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| Editorial Office | 299-302 | Normas de publicación- <i>Instructions to Authors.</i> |
| Editorial Office | 303 | Cobertura e indexación de IJP&PT. [<i>IJP&PT Abstracting and Indexing.</i>] |

ISSN 1577-7057

© 2024 Asociación de Análisis del Comportamiento, Madrid, España
Printed in Spain

IJP&PT

INTERNATIONAL JOURNAL OF PSYCHOLOGY & PSYCHOLOGICAL THERAPY

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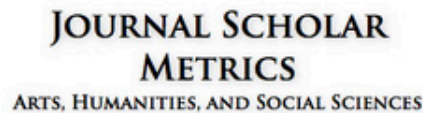
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Trends of Emotional and Behavioral Problems among Adolescents: Role of Personal Variables

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ABSTRACT

The current study aims to explore the trends of Emotional and Behavioral Problems (EBPs i.e., Anxiousness, Academic Problems, Aggression, Social Withdrawal, Feeling of Rejection, and Somatic Problems) among adolescents and find the role of several personal variables (age, sex, birth order, sector of school, academic grade, number of family members, siblings, hobbies, and Physical Playing) in EBPs. In a quantitative descriptive survey, 400 adolescents were approached through purposive convenient sampling techniques from different schools of Karachi, Pakistan. The data was collected through the School Children's Problems Scale and a Personal Variables Sheet. The results showed that 84.8% found to have higher levels of EBP while only 10% exhibited lower levels. Adolescents mostly showed aggression and feeling of rejection (90%) and anxiety and social withdrawal was also demonstrated by 70% at the least. Number of family members had significant weak negative relationship with anxiousness; while number of siblings, duration of physical play and studying had a significant positive relationship with all EPBs. Academic grades, sector of school, birth order and hobbies played a significant role in EPBs. Age and gender did not play a significant role in EBP. The research on EBPs has important implications for clinical and educational psychologists, and health and educational policy makers..

Key words: emotional problems, behavioral problems, adolescents, quantitative descriptive survey.

How to cite this paper: Shoab S, Farooqi T, & Javed S (2024). Trends of Emotional and Behavioral Problems among Adolescents: Role of Personal Variables. *International Journal of Psychology & Psychological Therapy*, 24, 2, 277-296.

Novelty and Relevance

What is already known about the topic?

- Emotional and behavioural problems are increasing among adolescents.
- The specialized literature highlights the role of several personal variables in the promotion of emotional and behavioral problems among adolescents.

What this paper adds?

- Provide data on the prevalence of emotional and behavioral problems among adolescents in Pakistan.
- This article attempts to delve deeper into the nature of these problems from a multi-informant perspective so that they can be addressed appropriately, and tailored interventions can be designed.

Adolescence is one of the most important periods of life, and in fact, this stage is considered a kind of transition from childhood to adulthood. According to the World Health Organization (WHO, 2020), people between 10 and 19 years old are considered adolescents (Alikhani, 2014). It is an important time for laying the foundations of good health because it is accompanied by important physical, psychological, cognitive, and social changes which shape their feelings, thought processes, decision making, and inter-intrapersonal relationships (WHO, 2020) that consequentially result in behavioral and emotional patterns that affect the performance of the individual during adulthood (Klein & Wilson, 2002).

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Adolescence begins with separation from parents, rebuilding of peer relationships (Babore, Trumello, Candelori, Paciello, & Cerniglia, 2016), and confirmation of their personal and social identities (McLean & Syed, 2015; Steensma, Kreukels, de Vries, & Cohen-Kettenis 2013). They are becoming self-reliant problem solvers in the time of stressful life events (Zimmer-Gembeck & Skinner, 2011) and they have certain regulatory competencies to analyze and regulate emotions, and perform executive functions (LeBlanc, Essau, & Ollendick, 2017; Mezzacappa, 2004). However, their functional and self-regulatory abilities are still immature. Although most of the children and adolescents successfully navigate these developmental stages, for some, this becomes the beginning of emotionally challenging and resultant dysregulation (Kessler *et alii*, 2005; LeBlanc, Essau & Ollendick, 2017).

Mental health conditions account for 16% of the global burden of disease and injury in adolescents. Half of all mental health conditions start before 14 years of age, but most cases remain undetected and untreated. Moreover, 10-20% of adolescents globally experience mental health conditions, yet these remain underdiagnosed and undertreated (Kessler *et alii*, 2005). As per the U.S. National Center for Health Statistics (2004), over 1 in 10 adolescents ages 12-17 had serious behavioral or mental health difficulties. Epidemiological studies also show that 5-10% of children and adolescents suffer from emotional and behavioral problems, which are among the most common psychiatric disorders for this age group (Belfer, 2008). In the same line David-Ferlon and Kaslow (2008) noted a sizeable proportion (20-25%) of young people have symptoms of emotional distress, and about one in ten has moderate to severe symptomatology, indicating significant impairment. Valverde, Vitalle, Sampaio, and Schoen (2012) verified that 10% to 22.5% of the studied adolescents presented problems in some emotional area. In Spain, 7.7% of the adolescents showed a possible mental health risk (Sánchez García, Lucas Molina, Fonseca Pedrero, Pérez Albéniz, & Paino, 2018). Similar trends have been reported by Magai, Malik, and Koot (2018) in Kenya; 17% (self-report) to 27% (parent-report) adolescents are found to lie in the borderline and clinical range of EBPs while increased trends were found in Ethiopia; from 411 participants, 43.6% were screened positive for EBPs (Kefale, Boka, Mengstu, Belayneh, & Zeleke, 2018). In China, Yang *et alii* (2019) reported 16.7% of individuals aged 6-16 have significant behavioral problems. Tayebi, Yektatalab, and Akbarzadeh (2020) found in Iran that from 2000 adolescents 48% scored abnormally on emotional problems. This evidence show that behavioral and emotional problems are rapidly increasing in adolescents across the globe.

These EBPs are categorized into externalization problems and internalization problems, according to the specificity of their symptoms (Achenbach, Dumenci, & Rescorla, 2001). Externalization problems are related to opposition, aggression, impulsiveness, defiant behavior, and antisocial manifestations, such as teasing and quarreling. Meanwhile, the problems of internalization involve depression, anxiety, social withdrawal, somatic complaints, fear, excessive worry, sadness, shyness, and insecurity (Achenbach & Edelbrock, 1979). While Saleem and Mehmood (2011) conceptualized EBPs as anxiousness, academic problems, aggression, social withdrawal, feeling of rejection, and psychosomatic problems from which Academic Problems and Feelings of Rejection were peculiar for the Pakistani population only and are the focus of the current study.

Regarding the types of behavioral problems most frequently seen in adolescence, there is no consensus in the literature. While some studies point to internalizing symptoms (Borba & Marin, 2018; Borsa & Nunes, 2011; Liu, Cheng, & Leung, 2011; Magai *et alii*, 2018; Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011), others report that

externalizing is more prevalent (Alckmin-Carvalho, Izbiccki, & Melo, 2014; Begovac, Rudan, Skocic, Filipovic, & Szirovicza, 2004). However, it is known that both behaviors affect the psychic development of adolescents, besides being predictors of problems in adult life (Ferdinand, van der Ende, & Verhulst, 2007; Rocha, 2012).

Emotional disorders commonly emerge during adolescence. In addition to depression or anxiety, adolescents with emotional disorders can also experience excessive irritability, frustration, or anger. Symptoms can overlap across more than one emotional disorder with rapid and unexpected changes in mood and emotional outbursts. Younger adolescents may additionally develop emotion-related physical symptoms, such as stomachache, headache, or nausea (WHO, 2020). Studies have revealed that Asian adolescents tend to manifest their EBPs in terms of somatic complaints (Kim, 2002), which were the highest reported by the adolescents of Kenya as well (Magai *et alii*, 2018). Moreover, as per Valverde *et alii* (2012) the main behavioral and emotional problems reported by the adolescents attending the outpatient service were related to Anxious/Depressed (22.5%), Attention Problems (20.3%), and Aggressive Behavior (18.1%). While Pathak *et alii* (2011) reported in India that in the internalizing group, most (22.08%) of the students were noted to be anxious/ depressed. Social problem was observed to be the most frequent (9.3%) among neither internalizing nor externalizing group. Aggressive behavior was the commonest (11.8%) among the externalizing group.

The development, experience, expression, and manifestation of mental health problems are influenced by cultural experiences (e.g., Thakker & Ward, 1998; Kazdin & Weisz, 2003). Research has also identified contextual factors that place adolescents at a greater risk of mental health problems (United States Department of Health & Human Services, 1999). Yang *et alii* (2019) found a significant association of gender, age groups, parturition timing, birth weight, feeding method, development, relationship, sleep, life events, physical illness, and child-rearing styles with emotional and behavioral problems. While at the same time, Pathak *et alii* (2011) found that the type of school, type of family, socioeconomic status, relationship with father, mother's employment, and educational status were not found to be significantly associated with these problems in India.

According to the U.S. National Center for Health Statistics (2004) male adolescents were slightly more likely to have these mental health difficulties than female peers (12.3% vs. 10.9%). On the contrary, Pathak *et alii* (2011) found a higher prevalence of behavioral/emotional problems (33.7%) in adolescent girls as compared to boys (27.5%). In the same line, Magai *et alii* (2018) found that girls had higher internalizing problems as compared to boys; the same was found by Yang *et alii* (2019) for behavioral problems. In addition, from internalizing problems girls mainly suffered anxiety and depression more than boys while males had more aggressive behavioral problems as compared to females (Pathak *et alii*, 2011).

Tayebi *et alii* (2020) found in Iran that adolescents of 17-18 years had more emotional and behavioral problems. The same was found by Pathak *et alii* (2011) for girls (18-19 years) where they showed a continuous rise in psychiatric problems, but boys aged 14-15 were found most critical for EBPS. However, a steady decline was observed in 18-19 years of age. Similarly, anxiety was higher in adolescents of 10-14 as compared to 15-19 years (Magai *et alii*, 2018). Yang *et alii* (2019) also found that aggression was higher at the age of 6-11 for both genders. Lastly, social problems were found to be the highest at the beginning of adolescence (11-13 years; Valverde *et alii*, 2012).

Another contributing factor for EBPs is academic pressure and problems. More specifically, adolescents of 8th, 9th, and 10th grade are more anxious about their school performance and this may influence the manifestation of problems (Saleem & Mehmood, 2011). Students with poorer academic performance reported greater emotional and behavioral difficulties (Sánchez García *et alii*, 2018). Likewise, Isralowitz, and Ong (1990) stated that school adjustment and choice of career are the top concerns of adolescents living in Asian countries. Therefore, it may be possible that the pressure a child feels in school may bring out some EBPs that may lead to declined school performance.

Magai *et alii* (2018) found that younger children had higher scores on EBP than older children and higher scores on internalizing problems. The U.S. National Center for Health Statistics (2004) reported low-income adolescents had more than twice the rate of higher-income adolescents (17.9% vs. 8.0%). Similarly, children and adolescents who had lost both parents had 2.15 times increased odds of having EBPs as compared to children and adolescents whose parents are alive (Kefale, Tadesse, Alebachew, & Engidawork, 2018). Moreover, family type and the number of family members also contribute to EBPs in the indigenous context (Saleem & Mehmood, 2011). Lastly, engagement in healthy hobbies can foster emotional and social advantages.

Considering the above-mentioned discussion, it can be concluded that several personal variables play a significant role in the alleviation and buffering of EBPs among adolescents. The results show contradictory findings regarding these variables. Hence, current research aims to explore their role in the indigenous context. The emotional wellbeing of children and adolescents is an important public health challenge throughout the world (Sánchez García *et alii*, 2018) and the EBPs during childhood and adolescence are a common concern for parents and mental health stakeholders as they predict numerous problematic outcomes in adulthood (Magai *et alii*, 2018). Approximately, 50% of all mental health disorders appear for the first time before the age of 14 (Cohen, Lojkasek, Zadeh, Pugliese, & Kiefer, 2008; Kessler *et alii*, 2007), and they have continuity and consequences for mental health in adulthood (e.g., Kessler *et alii*, 2007). These consequences impair both physical and mental health in adulthood and limit opportunities to lead fulfilling lives as adults.

Hence, it is important to study these issues at the earliest level when adolescents are internalizing and externalizing these EPBs. Moreover, evidence also suggests that these problems have been increasing from 4% to 7.7% in Spain (Basterra, 2016; Sánchez García *et alii*, 2018). A much larger increase has been inferred in Pakistan from 9.3% to 34% (Javed, Kundi, & Khan, 1992). But this indigenous evidence is longstanding and recent data is required in this regard. As per Magai *et alii* (2018), little has been documented about the prevalence of EBP. Knowledge of prevalence rates of EBP in adolescents provides valuable information that helps in determining what the mental health burden is for adolescents in a particular population. Moreover, early identification, screening, and treatment of adolescents with EBPs are needed to avoid the risk of developing future functional and mental health problems.

Literature suggests that EBPs frequently lead to poor school performance, dropping out of schools, adjustment difficulties, school refusal, delayed school progress (Bernstein & Garfinkel, 1986; Byrd, Weitzman, & Auinger, 1997; Zima, Wells, & Freeman, 1994), social incompetence (Chansky & Kendall, 1997; LaGreca, Dandes, Wick, Shaw, & Stone, 1988), low self-worth and self-esteem (Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010; Orvaschel, Beeferman, & Kabacoff, 1997), feelings of loneliness (Asher, Hymel, & Renshaw, 1984), interpersonal problems (Boulton & Smith, 1994) and lack of feeling

of well-being later in life (Konu & Rimpelä, 2002). These problems were associated with an increased risk of substance abuse, depression, and impaired social and emotional functioning during adolescence and early adulthood (Belfer, 2008; Black *et alii*, 2017; Kim, 2017; Abera, Robbins, & Tesfaye, 2015). Therefore, EBPs in childhood should be identified and treated as soon as possible. An estimated 62,000 adolescents died in 2016 because of self-harm. Suicide is the third leading cause of death in older adolescents (15-19 years). Nearly 90% of the world's adolescents live in low- or middle-income countries and more than 90% of adolescent suicides are among adolescents living in those countries. Therefore, there is ample evidence to suggest that EBPs in adolescence can have serious consequences. Saleem and Mahmood (2011) highlighted a need for early and timely identification of these problems so that remedial steps may be taken against them as per the magnitude of the problems,

For a developing country, it is crucial to address the needs of adolescents with defined mental health conditions so that appropriate resources can be utilized to resolve the issue (WHO, 2020). Finally, better data on the mental health status of special populations of adolescents would help decision-makers target resources more effectively. Some national studies have gone beyond traditional demographic breakdowns to focus on populations known to be at significant risk (David & Kaslow, 2008). In light of the aforementioned data, the present study aims to know the trends of EBPs among adolescents and explore the role of certain personal and contextual variables in their occurrence.

METHOD

Participants and Design

The sample of participants included 400 adolescents whose ages ranged from 12-16 years ($M= 13.77$; $SD= 0.99$). They were approached from different schools of Karachi (Pakistan) through purposive convenient sampling technique. It was made sure that the participants were not already diagnosed with any psychological disorder, physical impairment, or terminal illness. Additionally, it was ensured that they were able to read and comprehend the Urdu, the native language. Only those participants who gave the consent for the study were included in the study and were described their right to withdraw and confidentiality. The study has employed a quantitative descriptive survey research design in which the role of different personal variables has been explored with EBPs among adolescents.

Instruments

Personal Variables Sheet. Based on the prior literature (Magai *et alii*, 2018; Pathak *et alii*, 2011, Saleem & Mahmood, 2011; Sánchez García *et alii*, 2018; Yang *et alii*, 2019), a Personal Variables Sheet was formed which included questions regarding age, gender, birth order, sector of school, academic grades, number of family members and siblings, hobbies, physical playing, and diagnosis of any psychological or physical impairment or illness.

School Children's Problems Scale (SCPS; Saleem & Mahmood, 2011). SCPS was used to measure EBPs in Urdu language. The scale has 88 items with a 4-point rating punctuation with options including Never (0), Rarely (1), Sometimes (2), and Often (3). The scale measures Anxiousness (23 items), Academic Problems (16), Aggression (15), Social withdrawal (15), Feelings of Rejection (10), and Psychosomatic Problems (15) with respective Cronbach Alphas of 0.87, 0.84, 0.84, 0.83, 0.70, 0.76, 0.92 (Saleem & Mahmood, 2011).

Procedure

Firstly, the Personal Variables Sheet was constructed, and permissions were taken from the respective authorities to collect the data in group settings. Participants were informed about the project, all the ethical considerations (confidentiality, right to withdraw, and risk and benefits associated with participation), and an informed consent was requested. The researcher was present throughout the data collection to address the issues and difficulties that were faced by the participants. After filling the forms, participants received a brief session on mental health and the role of psychologists in this regard..

Data Analysis

Data was analyzed on SPSS-24 using descriptive statistics, Cronbach Alpha Reliability, Pearson Moment Correlation, Independent Sample *t*-test, and One-way ANOVA.

RESULTS

Table 1 provides the sociodemographic details of the sample.

Table 1. Demographic Characteristics of Participants (N= 400).

| | | Number (%) | M (SD) |
|--------------------------------|--------------|-------------|-------------|
| Age | | | 13.77 (.99) |
| Family Members | | | 3.52 (1.6) |
| Siblings | | | 2.46 (1.02) |
| Hours Given to Hobby | | | 2.46 (1.02) |
| Hours Given to Playing | | | 1.61 (.92) |
| Hours Given to Studies at Home | | | 2.25 (.99) |
| Sex | Male | 198 (49.5) | |
| | Female | 202 (50.5) | |
| Type of School | Private | 198 (49.5) | |
| | Public | 202 (50.5) | |
| Family Structure | Nuclear | 199 (49.75) | |
| | Joint | 201 (50.1) | |
| Birth Order | First son | 78 (19.5) | |
| | Middle son | 215 (53.7) | |
| | Last son | 104(26) | |
| | Only son | 4 (1) | |
| Parents living together | Yes | 186 (46.5) | |
| | No | 214 (53.5) | |
| Hobbies | Studying | 141 (35.3) | |
| | Using Mobile | 200 (50) | |
| | Playing | 20 (5) | |
| | Watching TV | 39 (9.8) | |
| Last Grade | A | 258 (64.5) | |
| | B | 61 (15.25) | |
| | C | 60 (15) | |
| | D | 21 (5.25) | |

Table 2 shows that data were normally distributed, and the Cronbach alpha reliabilities are in an acceptable range (according to Gliem & Gliem, 2003; Nunnally, 1967). To estimate the trends of EBPs among adolescents, the raw scores were divided into three quartiles of Low, Moderate, and High according to the scoring norms that have been provided in the SCPS' Manual.

Table 3 shows that almost 85% of adolescents reported experiencing high levels of EBPs, but 5.3% reporting experiencing it at a moderate level, and 10% in a low level. The highest prevalent emotional problems are aggression and feeling of rejection.

Table 2. Univariate Normality of variables.

| Variables | Items | α | M | SD | Skewness | Kurtosis | Actual Range | Potential Range |
|-------------|-------|----------|-------|-------|----------|----------|--------------|-----------------|
| EBP | 86 | .95 | 74.16 | 36.21 | .04 | -0.67 | 2-140 | 0-258 |
| Anxiousness | 21 | .85 | 19.23 | 10.26 | .09 | -0.71 | 0-49 | 0-30 |
| AP | 16 | .79 | 12.73 | 06.36 | -.26 | -0.16 | 0-27 | 0-33 |
| Aggression | 16 | .77 | 14.66 | 06.79 | .43 | 0.57 | 1-32 | 0-33 |
| SW | 14 | .88 | 13.09 | 08.70 | .37 | -0.77 | 0-31 | 0-57 |
| FR | 10 | .67 | 7.01 | 04.45 | .37 | -1.10 | 0-16 | 0-33 |
| PP | 9 | .77 | 8.25 | 04.75 | .44 | -1.10 | 0-18 | 0-30 |

Notes: EBP= Emotional and Behavioral Problems; AP= Academic Problems; SW= Social Withdrawal; FR= Feeling of Rejection; PP= Psychosomatic Problems.

Table 3. LEVELS OF EMOTIONAL AND BEHAVIORAL PROBLEMS, reported frequencies and percentages.

| Variables | Low f (%) | Moderate f (%) | High f (%) |
|------------------------|----------------|---------------------|-----------------|
| EBP | 40 (10) | 21 (5.3) | 339 (84.8) |
| Anxiousness | 100 (25) | 20 (05) | 280 (70) |
| Academic Problems | 80 (20) | 00 (0) | 320 (80) |
| Aggression | 40 (10) | 00 (0) | 360 (90) |
| Social Withdrawal | 120 (30) | 00 (0) | 280 (70) |
| Feeling of Rejection | 40 (10) | 00 (0) | 360 (90) |
| Psychosomatic Problems | 20 (05) | 40 (10) | 340 (85) |

Table 4 shows the results of the Pearson Product Moment Correlation of Personal Variables with Emotional and Behavioral Problems among Adolescents. It can be observed a moderately significant positive correlation of EBP with number of Siblings ($r = .51$, $p < .05$) and number of hours given to Hobbies ($r = .51$, $p < .01$), and a low moderate significant positive correlation between EBP and number of hours given to Playing ($r = .36$, $p < .01$) and number of hours given to Studies at home ($r = .37$, $p < .01$). Anxiety showed the strongest significant correlation with number of Siblings ($r = .53$, $p < .01$) and number of Hours Given to Hobby ($r = .53$, $p < .01$). Academic Problems have the strongest significant correlation with number of Hours Given to Playing ($r = .31$, $p < .01$). Aggression has the strongest positive correlation with number of Siblings ($r = .51$, $p < .05$) and number of Hours Given to Hobby ($r = .51$, $p < .05$). Social Withdrawal has the strongest significant correlation with number of Siblings ($r = .46$, $p < .05$) and number of Hours Given to Hobby ($r = .46$, $p < .05$). Finally, Feelings of Rejection have the highest value of correlation with number of Hours Given to Playing ($r = .43$, $p < .05$) and Psychosomatic Problems have the highest value of correlation which is also the strongest with number of Hours Given to Studies at Home ($r = .62$, $p < .05$).

Table 4. Pearson Product Moment Correlation of Personal Variables with Emotional and Behavioral Problems.

| Personal Variables | EPB | ANX | AP | AG | SW | FR | PP |
|--|-------|-------|-------|-------|-------|-------|-------|
| Age | -.00 | .02 | -.03 | -.04 | -.02 | -.02 | -.03 |
| Number of family members | -.09 | -.11* | -.02 | -.07 | -.05 | -.07 | .06 |
| Number of siblings | .51* | .53** | -.11* | .51** | .46** | .28** | .37** |
| Number of hours given to hobbies | .51** | .53** | -.12* | .51** | .46** | .28** | .37** |
| Number of hours given to playing | .36** | .28** | .31** | .13** | .18** | .43** | .39** |
| Number of hours given to studies at home | .37** | .38** | .19** | .10* | .45** | .29** | .62** |

Notes: EBP= Emotional and Behavioral Problems; AP= Academic Problems; SW= Social Withdrawal; FR= Feeling of Rejection; PP= Psychosomatic Problems.

Table 5 shows Mean, Standard Deviation, and *t* values for EBPs with respect to sex (Males: *M*= 160.69, *SD*= 36.80, and Females: *M*= 160.50, *SD*= 36.34) sector of school, and family structure. There was no found significant difference in EBPs and its subscales for gender sector of school and family structure.

Table 5. Independent Sample t-test showing the effect of Personal Variables of Emotional and Behavioral Problems.

| Variables | <i>M (SD)</i> | | <i>t(df)</i> | <i>p</i> | 95% <i>CI</i> | | |
|------------------|------------------------|-----------------------|---------------|-----------|---------------|-------------|------|
| | Male <i>n</i> =198 | Female <i>n</i> =202 | | | Lower level | Upper level | |
| Gender | EBP | 160.69 (36.80) | 160.50(36.34) | .05(381) | .95 | -7.15 | 7.54 |
| | Anxiousness | 40.17 (10.28) | 40.09(10.06) | .07(381) | .93 | -1.96 | 2.12 |
| | Academic Problems | 29.44 (8.02) | 29.71(8.33) | -.32(398) | .74 | -1.87 | 1.34 |
| | Aggression | 31.22 (7.31) | 31.26(7.32) | -.06(398) | .95 | -1.48 | 1.39 |
| | Social Withdrawal | 27.03 (8.73) | 27.14(8.70) | -.12(398) | .90 | -1.83 | 1.60 |
| | Feeling of Rejection | 17.00 (4.49) | 17.03(4.43) | .07(381) | .93 | -.91 | 0.84 |
| | Psychosomatic Problems | 17.24(4.77) | 17.25(4.74) | -.01(398) | .99 | -.94 | 0.93 |
| | Private <i>n</i> =198 | Public. <i>n</i> =202 | | | | | |
| Sector of School | EBP | 160.75(36.66) | 160.43(36.48) | .08(381) | .93 | -7.03 | 7.66 |
| | Anxiousness | 40.20(10.26) | 40.05(10.08) | 1.4(381) | .88 | -1.89 | 2.19 |
| | Academic Problems | 29.59(8.19) | 29.57(8.16) | .02(398) | .98 | -1.58 | 1.62 |
| | Aggression | 31.23(7.31) | 31.26(7.33) | -.04(398) | .96 | -1.46 | 1.40 |
| | Social Withdrawal | 27.10(8.72) | 27.08(8.71) | .02(398) | .98 | -1.69 | 1.73 |
| | Feeling of Rejection | 17.00(4.44) | 17.03(4.47) | .14(381) | .88 | -1.89 | 2.19 |
| | Psychosomatic Problems | 17.23(4.7) | 17.26(4.78) | -.06(398) | .95 | -.96 | 0.90 |
| | Nuclear <i>n</i> =199 | Joint <i>n</i> = 201 | | | | | |
| Family Structure | EBP | 160.97(36.91) | 160.21(36.22) | .20(381) | .83 | -6.58 | 8.11 |
| | Anxiousness | 40.28(10.36) | 39.98(9.97) | -.03(398) | .97 | -1.46 | 1.41 |
| | Academic Problems | 29.51(8.05) | 29.65(8.30) | -.16(398) | .87 | -1.74 | 1.47 |
| | Aggression | 31.23(7.29) | 31.25(7.34) | -.03(398) | .97 | -1.46 | 1.41 |
| | Social Withdrawal | 27.08(8.73) | 27.09(8.70) | -.02(398) | .98 | -1.73 | 1.69 |
| | Feeling of Rejection | 17.02(4.48) | 17.01(4.43) | .01(398) | .99 | -.87 | .88 |
| | Psychosomatic Problems | 17.26(4.76) | 17.23(4.74) | .06(398) | .94 | -.90 | .96 |

Table 6 presents the results of the One Way ANOVA showing the role of birth order, hobbies, and last grade achieved by children and its impact on the wide range of EBP experienced by them. Except for the effect of birth order on overall scores of

Table 6. One-way ANOVA showing the role of Birth Order, Hobbies, and Last Grade achieved on Emotional and Behavioral Problems.

| | | <i>M (SD)</i> | | | | <i>F</i> | <i>P</i> | η^2 |
|-------------|-------------------------|-------------------------|--------------------------|------------------------|----------------------|----------|----------|----------|
| | | First (<i>n</i> = 78) | Middle (<i>n</i> = 215) | Last (<i>n</i> = 104) | Only (<i>n</i> = 4) | | | |
| Birth Order | EBP | 165.40 (14.52) | 158.22 (43.11) | 161.36 (29.47) | 206 (19.51) | 2.23 | .08 | - |
| | ANX | 41.13 (4.08) | 39.83 (12.23) | 39.79 (7.54) | 52.66(3.05) | 1.82 | .14 | - |
| | AP | 37.07 (9.52) | 26.65 (6.21) | 30.04 (7.03) | 28.66(5.03) | 40.42 | <.05 | .23 |
| | AG | 28.28 (2.81) | 31.26 (8.79) | 33.21 (5.20) | 38.33(8.73) | 8.13 | <.05 | .05 |
| | SW | 29.58 (3.83) | 26.82 (10.66) | 25.34 (5.68) | 41.33(4.04) | 6.53 | <.05 | .04 |
| | FR | 18.46 (2.73) | 16.81 (4.72) | 16.24 (4.64) | 21 (5.29) | 4.87 | <.05 | .03 |
| | PP | 18.87 (4.54) | 16.82 (4.92) | 16.72 (4.20) | 24 (1.73) | 6.29 | <.05 | .04 |
| | Study (<i>n</i> = 141) | Mobil (<i>n</i> = 200) | Play (<i>n</i> = 20) | TV (<i>n</i> = 39) | | | | |
| Hobbies | EBP | 160.02 (34.74) | 156.40 (34.04) | 226 (.01) | 142.95(25.85) | 29.30 | <.05 | .18 |
| | ANX | 40.14 (8.48) | 39.80 (10.70) | 52 (.01) | 32.27(10.66) | 15.04 | <.05 | .10 |
| | AP | 26.80 (8.28) | 28.80 (4.76) | 34 (.01) | 41.41(11.98) | 47.56 | <.05 | .26 |
| | AG | 31.62 (6.12) | 30 (6.94) | 48 (.01) | 27.66(1.00) | 57.13 | <.05 | .30 |
| | SW | 25.75 (8.90) | 25.70 (7.22) | 45 (.01) | 29.84(6.07) | 42.33 | <.05 | .24 |
| | FR | 16.63 (4.24) | 16.80 (4.00) | 25 (.01) | 15.41(4.58) | 28.46 | <.05 | .17 |
| | PP | 19.05 (4.45) | 15.30 (4.11) | 22 (.01) | 18.28(5.51) | 30.98 | <.05 | .19 |
| | A (<i>n</i> = 258) | B (<i>n</i> = 61) | C (<i>n</i> = 60) | D (<i>n</i> = 21) | | | | |
| Last Grade | EBP | 155.22 (39.43) | 142.54 (11.71) | 182.66 (17.08) | 211.61 (2.83) | 35.06 | <.05 | .21 |
| | ANX | 38.95 (11.02) | 35.42 (5.39) | 46.66 (6.65) | 48.61 (2.83) | 21.58 | <.05 | .14 |
| | AP | 28.41 (9.25) | 28.24 (2.38) | 31.66 (2.64) | 41.85 (.65) | 22.51 | <.05 | .14 |
| | AG | 31.26 (8.42) | 27.75 (1.83) | 32 (3.77) | 39.00 (.01) | 13.96 | <.05 | .09 |
| | SW | 26.77 (9.80) | 22.22 (3.98) | 31 (4.58) | 33.90 (.43) | 16.48 | <.05 | .11 |
| | FR | 16.27 (4.37) | 14.11 (1.21) | 20.66 (2.64) | 24.09 (.43) | 61.09 | <.05 | .31 |
| | PP | 16.48 (4.56) | 14.77 (.93) | 20.66 (4.82) | 24.14 (.65) | 43.29 | <.05 | .24 |

Notes: AG= Aggression; ANX= Anxiousness; AP= Academic Problems; EBP= Emotional and Behavioral Problems; FR= Feeling of Rejection; PP= Psychosomatic Problems; SW= Social Withdrawal.

EBP and Anxiousness experienced by adolescents, all the other personal variables are found to play a significant role i.e. ($F(2,398)= 40.42, p <.05$) for Academic Problems, ($F(2,398)= 8.13, p <.05$) for Aggression, ($F(2,398)= 6.53, p <.05$) for Social Withdrawal, ($F(2,398)= 4.87, p <.05$) for Feelings of Rejection, and ($F(2,398)= 6.29, p <.05$) for Psychosomatic Problems. According to the values of eta square it can be deduced that birth order showed the greatest impact on academic problems The effect size calculated as eta squared ($\eta^2= .23$) indicated that the effect was medium, hobbies showed the greatest impact on aggression ($\eta^2= .30$), and also academic problems ($\eta^2= .26$), and social withdrawal ($\eta^2= .24$). Grade showed to have the greatest impact on feelings of rejection and psychosomatic problems ($\eta^2= .31$ and ($\eta^2= .24$, respectively).

Table 7 contains results about post-hoc analysis of the between-group effect of personal variables of EPBs that elaborates the dynamics of EPBs and how they are affected by the personal variables. It is observed that birth orders have no significant impact on overall scores of EBP and anxiety. However, the rest of the EBPs were affected by birth order. Tukey's HSD Test for multiple comparisons found that mean value for academic performance between elder born, middle born and last born are significant, with an average difference of 10.42, 7.02 and 3.39 respectively ($p <.05$). Mean difference of 4.24 of social withdrawal among first and last born was found to be significant ($p <.05$). There was no statistically significant difference in mean scores of EBP overall with birth order. For Psychosomatic Problems all are significantly different between first born and middle born with an average difference of 2.04 ($p <.05$), between first born and last born 2.15 ($p <.05$) only child and middle born with a mean difference of 7.17 ($p <.05$), and 7.27 mean difference between only born and last born ($p <.05$).

Table 7. Post-hoc Analysis showing the between-group effect of Birth Order on Emotional and Behavioral Problems.

| Variables | i-j | MD (i-j) | SE | 95%CI | | |
|-------------|---------------|--------------|--------|-------------|-------------|-------|
| | | | | Lower level | Upper level | |
| AP | First>Middle* | 10.42 | .94 | 7.97 | 12.86 | |
| | First>Last* | 7.02 | 1.0 | 4.25 | 9.80 | |
| | Middle>Last* | 3.39 | .85 | -5.60 | -1.18 | |
| AG | First<Middle | -2.98 | .94 | -5.41 | -.55 | |
| | First<Last | -4.92 | 1.06 | -7.68 | -2.17 | |
| Birth Order | SW | First>Last* | 4.24 | 1.27 | .94 | 7.54 |
| | SW | Middle>Only | -14.50 | 4.90 | -27.30 | -1.70 |
| | | Last>Only | 15.98 | 4.99 | 3.09 | 28.87 |
| | FR | First>Middle | 1.64 | .58 | .15 | 3.14 |
| | | First>Last | 2.22 | .65 | .52 | 3.91 |
| PP | First>Middle* | 2.04 | .61 | .45 | 3.63 | |
| | First>Last* | 2.15 | .69 | .34 | 3.95 | |
| | Only>Middle* | 7.17 | 2.70 | .18 | 14.16 | |
| | Only>Last* | 7.27 | 2.72 | .23 | 14.32 | |

Notes: AG= Aggression; AP= Academic Problems; FR= Feelings of Rejection; PP= Psychosomatic Problems; SW= Social Withdrawal; i-j= Mean of the First Group-Mean of Second Group; MD= Mean Difference; SE= Standard Error; * = $p <.05$.

No significant differences were found in any of the comparisons made between the different birth orders in terms of Feelings of Rejection.

The comparisons between the different hobbies (see Table 8) shows that adolescents who preferred studying and using mobile tend to have significantly higher levels of anxiety as compared to those who preferred watching TV ($MD= -7.87, p <.05$) and playing on mobile phone ($MD= -7.52, p <.05$). Adolescents who prefer playing, using mobile phones over watching TV reported having significantly high levels of Academic Problems ($MD= -12.61, p <.05$, and $MD= -7.41, p <.05$).

Social Withdrawal was higher in the playing group as compared to the studying

Table 8. Post-hoc Analysis showing the between-group effect of Hobbies on Emotional and Behavioral Problems.

| Variables | i-j | MD (i-j) | SE | 95%CI | |
|-----------|----------------|----------|-------|-------------|-------------|
| | | | | Lower level | Upper level |
| EBP | Play > Study | 65.97 | 7.89 | 45.60 | 86.34 |
| | Play > Mobil | 69.60 | 7.74 | 49.60 | 89.54 |
| | Play > TV | 83.4 | 10.20 | 56.70 | 109.38 |
| ANX | Play > Study | 11.85 | 2.30 | 5.90 | 17.79 |
| | Play > Mobil | 12.20 | 2.26 | 6.36 | 18.03 |
| | Play > TV | 19.72 | 2.97 | 12.03 | 27.41 |
| | TV < Study* | -7.87 | 2.21 | -13.58 | -2.17 |
| | TV < Mobil* | -7.52 | 2.16 | -13.11 | -1.93 |
| AP | Study < Mobil | -1.99 | .77 | -3.99 | -.03 |
| | Study < Play | -7.19 | 1.68 | -11.53 | -2.86 |
| | Study < TV | -14.60 | 1.27 | -17.89 | -11.32 |
| | Mobil < Play | -5.20 | 1.64 | -9.45 | -.94 |
| | Mobil < TV* | -12.61 | 1.23 | -15.78 | -9.43 |
| AG | Play < TV* | -7.41 | 1.93 | -12.40 | -2.41 |
| | Play > Study | 16.37 | 1.46 | 12.59 | 20.15 |
| | Play > Mobil | 18.00 | 1.43 | 14.29 | 21.70 |
| | Play > TV | 20.33 | 1.68 | 15.98 | 24.68 |
| | TV > Study | -3.95 | 1.10 | -6.81 | -1.09 |
| SW | Study < Play* | -19.24 | 1.81 | -23.93 | -14.55 |
| | Study < TV* | -4.08 | 1.37 | -7.63 | -.53 |
| | Mobil < Play* | -19.30 | 1.78 | -23.90 | -14.69 |
| | Mobil < TV* | -4.14 | 1.33 | -7.58 | -.71 |
| | Play > TV* | 15.15 | 2.09 | 9.75 | 20.55 |
| FR | Play > Study | 8.36 | .96 | 5.86 | 10.86 |
| | Play > Mobil | 8.20 | .95 | 5.74 | 10.65 |
| | Play > TV | 9.58 | 1.11 | 6.71 | 12.46 |
| PP | Study > Mobil* | 3.75 | .47 | 2.53 | 4.9 |
| | Study < Play* | -2.94 | 1.02 | -5.58 | -.29 |
| | Study > TV* | .77 | .77 | -1.22 | 2.77 |
| | Mobil < Play* | -6.70 | 1.00 | -9.29 | -4.10 |
| | Mobil < TV* | -2.98 | .75 | -4.92 | -1.04 |
| | Play > TV* | 3.71 | 1.18 | .67 | 6.7 |

Notes: AG= Aggression; ANX= Anxiety; AP= Academic Problems; EBDP= Emotional and Behavioral Problems; FR= Feelings of Rejection; PP= Psychosomatic Problems; SW= Social Withdrawal; i-j= Mean of the First Group-Mean of Second Group; MD= Mean Difference; SE= Standard Error; * = $p < .05$.

($MD = -19.24, p < .05$) and using mobile group ($MD = -19.30, p < .05$); higher in the TV watching group as compared to the studying ($MD = -4.08, p < .05$) and using mobile group ($MD = -4.14, p < .05$); and higher in the playing group as compared to the watching TV group ($MD = 15.15, p < .05$). Feelings of rejection were higher in the playing group as compared to the other groups.

No significant differences were found in any of the comparisons made between the different hobbies in terms of Feelings of Rejection, and Aggression

Psychosomatic problems were reportedly higher in the studying group when compared to the using mobile ($MD = 3.75, p < .05$) and watching TV group ($MD = -.77, p < .05$); lower in the mobile group when compared to playing ($MD = -6.70, p < .05$) and watching TV group ($MD = -2.98, p < .05$); and lower in the studying and watching TV group when compared to the playing group with an average difference of $-2.94 (p < .05)$, and $3.71 (p < .05)$ respectively.

The results shows that Last Grade achieved had a significant effect on the total score of EBPs and its subscales (see Table 9). B graders reported low levels of EBP as compared to the A graders ($MD = -12.68, p < .05$), B Graders ($MD = -40.12, p < .05$) and C Graders ($MD = -69.07, p < .05$). C graders had significantly higher levels of EBPs as compared to A graders ($MD = 27.43, p < .05$) and lower levels of problems as compared to D graders ($MD = -28.95, p < .05$).

As we take a deeper look, Anxiousness is experienced significantly more by A graders when compared to B graders ($MD = 3.53, p < .05$), and both experiences significantly less Anxiousness when compared to C and D graders. Psychosomatic

Table 9. Post-hoc Analysis showing the between-group effect of Last Grade achieved on Emotional and Behavioral Problems.

| Variables | <i>i-j</i> | <i>MD (i-j)</i> | <i>SE</i> | 95%CI | |
|-----------|------------|-----------------|-----------|-------------|-------------|
| | | | | Lower level | Upper level |
| EBP | B<A* | -12.68 | 4.64 | -24.68 | -.68 |
| | B<C* | -40.12 | 5.89 | -55.34 | -24.90 |
| | B<D* | -69.07 | 8.20 | -90.25 | -47.8 |
| | C>A* | 27.43 | 4.68 | 15.35 | 39.51 |
| | C<D* | -28.95 | 8.22 | -50.17 | -7.72 |
| ANX | D>B | 56.39 | 7.38 | 37.34 | 75.43 |
| | A>B* | 3.53 | 1.35 | .04 | 7.01 |
| | A<C | -7.70 | 1.36 | -11.21 | -4.19 |
| | A<D | -9.66 | 2.14 | -15.19 | -4.12 |
| | B<C | -11.24 | 1.71 | -15.66 | -6.81 |
| AP | B<D | -13.19 | 2.38 | -19.34 | -7.03 |
| | A<C | -3.24 | 1.08 | -6.05 | -.44 |
| | A<D | -13.43 | 1.72 | -17.87 | -8.99 |
| | B<D | -13.61 | 1.91 | -18.56 | -8.66 |
| AG | C<D | -10.19 | 1.92 | -15.15 | -5.23 |
| | A>B* | 3.50 | .99 | .94 | 6.07 |
| | C>B* | 4.24 | 1.26 | .97 | 7.5 |
| | D>A | 7.73 | 1.58 | 3.65 | 11.82 |
| | D>B | 11.24 | 1.76 | 6.68 | 15.80 |
| SW | D>C | 7.00 | 1.76 | 2.43 | 11.56 |
| | A>B* | 4.54 | 1.17 | 1.51 | 7.57 |
| | A<C | -4.22 | 1.18 | -7.27 | -1.17 |
| | A<D | -7.12 | 1.87 | -11.95 | -2.30 |
| | B<C | -8.77 | 1.49 | -12.63 | -4.90 |
| FR | B<D | -11.67 | 2.08 | -17.05 | -6.29 |
| | A>B* | 2.16 | .52 | .80 | 3.5 |
| | A<C* | -4.38 | .52 | -5.75 | -3.02 |
| | A<D* | -7.81 | .83 | -9.98 | -5.65 |
| | B<C* | -6.55 | .67 | -8.28 | -4.81 |
| PP | B<D* | -9.98 | .93 | -12.39 | -7.56 |
| | C<D* | -3.42 | .93 | -5.84 | -1.01 |
| | A>B* | 1.71 | .58 | .18 | 3.23 |
| | A<C | -4.18 | .59 | -5.71 | -2.65 |
| | A<D | -7.66 | .93 | -10.08 | -5.23 |
| PP | B<C | -5.89 | .75 | -7.83 | -3.95 |
| | B<D | -9.37 | 1.04 | -12.07 | -6.67 |
| | C<D* | -3.47 | 1.04 | -6.18 | -.76 |

Notes: AG= Aggression; ANX= Anxiety; AP= Academic Problems; EBDP= Emotional and Behavioral Problems; FR= Feelings of Rejection; PP= Psychosomatic Problems; SW= Social Withdrawal; *i-j*= Mean of the First Group-Mean of Second Group; MD= Mean Difference; SE= Standard Error; *= $p < .05$.

Problems are experienced less by A and B graders when compared to C and D graders. Meanwhile, A graders experience them more than B graders ($MD = 1.71, p < .05$), and C graders experience them less than D graders ($MD = -3.47, p < .05$).

Aggression is experienced the most by D graders, and A and C graders experience it more than B graders ($MD = 3.50, p < .05$) and ($MD = 4.24, p < .05$). A and B graders experience Social Withdrawal less than C and D graders, while A graders experience it more than B graders. ($MD = 4.54, p < .05$). A graders experience Feelings of Rejection less than C ($MD = -4.38, p < .05$) and D graders ($MD = -7.81, p < .05$) and greater than B graders ($MD = 2.16, p < .05$), while B graders experience them less than C ($MD = -6.55, p < .05$) and D ($MD = 9.98, p < .05$). C graders experience them less than D graders ($MD = -3.42, p < .05$).

No significant differences were found in any of the comparisons made between the last grade achieved in terms of Feelings of Academic Problems.

DISCUSSION

The main objective of this study was to explore the trends of EBPs (i.e., Anxiousness, Academic Problems, Aggression, Social Withdrawal, Feeling of Rejection, and Somatic Problems) among adolescents and find the role of several personal variables (age, sex, birth order, sector of school, academic grade, number of family members, siblings, hobbies, and Physical Playing) in the occurrence of EBPs. This study is a direct attempt to unravel the prevailing trends and correlational psycho-demographic factors in the indigenous population so that interventions could be planned in a better way as has been conceived through previous studies on foreign populations. The instrument used to gauge EBP for adolescents in this study is found to be reliable as alpha reliability of the scale and its sub-scales were found to be in an acceptable range which suggests that it has good internal consistency. The results of this study highlight that 84% of adolescents reported experiencing high levels of emotional and behavioral problems, 5.3% reported facing them at a moderate level, and 10% reported experiencing them at a low level. The same trends of increased EBPs have been reported in the prior literature (Belfer, 2008; David-Ferdon & Kaslow, 2008; Kefale *et alii*, 2018; Kessler *et alii*, 2007; Magai *et alii*, 2018; National Center for Health Statistics, 2004; Sánchez García *et alii*, 2018; Tayebi, *et alii*, 2020; Valverde *et alii*, 2012; Yang *et alii*, 2019) but the current study reported the highest level of EBPs among adolescents.

In indigenous context of Asian countries one of the reasons for the high incidence of EBP reported could be explained by the authoritarian parenting style adopted by parents (Anjum, Noor, & Sharif, 2019). When they don't let their children exercise their will at their discretion, it gives rise to feelings of rejection and defiance (Baumirnd, 1966). As the current study reported that 90% of our sample had feeling of rejection and act defiantly. This was also observed in a study by Barber (1996) where they proposed that parental psychological control is predictive of internalized and in few cases externalized problems of youth (Kazak *et alii*, 2010; Kieling *et alii*, 2011).

Moreover, Magai *et alii* (2018) reported that Asian children are more likely to develop psychosomatic complaints which are in coherence with what is observed in our study where 85% of adolescents reported somatic complaints. One of the explanations for this finding could be that south Asian parents tend to have high academic expectations for their children from a very early age (Chan & Li, 2020). In most cases, this counterintuitively results in having more academic problems (Adams & Christenson, 2000). In line with this notion, it is a possibility that this is why 80% of the adolescents of this study reported experiencing a high level of academic problems.

With the passage of time, the means of social interaction have greatly changed; today, people represent their social identities through the lens of social media (Arruda, 2015). Inevitably, millennial and Generation-Z who are at an age where peers have influences over your actions, individual internet use of influenced by local patterns of usage (Agarwa, Animesh, & Prasad, 2009) appear to have fallen prey to this the most as reflected in our findings where 70% of the participants were noted to have social withdrawal problems and anxiousness.

Gender, Sectors of Schools (private & public), and Family Structure (joint & nuclear) did not reflect a significant difference on EBPs and its subscales. Personal variables such as age and number of family members did not have a significant correlation with EBPs. Meanwhile, other variables, such as number of siblings, number of hours given to

Hobbies, number of hours spent playing, and number of hours given to studies at home produced significant correlations with EBPs and its subscales. It is also interesting to note that the current findings are found to be in contradiction with the prior literature which has shown significant effect of gender and other familial variables (Hameed, Riaz, & Muhammad, 2018; Muller, 1993).

The number of siblings and number of hours given to hobbies had a moderate correlation with anxiousness, aggression, and social withdrawal; a weak significant correlation with feelings of rejection and psychosomatic problems; and a negative, weak but significant correlation with academic problems. The number of hours given to playing and studies at home had a weak positive relationship with almost all subscales except feelings of rejection, which had a moderate relationship with hours given to playing, and psychosomatic problems, which had the strongest relationship with the number of hours dedicated to studies at home. A possible explanation for why adolescents who spent their hours playing experienced moderate feelings of rejection could be that they misconstrued playing as playing alone rather than in a social setting. As for why adolescents who dedicated their time to studying experienced the most psychosomatic problems, a reasonable explanation could be the overemphasis on mentally engaging if not exhausting activities. School-related stress also results in psychosomatic problems (Murberg & Bru, 2004).

According to the findings of ANOVA, different groups of birth order, hobbies, and grades were found to be significantly different than one another on almost all emotional and behavioral problem. Post hoc analysis elaborates the dynamics of these problems and how they are affected by birth order, hobbies, and grades. Dissecting these results, it is observed that birth orders have no significant impact on overall scores of EBP and anxiety. However, the rest of the EBPs were affected by birth order. When we look closely at how birth order has led to different EBPs experienced by adolescents, it is astounding. The report highlights that eldest-born children have significantly low levels of aggression than the middle and younger. Only children face low levels of social withdrawal in comparison to last and middle born, while first-born children experience it more when compared to last born. These findings are supported by the cultural approach towards parenting of children with different birth orders as the eldest born also considered as secondary parents where they not only positively but also negatively influence their younger siblings. Moreover, the eldest child also faces a lot of pressure from the parents in terms of being the role model for the house and sharing the familial responsibilities. Academic Problems were reported vastly by adolescents who were the eldest, followed by the middle born, then the last born respectively. One of the reasons could be that last-born individuals receive help from their elder siblings therefore they report having the least number of problems, whereas, in comparison, elder children who most likely have no one to guide them, face academic problems the most as also reported by Bouchev *et alii* (2010). However, literature has reported inconsistent findings regarding the relationship between birth order and social anxiety (Bögels, van Oosten, Muris, & Smulders 2001).

Aggression, social withdrawal, psychosomatic problems, and feelings of rejection were significantly affected by birth order. Possible reasons could be the divided attention of parents, the presence of sibling rivalry, and lack of resources. In comparison to middle and last-born children, Feelings of rejection are experienced significantly higher by the eldest ones. In case of experiencing psychosomatic problems, the eldest born report them significantly more than middle and last born, and only children report

them significantly more in comparison with middle and last born. Differences in these behavioral and emotional problems by adolescents is moderated by birth order and this is supported by the findings of Tomeny, Barry, and Bader (2014) on autism spectrum disorder. Erguner-Tekinlap and Terzi (2016) that suggested who suggested that birth order plays a vital role in helping individuals become emotionally resilient.

As far as Hobbies are concerned, overall scores of EBPs are significantly high in children who chose playing as their hobby, as compared to studying, using mobile, and watching television. As we try to dig deeper, the same is the case with anxiety. Adolescents who preferred studying and using mobile tend to have significantly higher levels of anxiety as compared to those who preferred watching TV. Adolescents who prefer playing, using mobile phones, and watching TV reported having significantly high levels of Academic Problems as expected compared to those who chose studying as their Hobby. The playing group and watching TV group reported higher Academic Problems than the using mobile group, and the watching TV group had significantly higher Academic Problems than the group of adolescents who chose playing as their Hobby. Aggression was significantly higher in groups who play than the groups who preferred studying, using mobile phones in their leisure time, and watching TV. Interestingly, the group that watched TV shows more aggression than the one that spent time studying. The result shows that the hobbies that children indulge in help them regulate their levels of aggression, so it is very important to have a constructive hobby. Lansford, Dodge, Pettit, Bates, Crozier, and Kaplow (2002) reported that maltreatment in early life can predict psychological and behavioral problems. Although his research focused on physical maltreatment, it is indicative of similar possible effects by non-physical maltreatment. Gilligan (1999) have reported that carefully monitoring children's leisure time activities can play a vital role in making them emotionally resilient. He argued that it is critically important but relatively neglected area in providing care for children and adolescents.

Social Withdrawal was higher in the playing group as compared to the studying and using mobile group; higher in the TV watching group as compared to the studying and using mobile group; and higher in the playing group as compared to the watching TV group. Feelings of rejection were higher in the playing group as compared to the other groups. An explanation for these mixed findings could be rooted in the perception of social support and self-esteem of these adolescents. It is observed in a study conducted by Hameed *et alii* (2018) that social support is negatively related with EBPs among adolescents. More so, self-esteem has a negative correlation with EBPs.

Psychosomatic problems were reportedly higher in the studying group when compared to the using mobile and watching TV group; lower in the mobile group when compared to playing and watching TV group; and lower in the studying and watching TV group when compared to the playing group. As it has been mentioned above that psychosomatic problems are associated with school related stresses (Murberg & Bru, 2004). Moreover, as at this stage adolescents are not aware about the significance of studies, and they found them imposed from others. Hence these findings are supported by the aversion to education and studies at this stage of life,

Grade had a significant effect on the total score of EBPs and its subscales as was also reported by Sánchez García *et alii* (2018) in a Spanish sample. B graders reported low levels of EBP as compared to the other three. C graders had significantly higher levels of EBPs as compared to A graders and lower levels of problems as compared to D graders. As we take a deeper look, Anxiousness is experienced significantly more by A graders when compared to B graders, and both experiences significantly

less Anxiousness when compared to C and D graders. Psychosomatic Problems are experienced less by A and B graders when compared to C and D graders. Meanwhile, A graders experience them more than B graders, and C graders experience them less than D graders. The above-mentioned findings are supporting the current finding where academic problems are associated with psychosomatic problems. An interesting study conducted by Nygren and Hagquist (2019) studied data samples from over twenty years and found that relationship between school demands and psychosomatic problems have significantly strengthened over a course of time however this may not be a causal indication. Aggression is experienced the most by D graders, and A and C graders experience it more than B graders. A and B graders experience Social Withdrawal less than C and D graders, while A graders experience it more than B graders. A graders experience Feelings of Rejection less than C and D graders and greater than B graders, while B graders experience them less than C and D. C graders experience them less than D graders. Low grades and low classroom adjustment have been found to be good predictors of distress and externalizing problems (Ansary & Luthar, 2009). However, the mixed findings of our study necessitate a thorough assessment of these variables.

Given the diverse nature of the afore-mentioned findings there needs to be a comprehensive, in-depth analysis, which should aim to understand the mediating, intricately linked effects of these variables. Future studies should attempt to understand the causes behind these variables and find ways to resolve these problems when they arise in the adolescent stages so that they don't lead to bigger problems in adulthood. Chan and Li (2020) suggested that supporting young people in their adolescence will lead to them having high levels of gratitude and perceived social support which is an effective educational intervention to combat problem behaviors. Role of parents' education may also be explored in future studies. Studies focused at the contrasting impact of religion and culture can be explored in order to get a better understanding.

The aim of this study was to understand dynamics of EBP in our adolescents so that better interventions could be designed to combat the issue. The EBP was found to be reliable on the sample studied for the study. Moreover, upon studying the trends in studied sample interesting findings unraveled. Adolescents studied were found to have higher levels of EPP as gauged by the instrument which is congruent with the findings of previous literature. Looking at the reason it is safe to assume that this could be accounted to the parenting style as 90% of the sample reported experiencing higher levels of rejection and acted in defiance. This was also reported by Barber (1996) that children who experienced troubling parenting control reports having higher levels of internalized and externalized problems. 85% of the sample reported somatic complaints which could be explained by 80% of them having higher academic expectations by parents and 70% of them were noted to have social withdrawal problems and anxiousness.

Variables such number of siblings, number of hours given to hobbies, number of hours spent playing, and number of hours given to studies at home provided significant relationship with the reported experience of EBP. Gender, sector of schools, family structure, age and number of family members did not provide enough evidence for significant correlation with EBP which is contrasting with the existing literature (Hameed *et alii*, 2018; Muller, 1993). Number of hours given to hobbies and number of siblings significantly related with anxiousness, aggression, and social withdrawal indicting that they maneuver emotional experiences of adolescents. Number of hours given to playing and hours given to studies related moderately with feeling of rejection which is more than other subscales.

Overall scores on EBP did not differ significantly with respect to birth order but subscales did demonstrate these effects. Eldest individuals reported significantly lower levels of aggression, only children had lower levels of social withdrawal followed by last borns and then middle born children. EBP and its subscales were found to be significantly lower in children who chose studying, using mobile phone and watching television respectively. This was specifically true for anxiety, aggression, and academic problems. Grades were found to have an interesting interplay of EBP in adolescents with certain problems higher in high graders and certain in low graders. B grade which can be considered as not too low or not too high was reported to have least levels of emotional and behavioral problems. In conclusion, adolescence is a fragile age where children inevitably undergo many EBPs and it is imperative to conduct studies that are aimed at checking the impact of interventional strategies.

Based on the findings, it can be asserted that there is a continued need for school-based interventions focused on dealing with EBPs faced by adolescents. The nature of these problems is ever-changing because of the socio-environmental demands faced by these children therefore it is important to continually explore the nature faced by the children. Consistently contradicting findings in the literature propose that it may be done so that the social, health care and educational policies targeted at optimizing the resources to improve adolescent mental health must be indigenously designed and should be the methods which ought to be outlined for evaluation and management of these concerning symptoms. Moreover, findings from this study endorse that personal variables could be studied with different methodology such as qualitative so that it could be ruled out whether these factors play a significant role or not. There is a dire need of local studies attempting to unfold the dynamics of EBP in adolescents from a trend perspective.

The focus of the current study was based on the trends of emotional and behavioral problems among adolescents in Karachi, Pakistan, that only belonged to children going to an urban setting. Problems faced by children in rural areas could be different and remain unexplored. Furthermore, the sample size is not fully representative of the population of Karachi. Future studies can explore the same construct among children and emerging adults, EBPs in children from other places could be explored to give a broader vision that provides a cross-cultural exploration. Current research has identified the magnitude of emotional and behavioral problems in adolescents, but new studies are needed to explore the efficacy of some cultural relevant interventions to deal with these problems at macro and micro levels.

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Received, July 24, 2023

Final Acceptance, November 18, 2023