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Emotional and Behavioral Problems in Rural Adolescents: The Bangladeshi Example from a Gendered Perspective

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ABSTRACT

Adolescent emotional and behavioral problems are highly prevalent yet often stigmatized. Within Bangladesh's male-dominated societal context, where traditional and religious norms disproportionately restrict women, gender becomes a pivotal factor for psychological well-being. This study therefore employs a gender-specific lens to explore these problems among secondary school students, examining their prevalence and variation across gender. This study draws upon data from the first author's master's thesis. Using a quantitative, cross-sectional design, a survey was administered to 320 eighth-grade adolescents (143 boys, 177 girls) from five co-educational rural secondary schools across Bangladesh, selected via convenience sampling. Problem behaviors were assessed using a self-reported Bengali adaptation of Goodman and Mullick's (2000) Strengths and Difficulties Questionnaire (SDQ). The results indicated that girls reported significantly higher levels of overall problem behavior than boys. This difference was particularly pronounced in the domains of emotional symptoms and hyperactive-inattentive behaviors. The results underscore the critical importance of developing targeted support programs that address the distinct challenges faced by female adolescents..

Keywords:
Behavioral and emotional problems, adolescent, gender differences, rural Bangladesh

1. Introduction

The increasing prevalence of mental health and behavioral adjustment issues has become a prominent concern in contemporary society. A recent WHO study (2021) indicated that over 14% of teenagers aged 10 to 19 years have reported experiencing various forms of mental health issues. Anxiety, depression, and behavioral disorders have emerged as the most prevalent conditions (WHO, 2021). These psychological issues, particularly among adolescents, are subject to various developmental and maturation cycles. (Crockett & Crouter, 2014). Approximately 50% of individual mental health issues manifest during adolescence, specifically during the high school years, typically around the age of 14 (Kessler et al., 2007). Different physical, cognitive, and emotional changes occur during this stage (Christie & Viner, 2005). Various risks (e.g., gender, poor temperament, low self-esteem, poor social skills, and family and peer issues) and protective factors (e.g., positive physical and emotional development, peer, and family support) are strongly affected by these changes (O'Connell et al., 2009). Family dynamics such as encouragement, supervision, attachment, and peer relationships are crucial. In addition, the individual traits of an adolescent play an important role as risk and protective factors reciprocally (Deković,1999). Indeed, gender is a critical factor that affects psychological well-being given human characteristics. It may even be the dominant risk and protective factor, since gender is a critical determinant of mental health (Malhotra & Shah, 2015). Gender differences have been reported in the age of symptom onset, frequency of psychotic symptoms, social adjustment, and long-term outcomes.

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Mental health and behavioral problems are more common among girls than among boys (Schraedley & Gotlib, 1999). There are also well-established gender disparities in general depression, anxiety, and psychological impairment in mental health issues that impact girls to a greater degree than boys across various countries and contexts (Wiklund et al., 2012). Teenagers, particularly those who are unhappy with their social contacts and encounter inadequate social support, are often found to experience more psychological distress, anxiety, and depression (Van Droogenbroeck et al., 2018). Further, early signs of psychological distress among girls are correlated with risk factors for girls' delinquent behavior at a later age (Kofler et al., 2011).

A wide variety of features are defined by the problem behavior. In general, behaviors that interrupt the capacity of an individual to function and adapt efficiently in educational, social, and personal life, and these actions are undesired by the individual as well as by people around him, perhaps considered problem behaviors (Hossain, 2013). Emotional and behavioral issues in early adolescence hinder essential aspects of adulthood such as family functioning, schooling, mental well-being, and employment (Trentacosta et al., 2013). Behavioral problems not only hinder teaching-learning practices, but also affect academic grades. (Kremer et al., 2016). Behavioral problems are often correlated with the use of alcohol, cigarettes, and illegal drugs, teenage pregnancy, and dropping out of school (Connery et al., 2014). In comparison, social life often deteriorates with it (Bone & Meltzer, 1989).

Although adolescents experience widespread mental health difficulties worldwide, they, particularly from developing nations, have inadequate access to mental health support (Lu et al., 2018). Philipp et al. (2018) showed that the assessment of the frequency of new behavioral disorders is crucial for establishing both current and future mental healthcare strategies. In developing nations, there is a pressing need for affordable and simple methods for identifying adolescent mental disorders.

The Context of Rural Bangladesh

Bangladesh is one of the most densely populated countries in the world, with approximately 165 million people, 68.49 percent of whom live in the rural part of Bangladesh (Bangladesh Bureau of Statistics, 2022). It is estimated that there are more than 33 million adolescents (10-19) in Bangladesh, 20 percent of the total population (Bangladesh Bureau of Statistics, 2022). Despite the high number of adolescents belonging to this age group, adolescent mental health-related problems remain with limited attention, especially in rural areas (Rajkumar et al., 2022). Although the National Education Policy 2010 introduced a mental health section, it has hardly evolved during exercise. Secondary schools are yet to offer educational counseling or mental health services. Furthermore, gender stereotypes are prevalent, especially in rural regions (United Nations Development Programme, 2019). Bangladesh's male-dominated social structure shapes its social role and behavioral norms (Ferdaush & Rahman, 2011). These imposed social expectations and gender stereotypes may significantly impact adolescent behavior. Gender, therefore, often remains the primary determinant of behavioral judgment in this socioeconomic context. The present study attempted to explore emotional and behavioral problems among secondary school students, with particular attention to their prevalence and variation across genders.

- To examine the prevalence of emotional and behavioral problems among rural secondary school students.
- To examine gender differences in the prevalence of emotional and behavioral problems among rural secondary school students.

This study addresses a significant gap in the literature by focusing on emotional and behavioral problems among adolescents in rural Bangladesh, a demographic that remains underrepresented in mental health research. Its uniqueness lies in its dual focus: first, in this specific rural context, and second, on examining gender differences through a lens of socially constructed norms. By adopting an explicit gender perspective, the research moves beyond simple prevalence estimates to investigate how gendered expectations shape psychological well-being within a male-dominated sociocultural milieu.

2. Methodology

2.1 Research Design

The study is quantitative in nature, and a cross-sectional survey was conducted. The sample included 320 adolescents (male =143, female =177) aged 14–16 years attending five schools in rural areas from three districts of Bangladesh. Consistent with the recommendations in the statistical power literature (Abraham & Russell, 2008), this sample size was selected to ensure adequate statistical power and estimation precision. The sample offers enough sensitivity to identify small-to-moderate effects frequently found in psychological research, assuming a two-tailed significance level of α =.05 and a targeted power of.80. Additionally, the participants were drawn from multiple schools across the three districts. This approach captures variability in rural school environments and enhances the representativeness of the target population, supporting robust statistical inferences.

Schools were selected using convenient techniques based on accessibility and availability. All students who were present on the day of data collection participated in this study. All five schools were co-educated, as both boys and girls studied together. Moreover, all schools were non-government high schools, so all schools follow the same administrative system. Grade Eight secondary school was selected as a representative grade. Grade eight was selected for two reasons: first, grade eight as an early adolescent group was assumed to have a high time to express unwanted behavior (Rappleyea, 2009) and second, eighth-grade students have better communication skills than earlier grades.

2.2 Measures

Problem behavior was assessed through a self-reported Bengali version of the Strengths and Difficulties Questionnaire (SDQ), a behavioral screening tool to assess emotional and behavioral problems for adolescents (age 3-16) developed by (Goodman, 1999, 2001). The SDQ consists of 25 items on the psychological domain or characteristics using a 3-point Likert-type scale (never, sometimes, and always) based on the individual's behavior over the last six months or the current school year. The 25-item SDQ Scale consists of five domains: four address problem behaviors, including emotional symptoms, conduct problems, hyperactivity-inattention symptoms, and peer problems. The fifth section addresses prosocial behaviors. Each domain consisted of 5 items. The present study was confined to 20 items on problem behavior and excluded prosocial items. All items contributing to the first four subscales were summed to generate a total difficulty score (TDS). The SDQ has been perceived as having acceptable reliability and validity, with a specificity range of 47-84% and a sensitivity range of 81-90% (Goodman et al., 2000).

To ensure appropriate implementation in the present research, the researcher reviewed the Bengali items for linguistic clarity, consulted with the supervisor regarding contextual relevance, and conducted a pilot test with eighth-grade students to confirm comprehension and response consistency. Minor adjustments to the instructions were made based on pilot feedback to ensure a uniform understanding during administration. The Bengali SDQ has established discriminant and construct validity, demonstrating its ability to differentiate behavioral difficulties among Bangladeshi adolescents. In terms of reliability, previous studies have confirmed satisfactory test–retest reliability (Hossain, 2009), and the current study obtained a Cronbach's alpha of .696, indicating acceptable internal consistency for behavioral screening tools. These steps collectively ensured that the Bengali SDQ used in this study was linguistically appropriate, culturally relevant, valid, and reliable for assessing adolescents' emotional and behavioral problems. Moreover, two types of statistics were applied to the quantitative data analysis. Descriptive and inferential statistics were used.

3. Findings

Girls from rural areas exhibited more behavioral problems than did boys (Table 1). This indicates that almost one-fourth (24.4%=Border + Abnormal) of the total students had different kinds of behavioral problems, while 75.60% of students were placed in the normal category. The table also shows that 3.50% of boys are in the abnormal position category, whereas girls attain 7.30%, almost double the number compared to boys. On the other hand, 22.60% of girls were placed on the borderline, whereas boys are on 14%, which indicates that girls are at risk of having more behavioral problems than boys in the future. According to *chi-squared* test analysis, the difference between boys and girls was statistically significant, $\chi 2$ (1, N=320) = .033, $p < .05$. (*N= Total number of students)

Table 1. *Gender Differences in the Prevalence of Problem Behavior According to Percentage on the SDQ Scale*

Problem behavior	Gender	Normal-%	Border-%	Abnormal-%	Level of significance
Peer Problem	Boys	69.90	24.50	5.60	.710
	Girls	68.90	23.20	7.90	
	Total	69.40	23.80	6.90	
Conduct Problem	Boys	80.40	11.90	7.70	.756
	Girls	77.40	14.70	7.90	
	Total	78.80	13.40	7.80	
Emotional Symptom	Boys	89.50	7.00	3.50	.045*
	Girls	79.90	11.30	9.00	
	Total	84.10	9.40	6.60	
Hyperactive-Inattention	Boys	97.20	1.40	1.40	.064
	Girls	92.10	6.80	1.10	
	Total	94.40	4.40	1.30	
TDS	Boys	82.50	14.00	3.50	.033*
	Girls	70.10	22.60	7.30	
	Total	75.60	18.80	5.60	

The prevalence of peer problems (30.70%, considering both borderline and abnormal) is more alarming than any other characteristic of problem behavior according to specific characteristics. The table shows that girls (31.10% considering both border and abnormal) and boys (31.10% considering both border and abnormal) are in an equal position concerning the peer problems. The difference was not statistically significant ($p > .05$). Girls, however, were slightly ahead in the abnormal position category.

The study showed (Table 1) that while boys and girls scored nearly similarly in the abnormal category for conduct problems (Girls=7.90%, Boys=7.70%), girls scored somewhat higher in the borderline category (Girls=14.70%, Boys=11.90%). The study demonstrates (Table 1) that girls and boys are almost equally in abnormal positions (Girls=7.90%, Boys=7.70%) in terms of conduct problems, while girls have slightly higher scores in borderline positions (Girls=14.70%, Boys=11.90%). However, there was no significant difference between girls and boys in the context of conduct problems ($\chi 2$ (1, N=320) =.756, $p < 0.05$).

When it comes to emotional problem behavior, girls have a three times greater chance of being classified as abnormal than boys. About 20.30% of all girls stay either in borderline (11.30%) or in an abnormal position (9%), whereas boys attain a total of 11.50%, in which borderline is 7% and abnormal is 3.50%. Therefore, it is inferred that girls suffer more from emotional problem behaviors than boys. There was a statistically significant difference between girls and boys in terms of emotional symptoms according to chi-square analysis ($\chi 2$ (1, N=320) = .045, $p < 0.05$).

Boys reached an equal percentage (1.40%) both in abnormal and borderline positions. In comparison to the girls and boys, girls (Girls=6.80%) appear to be four times as likely as boys (1.40%) in borderline position and almost share the same number in abnormal positions (Girls=1.10%, boys 1.40%). The percentage indicates that the prevalence of hyperactivity inattention is not significant ($p < .064$), but it might increase in the future among girls.

Overall, a sizable number (abnormal 7.80%) of students were already at risk for conduct problems regardless of gender, while a substantial number of students (Border 13.40%) showed a predisposition to have this kind of problem behavior in the future (table 1). However, nearly one-fourth of students (Border 23.80%) are at risk of experiencing peer problems, whereas about 7% of them are currently in need of support. Although the entire emotional problem behavior scenario did not appear to be very severe (Normal=84%, Border=9.40%, Abnormal=6.60%), the situation was concerning when only addressing the girl's position (Normal=79%, Border=11.30%, Abnormal=9.00%). Similarly, despite the fact that hyperactivity-inattention disorder is the least dangerous of the four problem behaviors, girls demonstrated a noticeable skew in their percentage of borderline cases compared with boys.

Table 2 indicates the prevalence of problem behaviors in specific characteristics according to the mean SDQ score through the lens of gender. This confirmed that girls showed more behavioral problems than their male counterparts, as the TDS of girls (12.72) was higher than that of boys (11.27). Specifically, the TDS of the

emotional symptoms of girls (4.16) was higher than that of boys (3.42). Similarly, the TDS of Hyperactivity-inattentive, peer problem, and conduct problem of girls and boys are Boys=3.71 and Girls= 2.73 (Hyperactivity-inattentive), Boys= 2.88, Girls= 2.82 (Peer problem); Boys= 2.28, and Girls= 2.3 (Conduct problem). It also shows that girls possess higher TDS in all aspects of behavioral problems than boys do.

Table 2. *Gender Differences in the Prevalence of Problem Behavior According to Mean Score on SDQ Scale*

Problem Behavior	Gender	*SD*	N	*M*	p
Emotional Symptoms	Boys	1.81	143	3.42	.000**
	Girls	1.86	177	4.16	
	Total	1.87	320	3.83	
Hyperactive-Inattention	Boys	1.55	143	2.73	.001**
	Girls	1.50	177	3.71	
	Total	1.55	320	3.03	
Peer Problem	Boys	1.58	143	2.82	.812
	Girls	1.82	177	2.88	
	Total	1.72	320	2.83	
Conduct Problem	Boys	1.58	143	2.30	.622
	Girls	1.43	177	2.28	
	Total	1.50	320	2.35	
TDS	Boys	4.55	143	11.27	.06
	Girls	4.74	177	12.72	
	Total	4.70	320	12.07	

SD = Standard Deviation; N = Number of students; M = Mean Score of specific characteristics on problem behavior; TDS- Total Difficulties Score

According to the one-way ANOVA, significant differences were found between girls and boys in terms of emotional symptoms (p=.000<.05) and hyperactivity–inattention (p=.001<.05) problem behavior. However, according to the total TDS, no significant difference was found between girls and boys (p >.05).

4. Discussion and Conclusion

The present study reveals that girls in secondary schools in Bangladesh struggle with more problem behaviors than boys at a significant (p=.033) level. This finding is in line with an earlier study that demonstrated that boys in Bangladesh are less prone to engage in problem behaviors (Morshed & Ahsan, 2010). Social processes in South Asian cultures vary based on gender, role, and position, and gender inequality and oppression are common, with girls being the most victimized (Langer et al., 2019). Social norms and beliefs influence attitudes and behavior, and in patriarchal societies such as Bangladesh, patriarchal practices continue to reinforce gender inequality (Ferdaush & Rahman, 2011). The more distinct the social roles of men and women, the greater the disparities in behavior and attitudes. In addition, sexual abuse (Senn et al., 2008), societal standards (Kessler et al., 2005) and a lack of parental support (Meadows et al., 2006) can all contribute to students' problem behavior. Sexual assault, For example, is a significant issue that affects many young girls, especially in rural Bangladesh, where approximately 64% of adolescent girls have experienced sexual assault, primarily in the hands of strangers (Fattah & Kabir, 2013; Akter & Habib, 2020). The consequences for victims, especially teenagers, can be severe with a higher risk of psychosocial distress and depression (Green et al., 1999).

Furthermore, adolescents in Bangladesh with lower education levels have less egalitarian attitudes toward gender roles than those with higher education (Streatfield et al., 2023). This study also shows that, for both girls and boys, adolescents' individual attitudes toward gender roles are strongly correlated with their peers in the community. The Bangladeshi patriarchy often describes the gender role and participation that girls work mostly at home, and men are expected to take care of them and be involved in income-generation activities. This view frequently prevents girls from receiving the support they need from their families and society to continue their education, especially in rural regions. This results in absenteeism and poor academic performance, eventually leading to dropout rates (Layton et al., 2021). This may explain the higher dropout rate (40.29%) and lower completion rate (59.71%) among the girls in secondary schools compared to boys with 32.50 % dropout and 67.50% completion rates (Bangladesh Bureau of Educational Information and Statistics, 2022)

Along with school performance, inferior self-esteem, promoted by inferior social standing, often affects adolescents' perceptions of their own appearance and existence (Rose & Vogel, 2020). Poor self-esteem correlates with a higher level of depression and contributes to a higher level of engagement in problem behaviors (Siyez, 2008). Prior research (Eckes & Trautner, 2012) has found that society's values and perceptions of gender influence the thinking, emotions, and actions of adolescents. Inadequate parental involvement and neglect are substantially susceptible to the externalization and internalization of problem behaviors. (Hafen & Laursen, 2009).

The results, however, are also consistent with urban adolescent studies, as Hossain (2013) observed that the prevalence of problem behaviors among girls is greater than that of boys in urban secondary schools in Bangladesh. This pattern of gender differences in problem behaviors across cultures is noteworthy. For example (Yang et al., 2019), for example, conducted on Chinese adolescents found that boys (13.2%) in secondary school were less likely to have behavioral problems than girls (20.3%). Similar findings from a Belgian study revealed that girls are at a significantly higher level than boys in experiencing psychological distress, depression, and anxiety (Van Droogenbroeck et al., 2018).

According to the prevalence of SDQ, girls exhibit more problem behavior than boys in all domains of the four attributes, including peer problems, conduct problems, hyperactive inattention, and emotional problem behavior. This indicates that girls possess more problem behaviors in both internalizing and externalizing domains than boys. However, Abad, Forns, and Gomez (2002) found that boys showed more externalizing problem behavior (boys = 14.2, girls =13.3), and girls had more internalizing problem behavior (boys =12.2, girls =14.5). However, this study suggests that regardless of gender, students who have behavioral problems are mostly loaded with peer adjustment issues (30.7%). Morshed and Ahsan (2010) identified peer problems as a significant issue with a mean of 2.75. However, the present study showed an upward trend with a mean of 2.83, indicating that this problem has become more pressing. If so, this concern needs to be addressed immediately, as peer-related behavioral issues have a negative impact on adolescent behavior (Tomé et al., 2012).

In addition to peer adjustment issues, there was a significant difference in emotional problem behaviors between girls and boys in terms of both frequency ($p=.045<.05$) and degree ($p=.000<.05$). An earlier study (Morshed & Ahsan, 2010) reports that emotional problem behaviors among children in rural areas were comparatively higher in Bangladesh. In terms of gender differences, interestingly, while the mean score of the present study of emotional problem behavior among girls and boys was 4.16 and 3.42, respectively, 10 years earlier, Morshed and Ahsan (2010) found 4.09 that boys and 3.97 for girls indicated a general trend of emotional adjustment issues from a gender perspective. In a cross-sectional analysis conducted by Fink et al. (2015) between 2009 and 2014, the findings reflected a similar pattern: girls displayed more emotional difficulties than boys.

Students who display any maladaptive behavior, such as depression, intense fear of something, and obsession/compulsive behavior, are described as having emotional problem behavior (Smith & Taylor, 2010). Inactivity, hopelessness, sadness, poor self-esteem, and feelings of remorse such as internalizing actions are often considered in this regard (Ogundele, 2018). Previous studies (Abad et al., 2002; Haugan, 2021, Magai et al., 2018) have consistently indicated that the prevalence of emotional disturbances is more prominent in girls than in boys. Carter et al. (2009) explained that pubertal changes in early adolescent girls affect their mental states and emotional and behavioral problems. Other studies (Aldam et al, 2019; Bucchianeri et al., 2014; Sandhu & Kaur, 2012; Yeh, 2011;) have suggested that poor interpersonal relationships with family and peers, insecure attachment, and harassment are the main factors responsible for the advancement of emotional problem behavior among adolescents (Stewart et al., 2000). It has been suggested that in Bangladesh's parenting style, boys receive preferential treatment, such as first access to opportunities and more social freedom, while girls are conditioned for obedience and submission, resulting in lower status. The emotional and disruptive behavior of teenagers relies primarily on social interactions with peers and family members (Barrera & Li, 1996). An important positive association between unstable attachment and emotional symptoms among adolescents has been previously reported (Wambua et al., 2018). Previous evidence has suggested that mental well-being is associated with violence. (Bucchianeri et al., 2014).

The findings revealed a substantial variation in hyperactive-inattention problem behavior between girls and boys. However, the findings defied those of other studies (Evans et al., 2017), which found that boys have more hyperactive inattention problems than girls. In a demographic survey conducted by Barkley in 2006, the ratio of boys to girls was 3:1. In addition to being an indicator of emotional problem behavior, inattention/hyperactivity behavior is influenced by parental neglect, indifference, and abuse (Molina & Musich, 2016). In addition, rivalry and a lack of cohesiveness in the family community are contributors. However, some findings suggest that hyperactivity/impulsivity is strongly linked to peer issues. Chi-square tests of teacher scores revealed that perceived inattention was more frequently linked to disliking by peers than in classrooms with high distractibility (Tannoia & Lease, 202). This research itself is a triangulation for this finding, which shows that the percentage is higher in the case of peer problems among all other behavioral problems in rural Bangladesh.

6. Recommendation

The study concluded that girls not only experienced internalizing problem behavior, but also externalizing problem behavior in the rural setting of Bangladesh. As both emotional and hyperactivity inattention issues are the strongest predictors of diverse measures of adolescent functioning, more focus should be placed on socio-emotional learning, psychological well-being, and school preparedness. This study provides a better understanding of the educational and institutional mental health settings in Bangladesh, which aids in developing and implementing an effective policy that enables students to adapt to a better learning environment. Thus, these findings may have implications for policy and institutional change, or both, all of which would improve school mental health services.

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