

## Behavioral Problem Among School-Age Children in A Community

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### ABSTRACT

**Introduction:** Behavioural problems are the reactions and clinical manifestations resulting from emotional disturbances or environmental maladjustments. The study's objective is to identify behavioural problems among school-age children in a community.

**Methods:** A descriptive cross-sectional study was conducted among school-age children in Ward No. 2 of Hetauda, Makawanpur. A non-probability purposive sampling technique was used to recruit 112 respondents. Face-to-face interviews were conducted using a standard tool (Rutter's Children's Behavioural Questionnaire) for data collection. The obtained data were entered using SPSS version 16 and analyzed using descriptive statistics to find the mean, standard deviation, and frequency percentage. Inferential statistics (Chi-square) was used to measure the association of variables.

**Results:** The results showed that, out of 112 respondents, most of the children (89.3%) had normal behavior, and only 10.7% of children had moderate behavioral problems. Behavioral problems were significantly associated with the education status of mothers ( $p$ -value  $< 0.033$ ).

**Conclusion:** The study concludes that the majority of children exhibited normal behavior, while few showed moderate behavioral problems. These behavioral problems were significantly associated with the education level of the mothers. There is a need to raise awareness about the behavioral problems of school-age children to improve the of behavioural issues among children. Screening is necessary to detect behavioural problems in school-age children.

**Keywords:** Behavioural problems, community, School-age children

### INTRODUCTION

Behavior is the way an individual responds to situations or experiences. Early childhood is a critical period for behavioral development, and while certain behaviors or emotional responses are considered normal at specific developmental stages, they may become problematic due to their frequency, severity, or inappropriateness compared to typical developmental norms<sup>1</sup>. Behavioral problems in children are symptomatic expressions of emotional or interpersonal maladjustment, including manifestations such as nail-biting, enuresis, negativism, and antisocial behavior<sup>2</sup>.

Behavioral issues significantly impact a child's physical and social development. Family plays a vital role in shaping personality, as the nature of parental

nurture profoundly influences future development<sup>3</sup>. Children exhibiting behavioral problems are at an increased risk of experiencing academic failure, depression, anxiety, eating disorders, and interpersonal difficulties. Research highlights the link between social competence and behavioral issues, suggesting that enhancing social competence can effectively mitigate these challenges.

Mental health disorders often begin in childhood and, if untreated, can persist into adulthood, affecting a child's educational attainment, development, and overall well-being<sup>5</sup>. Child mental health is influenced from the prenatal stage, emphasizing the importance of maternal well-being during pregnancy. Balanced parental care is crucial in preventing early symptoms of mental health disorders<sup>6</sup>.

In Nepal, a significant number of children suffer from psychosocial and mental health challenges related to family instability, domestic violence, and parental substance abuse<sup>7</sup>. Developing countries, including Nepal, lack comprehensive mental health services, and hospital-based data do not fully capture the scope of behavioral problems among children. Research indicates that globally, 10–20% of children experience mental health issues, with regional variations in prevalence<sup>9</sup>. In Nepal, emotional and behavioral problems affect 15% to 35% of children, with boys more likely to exhibit externalizing issues than girls<sup>10,7</sup>.

Identifying behavioral problems early is essential for timely intervention, raising awareness among parents, and enabling preventive strategies. Given the limited research on this topic in Nepal, this study aims to explore the behavioral problems of school-age children in a community setting, providing valuable insights for policymakers, educators, and healthcare professionals.

## **METHODS**

A descriptive cross-sectional research design was used to assess the behavioral problems of school-age children in a community. The study was conducted in Ward No. 2 of Hetauda Sub-metropolitan City, Makawanpur District, Bagmati Province. The research population comprised school-age children aged 6 to 10 years, with mothers serving as respondents to provide information regarding their children's behaviors. The inclusion criteria encompassed all children aged 6 to 10 years, and in cases where a mother had more than one child within this age range, data were collected for the older child. The sample size was calculated using Cochran's formula, with a prevalence rate of 22.7%<sup>11</sup>, a 95% confidence interval, and an allowable error of 9%, resulting in a total of 112 participants after adjusting for a 5% non-response rate. A non-probability purposive sampling technique was used to select the respondents. Ethical approval was obtained from the Institutional Review Committee (IRC) of the Institute of Medicine, Tribhuvan University, and formal permission was secured from the ward office of the selected study area. Before data collection, informed written consent was obtained from each respondent, ensuring voluntary participation, maintaining confidentiality, and providing the right

to withdraw at any stage without consequences. Data was collected over two weeks, from April 28, 2024, to May 10, 2024. Data collection was conducted through face-to-face structured interviews using a translated Nepali version of Rutter's Children's Behavioral Questionnaire (Scale A). The scale consists of 19 items assessing behavioral problems. Mothers reported their children's behaviors on a scale ranging from 0 (does not apply) to 2 (definitely applies), with scores categorized into normal (<80th percentile), moderate (80th–95th percentile), and severe (>95th percentile) behavioral problems<sup>12</sup>. The data were reviewed, organized, and coded before entry into the Statistical Package for the Social Sciences (SPSS) version 16 for analysis. Descriptive statistics, such as frequency and percentage, were used to summarize the findings, while inferential statistics were applied to examine associations between behavioural problems and related variables. The results were presented in tabular form for clarity and interpretation.

## RESULTS

**Table 1: Socio-demographic Characteristics of the Respondents**

**n=112**

| Characteristics                 | Number | Percent |
|---------------------------------|--------|---------|
| <b>Age (in Completed Years)</b> |        |         |
| ≤35                             | 78     | 69.6    |
| >35                             | 34     | 30.4    |
| Mean ± SD = 31.55 ± 5.759       |        |         |
| <b>Educational status</b>       |        |         |
| Can't read and write            | 13     | 11.6    |
| Basic education (1-8)           | 37     | 33.0    |
| Secondary education (9-12)      | 47     | 42.0    |
| Bachelor and above(13-above)    | 15     | 13.4    |
| <b>Marital status</b>           |        |         |
| Married                         | 108    | 96.4    |
| Single                          | 4      | 3.6     |
| <b>Marital relationship</b>     |        |         |
| Good                            | 102    | 94.4    |
| Average                         | 6      | 5.6     |
| <b>First marriage</b>           | 112    | 100     |
| <b>Type of Family</b>           |        |         |
| Nuclear                         | 56     | 50.0    |
| Joint                           | 56     | 50.0    |
| <b>Occupational status</b>      |        |         |
| Housemaker                      | 65     | 58.1    |
| Working on paid job             | 47     | 41.9    |

Table 1 represents socio-demographic characteristics; a higher percentage of the respondents were from the age group < 35 years (69.6%). The majority of the respondents' (42%) educational level was secondary level. Regarding types of family, 50% of

respondents had nuclear families. In addition, 41.9% were working in any type of paid job remaining were housemaker. Likewise, 73.1% of respondents had a good relationship with their spouse, while only 5.6% reported having an average relationship.

**Table 2: Disciplinary Practices and Caretaking Roles Among Parents and Family Members** n =112

| Characteristics                                 | Number | Percent |
|---|--------|---------|
| <b>Beating and scolding child by the mother</b> |        |         |
| Yes   | 98     | 87.5    |
| <b>Beating and scolding child by father</b>     |        |         |
| Yes   | 31     | 28.7    |
| <b>Primary caretaker of child</b>               |        |         |
| Father  | 52     | 46.4    |
| Grandparents                                    | 32     | 28.6    |
| Child themselves                                | 22     | 19.6    |
| Siblings  | 6      | 5.4     |

The table 2 presents data on parental disciplinary practices and the primary caretakers of children. A large majority of mothers (87.5%) were reported to beat or scold their children, compared to 28.7% of fathers. Regarding child care, fathers were the most common primary caretakers (46.4%), followed

by grandparents (28.6%), the children themselves (19.6%), and siblings (5.4%). The data indicate that mothers are more frequently involved in disciplinary actions, while fathers and grandparents often assume caregiving roles.

**Table 3: Socio-demographic Characteristics of the Children**

**n=112**

| <b>Characteristics</b>          | <b>Number</b> | <b>Percent</b> |
|---------------------------------|---------------|----------------|
| <b>Age of children</b>          |               |                |
| 6 Years                         | 51            | 45.5           |
| 7 Years                         | 13            | 11.6           |
| 8 Years                         | 10            | 8.9            |
| 9 Years                         | 15            | 13.4           |
| 10 Years                        | 23            | 20.5           |
| <b>Mean ± SD = 7.52 ± 1.638</b> |               |                |
| <b>Sex</b>                      |               |                |
| Female                          | 61            | 54.5           |
| Male                            | 51            | 45.5           |
| <b>Educational status</b>       |               |                |
| L.K.G                           | 14            | 12.4           |
| U.K.G                           | 24            | 21.4           |
| One                             | 27            | 24.2           |
| Three                           | 12            | 10.7           |
| Four                            | 17            | 15.2           |
| Five                            | 18            | 16.1           |
| <b>Educational Achievement</b>  |               |                |
| Average                         | 77            | 68.7           |
| Good                            | 35            | 31.3           |

Table 3 shows that the maximum number of respondents' children was 6 years (45.5%) and the minimum number of children was 8 years (8.9%). The Female and male children were 54.5% and 45.5% respectively. Likewise, 21.4% of children were enrolled in UKG class and only 0.9% of children studied class six. Also, 67.9% of children were

able to secure pass marks in exams and only 0.9% of children failed in the exam. Most of the children (67.9%) spent 6 hours in school and 7.1% of children spent 5 hours in school.

**Table 4: Behavioural Problems among School-age Children** **n = 112**

| Statements   | Do not apply | Applies somewhat | Frequently applies |
|--|--------------|------------------|--------------------|
|  | n (%)        | n (%)            | n (%)              |
| Very restless. Often running about or jumping up and down. Hardly ever still | 45 (40.2)    | 45 (40.2)        | 22 (19.6)          |
| Is squirmy or fidgety  | 10 (8.9)     | 55 (49.1)        | 47 (42.0)          |
| Often destroys own or others' belongings                                     | 53 (47.3)    | 37 (33.0)        | 22 (19.6)          |
| Frequently fights other children   | 25 (22.3)    | 44 (39.3)        | 43 (38.4)          |
| Not much liked by other children   | 26 (23.2)    | 40 (35.7)        | 46 (41.1)          |
| Often worried; worries about many things                                     | 34 (30.4)    | 37 (33.0)        | 41 (36.6)          |
| Tends to do things on his/her own – rather solitary                          | 46 (41.1)    | 36 (32.1)        | 30 (26.8)          |
| Irritable. Is quick to fly off the handle                                    | 8 (7.1)      | 60 (53.6)        | 44 (39.3)          |
| Often appears miserable, unhappy, tearful, or distressed                     | 57 (50.9)    | 34 (30.4)        | 21 (18.8)          |
| Sometimes takes things belonging to others                                   | 28 (25.0)    | 37 (33.0)        | 47 (42.0)          |
| Has twitches, mannerisms or tics of the face or body                         | 54 (48.2)    | 34 (30.4)        | 24 (21.4)          |
| Frequently sucks thumb or fingers  | 31 (27.7)    | 41 (36.6)        | 40 (35.7)          |
| Frequently bites nails or fingers  | 44 (39.3)    | 41 (36.6)        | 27 (24.1)          |
| Is often disobedient   | 23 (20.5)    | 58 (51.8)        | 31 (27.7)          |
| Cannot settle for anything for more than a few moments                       | 49 (43.8)    | 25 (22.3)        | 38 (33.9)          |
| Tends to be fearful or afraid of new things or new situations                | 35 (31.3)    | 41 (36.6)        | 36 (31.3)          |
| Is over-fussy or over-particular   | 45 (40.2)    | 33 (29.5)        | 34 (30.4)          |
| Often tells lies   | 30 (26.8)    | 50 (44.6)        | 30 (26.8)          |
| Bullies other children   | 48 (42.9)    | 39 (34.8)        | 25 (22.3)          |

Table 4 shows that the highest percent of the respondents who respond to the statements don't apply to being very restless often running about or jumping up and down hardly ever still (40.2%), often destroys own or others' belongings (47.3%), tends to do things on his/her own rather solitary (41.1%), often appears miserable, unhappy, tearful or distressed (50.9%), has twitches, mannerisms or tics of the face or body (48.2%), frequently bites nails or fingers (39.3%), cannot settle to anything for more than a few moments (43.8%), is over fussy or over particular (40.2%), and bullies other children (42.9%). And response applies somewhat to the statements is squirmy or fidgety (49.1%), frequently fights other children (39.3%), irritable is quick to fly off the handle (53.6%), frequently sucks thumb or

finger (36.6%), is often disobedient (51.8%), tends to be fearful or afraid of new things or new situations (36.6%) and often tells lies (44.6%). Whereas, the highest percentage response frequently applies to not much liked by other children (41.1%), often worried, worrying about many things (36.6%), and sometimes taking things belonging to others (42.0%).

**Table 5: Status of Behavioural Problems of School-age Children**

n= 112

| Status of Behavioral Problems | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Normal (< 80%)                | 100       | 89.3       |
| Moderate                      | 12        | 10.7       |
| Severe                        | -         | -          |

Normal: <80th percentile, moderate: 80th–95th percentile, and severe: >95th percentile.

Table 5 shows that, among a total of 112 children, 89.3% of children had normal behavior, whereas 10.7% of children had moderate behavioral problems.

**Table 6: Association between Status of Behavioural Problems and Selected Variables of Respondents**

n=112

| Variables                                       | Status of Behavioural Problems |          | X <sup>2</sup> | p-value |
|---|--------------------------------|----------|----------------|---------|
|   | Normal                         | Moderate |                |         |
| <b>Age of respondent</b>                        |                                |          |                |         |
| ≤35 years                                       | 72(64.2)                       | 6(5.4)   | 2.453          | .180    |
| >35 years                                       | 28(25.0)                       | 6(5.4)   |                |         |
| <b>Educational status</b>                       |                                |          |                |         |
| Basic education                                 | 41(36.6)                       | 9(8.1)   |                | .033*   |
| Secondary education                             | 59(52.6)                       | 3(2.7)   |                |         |
| <b>Marital status</b>                           |                                |          |                |         |
| Married   | 96(85.7)                       | 12(10.7) |                | 1.000*  |
| Single  | 4(3.6)                         | 0        |                |         |
| <b>Marital relationship</b>                     |                                |          |                |         |
| Good  | 90(83.4)                       | 12(10.7) |                | 1.000*  |
| Average   | 6(5.6)                         | 0        |                |         |
| <b>Beating and scolding child by the mother</b> |                                |          |                |         |
| Yes   | 87(77.7)                       | 11(9.8)  |                | 1.000*  |
| No  | 13(11.7)                       | 1(0.8)   |                |         |
| <b>Beating and scolding child by the father</b> |                                |          |                |         |
| Yes   | 28(25.9)                       | 3(2.8)   |                | 1.000*  |
| No  | 68(62.9)                       | 9(8.4)   |                |         |
| <b>Family types</b>                             |                                |          |                |         |
| Nuclear   | 52(46.4)                       | 4(3.5)   | 1.493          | .360    |
| Joint   | 48(42.8)                       | 8(7.1)   |                |         |
| <b>Occupational status</b>                      |                                |          |                |         |
| Non-working                                     | 59(52.6)                       | 6(5.4)   | .356           | .758    |
| Working   | 41(36.6)                       | 6(5.4)   |                |         |
| <b>Age of children</b>                          |                                |          |                |         |
| ≤8 years  | 59(52.6)                       | 4.5      | 1.314          | .356    |
| >8 years  | 41(36.6)                       | 6.3      |                |         |
| <b>Gender of children</b>                       |                                |          |                |         |
| Female  | 55(49.1)                       | 6(5.4)   | .108           | .768    |
| Male  | 45(40.1)                       | 6(5.4)   |                |         |
| <b>Education status of children</b>             |                                |          |                |         |
| ≤2  | 61(54.5)                       | 4(3.5)   |                | .119*   |
| >2  | 39(34.8)                       | 8(7.2)   |                |         |
| <b>Educational score of children</b>            |                                |          |                |         |
| Good  | 33(29.5)                       | 2(1.8)   |                | .335*   |
| Average   | 67(59.8)                       | 10(8.9)  |                |         |

\*= Fisher's exact test

Table 6 examines the relationship between behavioral problems in school-age children and various demographic and social characteristics of their mothers. Among the variables analyzed, mother's education level was the only factor significantly associated with children's behavior ( $p = 0.033$ ). Children whose mothers had secondary education were more likely to exhibit normal behaviour (52.6%) compared to those whose mothers had only basic education (36.6%).

Other variables, including mother's age, marital status, marital relationship quality, disciplinary practices by either parent, family type, mother's employment status, child's age, sex, years of education, and academic performance, showed no statistically significant association with behavioural outcomes (all  $p$ -values  $> 0.05$ ). While some trends were observed, such as more normal behaviour among children of younger mothers, better academic performers, or those with fewer years of education, these differences were not statistically significant.

## DISCUSSION

This study aimed to identify behavioural problems among school-age children in Ward 2 of Hetauda Sub-Metropolitan City using Rutter's Children's Behavioral Questionnaire. The study included 112 school-age children aged between 6 and 10 years, with their mothers as respondents. The findings provide insights into the prevalence of behavioural problems and their association with various demographic and social factors.

Behavioural disorders among children remain an under-researched area in Nepal, making it essential to study the factors that contribute to these issues. The results of this study revealed that 89.3% of children exhibited normal behaviour, while 10.7% displayed moderate behavioural problems. These findings align with a study conducted in India, which reported that 11.2% of children had behavioural problems<sup>13</sup>. Similarly, a study conducted in China found that 10.3% of school-age children exhibited behavioural issues during the COVID-19 pandemic<sup>11</sup>. However, another study conducted among preschool children at selected Anganwadi centres of Roopnagar, Punjab

reported a higher prevalence of behavioral problems (21%)<sup>12</sup>, while another study by Gupta et al. (2017) involving 500 children revealed even greater prevalence (22.7%)<sup>11</sup>. Conversely, Li et al. (2023) reported a lower prevalence at 8.4%, which differs from our study's results<sup>14</sup>. These variations may be attributed to differences in geographical distribution, respondent characteristics, and methodological approaches.

A significant association was found between the mother's educational status and the behavioural problems of school-age children ( $p = 0.033$ ). This is consistent with a study conducted in Kolkata, which also found a significant association between behavioural problems and maternal education ( $p = 0.05$ ). Higher maternal education is often linked to improved parenting practices and greater awareness of child development, which may contribute to fewer behavioral issues<sup>15</sup>.

The findings of this study indicate that there was no significant difference in behavioural problems among children living in joint families compared to those in nuclear families. This result is consistent with Jogdand and Naik, who found no association between family type and behavioural problems among children aged 6-12 years<sup>3</sup>. However, on the other hand, Masare et al. reported a significant association between family type and behavioral problems<sup>13</sup>. They noted that joint families provide closer supervision of children's activities, which is often lacking in nuclear families. A study by Gupta in 2017 also found that children from nuclear families exhibited more behavioural problems compared to those from joint families, possibly due to reduced social interaction and emotional support<sup>11</sup>.

Our study found no statistically significant association between behavioural problems and children's gender. In contrast, Cui et al. reported a significant association, with boys showing a higher prevalence of behavioural and emotional problems compared to girls<sup>17</sup>. Similarly, another study conducted by Khan & Avan, in 2020, reported that boys are more at risk of overall behavioural problems and internalizing problems<sup>19</sup>. They are also significantly at risk of

co-occurring multiple problem behaviours. Kafle found that the prevalence of behavioural problems among Nepalese children aged 6 to 10 years was 30.8%, with boys being at higher risk<sup>16</sup>. The higher prevalence among boys in other studies may be due to biological and social factors that influence behavioural development.

This study found no significant association between behavioural problems and parental relationships, parent-child relationships, or family disputes. In contrast, Jogdand and Naik found significant associations between behavioural problems and family disputes, as well as parent-child relationships<sup>3</sup>. They emphasized that a child's emotional well-being is heavily influenced by family stability and parental nurturance. Family conflicts, disharmony, and disrupted parent-child relationships have been shown to negatively impact children's behavioral outcomes<sup>3</sup>

No significant association was found between behavioural problems and academic performance in this study. However, Mundy reported that children with behavioural problems were at a higher risk of academic failure<sup>20</sup>. Their study emphasized that early behavioural issues negatively impact school performance and academic outcomes, increasing the risk of school dropout. Factors such as decreased interest in studies, difficulty focusing, and the school environment may contribute to poor academic performance among children with behavioural issues.

Despite the study's valuable insights, some limitations should be acknowledged. The sample size was relatively small, and the study was conducted in a single geographic area, limiting generalizability. Furthermore, behavioural problems were assessed using a questionnaire based on parental reporting, which may be subject to bias. Future research should consider larger, more diverse samples and incorporate direct child assessments for a more comprehensive understanding of behavioural issues in school-age children.

## CONCLUSION

The study concluded that a few of the children exhibited moderate behavioural issues, while the majority displayed normal behaviour. Among the various socio-demographic factors examined, only the mother's educational status showed a significant association with children's behavioural problems. Based on these findings, several recommendations can be made. First, initiatives should be implemented to enhance parental education and awareness programs on child development and behavioral management. Schools and community health centers should collaborate to provide counseling and guidance services for parents, particularly mothers, to promote positive parenting strategies. Additionally, further studies should explore the long-term impact of behavioral problems on children's academic and social development, emphasising the need for early intervention programs. Policymakers should also focus on integrating mental health and behavioral support services within the education system to ensure holistic child development.

## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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