-se a alterações emocionais, enquanto os externalizados estão relacionados ao âmbito comportamental. Com base nisso, o objetivo do presente estudo foi explorar os tipos de problemas psicológicos internalizados e externalizados apresentados em mulheres e homens universitários que estão cursando seus estudos em duas instituições de ensino superior em Quito, Equador. Participaram 553 universitários, sendo 42% homens e 58% mulheres, com idades entre 18 e 25 anos ($M = 20,79$; $DP = 2,07$). Como instrumento, foi utilizada a versão em espanhol do Adult Self Report (ASR). Os resultados mostraram que os problemas internalizados relatados pelas mulheres eram significativamente maiores do que os dos homens e que os problemas externalizados ocorriam em ambos os sexos, com comportamentos associados a estereótipos de gênero. No que se refere ao consumo de substâncias, não houve diferença entre os sexos no uso de drogas, mas sim em relação ao consumo de álcool e tabaco, cuja incidência foi maior entre os homens. Esses resultados demonstram a necessidade de implementar programas de promoção, prevenção e intervenção contextualizados à realidade local, voltados para jovens adultos.

Palavras-chave: saúde mental; problemas psicológicos internalizados; problemas psicológicos externalizados; adultos jovens; estereótipos de gênero

The World Health Organization (WHO, 2022) defines mental health as a state of well-being in which every individual realizes their potential, can cope with the normal stresses of life, work productively and fruitfully, and contribute to their community. Various factors influence individuals' mental health; personal conditions such as difficulties in emotional self-management, substance abuse, and genetic inheritance, as well as unfavorable contexts related to violence, inequality, and scarcity of resources increase the likelihood of developing psychological problems. One in eight people worldwide suffers from some kind of mental disorder, with anxiety and depression being the most common, while suicide, which is one of the leading causes of death among young people, accounts for one in every 100 deaths. Despite these worrying figures, in low- and middle-income countries, many people do not receive treatment due to the scarcity of public mental health services (WHO, 2022).

Psychological problems involve a wide range of internalizing and externalizing behaviors. Internalizing behaviors refer to emotional disturbances whose manifestations are directed inward toward the individual (e.g., Achenbach, 2019), such as anxiety, depression, mood disturbances, withdrawal, somatization, and fears (Achenbach System of Empirically Based Assessment [ASEBA], 2023). Externalizing problems refer to disturbances that manifest in the behavioral domain; their manifestations produce conflicts and harm to the environment and to other people (Achenbach, 2019), such as aggressive or intrusive behaviors, rule-breaking, antisocial conduct, and violence (ASEBA, 2023).

Numerous studies have been conducted on psychological problems in adolescent and young populations at both the international level (e.g., Herbert, 2022; Hossain et al., 2019; Mastrotheodoros et al., 2020; Tran et al., 2017) and in Latin America, a region where epidemiological and prevalence studies have been reported (e.g., Barrera-Herrera & San Martín, 2021; Castro-Jalca et al., 2023; Hernández et al., 2017; Hita, 2024; Moreta-Herrera et al., 2021). Additionally, research exploring the association of these problems with various variables has been conducted to understand their course and trajectory (e.g., Barrera-Herrera et al., 2019; Castillo & Ruiz, 2019; Moreno, 2014; Rivera et al., 2021; Solís & Manzanares, 2019).

Several studies have explored the relationship between mental health and gender in university students (e.g., Barrera-Herrera & San Martín, 2021; Castillo & Ruiz, 2019; Hita, 2024). In general, findings indicate that women report more internalizing disorders related to anxiety (Barrera-Herrera & San Martín, 2021; Castillo & Ruiz, 2019), depression (Barrera-Herrera & San Martín, 2021; Rivera et al., 2021), and somatization (Rivera et al., 2021) and are considered to be at higher risk of developing psychological problems (Hernández et al., 2017). Regarding men, studies have reported a higher prevalence of externalizing behavioral disorders (Hita, 2024), as well as alcohol and tobacco consumption (Barrera-Herrera & San Martín, 2021; Rivera et al., 2021).

Some authors argue that sociocultural factors related to conceptions of masculinity and femininity underlie these findings in the Latin American context (Castillo & Ruiz, 2019; Hernández et al., 2017; Hita, 2024; Rivera et al., 2021). For instance, men receive social reinforcement for behaviors such as aggression, strength, and courage, which are some of the characteristics of traditional masculinity (Rivera & Scholar, 2020; Rivera et al., 2021). In contrast, women are expected to show greater emotional expressiveness, care, and attention (Rivera et al., 2021), which suggests that the

greater vulnerability of women in the Latin American context could be associated with stereotypes and conditions of social inequality (Hernández et al., 2017).

In addition, due to changes in lifestyle and routines, university students have a higher tendency to develop psychological problems associated with anxiety and depression, stress, adjustment and eating disorders, gender-based violence, sexual abuse, harassment, substance use, and technology and video game addiction (Cervera, 2021). Some Latin American studies have investigated this problem and found high percentages of anxiety-depressive syndrome and suicidal ideation in university students (Baader et al., 2014; Barrera-Herrera & San Martín, 2021). They have also reported significant rates of adjustment, personality, and mood disorders (Baader et al., 2014), as well as problems related to alcohol (Rivera et al., 2021) and other substance use (Barrera-Herrera & San Martín, 2021; Hita, 2024).

In the Ecuadorian context specifically, the Pan American Health Organization (PAHO, 2020) indicates that common mental disorders (anxiety, depression, self-harm, and somatoform disorder) account for 42% of the total disease burden among young people, followed by substance use (17%) and severe mental disorders (schizophrenia and bipolar disorder: 8%). According to the PAHO (2020), in Ecuador, men are primarily affected by alcohol use, self-harm, and suicide, while women are more affected by depressive and anxiety disorders.

In relation to these data, a pioneering study in the Ecuadorian context on mental health in the university population was conducted in two provinces of the Sierra region, with students from three higher education institutions, two public and one private. The study found that symptoms of somatization and social dysfunction predominated among participants, particularly among men, while symptoms of anxiety and depression were secondary (Moreta-Herrera et al., 2021). Given that Ecuador is a plurinational and multiethnic country, Moreta-Herrera et al. (2021) suggested taking these findings with caution and conducting further studies on the topic in other areas of the Ecuadorian context to contrast different realities of mental health in university populations.

This background highlights the importance of further research into the psychological problems experienced by young university students in Ecuador in various geographical contexts, conducting gender comparisons to reveal the main difficulties. Given that mental health is a key element in both personal life and academic and professional performance, these types of studies, in addition to contributing to scientific knowledge, can influence the design of intervention programs focused on the specific needs of the population, in this case university students. They can also serve as a foundation for the development of public policies in the field of mental health. Therefore, the objective of this research was to explore the types of internalizing and externalizing psychological problems reported by university students enrolled at two higher education institutions in the city of Quito, Ecuador, and to analyze differences by sex.

Materials and method

Design

This research was conducted using a quantitative, exploratory-descriptive, cross-sectional design, in accordance with the ethical standards of the Declaration of Helsinki and with prior approval from the Human Research Ethics Committee of the Pontificia Universidad Católica del Ecuador.

Participants

For the recruitment and selection of participants, a non-probability cluster sampling method was used. Data collection was conducted in person by visiting classrooms at two private, fee-paying, and religious higher education institutions in the city of Quito over an academic semester. Inclusion criteria for participants were: being an undergraduate student at one of the two universities where data was collected, participating voluntarily, and signing the informed consent form of the study. Exclusion criteria were: being a student at levels other than undergraduate or from universities other than those where information was collected, refusing to participate in the research or to sign the consent document.

Data was collected from 800 students; however, after eliminating incomplete forms, 553 valid cases constituted the final sample, with 55.5% from University 1 and 44.5% from University 2. Of the 553 cases, 42% reported being men and 58% women, with ages ranging from 18 to 25 years ($M = 20.79$; $SD = 2.07$). Regarding socioeconomic status, as assessed by the stratification survey of the Instituto Nacional de Estadísticas y Censos of Ecuador ([National Institute of Statistics and Censuses of Ecuador], INEC, 2011), 28.6% of participants were classified as high, 71.2% as middle (48.9%: upper-middle;

20.3%: middle; 2%: lower-middle), and 0.2% as low. In terms of place of origin, 81.5% of participants reported being born in Quito and 18.5% in other cities in Ecuador.

Instruments

The Adult Self-Report (ASR; Achenbach & Rescorla, 2003) in its Latin American Spanish version (ASEBA, 2023) was used for data collection. This material was acquired online through a license granted by the Research Center for Children, Youth & Families, ASEBA. The ASR is an instrument that can be used for both clinical assessments, multicultural research, as it has been proven to be culturally sensitive, and its constructs are generalizable to diverse societies (Achenbach, 2019; ASEBA, 2023; Ivanova et al., 2015). It is part of ASEBA, a comprehensive assessment system that allows for the evaluation of adaptive functioning and the presence of behavioral, emotional, and social problems (Achenbach, 2019; Achenbach & Rescorla, 2015; ASEBA, 2023; Ivanova et al., 2015; Samaniego & Vázquez, 2019). ASEBA formats, including the ASR, are translated into 104 languages, including Latin American Spanish (Achenbach, 2019).

The ASR questionnaire consists of two sections. The first section collects general information about the individual and assesses their adaptive functioning through questions about their family, work, educational, friendship, and romantic relationships, as well as their concerns and worries. The second section (used in the present study) consists of 126 descriptive statements to which respondents select options of 0 (*not true*), 1 (*somewhat or sometimes true*), or 2 (*very true or often true*), based on events from the past six months. The items are grouped into several categories: (1) Internalizing problems, consisting of the Anxious/Depressed, Withdrawn, and Somatic Complaints scales; (2) Externalizing problems, composed of the Aggressive Behavior, Rule Breaking, and Intrusive Behavior scales; (3) Other problems, which includes the Thought Problems and Attention Problems scales, as well as items that refer to difficulties that individuals may experience and that are not part of the syndromes of the ASR scales; (4) Substance use, composed of items related to the use of tobacco, alcohol, and drugs; (5) Critical items, which includes some of the items belonging to the different scales and problems, and are of particular concern to clinicians because they are consistent with some indicators of diagnostic categories (Achenbach & Rescorla, 2003; ASEBA, 2023). Additionally, there are 11 items about desirable social behavior, which are not included in the total score (Achenbach & Rescorla, 2003).

For scoring, the Manual provides standardized T-scores by gender and age groups: 18-35 years and 36-59 years, as well as a graph that allows for the creation of a profile for each individual assessed by summing the items of each scale (Achenbach & Rescorla, 2003; ASEBA, 2023). To obtain the score for internalizing and externalizing problems, the direct scores obtained on the scales that make up each group of problems are added and the corresponding T-score is located in the table provided in the Manual. To obtain the total score for psychological problems, the direct scores for internalizing, externalizing, and other problems are added, and the corresponding total T-score is located in the same table. In this way, T-scores below 60 are considered within the normal range; between 60 and 63, in the borderline range; and from 64 onwards, in the clinical range (Achenbach, 2019; Achenbach & Rescorla, 2003). The same procedure is followed for the items corresponding to critical items and substance use, with the difference that, in these cases, the borderline range is located in T-scores between 64 and 69, therefore, from 70 onwards it is considered a clinical range (Achenbach & Rescorla, 2003). Due to the characteristics of the participants in the present study, the T-scores for women and men in the 18-35 age group were used.

The ASR has demonstrated high internal consistency and adequate convergent and discriminant validity. Original studies, conducted with participants from different ethnic groups, including Latinos, report test-retest correlations and reliability coefficients of $r = .89$ and $\alpha = .93$ for internalizing problems, $r = .91$ and $\alpha = .89$ for externalizing problems, and $r = .94$ and $\alpha = .97$ for total psychological problems. Additionally, correlations between the scales and DSM diagnostic categories range from .77 (somatic problems) to .86 (anxiety and depression problems) (Achenbach & Rescorla, 2003). In the study conducted by Ivanova et al. (2015) across 29 different societies, including Argentina, Brazil, Mexico, Portugal, and Spain, with a total of 17,152 participants aged 18 to 59, a confirmatory factor analysis (CFA) was conducted with the eight ASR scales (Anxious/Depressed, Withdrawn, Somatic Complaints, Thought Problems, Attention Problems, Aggressive Behavior, Rule Breaking, and Intrusive Behavior). The CFA yielded RMSEA values between .018 and .034, CFIs between .812 and .952, and TLIs between .807 and .952, indicating a well-fitting and robust model that can be used cross-culturally (Ivanova et

al., 2015). These characteristics of the ASR were confirmed in a subsequent multi-society study (Copeland et al., 2023).

In Latin America, a study conducted in Argentina with 735 adults aged 18 to 59, of whom 520 belonged to the general population and 215 were a clinical sample, Cronbach's alpha coefficients ranged from .632 (Thought Problems) to .846 (Anxious/Depressed) on the ASR scales, with $\alpha = .899$ for Internalizing Problems and $\alpha = .880$ for Externalizing Problems (Samaniego & Vázquez, 2019). Regarding the criterion validity of the instrument using the contrasted groups technique, it was found that the ASR could differentiate between the general population and the clinical population at a statistically significant level ($p < .05$) (Samaniego & Vázquez, 2019).

To date, no psychometric analyses of the ASR have been conducted in Ecuador. In the present study, the internal consistency of the ASR scales was analyzed using McDonald's omega statistic. The following results were found: Anxious/Depressed = .883; Withdrawn = .775; Somatic Complaints = .803; Thought Problems = .680; Attention Problems = .778; Aggressive Behavior = .843; Rule Breaking = .747; Intrusive Behavior = .654.

Procedures

With the authorization from the directors of both higher education institutions, who granted the necessary permits for data collection, classroom visits were made to various programs, in coordination with professors. During the visits, the students were informed about the research and its objectives. Those who voluntarily agreed to participate signed an informed consent form, which outlined, among other aspects, the confidentiality of the information and the social contribution of the study. Participants were then asked to fill out a sociodemographic data sheet and the ASR form, which were provided to them in printed format. The application process for these two instruments took approximately 20 minutes per group.

Data analysis

A data matrix was created using SPSS version 25 with the collected information. Cases with incomplete data were eliminated, and the sociodemographic information was processed. Subsequently, the Kolmogorov-Smirnov test for normality was applied to each scale and group of psychological problems, based on which it was decided to use non-parametric tests.

Two procedures were carried out for the data analysis. First, the raw scores were segmented by sex, grouped into internalizing and externalizing problems, and transformed into *T* scores (Achenbach, 2019; Achenbach & Rescorla, 2003). The same procedure was applied for the critical items. Afterwards, comparisons between sexes were made using the Mann-Whitney *U* test.

Secondly, frequency analyses included evaluations by scales and items using the Chi-square test. For cases where one or two cells had expected counts less than 5, Fisher's exact test was used. For both tests, a post-hoc analysis with Bonferroni correction was conducted to identify groups with significant differences by sex. These tests were applied to analyze the distribution within scales in the normal/borderline and clinical ranges (Achenbach, 2019; Achenbach & Rescorla, 2003), as well as sex differences in the items comprising the scales and the frequency of substance use. In the latter case, participants' direct responses regarding daily consumption of tobacco, alcohol, and drugs were previously grouped into the following categories: no consumption, 1-2 times, 3-5 times, 6-10 times, and 11 or more times.

Results

The Kolmogorov-Smirnov test for normality yielded a *p-value* of less than .001 for both ASR scales and problem groups, indicating a departure from normality. Consequently, the Mann-Whitney *U* test was used to compare segmented scores by sex. Results revealed that women reported significantly higher levels of internalizing problems compared to men. This difference was not observed for externalizing problems or critical items. A marginal difference was observed in the total score of psychological problems (Table 1).

Table 1

Descriptive statistics and analysis of sex differences in T scores (N = 553)

ASR	Men		Women		U	P
	R		R			
Internalizing problems	250.77		295.96		31150.500	.001
Externalizin problems	277.16		276.88		37198.500	.984
Total score	262.56		287.44		33886.000	.071
Critical items	276.16		277.61		37040.500	.916

Note. R: Mean rank; U: Results of the Mann-Whitney U test; p: level of statistical significance of the differences between men and women.

Table 2 presents the percentages by sex of participants in normal and borderline ranges versus participants in clinical ranges on the ASR scales and by problem groups (internalizing and externalizing), as well as the statistical significance of the differences. In the clinical ranges, a statistically significant difference is observed in three scales, confirmed by the Bonferroni post-hoc analysis. Women were more than twice as likely as men to report anxiety/depression and somatization, while men were twice as likely to report rule-breaking behavior.

Table 2

Sex differences in normal/borderline and clinical scale scores (N = 553)

Scales	%Normal and borderline ranges			%Clinical range			X ²
	M	W	Post-hoc	M	W	Post-hoc	
Anxious/Depressed	93.5	84.7	M>W	6.5	15.3	M<W	10.189***
Withdrawn	82.8	82.9	-	17.2	17.1	-	.001
Somatic complaints	93.5	81	M>W	6.5	19	M<W	17.857***
Thought problems	86.6	86.3	-	13.4	13.7	-	.014
Attention problems	95.3	94.7	-	4.7	5.3	-	.086
Aggressive behavior	96.6	93.5	-	3.4	6.5	-	2.594
Rule-breaking behavior	93.1	96,9	M<W	6.9	3.1	M>W	4.297*
Intrusive	92.2	95	-	7.8	5	-	1.796

Note. M: men; W: women. *p < .05; ***p < .001

The items of the ASR scales in which significant differences by sex were found are presented below, as well as the groups in which the differences are observed (Table 3). It can be seen that women show a higher percentage —significantly different from men— in several items from the anxious/depressed, somatic complaints, thought problems, and attention problems scales. A similar trend is observed in men, with respect to women, in the scales of withdrawn, rule-breaking, and intrusive behavior. In aggressive behavior and other problems, a mixed trend is observed, as some items appear higher in women, while others are higher in men.

Table 3

Significant sex differences on ASR items (N = 553)

Scale	Item	%Option 0 (Not true)			% Option 1 (Somewhat/ sometimes true)			% Option 2 (Very true / often true)			X ² / Fisher's exact test
		M	W	Post-hoc	M	W	Post-hoc	M	X	Post-hoc	
Anxious/ Depressed	13- Confused	54.3	39.6	M>W	37.9	45.8	n.s.	7.8	14.6	M<W	13.789*** _a
	14- Cries	82.8	46.7	M>W	15.5	34	M<W	1.7	19.3	M<W	80.644*** _a
	45- Nervous	36.6	21.2	M>W	45.7	49.8	n.s.	17.7	29	M<W	19.204*** _a
	47- Lacks self-confidence	40.9	29.6	M>W	43.5	47	n.s.	15.5	23.4	M<W	9.547** _a
	50- Fearful	53.9	40.5	M>W	37.1	42.7	n.s.	9.1	16.8	M<W	12.276** _a
	71- Self-conscious	41.4	30.8	M>W	45.3	50.2	n.s.	13.4	19	n.s.	7.489* _a
	103- Sad	73.7	62.9	M>W	22	30.8	n.s.	4.3	6.2	n.s.	7.131* _a
112- Worries	28.4	14.3	M>W	46.1	53.9	n.s.	25.4	31.8	n.s.	16.722*** _a	
Withdrawn	42- Rather be alone	27.2	32.4	n.s.	50.4	54.5	n.s.	22.4	13.1	M>W	8.548* _a

Scale	Item	%Option 0 (Not true)			% Option 1 (Somewhat/ sometimes true)			% Option 2 (Very true / often true)			X ² / Fisher's exact test
		M	W	Post- hoc	M	W	Post- hoc	M	X	Post- hoc	
Somatic complaints	51- Dizzy	82.3	66	M>W	15.1	25.2	M<W	2.6	8.7	M<W	19.759*** _a
	56a- Aches	75	62.9	M>W	19.8	30.2	M<W	5.2	6.9	n.s.	9.128** _a
	56b- Headaches	64.2	34.9	M>W	30.6	47	M<W	5.2	18.1	M<W	51.308*** _a
	56c- Nausea	85.8	67	M>W	12.9	24	M<W	1.3	9	M<W	28.811*** _a
	56d- Eye problems	85.8	73.2	M>W	8.6	16.5	M<W	5.6	10.3	M<W	12.602** _a
	56e- Skin problems	79.3	66.7	M>W	17.7	24.3	n.s.	3	9	M<W	13.229*** _a
	56f- Stomach aches	58.6	37.7	M>W	33.2	45.8	M<W	8.2	16.5	M<W	25.133*** _a
	56g- Vomits	92.2	79.8	M>W	7.8	15.9	M<W	0	4.4	M<W	19.723*** _a
	56h- Heart pounds	68.5	55.5	M>W	26.7	31.2	n.s.	4.7	13.4	M<W	15.013*** _a
	56i- Numbness	61.2	49.8	M>W	31.9	40.5	M<W	6.9	9.7	n.s.	7.093* _a
100- Sleep problems	50.4	38	M>W	31	40.5	M<W	18.5	21.5	n.s.	8.695* _a	
Thought problems	46- Twitches	77.2	69.2	M>W	16.8	18.4	n.s.	5.6	12.5	M<W	9.471* _b
Attention problems	1- Forgetful	19.4	13.1	M>W	64.2	62.9	n.s.	16.4	24	M<W	7.195* _a
	11- Dependent	71.1	57	M>W	25	34.3	M<W	3.9	8.7	M<W	12.791** _a
	78- Decisions	34.1	23.1	M>W	55.2	62	n.s.	10.8	15	n.s.	8.728* _a
	102- Lacks energy	63.8	48.3	M>W	33.6	46.4	M<W	2.6	5.3	n.s.	13.66*** _a
	121- Late	50.9	41.1	M>W	38.4	42.7	n.s.	10.8	16.2	n.s.	6.285* _a
Aggressive behavior	37- Fights	78.4	89.4	M<W	17.7	9	M>W	3.9	1.6	n.s.	12.713** _a
	55- Elation-depression	68.1	51.4	M>W	22	36.4	M<W	9.9	12.1	n.s.	16.308*** _a
	57- Attacks	90.1	95.6	M<W	8.2	3.1	M>W	1.7	1.2	n.s.	7.202* _b
	68- Screams	70.7	55.5	M>W	23.3	36.4	M<W	6	8.1	n.s.	13.407*** _a
	81- Behavior changes	48.3	36.8	M>W	38.4	46.1	n.s.	13.4	17.1	n.s.	7.41* _a
	86- Stubborn	50.9	41.4	M>W	43.1	46.7	n.s.	6	11.8	M<W	7.853* _a
	87- Mood changes	57.3	41.7	M>W	33.6	42.4	M<W	9.1	15.9	M<W	14.269*** _a
	95- Temper	56	38.9	M>W	36.6	46.4	M<W	7.3	14.6	M<W	17.802*** _a
	97- Threatens	86.2	95.3	M<W	13.4	4	M>W	0.4	0.6	n.s.	15.846*** _b
	116- Upset	53.9	43.9	M>W	38.8	41.4	n.s.	7.3	14.6	M<W	9.232** _a
Rule-breaking behavior	6- Uses drugs	82.8	90.3	M<W	11.6	6.2	M>W	5.6	3.4	n.s.	6.992* _a
	23- Breaks rules	53.4	71.7	M<W	40.1	24.6	M>W	6.5	3.7	n.s.	19.392*** _a
	26- Lacks guilt	51.7	60.7	M<W	31.9	29.6	n.s.	16.4	9.7	M>W	7.035* _a
	39- Bad companions	60.8	81.9	M<W	33.2	16.8	M>W	6	1.2	M<W	32.965*** _a
	76- Irresponsible	54.3	72.9	M<W	40.9	24.3	M>W	4.7	2.8	n.s.	20.477*** _a
	90- Gets drunk	46.1	63.9	M<W	38.8	31.8	n.s.	15.1	4.4	M>W	26.905*** _a
92- Trouble with the law	78.9	91.3	M<W	16.8	7.5	M>W	4.3	1.2	M>W	17.698*** _a	
Intrusive	7- Brags	58.2	68.2	M<W	36.6	28.7	M>W	5.2	3.1	n.s.	6.228* _a
	74- Shows off	32.3	52.3	M<W	49.1	36.8	M>W	18.5	10.9	M>W	22.748*** _a
	94- Teases	37.1	51.4	M<W	51.3	39.9	M>W	11.6	8.7	n.s.	11.176** _a
Other problems	24- Doesn't eat well	37.5	24.6	M<W	38.4	48.3	M<W	24.1	27.1	n.s.	10.917** _a
	29- Fears	51.7	34.9	M>W	33.2	34	n.s.	15.1	31.2	M<W	23.359*** _a
	44- Overwhelmed by responsibilities	27.6	15.9	M>W	56	60.4	n.s.	16.4	23.7	M<W	12.786** _a
	62- Clumsy	78	63.9	M>W	19.4	31.2	M<W	2.6	5	n.s.	12.91** _a
	77- Sleeps more	59.5	49.5	M>W	30.6	34	n.s.	9.9	16.5	M<W	7.212* _a
	89- Rushes into things	39.7	47	n.s.	40.1	40.5	n.s.	20.3	12.5	M>W	6.882* _a
	96- Thinks about sex too much	34.9	62.6	M<W	48.7	28.7	M>W	16.4	8.7	M>W	41.481*** _a
	110- Wishes to be opposite sex	88.8	72.3	M>W	8.6	21.8	M<W	2.6	5.9	n.s.	22.336*** _a
	120- Drives too fast	47.4	73.8	M<W	33.2	17.4	M>W	19.4	8.7	M>W	40.481*** _a

Note. M: men; W: women; n. s.: not significant; a: Chi-square test; b: Fisher's exact test.

* $p < .05$; ** $p < .01$; *** $p < .001$

Regarding substance use, statistical analyses revealed a significant association between sex and the frequency of tobacco and alcohol consumption, but not for drug consumption. Post-hoc analyses with Bonferroni correction were conducted to identify where the differences occurred. With reference to tobacco, significant differences were revealed in the category of no consumption in favor of women, while in the category of 3 to 5 times, men reported significantly higher frequencies. Regarding alcohol,

post-hoc analyses with Bonferroni correction revealed significant differences in the non-consumption category, again favoring women, while higher frequencies were observed in men in the 6 to 10 times and 11 or more times categories.

Table 4

Sex differences in frequency of daily substance use in the past six months (N = 553)

Item	Frequency of consumption															X ² / Fisher's exact test
	%Non-consumption			%1 to 2 times			%3 to 5 times			%6 to 10 times			%11 or more times			
	M	W	Post-hoc	M	W	Post-hoc	M	W	Post-hoc	M	W	Post-hoc	M	W	Post-hoc	
124 - Tobacco	55.2	72.9	M<W	23.3	17.8	n.s.	12.1	4.4	M>W	3.4	1.2	n.s.	6	3.7	n.s.	23.56*** _a
125- Alcohol	27.2	39.9	M<W	19	24.9	n.s.	19	19.9	n.s.	11.2	6.2	M>W	23.7	9	M>W	31.601*** _a
126 - Drugs	74.1	78.8	-	7.8	9	-	6	4,4	-	3	1.2	-	9.1	6.5	-	4.626 _b

Note. M: men; W: women; n. s.: not significant; a: Chi-square test; b: Fisher's exact test.

****p* < .001

Discussion

The present study aimed to investigate the prevalence and nature of internalizing and externalizing psychological problems among male and female undergraduate students at two universities in Quito, Ecuador. A comprehensive analysis was undertaken, examining both overall patterns across different problem groups and scales, as well as in-depth analyses of individual item responses.

The general analysis revealed two primary findings regarding the sex distribution of psychological problems. Firstly, when compared to men, women reported more emotional disturbances consistent with internalizing problems, and this difference was statistically significant. These disturbances, particularly anxiety, depression, and somatic symptoms, were frequently reported within a clinical range in women. These findings align with previous research (e.g., Barrera-Herrera & San Martín, 2021; Castillo & Ruiz, 2019; Hernández et al., 2017; Hossain et al., 2019; Rivera et al., 2021) and official data indicating a higher prevalence of depression, anxiety, and somatization in women worldwide (American Psychiatric Association [APA], 2014; WHO, 2023). Secondly, the analysis showed a higher percentage of men scoring within the clinical range on the rule-breaking behavior scale, which is associated with externalizing problems.

These findings are consistent with the PAHO's (2020) report on the prevalence of psychological problems among young people of both sexes in Ecuador. However, it is important to note that the findings of the present study differ from those reported by Moreta-Herrera et al. (2021), conducted with university students from two provinces in the Ecuadorian Sierra, where social dysfunction and somatization were found to be the most prevalent problems, particularly among men, while anxiety and depression were less prominent. This disparity in results within the same country highlights the importance of exploring mental health issues in diverse contextual settings, as sociocultural factors can influence the manifestation of psychological problems.

Indeed, various Latin American studies on mental health and psychological disorders have suggested that reinforcement and social roles play a crucial role in emerging adulthood (Castillo & Ruiz, 2019; Hernández et al., 2017; Hita, 2024; Rivera et al., 2021), which is linked to the sociocultural expectations present in each context. Additionally, it has been noted that psychological problems seem to exacerbate during the university stage, mainly due to the change in lifestyle and routines (Cervera, 2021), the daily challenges of learning (Tran et al., 2017), adverse sociocultural factors, and the students' own lifestyles (Hossain et al., 2019), that is, to the influence of both external and internal factors.

Regarding the detailed analysis, several aspects must be considered. Concerning the selection of option 1 (somewhat/ sometimes true) and option 2 (very true/ often true) of the items, sex differences in the manifestations of psychological problems among participants were observed. Specifically, in the

scales corresponding to the group of internalizing problems, women showed significantly higher percentages of incidence in several anxious/depressed items, such as feeling confused, nervous, fearful, lacking self-confidence, and crying a lot; the same occurred in all symptoms of the somatic complaints scale (dizziness, aches, headaches, nausea, eye problems, skin problems, stomach aches, vomiting, heart pounding, numbness, and sleep problems). On the other hand, in men, the highest incidence of option 2 in this group of problems was only recorded in one item of the withdrawn scale: preference for being alone.

In the scales comprising the group of externalizing problems, it was found that men presented significantly higher percentages than women in all items of rule-breaking behavior (whether somewhat/ sometimes true, or very true/often true) as well as in intrusive behavior, such as using drugs, breaking rules, lacking guilt, having bad companions, being irresponsible, getting drunk, having troubles with the law, bragging, demanding attention, and teasing. In the aggression scale, which is also part of the group of externalizing problems, men show significantly higher percentages in option 1 (somewhat/sometimes true) in behaviors such as getting into fights, attacking, and threatening to hurt people. These findings reaffirm those mentioned in the general analysis of this study and are consistent with the mental health profile in Ecuador (PAHO, 2020), in the sense that, in women, conditions related to depression and anxiety are more prevalent, while in men there is a higher prevalence of problematic and risky behaviors. These patterns are consistent with the traditional masculine stereotype (Rivera et al., 2021), according to which men are socialized to adopt behaviors that project strength and dominance over others (Connor et al., 2021; Heilman et al., 2017; Rivera & Scholar, 2020).

An additional finding within this analysis is that, in the aggressive behavior scale, women presented significantly higher percentages in options 1 and 2 of some items, such as alternating between elation and depression, screaming, being stubborn, having sudden mood changes, having hot temper, and getting upset too easily. These behaviors can be linked to the traditional feminine view, which associates women with greater emotional sensitivity (Castillo-Mayén & Montes-Berges, 2014), predisposing them to be perceived as more unstable, intense, and volatile in their emotional expressions. This representation is reinforced by cultural products, such as soap operas and series, where Latina women are often portrayed as more emotional, bad-tempered, or excitable compared to men (Gill, 2023; González Aguilar & Mayagoitia Soria, 2019).

Gender issues are also reflected in several items of the other problems group, which includes the thought problem and attention problem scales, as well as difficulties that are not part of the syndromes addressed in the ASR. Some of the symptoms in which women, to a greater extent than men, significantly selected options 1 and 2 include forgetfulness, inadequate eating, lack of energy, feeling overwhelmed by responsibilities, and excessive sleep. These indicators could reflect depressive symptomatology, to which women are more prone, as previously noted. From a gender perspective, another possible interpretation is that these responses reflect an overload associated with the prescription of traditional roles and functions tied to femininity, as found in other studies (Díaz-Mosquera et al., 2022; Muñoz-Albarracín et al., 2023). Additionally, other problems reported predominantly by women, with significant gender differences, include dependence, clumsiness, and fears. These manifestations could be linked to a self-perception influenced by the "weak woman" stereotype. Of particular interest is the difference found in the item "I wish I were of the opposite sex," where a significant percentage of women selected option 1, somewhat/ sometimes true. This last issue could reflect a desire among women to gain the privileges of men, rather than an idea of gender transition, which is likely, what the item aims to measure. The other problems found predominantly in male participants, such as rushing into things, thinking excessively about sex, and driving too fast, are related to traditional masculinity, which links being a man to characteristics such as aggressiveness, competitiveness, reckless and violent behaviors (Merdassa, 2023; Rivera & Scholar, 2020; Rivera et al., 2021). Heilman et al. (2017) suggests that this construction determines specific masculine behaviors, such as hypersexuality and risky behaviors related to alcohol abuse, drunk driving, and engaging in violent acts. In Ecuador, a study found concordant results regarding risky behaviors, violence, and accidents caused by speeding (Merlyn et al., 2024).

There are also several behaviors indicative of psychological distress that were reported in option 2 of the ASR by more than 10% of both male and female participants, without significant differences between groups, a percentage that is high compared to the epidemiological data reported by the DSM-5 (APA, 2014). Some of these behaviors include self-consciousness, being worried, difficulty

making decisions, being late, and exhibiting changes in behavior. Similar data reported in other Latin American studies indicate that such findings reflect a higher prevalence of psychological problems in young adulthood compared to the general population (e.g., Baader et al., 2014; Barrera-Herrera & San Martín, 2021).

Regarding substance use, men exhibited a greater tendency to consume tobacco and alcohol, consistent with the findings of Rivera et al. (2021) in Mexico; however, no sex differences were found regarding drug use in the present study. However, in the present study, no sex differences were found regarding drug use. Although this study did not investigate the specific types of drugs used by participants, research conducted with university students in Chile found higher rates of tobacco, alcohol, marijuana, and hallucinogen use in men, as well as a higher prevalence of tranquilizers use in women (Barrera-Herrera & San Martín, 2021). These behaviors are also observed in Ecuadorian youth (Pontificia Universidad Católica del Ecuador [PUCE], 2022). The United Nations Office on Drugs and Crime (UNODC, 2017) considers substance use among university students in Ecuador to be a public health issue that requires urgent attention.

In conclusion, while the results of this study align with previous research reporting more internalizing problems in women than in men, it is important to consider that, in the Latin American context, due to sociocultural factors, men are less likely to report these types of problems (e.g., Barrera-Herrera & San Martín, 2021), which delays or, in many cases, nullifies the possibility of receiving timely care. In the case of men, there is rather a tendency towards externalizing problems that are consistent with societal expectations of traditional masculinity.

Considering these findings, it is recommended that the implementation of mental health and substance use promotion, prevention, and intervention programs in the university setting be directed at the entire student population. It is important to bear in mind that behavioral patterns that emerge during adolescence and early adulthood tend to persist into adulthood (Barrera-Herrera & San Martín, 2021; PAHO, 2020), undermining individuals' health and personal and professional development.

The main limitations of this study are related to the characteristics of the sample and methodological aspects. First, the data was collected exclusively from a specific age group within the urban population, mostly from the same city and primarily belonging to middle-upper and upper socioeconomic levels. These characteristics restrict the ability to generalize the findings at a national level and highlight the need for studies with populations that are more heterogeneous. Regarding methodological limitations, the instrument used has not been validated in the Ecuadorian context, which could affect the accuracy of the measurements. The internal consistency of two of the subscales is slightly below the threshold typically considered acceptable (.70). Although the obtained values are still relatively close, suggesting moderate internal consistency, these coefficients could be improved by removing problematic items or through additional analyses, such as confirmatory factor analysis to assess the underlying structure of the scales. Another limitation of the instrument is that, being a self-report questionnaire, there is a risk of biases associated with the participants' subjective perception. Finally, the exploratory design of the study limits the depth of the conclusions.

These limitations point to several directions for future research. First, it is essential to validate the instrument used in Ecuador to ensure its suitability for future studies. Additionally, research on psychological problems in Ecuador needs to be expanded to include diverse samples, encompassing different age groups and sociocultural backgrounds. Finally, future studies should focus on exploring the relationships between the identified symptoms and the potential etiological factors documented in the literature.

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E. D. M. has contributed in 1, 2, 3, 5, 6, 7, 8, 10, 13, 14; M. F. M. in 2, 3, 5, 6, 13, 14; G. L. in 2, 3, 5, 6, 13, 14; C. O. in 13, 14.

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