Emotional and Behavioral Problems Among Higher-grade Students

Sara Ali¹, Sharif Ullah Jan¹, Ibrahim Elbatal²,³, Salah Uddin Khan⁴,* and Amina Qazi⁵

¹Department of Psychology, Islamia College Peshawar, Peshawar, Pakistan
²Department of Mathematics and Statistics, Faculty of Science, Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh 11432, Saudi Arabia
³King Salman Center for Disability Research, Riyadh 11614, Saudi Arabia
⁴Sustainable Energy Technologies Center, College of Engineering, King Saud University, Riyadh 11421, Saudi Arabia
⁵Department of Psychology, Government Degree College Nowshera, Nowshera, Pakistan

Correspondence to:
Salah Uddin Khan*, e-mail: drskhan@ksu.edu.sa

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ABSTRACT
The current study investigates emotional and behavioral disorders among students in higher grades, focusing on both private and public sector schools. Moreover, the research is conducted in two phases that involve translation and validation of an assessment instrument, followed by administration to a sample of 406 students between the ranges of 13-18 years of age. In phase one, the instrument was translated and the translated version was administered to a sample \( N = 20 \). The effectiveness of items within the instruments was addressed and the scale exhibited good internal consistency and reliability. For the main study, the Problem with School Children Scale (PWSCS) was administered to a sample of 406 students with ages ranging from 13 to 18 years. Multiple regression and independent t-tests were used to analyze the data. The result showed that secondary high school students exhibited higher emotional problems as compared to behavioral problems. The finding also revealed that students from private schools face higher levels of emotional and behavioral problems compared to those from government schools. This study also revealed that demographic variables (socioeconomic status and family structure) did not significantly predict emotional and behavioral problems positively, while other demographic variables (gender, illness, and school type) did not significantly predict emotional and behavioral problems negatively among secondary high school students. These results highlight the significance of addressing emotional and behavioral issues among higher-grade students and recommend the importance of targeted interventions in both sectors.

KEYWORDS
behavioral problems, emotional problems, demographic factors, secondary high school students, public, private institutions

INTRODUCTION
An individual with a behavioral disability experiences changes in his or her thoughts and emotions that result in challenging behaviors (Salwa et al., 2014). When children suffer from emotional and behavioral problems, they often have poor school adjustment, low efficiency, high absenteeism rates, low self-esteem, social incompetence, loneliness, and little feeling of well-being later in life (Konu et al., 2002). The upcoming period of every socialized and advanced community depends on the development and proper growth of children (Zelizer, 2014). Over the past few decades, kindergartners and teens have acquired a unique status in the world. Attention to children’s well-being and rights has opened new doors to countenance at the children’s growth and development (Wilmshurst, 2009). Parents usually used strict castigating and effective measures to adjust the adolescent to the principles and regulations; strict castigating was considered a common and correct approach to controlling children (Santrock, 2007). The adolescents were subjected to forced labor, framed to work for long durations in hazardous conditions for very little pay and without any lawful due (Berk, 2006). The concerns of the community for the physical and mental health of the youths were almost non-existent. There was no medical complex available for children either (Berk, 2006).

Childhood is the most consequential and determined period of natural life and a thriving adolescent is important for subsequent growth and development. Alongside developmental changes, the periods of adolescence and kindergarten are under the authority of social, emotional, physical, and biological building blocks. These blocks also contribute...
to making it a nerve-racking experience, thus making the adolescents more responsive to developing behavioral and emotional problems (Santos et al., 2016). Children’s rights were apprehended across humanity. Multiple voluntary and government-sponsored organizations have started work to ensure adolescents’ rights. The economic and industrial revolution in the West and advancement in medical science were the main factors responsible for providing cognizance about kindergarten and adolescents. Contemporary technology, good communication, ceaseless educational expansion, and increased societal cognizance made kindergartners and adolescents an integral part of society (Wilmshurst, 2009). Even then, with increasing advantages and extended knowledge, child and adolescent psychopathologists have sought sober concentration in the last 20 years (Rutter and Stevenson, 2008). Presently, researchers contend with the major and important issue of mental health problems in kindergartners and adolescents (Heyerdahl et al., 2004). Various studies have been carried out on emotional and behavioral problems (Lau and Kan, 2010). It is alarming to note that emotional and behavioral problems in some schools in Pakistan have been noted to be higher than those in other countries, as concluded from a study in private and community schools (Syed et al., 2009).

Numerous studies have shown that in the later stage of life, a strong relationship is established between unpleasant childhood experiences and psychopathology (Foley and Weinraub, 2017). It has also been recommended that early and timely documentation of emotional and behavioral challenges of kindergarten and adolescents may head off the extended unhealthy consequences related to mental health problems, which are not identified and not treated (Freeman et al., 2011). According to Syed et al. (2009), 18.3% of children in secondary schools reported emotional problems, and 35.8% reported behavioral problems. School children in Pakistan were also assessed using Rutter rating scales for behavioral and emotional problems. Using the Rutter behavioral scale, another study conducted on 957 schoolchildren in India found behavioral problems in 45.6% of children, with 36.5% having major behavioral problems (Hong et al., 2015). According to a study conducted in India (McConaughy, 1993), 25.6% and 74.4% of high school students had behavioral problems.

The core aims of this research include:
• Exploring the emotional and behavioral disabilities among high school children.
• Determining the emotional and behavioral problems in public and private high schools.

**METHODOLOGY**

This research aims to explore emotional and behavioral issues among secondary school students. For this purpose, 20 secondary high school students were pre-tested and interviewed to examine the clarity and comprehensibility of the translated scales. The study comprised two phases. In phase one, the scale was translated from English to Urdu. In phase two, this translated version of the scale was used to assess behavioral and emotional problems among secondary high school students. Furthermore, this phase involved administering the translated “Problem with School Children Scale (PWSCS)” to a sample of 406 students who were evenly distributed in both public and private sector schools. The data analysis of this study comprised summary statistics, a t-test for comparing emotional and behavioral issues across these two categories, and a multiple regression model to assess the effect of demographic factors on emotional and behavioral issues.

**Translation of PWSCS**

The scale was developed by the Canadian Pediatric Association in 2012 to identify psychological problems among school children. It contains 30 items; all of the items have a 3-point range of responses (1-3) from 1 (No Concern), 2 (Minor Concern), and 3 (Major Concern). The total score ranges from 30 to 90, which shows that the higher the score, the higher the problematic behavior. The reliability of the questionnaire is 0.93 for secondary high school–age youth. The questionnaire has no copyright protection. The translation of PWSCS was carried out in the following five steps.

**Forward translation of PWSCS**

The PWSCS English version was translated into the Urdu language by following the guidelines. One male and two female translators, bilingual in English and Urdu and holding MS degrees in Psychology explained the purpose and nature of the instrument to maintain the quality of the translation. They were asked to translate the scale conceptually, using simple language and retaining the cultural context while avoiding any jargon. Three independent forward translations were obtained.

**Expert panel**

The expert panel comprised three members: two were MS students in clinical psychology and the third one was a faculty member of Psychology with experience in psychometrics. The MS students were approached based on their experience in research, which averaged 2-3 years. The expert panel reviewed all three Urdu translations of PWSCS and a final translated version was agreed upon. Those words and phrases that were conceptually closer to the English items, simple, and culturally relevant were selected.

**Back translation**

The final version was translated by a female bilingual translator who holds a Master’s degree in English. The purpose was to assess the conceptual equivalence of the translated scale with the original scale. The back translation was reviewed against the source language. All the items were conceptually relevant to the original English version of PWSCS.
Pre-testing and cognitive interviewing

The version approved in the previous step was then pre-tested.

Pre-test sample

For this purpose, 20 secondary high school students (10 boys, 10 girls) were randomly selected from the targeted population. The age group of the sample was from 13 to 18 years \( M = 23.31, \) standard deviation (SD) = 1.70.

Final version of PWSCS

The cognitive interviewing informed that none of the items was difficult to read or comprehend for the participants. Hence, PWSCS was considered ready to be used in the main study.

Unique adolescents are said to be the backbone of every society. Many studies have asserted the significance of increased investment in child development that can help them become useful citizens of society (Miller and Jones, 2014). Children are highly dependent on their parents or guardians and are helpless on their own, so the most important responsibility of a family is to provide protection, care, and sympathy to their children (Aynsley-Green, 2014). This has not always been the situation. At the beginning of the Renaissance and self-rule, adolescents and youth gained a distinct position in humanity, and the acceptance of adolescents as human beings is a very recent phenomenon (Wilmshurst, 2009). Previously adolescents and youth had no rights and were treated as servants by the state and society (Wolfe, 2016).

Society and parents humiliate and abandon their children and brutal discipline is used to treat them (Gelfand et al., 2013). In the 19th century, adolescents had an extravagant death rate due to unbalanced nourishment, and insanitary and unsanitary medium (Berk, 2006). Gradually, after centuries of harsh treatment and neglect the behavior of society toward children started changing. Childhood and youthfulness began to be considered as an important part of human life and gained greater attention from researchers and authorities (Burt, 2012).

Two major factors extensively provided toward the uprising the attentiveness towards a child. The primary agent was economic development and industrialization (Wolfe, 2016). The rapid development in technologies and machines had sufficiently minimized the claim for work. Urbanization puts the world’s concentration on children. There was a change of center from child labor to adolescent rights as the bill for mandatory schooling for children was passed in the United States of America (Wilmshurst, 2009).

Behavior problems

Any unusual kind of behavior that is above the supposed norms for age and level of growth can be depicted as a behavioral problem. It has been explained by Coholic and Eys (2015), as culturally abnormal behavior(s) of such emotion, prevalence, or duration that the physical protection of the individual or others is likely to be set up in severe distress or behavior which is likely to severely bound to the use of common community facilities. Behavior can be viewed as “abnormal,” while normal deduces the “average”, “standard” and “regular” Thus the idea of “abnormal” indicates a significant deviation from the “standard” or “average”.

Generally, the most common complaint in school children when depressed is abdominal pain or nausea, which leads to an undisciplined environment in the classroom (Darewych and Bowers, 2017). The presentation of trouble-making behavior which can finally conclude the adjustment in a place of protection, develops England’s code of practice.

According to guidelines for identifying children with behavior problems include traits such as irregular school attendance, withdrawal symptoms, insanlarious habits, high contingency on drugs and alcoholic substances, uncontrollable, crazy, and troublesome behavior, attempts to distract other learners, and mental disturbance.

THEORETICAL ANALYSIS

The biophysical model

The biophysical model suggests that behavioral and emotional issues existing in teenagers stem from biological and physical factors, especially disorders of the “central nervous systems (CNS)” According to this model problems first arise from biological and physical factors and due to this reason problematic behavior could be traced back to physical illness, particularly disorders of CNS. A direct relation between physical disorder and problem behavior strongly supports this hypothesis, which states that behavior is an outcome of an internal physical problem (Mäntymaa et al., 2012). The cause of the emotional and behavioral problems is treated as constitutive, which means that the behavioral problem neither arises from the body of the learner nor evolves from the atmosphere of the learner (Dahl and Conway, 2009).

Genetic factors

This perspective plays an important part in developing teenagers’ behavior and emotions. Genetic factors have also a great influence on the teenager’s behavior and emotion. Two kinds of genetic disorders are identified, namely: an advanced disorder that starts at an early stage of life and exhibits some serious symptoms based on some sort of a genetic habit, leading to a poor prognosis. The second one is the reactive disorder, which appears suddenly and exhibits milder symptoms with better progress and without a genetic habit at the early stage. However, the view of genetic theory is quite controversial because of a lack of experimental evidence.

Neurological factors

These factors commonly known as “neurological factors” are significant contributors to an adolescent’s emotions
and behavior. A brain dysfunction can also influence a child’s emotions and behaviors. Many symptoms can be seen when a child’s brain is damaged (Erturk Kara, 2017); for example, mental uncertainty, confusion, hallucination, loss of impulse control, hyperactivity, divisibility, and liability. However, it is not so easy to determine whether the learner is experiencing these symptoms, as they can sometimes be mistaken for different conditions (Dahl and Conway, 2009).

Developmental theory

The development theorists posit that delays in children’s development may make individuals susceptible to behavioral and emotional issues during adolescence. According to this theory some learners who exhibit behavioral and emotional problems have nervous systems that do not develop in accordance with their age. Developmental theorists have posited that delays in child development can be a reason for making a susceptible to initiating behavioral and emotional problems (Gharamaleki and Rajabi, 2010). Different parts of development can exhibit delays, i.e., sensory integration, neurological organization, etc. Stage theorists suggest that a learner must complete earlier stages of development, prior to meeting the challenges of the subsequent phases of development (Waller et al., 2014). Youngsters showing poor social skills or learning problems need to improve their lower developmental skills (Mäntymaa, 2012).

Pre-test analysis

Sample

Secondary High school students will fill in appropriate questionnaires. A sample of 406 students, including 203 from public and 203 from private secondary high schools, was selected using the Slovene formula. The study was carried out in four government and four private secondary high schools in the Peshawar district for children falling in the age range of 13-18 years. The four towns of district Peshawar were considered as four clusters, of which one and three were randomly selected.

Instruments

After validation through the pre-testing stage, an instrument for Problems with School Children was adopted for use in the main study. A structured questionnaire containing 30 closed-ended questions was used to collect the data (Table 1).

| Table 1: Psychometric properties of the Problem with School Children Scale (PWSCS) used in the study. |
|----------|----------|----------|----------|----------|----------|
| Scale    | No. of Items | Mean    | SD      | α        | Skew     |
| PWSCS    | 30         | 23.31    | 1.70    | 0.872    | 0.802    |

Abbreviations: α, Cronbach's alpha; PWSCS, Problem with School Children Scale; SD, standard deviation; Skew, skewness.

The scale analysis showed that the scale is reliable and appropriate for the current population. Two scales were used in this study.

(a) Demographic questions

Demographic data consists of a questionnaire relevant to the study variables of children’s age, gender, class, school, medical condition, socioeconomic status, and family system (Annexure I).

(b) PWSCS-Urdu

The measure (Urdu version), finalized in Phase I of the study, was used for assessing the emotional and behavioral aspects. The original scale was developed by the Canadian Paediatric Association in 2012 to identify psychological problems among school children. It contains 30 items, and all of the items have a 3-point range of responses (1-3) from 1 (No Concern), 2 (Minor Concern), and 3 (Major Concern). The total score ranges from 30 to 90, with higher scores reflecting problematic behavior. The reliability of the questionnaire is 0.93 for high school-age youth. The questionnaire has no copyright protection. The Urdu version of the instrument was used (Annexure II).

Procedure

The current study included school children of both public and private schools of Khyber Pakhtunkhwa, district Peshawar. The detailed data of the public and private schools was collected for drawing a random sample of district Peshawar through the Private Schools Regulatory Authority (PSRA) and District Education Office Peshawar.

The data collection was started after obtaining permission from the authorities of both government and private schools. They were instructed about the purpose of the research. They were guaranteed that the collected data material would be kept confidential and only be used for research purposes for students and schools alike and will be used for research purpose only. The first page of the questionnaire (Annexure I) included demographic information and the second page of the questionnaire (Annexure II) included necessary instructions and the purpose of the study.

Data analysis

Statistical Package for Social Sciences (SPSS) 25 was used for the analysis of the data. The computed mean and SD for all the variables conveyed the concurrent validity of the instrument. A t-test was applied in order to determine whether significant differences existed between government and private school students. Given the study objectives, multiple regression analysis was carried out.

RESULTS AND DISCUSSION

The study explored the behavioral and emotional problems among secondary high school students. The study also investigated the effect of demographic factors on the occurrence
of behavioral and emotional problems. Mean, SD, and Cronbach’s alpha of all variables were calculated apart from \( t \)-test and multiple regression analysis.

Table 2 shows mean and SD values for behavioral and emotional problems. A finding indicates significant mean differences between emotional problems (\( M = 7.14, P > 0.000 \)) and behavioral problems (\( M = 6.04, P > 0.000 \)). Results indicate that high school students exhibited higher emotional problems as compared to behavioral problems.

Table 3 shows the SD, mean, and \( t \)-values for emotional and behavioral problems among private and government secondary high school students. The findings indicate no significant mean differences between government and private secondary school students with respect to emotional

**Table 2**: Mean and SD of behavioral and emotional problems among secondary school children on study variables (\( N = 406 \)).

<table>
<thead>
<tr>
<th>Variables</th>
<th>( M )</th>
<th>SD</th>
<th>( P )-value</th>
<th>LL</th>
<th>UL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral problems</td>
<td>6.04</td>
<td>4.63</td>
<td>0.00</td>
<td>5.58</td>
<td>6.49</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>7.14</td>
<td>4.24</td>
<td>0.00</td>
<td>6.72</td>
<td>7.55</td>
</tr>
</tbody>
</table>

Abbreviations: LL, lower limit; M, mean; SD, standard deviation; UL, upper limit.

**Table 3**: Mean, SD, and \( t \)-values of emotional and behavioral problems among private and government secondary school children on study variables (\( N = 406 \)).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Government (( n = 203 ))</th>
<th>Private (( n = 203 ))</th>
<th>( t )(198)</th>
<th>( P )-value</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( M )</td>
<td>SD</td>
<td>( M )</td>
<td>SD</td>
<td>( t )</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>7.08</td>
<td>4.49</td>
<td>7.19</td>
<td>3.98</td>
<td>0.245, 0.294</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td>5.46</td>
<td>3.53</td>
<td>6.61</td>
<td>5.47</td>
<td>2.50, 0.000</td>
</tr>
</tbody>
</table>

Abbreviations: CI, confidence interval; LL, lower limit; M, mean; SD, standard deviation; UL, upper limit.

**Table 4**: Multiple regression analysis showing the impact of demographic variables on the occurrence of emotional problems among high school children (\( N = 406 \)).

<table>
<thead>
<tr>
<th>Predictors</th>
<th>( B )</th>
<th>S.E.</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( P )-value</th>
<th>( R^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>5.33</td>
<td>1.095</td>
<td></td>
<td>4.868</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>0.657</td>
<td>0.452</td>
<td>0.073</td>
<td>1.453</td>
<td>0.147</td>
<td>0.042</td>
</tr>
<tr>
<td>Gender</td>
<td>-1.461</td>
<td>0.544</td>
<td>-0.137</td>
<td>-2.684</td>
<td>0.008</td>
<td></td>
</tr>
<tr>
<td>Mental illness</td>
<td>-0.458</td>
<td>0.645</td>
<td>-0.037</td>
<td>-0.710</td>
<td>0.478</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>0.704</td>
<td>0.477</td>
<td>0.076</td>
<td>1.476</td>
<td>0.141</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>-1.202</td>
<td>0.466</td>
<td>-0.130</td>
<td>-2.580</td>
<td>0.010</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: \( \beta \), standardized regression coefficient; \( B \), regression coefficient; \( R^2 \), coefficient of determination; S.E, standard error; SES, low socioeconomic status.

**Table 5**: Multiple regression analysis showing the impact of demographic variables on the occurrence of behavioral problems among high school children (\( N = 406 \)).

<table>
<thead>
<tr>
<th>Predictors</th>
<th>( B )</th>
<th>S.E.</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( P )-value</th>
<th>( R^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-1.63</td>
<td>0.53</td>
<td>-0.463</td>
<td>0.644</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>0.605</td>
<td>0.451</td>
<td>0.068</td>
<td>1.342</td>
<td>0.180</td>
<td>0.053</td>
</tr>
<tr>
<td>Gender</td>
<td>-1.214</td>
<td>0.555</td>
<td>-0.114</td>
<td>-2.187</td>
<td>0.029</td>
<td></td>
</tr>
<tr>
<td>Mental illness</td>
<td>-0.571</td>
<td>0.645</td>
<td>-0.046</td>
<td>-0.885</td>
<td>0.377</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>0.745</td>
<td>0.475</td>
<td>0.080</td>
<td>1.566</td>
<td>0.118</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>-1.262</td>
<td>0.465</td>
<td>-0.136</td>
<td>-2.714</td>
<td>0.007</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: \( \beta \), standardized regression coefficient; \( B \), regression coefficient; \( R^2 \), coefficient of determination; S.E, standard error; SES, low socioeconomic status.
stage of stress and turmoil (Varlinskaya and Spear, 2008). The current study was conducted to assess the difference in emotional and behavioral problems among secondary high school children.

The first hypothesis aimed to explore emotional and behavioral problems among high school children, and the findings revealed significant mean differences in emotional problems \((M = 7.14, P > 0.000)\) and behavioral problems \((M = 6.04, P > 0.000)\) among secondary school students. Results indicate that high school students exhibited higher emotional problems as compared to behavioral problems. The results are consistent with prior studies by Collishaw et al. (2004), who determined that there is a wide fluctuation in the frequencies of emotional and behavioral problems among school students, and they face more emotional problems as compared to behavioral problems. A study conducted by Syed et al. (2009) found that teachers rated 38.3\% of issues as emotional and 35.8\% of issues as behavioral.

Another study on emotional and behavioral problems in school children was carried out using Rutter rating scales. The study revealed a high rate of emotional problems as compared to antisocial and conduct problems (Javed et al., 1992). Results of another study conducted in India on 957 school children using the Rutter behavioral scale showed that approximately 45.6\% of the children experienced emotional problems, of which 36.5\% of children also had behavioral problems (Gupta et al., 2001). Another study conducted in India found behavioral and emotional problems in high school students at 25.6\% and 74.4\%, respectively (McConaughy, 1993). Another study shows that in high school children have more emotional and behavioral problems compared to those in middle school (Saleem and Mahmood, 2013). However, these issues persist in an increasing number of children. Still, sufficient research work has not been carried out in Pakistan to conclusively establish the incidence and extent of prevalence of emotional and behavioral problems (Syed et al., 2009).

According to the second hypothesis, the emotions and behavior of public and private high school students would differ significantly, and the results also revealed a non-significant difference between government secondary school students and private secondary school students in terms of emotional problems, with \(t (198) = 0.245, P > 0.294\). Findings indicated significant mean differences between government and private secondary high school students with respect to behavioral problems, \(t (198) = 0.250 P > 0.000\). The overall analysis indicates that students from private schools face higher levels of emotional and behavioral problems compared to those in government secondary schools. According to the results of a study conducted in Delhi by Rousseau (2008), on public and government high school students, private school students showed notably higher rates of emotional and behavioral problems, while public school students were considerably well due to their adjustment and coping strategies.

The third hypothesis was tested, and the results of the current study revealed that demographic variables (socioeconomic status and family) did not significantly predict emotional and behavioral problems positively, while other demographic variables (gender, mental illness, status, and school type) did not significantly predict these problems among secondary high school children. These non-significant associations attribute no significant influence on the manifestation of such issues among secondary school children in the context of current study. These outcomes signify the complex interplay of various demographic variables in shaping emotional and behavioral outcomes among these children.

According to the literature, behavioral and emotional problems in secondary high school adolescents are associated with low socioeconomic status, poor family systems, low self-esteem, social incompetence, isolation, and a lack of sense of well-being in the future. According to Konu et al. (2002), there is no relationship between poor school adjustment, poor school performance, excessive dropout rates, and gender. Numerous studies (Keiley et al., 2003; Silver et al., 2010) have indicated a link between behavioral and emotional problems of youngsters and teenagers and associated parental family-related issues. Another study conducted by Abdel-Fattah et al. (2004) in Saudi Arabia associated a greater chance of rising behavioral and emotional problems with parental education level.

Similarly, demographic factors were associated with emotional and behavioral problems among school students. Behavioral and emotional problems most often result from divorce, separation, and joblessness of parents (Harland et al., 2002). Another study, conducted by Bittner et al. (2007), has shown a strong connection between socioeconomic status, family, and behavioral and emotional problems.

Several studies (Larsson and Frisk, 1999) also found that school students from low socioeconomic backgrounds reported more behavioral and emotional problems. Similarly, a study examining the influence of low socioeconomic status on mental health among school students was conducted on 541 Black and 379 White students. There was a strong relationship between poverty and emotional and behavioral problems in white children. According to Costello et al. (2011), strict parents and mental health problems in the family were also risk factors for child psychopathology.

A longitudinal study conducted by Wadsworth and Achenbach (2005) also found that long-term adverse effects can be prevented if school students with emotional problems are identified early on as if they are not treated or go unnoticed, they will have long-term negative effects. Other experimental studies have examined the relationship between behavioral and emotional problems and gender but found no correlation.

**CONCLUSION**

The present study concluded that there is a predictive association between emotional and behavioral problems in secondary level school children as well as their demographic effects. It has been observed by Wilmhurst in 2009 that due to unawareness children have been overlooked in modern society and face a lot of behavioral and emotional problems. Likewise, according to the attention to kids and their well-being has expanded from psychology to other disciplines. The basis of developmental psychopathology and
school psychology in the study of teenagers was established by the increased understanding of teenagers. The problems of children related to mental health have also been focused on fresh advancements and trends. Teachman (2008) stated that over time the notion of psychological health, quality of life, and well-being of children was replaced by mental illness. The study offered a unique opportunity to explore the phenomenology of the kinds, forms, and frequencies of behavioral and emotional problems. Furthermore, this research will also enhance the understanding of the experiences, appearances, and signs of emotional and behavioral problems influenced by the culture. Similarly, to realize the necessity for intervention and also for the establishment of psychological health facilities in schools, it is necessary to identify the kind, distribution, and strength of emotional and behavioral problems at appropriate times. The association between emotional and behavioral problems and child performance in school will also be identified in this study. The findings of this study will help in creating a child’s individual functional profile, which will be useful in planning interventions for children. The findings of this study emphasize the significance of early identification and intervention to support the mental health and well-being of students in both school settings. Besides the valuable contribution of the current research, a few limitations are indicated that could be addressed by future researchers in this area. For instance, the first limitation of this study is the limited scope that restricts the generalizability of the findings to other contexts. Secondly, the cross-sectional design (instead of longitudinal) may also limit the impact on academic performance. Thirdly, the demographic factors considered by this study are limited and the socioeconomic factors such as family dynamics and cultural background may play an important part but could not be considered by this study. Finally, this study did not consider the influence of the leftover significant cultural differences (though it considers the emotional and behavioral aspects only). Future research studies should explore additional factors contributing to these issues and evaluate the effectiveness of intervention strategies in diverse educational contexts. Furthermore, future studies could effectively address the limitations indicated by this study.

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ANNEXURE I: DEMOGRAPHIC DATA SHEET.

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Institute</td>
<td>Government</td>
<td>Private</td>
</tr>
<tr>
<td>Family system</td>
<td>Combine</td>
<td>Individual</td>
</tr>
<tr>
<td>Physical illness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Financial conditions</td>
<td>Good</td>
<td>Poor</td>
</tr>
</tbody>
</table>

ANNEXURE II: PROBLEM WITH SCHOOL CHILDREN SCALE.

Please perform your daily performance in the aspects below. Write according to observation.

1. Interested in working with colleagues.
2. Engage with colleagues.
3. Dealing with the fellows.
4. Relationship within the group.
5. To play with ideas.
6. To play alone.
7. Fear in the mind and heart.
8. Participating in talks or activities with others.
9. Giving to others and taking your turn.
10. To comfort and comfort others.
11. Obeying rules and restrictions.
12. Successfully adapting to changes in routine.
13. Symptoms of physical pain: stomach, headache, etc.
15. Don’t control the components.
16. Be on the move at all times.
17. Don’t listen to the instructions/instructions.
18. Anger rises to the point of violence.
19. Damage to property.
20. Running away from school.
21. He is often absent from school.
22. He/she’s lying.
23. He deceives.
24. Breaking the law leads to legal problems.
25. Repetitive movements or habits such as moving a hand or part of the body.
26. Specific topics and topics to talk about.
27. Acts that must be repeated repeatedly and compulsorily, like religious rituals.
28. It’s often sad.
29. He/She is often frightened.
30. Difficulty of mood/mood.