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COMMON BEHAVIORAL PROBLEMS AMONG SCHOOL CHILDREN: A CROSS-SECTIONAL STUDY

Dr Maham Ayyaz[*1], Dr Sana Gul[2], Dr Usman Akhtar[3], Dr Aqib Zaman[4]

*[*1,2,3]TMO Paeds Department LRH*
[4] Md Student Spinghar University Nangrahar,

[*1]mahamayyaz1@gmail.com

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Corresponding Author: *
Dr Maham Ayyaz

Abstract

Background: *Behavioural problems in school-aged children are a significant public health concern, affecting emotional, social, and academic development. Early identification and intervention are crucial, particularly in urban centers of Pakistan where data remain limited.*

Objective: *To determine the prevalence and types of behavioural problems among school children in Peshawar, Pakistan, and to identify associated demographic and socio-environmental factors.*

Methods: *A cross-sectional study was conducted in selected public and private schools of Peshawar from June to November 2025. A total of 300 children aged 6–12 years were assessed using the Strengths and Difficulties Questionnaire (SDQ), completed by parents and teachers. Socio-demographic data were collected through structured questionnaires. Statistical analyses included chi-square tests and t-tests, with significance set at $p < 0.05$.*

Results: *Of the 300 children, 72 (24%) were identified with significant behavioural problems. Conduct problems (41.7%) and hyperactivity/inattention (38.9%) were the most common, followed by emotional problems (34.7%), peer problems (30.6%), and low prosocial behaviour (25%). Behavioural problems were significantly associated with nuclear family structure ($p = 0.04$) and lower parental education ($p = 0.03$), whereas gender differences were not significant.*

Conclusion: *Nearly one-fourth of school-aged children in Peshawar exhibit behavioural problems, predominantly conduct and hyperactivity issues. Early detection through school-based screening, parent education, and counselling services is recommended to support emotional, social, and academic outcomes.*

INTRODUCTION

The behavioural issues among school-going children have become one of the primary social health issues of interest, as it is not only the emotional and social growth of the child that is influenced by the problem, but even the academic performance and social relationships with peers [1,2]. They may include attention deficits and hyperactivity, conduct problems, emotional upheaval and these issues may continue well into adolescence and adulthood when not addressed [3,4]. It is important to treat the condition at an earlier stage in order to avoid undesirable consequences in the long run.

The rate of behavioural problems among children globally differs greatly with estimates of 10-25 percent being the most common depending on the population under review and measures of evaluation [5,6]. The countries with low- and middle income including Pakistan have a specific set of difficulties

including the lack of mental health resources, social stigma, and weak school-based support, which can be the reasons behind underdiagnosis and under-treatment of mental disorders [7].

School children in Pakistan are faced with several risk factors, which may influence their behaviour, and these factors include stressful situations in the family, socioeconomic hardships, violence, and academic pressures [8]. The identification and reporting of behavioural problems is also influenced by cultural norms and parent attitudes on the issue of discipline and mental health [9]. These contextual aspects highlight the importance of region-specific studies to direct the health policies and educational policies of the population.

Exteriorizing and internalizing disorders are the common categories of such behavioural problems in children. The behaviours that are externalized are aggression, defiance, hyperactivity, and conduct-related, whilst internalizing behaviours are anxiety, depression, and social withdrawal [10]. Both categories of issues may affect learning, classroom relationships, and peer interactions, which influence the performance of the school.

The school environment offers the best opportunity to identify the malpractices at a tender age because the teachers are in a position to monitor behavioural patterns and emotional control over a period of time. Research has revealed that teacher-reported assessment including parent reports enhances prediction of children at risk [11]. Moreover, behavioural problems have been successfully treated through school-based interventions and counselling services that have helped in enhancing academic and social performance.

Although more attention has been drawn towards childhood behavioural problems, there is limited information on these centres of concern especially in Pakistan, particularly in Peshawar. Majority of the past research has been carried out in the West or in rural settings, and therefore cannot be readily generalized to urban schools where cultural, socioeconomic and education aspects can vary greatly [12]. So, local researches are necessary to determine the prevalence, patterns, and correlates of behavioural issues among school-aged children.

The knowledge on the prevalence and nature of behavioural issues is essential in planning early interventions, preparing teachers and informing policymakers on how they can allocate funds towards mental health, counselling services in schools [13]. The early identification of the child not only assists in emotional and social growth, but also decreases the possibility of poor academic performance and behavioural deterioration.

Objective:

The first aim of the study is to ascertain the prevalence and nature of the behavioural problems among school children in Peshawar, Pakistan, and to ascertain the related demographic and socio-environmental factors, which could manifest the related issues.

Methodology

Study Design and Setting:

This is a cross-sectional study that will be carried out in six months (June to November 2025) in the selected public and private schools in Peshawar, Pakistan. The goal of the study was to evaluate prevalence and nature of behavioural problems in school-aged children (612 years) and to test the related demographic and socio-environmental variables. Parents or guardians were informed about participation by signing a written informed consent.

Population and Sampling of the study:

Children between the ages of 6 and 12 years and taking grades 1-6 were eligible to be included. Children diagnosed with neurological disorders, severe physical disabilities and chronic psychiatric conditions were excluded because they may confound behavioural assessment. The prevalence of behavioural problems was estimated at 20 percent, a confidence level of 95 percent and a margin of error of 5 percent, which was used to determine the sample size of 300 students. Stratified random sampling method was used to select the participants whereby a preference was made to have equal representation of the sampled population in terms of public and private schools, boys and girls.

Data Collection:

A structured questionnaire to be filled in by parents and teachers was used to gather demographic and socio-environmental information. Variables were the

age, gender, family structure, parental education, socioeconomic status, and experience of stressful events (e.g., family conflict, academic pressure).

Evaluation of Behavioural Problems:
The Strengths and Difficulties Questionnaire (SDQ) was the measure of behavioural problems since it is a validated screening tool that is frequently applied to children between the ages of 4 and 16 years. SDQ has 25 items that reflect five domains including emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. All the items will be rated on a three-point Likert scale (0 = not true, 1 = somewhat true, 2 = certainly true), with the higher scores represented by more challenges. A score of 17 was taken to be the indicator of behavioural problems. The reliable parent-report version and teacher-report version were given to enhance the reliability.

Procedure:
Trained research assistants were used to collect the data. Teachers were informed about the aims of the study and trained on how to fill the SDQ on each of the selected children. The SDQ and the demographic questionnaire were distributed to the parents to be completed at home. Forms filled were verified to be complete and accurate.
Statistical Analysis:
IBM SPSS version 25 was used in data entry and analysis. Continuous variables (e.g., the age) were presented as mean and standard deviation (SD), whereas categorical variables (e.g., the gender, the type of the behavioural problem) were given as frequencies and percentages. The associations between the categorical variables were studied using chi-square tests, whereas independent t-tests or ANOVA were used to study the continuous variables, respectively. A p-value of less than 0.05 was found to be significant.

Ethical Considerations:
No one was forced to participate and all the data was kept confidential. All datasets were anonymized and all outcomes were reported in a summary form. The children were also referred to the school counsellors or local child psychologists to be further evaluated and assisted in case they were found to have serious behavioural problems.

Results
Of the 300 kids that took part in the study, 155 (51.7%) were males and 145 (48.3%) were girls. The participants' average age was 9.2 ± 1.8 years. Forty percent of parents had a college degree or above, while the majority of children (65%) hailed from nuclear homes. The study population's demographic features are presented in Table 1. The distribution of participants by gender, age, family structure, parental education, and socioeconomic level is displayed in Table 1. Boys and females made up nearly equal parts of the sample. Most parents had completed at least high school, and nuclear families were more prevalent than joint families. The majority of participants had a middle socioeconomic background.

Table 1. Demographic Characteristics of Participants (n = 300)

Characteristic	Frequency	Percentage
Male	155	51.7
Female	145	48.3
Age (years, mean ± SD)	9.2	-
Nuclear Family	195	65
Joint Family	105	35
Less than High School	90	30
High School	90	30
College or Higher	120	40

Characteristic	Frequency	Percentage
Low Socioeconomic Status	75	25
Middle Socioeconomic Status	165	55
High Socioeconomic Status	60	20

The total frequency of behavioral issues among the individuals is seen in Table 2. Based on the SDQ total difficulties score, 72 (24%) of the 300 children had major behavioral issues, whereas 228 (76%) did not.

Table 2. Prevalence of Behavioural Problems

Status	Frequency	Percentage
Behavioural Problems	72	24
No Behavioural Problems	228	76

The distribution of various behavioral issues among the 72 kids who were found to be struggling is shown in Table 3. The most prevalent issues were conduct issues, which were followed by low prosocial behavior, emotional issues, hyperactivity/inattention, and peer issues. A few kids displayed multiple behavioral issues.

Table 3. Distribution of Behavioural Problem Types (n = 72)

Type of Behavioural Problem	Frequency	Percentage
Emotional Problems	25	34.7
Conduct Problems	30	41.7
Hyperactivity/Inattention	28	38.9
Peer Problems	22	30.6
Low Prosocial Behaviour	18	25.0

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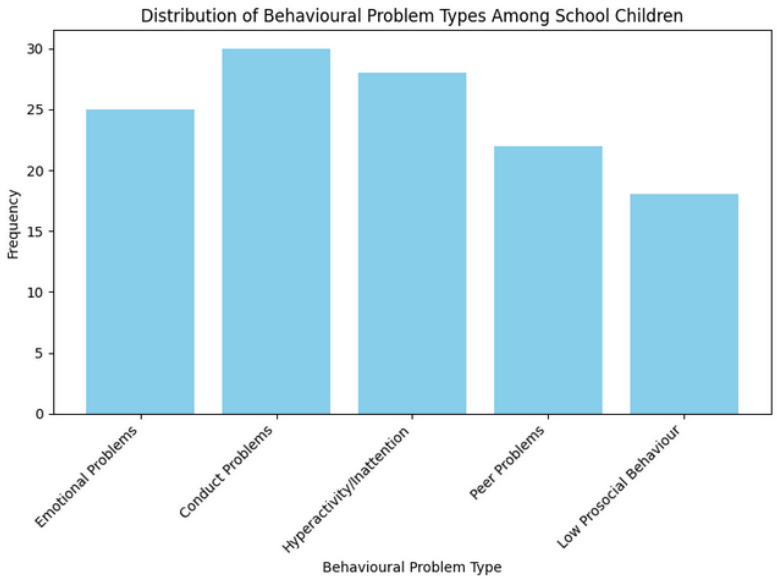

Table 4 looks at the relationship between behavioral issues and sociodemographic characteristics. Children from nuclear households and those with less educated parents were more likely to have behavioral issues. There was no statistically significant difference in gender.

Table 4. Association of Behavioural Problems with Socio-Demographic Factors

Factor	Behavioural Problems n (%)	No Behavioural Problems n (%)	p-value
Gender			0.12
- Male	42 (27.1)	113 (72.9)	
- Female	30 (20.7)	115 (79.3)	
Family Structure			0.04
- Nuclear	50 (25.6)	145 (74.4)	
- Joint	22 (21.0)	83 (79.0)	
Parental Education			0.03
- Less than High School	30 (33.3)	60 (66.7)	
- High School	22 (24.4)	68 (75.6)	
- College or Higher	20 (16.7)	100 (83.3)	

Chi-square test; $p < 0.05$ considered significant.

Discussion

The study investigated the prevalence and nature of behavioural problems among school children in Peshawar, Pakistan, and determined socio-demographic factors in this case. We found out that 24% of children were in the severe behavioural problems, which compares to some earlier estimates as reported in different countries of the world (10%-25%) [9,10]. The high rate in our research indicates a high ratio of children who are vulnerable to academic, social, and emotional problems, which highlights the importance of early detection and treatment.

The most common behavioural problems among the children with behavioural problems were conduct problems (41.7%) and hyperactivity/inattention (38.9%), emotional problems (34.7%), peer problems (30.6%) and low prosocial behaviour (25%). This distribution is in line with the previous studies in South Asian population that have identified externalizing issues like aggression and hyperactivity as high than internalizing issues [11,12]. The presence of multiple types of the problems in certain children is evidence of the complexity of behavioural problems and the necessity of complex evaluation and specific interventions.

We found that the family structure was highly related to behavioural problems. The children in nuclear families were also more likely to display behavioural problems than children in joint families ($p = 0.04$). The observation supports the existence of evidence that children in nuclear families can experience poorer adult supervision, decreased extended family support and increased exposure to parental stress and this can promote behavioural dysregulation [13,14]. By comparison, joint family systems can potentially provide more social and emotional support and separate children against stressors that drive behavioural problems.

Education level of parents was also significantly inversely related to behavioural problems ($p = 0.03$) with more prevalence among the children whose parents did not have higher education. A less educated parent may be associated with lack of awareness of good parenting practices, less interest in school work and less money to encourage emotional and behavioural growth [15,16]. The result here supports the need of parent based interventions and educational programs aimed at enhancing child behavioural outcomes.

Interestingly, the differences in gender regarding behavioural problems were not significant in our study but boys were a little more prevalent (27.1%) than girls (20.7%). Whereas, others suggest more externalizing problems in boys and more internalizing problems in girls [17], it appears that

gender to itself may not be a strong predictor of behavioural problems in this regard. Gender patterns in the school environment may be affected by cultural factors, social expectations, and reporting biases [18].

The research presents the significance of behavioural screening in schools. The educators can be of great importance in the process of early diagnosis as they observe children in social and academic settings constantly. By incorporating effective screening instruments such as the SDQ into regular school screening, this would help make timely referrals to counselling services or child psychologists, alleviating the development of challenges into adolescence [19]. Social-emotional learning, classroom behaviour and peer relationship can also be promoted through school interventions.

The implications of our findings are on the policy of health and in urban Pakistan education planning. Since behavioural problems are more likely to occur and are linked to the family and parental factors, mental health resources need to be reinforced in school. A training on the classroom management, early warning of challenges, and partnership with parents may constitute an integrated response to child behavioural health. Also, the creation of awareness among parents, especially those with lower education levels, could enhance the awareness and support of children with behavioural issues [20].

Limitations

There are a number of limitations that should be admitted. To start with, the cross-sectional design cannot be used as a causal study; correlation of the socio-demographic factors and behavioural problems cannot prove directional relationships. Second, the use of parent- and teacher-reported data on SDQ could present a reporting bias, especially in a situation where there is mental health stigma. Third, it was carried out in chosen urban schools of Peshawar and this might not be generalizable to the rural ones or other cities with different socio-cultural dynamics. Fourth, the other possible risk factors, including parental mental health, peer victimization and media exposure were not evaluated and could lead to behavioural outcomes. It is suggested that future longitudinal research that includes multi-informant and observational measurements be undertaken to capture a better understanding of the path and antecedents of childhood behavioural problems.

Conclusion

This study brings out the fact that behavioural issues are common among almost a quarter of school going children in Peshawar where conduct problems and hyperactivity are predominant. The most significant increase in risk was found in nuclear family structure and the lack of parental education, but not in gender. These results emphasize the program of the early identification and treatment with the help of screening in schools, education of parents and counselling services. Enhancing the school-based provision of mental health services and greater awareness to parents and school staff can reduce behavioural challenges, enhance academic and social performance, and family welfare among children in Pakistan urban centres.

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