

Research Paper

Behavioural Problems among the Adolescent Students in the Imphal Valley of Manipur

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ABSTRACT

Background: Adolescence is a critical developmental period characterized by significant physical, emotional, cognitive, and social changes. During this stage, emotional and behavioural problems may emerge and adversely affect academic performance, interpersonal relationships, and overall well-being. Despite the growing recognition of adolescent mental health as a public health priority, evidence regarding behavioural problems among adolescents in north-eastern India, particularly Manipur, remains limited. The objective of the study is to assess the prevalence of behavioural problems among adolescent students in Manipur and examine their association with demographic and socio-economic characteristics. **Methods:** A cross-sectional study was conducted among 323 adolescent students selected through simple random sampling from three educational institutions in Imphal West district, Manipur. Behavioural problems were assessed using the Strengths and Difficulties Questionnaire (SDQ), while socioeconomic status was measured using the Modified Kuppuswamy Socioeconomic Status Scale. Descriptive statistics and Chi-square tests were used to analyse the data, with statistical significance set at $p < 0.05$. **Results:** The findings revealed that 74.0% of participants were classified within the abnormal SDQ category, 18.3% were borderline, and only 7.7% were within the normal range. Significant associations were observed between behavioural problems and gender ($\chi^2 = 10.393$, $p = 0.006$), age ($\chi^2 = 41.243$, $p = 0.001$), and class of study ($\chi^2 = 31.712$, $p < 0.001$). Female students demonstrated a significantly higher prevalence of abnormal behavioural scores compared with males. No significant associations were found between behavioural problems and parental marital status, family type, religion, place of residence, head of family, or socioeconomic status. **Conclusion:** A high prevalence of behavioural problems was observed among adolescents in Manipur. Gender, age, and educational level were significant determinants of behavioural difficulties. The findings highlight the need for routine mental health screening, school-based counselling services, and targeted interventions to promote adolescent psychological well-being.

Keywords: *Adolescents, Behavioural Problems, Mental Health, Manipur*

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Adolescence represents a transitional stage from childhood to adulthood, which is characterized by profound biological, psychological, emotional, and social changes. This developmental period is often accompanied by increased vulnerability to emotional and behavioural difficulties that can significantly influence educational achievement, social functioning, and long-term mental health outcomes. Globally, mental health disorders account for a substantial proportion of the disease burden among adolescents, with many psychiatric conditions first emerging during this period (Kieling et al., 2011; Polanczyk et al., 2015).

Behavioural and emotional problems among adolescents have become a growing public health concern worldwide. These problems encompass a wide range of difficulties, including conduct problems, hyperactivity, emotional symptoms, peer relationship problems, and impaired prosocial behaviour. If left unrecognized and untreated, behavioural difficulties may contribute to poor academic performance, substance abuse, social maladjustment, self-harm, and mental disorders in adulthood (Malhotra & Patra, 2014; UNICEF, 2019). Therefore, early identification and intervention are essential for promoting healthy psychosocial development and preventing adverse outcomes.

The Strengths and Difficulties Questionnaire (SDQ), developed by Goodman (1997), is one of the most widely used screening tools for assessing behavioural and emotional problems among children and adolescents. It has demonstrated satisfactory psychometric properties across diverse cultural settings and has been extensively employed in epidemiological studies to evaluate adolescent mental health (Goodman, 1997; Giannakopoulos et al., 2009). Studies conducted in different countries have reported varying prevalence rates of behavioural and emotional problems, reflecting the influence of sociocultural, familial, and environmental factors on adolescent mental health (Van Roy et al., 2006; Vugteveen et al., 2022).

In India, behavioural and emotional problems among adolescents have increasingly attracted research attention. Evidence suggests that a considerable proportion of Indian adolescents experience psychological distress, emotional difficulties, and behavioural challenges related to academic pressure, family expectations, and social changes (Deb et al., 2015; Bhola et al., 2016). Systematic reviews have further indicated that mental health disorders among children and adolescents constitute a significant public health challenge in the country (Malhotra & Patra, 2014). Studies conducted in school settings have identified associations between behavioural problems and factors such as age, gender, academic stress, and family environment (Masare et al., 2017; Harikrishnan & Sailo, 2021).

Although several studies have explored adolescent behavioural problems in different regions of India, evidence from the northeastern states remains scarce. Manipur has a unique sociocultural context and demographic profile that may influence adolescent psychological well-being. Understanding the prevalence and determinants of behavioural problems in this setting is essential for developing context-specific mental health interventions and school-based support programmes.

Furthermore, socio-demographic factors such as age, gender, family structure, parental marital status, residence, and socioeconomic status have been reported to influence adolescent mental health outcomes, although findings remain inconsistent across studies (Reiss, 2013; Masare et al., 2017; Vugteveen et al., 2022). Examining these factors within

the local context may provide valuable insights into the determinants of behavioural difficulties among adolescents in Manipur.

Therefore, the present study aimed to assess behavioural problems among adolescent students in Manipur using the Strengths and Difficulties Questionnaire and to examine their association with selected socio-demographic characteristics. The findings are expected to contribute to the existing body of knowledge on adolescent mental health and provide evidence for strengthening school-based mental health services and preventive interventions in the region.

METHODS AND MATERIALS

A cross-sectional study design was used to assess behavioural problems among the adolescent students in Manipur. The study included 323 adolescent students selected from 3 educational institutions in the Imphal West district, Manipur, using simple random sampling technique. The students included were studying from class VIII to XII. The participants included 174 adolescent students from Praja Higher Secondary School, 63 from Prism Higher Secondary School, and 86 from Wangoi Higher Secondary School of Manipur. After obtaining necessary permission and consent, the data were collected.

Study Tools

- **Strengths and Difficulties Questionnaire (SDQ):** The SDQ is a standardized screening instrument used to assess behavioural and emotional problems among children and adolescents (Goodman, 1997). It consists of 25 items divided into five subscales: Each item is scored on a three-point scale, and the total difficulties score categorizes respondents into normal, borderline, and abnormal behavioural categories.
- **Kuppuswamy Socioeconomic Status Scale:** Socioeconomic status was assessed using the Modified Kuppuswamy Socioeconomic Status Scale updated for 2024 (Mandal & Hossain, 2024), which classifies families into five categories: Upper, Upper middle, Lower middle, Upper lower, and Lower. The classification is based on parental education, occupation, and monthly income.

Ethical Considerations

Permission was obtained from the school administrators. Informed consent was also obtained from the students before the data collection. Confidentiality and participant's welfare were ensured during the data collection, and ethical guidelines were strictly followed and maintained. Ethical Approval was obtained from the Institutional Ethics Committee, Dhanamanjuri University, with ethical clearance number 2025-DMU/IEC/046 dated 29/01/2026.

Statistical Analysis

Data were analysed using descriptive and inferential statistics. The Chi-square test was used to determine the association between behavioural problems and sociodemographic variables. A p-value less than 0.05 was considered statistically significant.

RESULTS

Socio-demographic Characteristics of Participants: A total of 323 adolescents participated in the study. Of these, 168 (52.0%) were female and 155 (48.0%) were male. The majority of participants were aged above 15 years (65.6%), while 34.4% were aged 15 years or

below. Most respondents were studying in Class XI (42.7%), followed by Class XII (27.9%) as shown in Table 1.

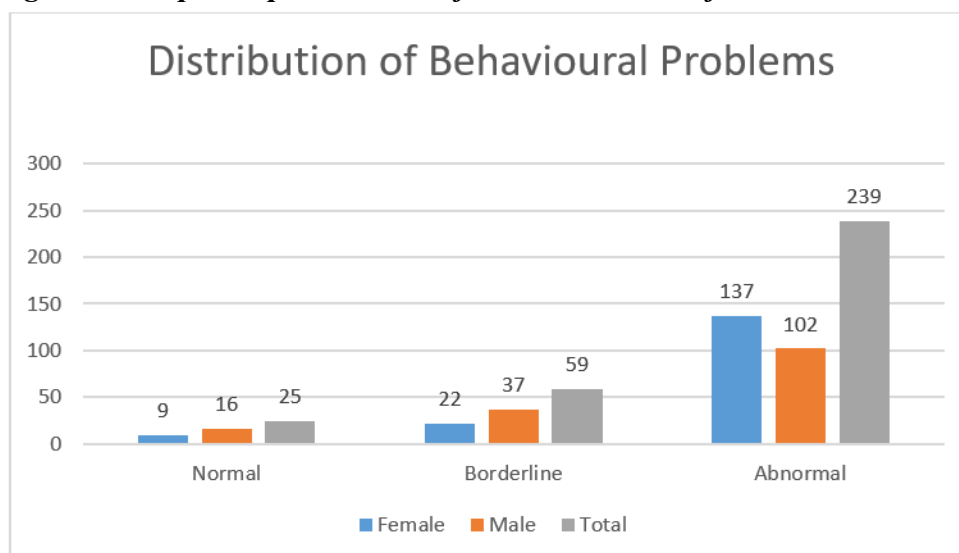
Regarding parental marital status, the majority of participants reported that their parents were married (84.5%), while 9.9% had widowed parents and 5.6% had divorced parents. Nearly equal proportions of adolescents belonged to nuclear (47.7%) and joint families (48.0%), whereas only 4.3% belonged to extended families.

In terms of religion, almost half of the participants followed Sanamahi faith (49.2%), followed by Hinduism (38.4%). A majority of respondents resided in rural areas (56.0%), while 44.0% were from urban areas. Fathers were reported as the head of the family by most participants (66.9%).

Table 1: Socio-demographic Characteristics of the Study Participants (N = 323)

Variable	Category	Frequency (n)	Percentage (%)
Age	≤ 15 years	111	34.4
	> 15 years	212	65.6
Gender	Female	168	52.0
	Male	155	48.0
Parents' Marital Status	Married	273	84.5
	Divorced	18	5.6
	Widow	32	9.9
Family Type	Nuclear Family	154	47.7
	Joint Family	155	48.0
	Extended Family	14	4.3
Religion	Sanamahi	159	49.2
	Hinduism	124	38.4
	Christianity	18	5.6
	Islam	18	5.6
	Others	4	1.2
Residence	Rural	181	56.0
	Urban	142	44.0
Socioeconomic Status	Upper	8	2.5
	Upper Middle	81	25.1
	Lower Middle	98	30.3
	Upper Lower	110	34.1
	Lower	26	8.0

Distribution of Behavioural Problems: Assessment using the Strengths and Difficulties Questionnaire (SDQ) revealed that 239 (74.0%) participants were classified within the abnormal category, while 59 (18.3%) were categorized as borderline. Only 25 (7.7%) participants fell within the normal range, indicating a high prevalence of emotional and behavioural difficulties among the study population as shown in Figure 1.

Figure 1: Graphical presentation of the Distribution of Behavioural Problems

Association between Socio-demographic Variables and Behavioural Problems: Chi-square analysis revealed significant associations between behavioural problems and gender ($\chi^2 = 10.393$, $df = 2$, $p = .006$), age ($\chi^2 = 41.243$, $df = 18$, $p = .001$), and class of study ($\chi^2 = 31.712$, $df = 8$, $p < .001$).

No statistically significant associations were observed between behavioural problems and parents' marital status ($\chi^2 = 0.602$, $df = 4$, $p = .963$), family type ($\chi^2 = 5.977$, $df = 4$, $p = .201$), religion ($\chi^2 = 13.434$, $df = 8$, $p = .098$), place of residence ($\chi^2 = 0.893$, $df = 2$, $p = .640$), head of family ($\chi^2 = 12.973$, $df = 8$, $p = .113$), or socioeconomic status ($\chi^2 = 10.098$, $df = 8$, $p = .258$) as shown in Table 2.

Table 2: Association between Socio-demographic Variables and Behavioural Problems

Variable	Category	N (%)	χ^2	df	p-value
Gender	Female	168 (52.0)	10.393	2	0.006*
	Male	155 (48.0)			
Age	≤ 15 years	111 (34.4)	41.243	18	0.001**
	> 15 years	212 (65.6)			
Class/Standard	VIII	44	31.712	8	<0.001***
	IX	22			
	X	29			
	XI	138			
	XII	90			
Parents' Marital Status	Married	273 (84.5)	0.602	4	0.963
	Divorce	18 (5.6)			
	Widow	32 (9.9)			
Family Type	Nuclear	154 (47.7)	5.977	4	0.201
	Joint	155 (48.0)			
	Extended	14 (4.3)			
Religion	Sanamahism	159 (49.2)	13.434	8	0.098
	Hinduism	124 (38.4)			
	Christian	18 (5.6)			

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Variable	Category	N (%)	χ^2	df	p-value
Residence	Islam	18 (5.6)	0.893	2	0.640
	Others	4 (1.2)			
	Rural	181 (56.0)			
	Urban	142 (44.0)			
Head of Family	Grandfather	46	12.973	8	0.113
	Grandmother	29			
	Father	216			
	Mother	30			
	Uncle	2			

Note: * $p < .05$, ** $p < .01$, *** $p < .001$ are statistically significant

Association between Gender and Behavioural Problems: Among female participants, 137 (81.5%) were classified within the abnormal SDQ category, compared to 102 (65.8%) among males. Borderline behavioural problems were observed among 22 (13.1%) females and 37 (23.9%) males. Normal SDQ scores were reported by 9 (5.4%) females and 16 (10.3%) males. The association between gender and behavioural problems was statistically significant ($\chi^2 = 10.393$, $df = 2$, $p = .006$) as shown in Table 3.

Table 3: Association between Gender and Behavioural Problems (SDQ)

SDQ Category	Female n (%)	Male n (%)	Total n (%)	χ^2 (df)	p-value
Normal	9 (5.4)	16 (10.3)	25 (7.7)	10.393 (2)	0.006*
Borderline	22 (13.1)	37 (23.9)	59 (18.3)		
Abnormal	137 (81.50)	102 (65.8)	239 (74.0)		
Total	168	155	323		

Note: * $p < .05$ is statistically significant

Association between Socioeconomic Status and Behavioural Problems: Although variations were observed across socioeconomic groups, the association between socioeconomic status and behavioural problems was not statistically significant ($\chi^2 = 10.098$, $df = 8$, $p = .258$). The highest proportion of abnormal SDQ scores was observed among adolescents belonging to the lower socioeconomic group, whereas relatively lower proportions were observed among participants from upper and upper-middle socioeconomic categories as shown in Table 4.

Table 4: Association between Socioeconomic Status and Behavioural Problems (SDQ)

SES Status	Normal n (%)	Borderline n (%)	Abnormal n (%)	Total (n)	χ^2 (df)	p-value
Upper	1 (4)	2 (3.4)	3 (1.3)	8 (2.5)	10.098 (8)	0.258 ^a
Upper Middle	11 (44)	13 (22.0)	23 (9.6)	81 (25.1)		
Lower Middle	7 (28)	7 (11.9)	19 (7.9)	98 (30.3)		
Upper Lower	4 (16)	19 (32.2)	31 (13.0)	110 (34.1)		
Lower	2 (8)	18 (30.5)	163 (68.2)	26 (8)		
Total	25	59	239	323		

Note: p^a is not significant

DISCUSSION

The present study examined emotional and behavioural difficulties among adolescents and their association with selected socio-demographic characteristics. The findings revealed that a substantial proportion of participants were classified within the abnormal SDQ category, indicating a considerable burden of emotional and behavioural difficulties among adolescents. This observation is consistent with global evidence demonstrating that mental and behavioural disorders are among the leading causes of morbidity during adolescence and represent a major public health challenge worldwide (Kieling et al., 2011; Polanczyk et al., 2015).

The study found a significant association between gender and SDQ categories. Female adolescents demonstrated a higher proportion of abnormal SDQ scores compared with males. This finding is consistent with several previous studies reporting greater emotional and psychological difficulties among female adolescents than males (Van Roy et al., 2006; Giannakopoulos et al., 2009). The higher prevalence among females may be related to increased emotional sensitivity, psychosocial stressors, and developmental changes experienced during adolescence.

Age was also significantly associated with emotional and behavioural difficulties. The findings suggest that the distribution of SDQ categories varied across different age groups. Age was also significantly associated with emotional and behavioural difficulties. Similar age-related differences have been reported in previous studies, which found that the nature and presentation of emotional and behavioural problems change across developmental stages as adolescents undergo significant biological, cognitive, and psychosocial transitions (Bathelt et al., 2021; Hannigan et al., 2017). Adolescence is a period characterized by rapid physical, emotional, and social changes, which may influence psychological well-being.

A significant association was observed between class of study and SDQ categories. This finding may reflect differences in academic demands, examination-related stress, and educational expectations experienced by students across different grades. Previous studies have similarly reported that school-related factors and academic pressure contribute to emotional and behavioural difficulties among adolescents (Deb et al., 2015).

In contrast, no significant associations were found between SDQ categories and parents' marital status, family type, religion, place of residence, head of family, number of siblings, or socioeconomic status. Similar findings have been reported in some studies where demographic characteristics showed limited influence on adolescent mental health outcomes (Vugteveen et al., 2022). The absence of significant associations suggests that emotional and behavioural difficulties may be influenced by a complex interaction of psychological, familial, and environmental factors rather than demographic characteristics alone.

The correlation analysis revealed a weak negative relationship between SDQ and sex, age, and class of study. These findings indicate that variations in these factors were associated with differences in emotional and behavioural difficulties among adolescents. Furthermore, a weak positive correlation was observed between head of family and SDQ scores. However, no significant correlation was found between socioeconomic status and SDQ scores. This finding differs from studies that have reported a strong association between socioeconomic disadvantage and poor mental health outcomes among adolescents (Reiss, 2013). The discrepancy may be attributed to differences in study settings, cultural contexts, sample characteristics, and socioeconomic composition of the participants.

Although socioeconomic status was not significantly associated with SDQ scores in the present study, variations in the distribution of behavioural difficulties across socioeconomic groups were observed. Adolescents belonging to lower socioeconomic categories tended to report higher proportions of abnormal SDQ scores than those from higher socioeconomic groups. While these differences did not reach statistical significance, they suggest the need for further investigation using larger and more diverse samples.

Overall, the findings indicate that gender, age, and class of study are important factors associated with emotional and behavioural difficulties among adolescents. The high prevalence of abnormal SDQ scores observed in the study underscores the importance of early identification and intervention strategies within school settings. Strengthening school-based mental health programs, counseling services, and psychosocial support mechanisms may help address emotional and behavioural difficulties and promote positive mental health among adolescents.

CONCLUSION

The present study assessed emotional and behavioural difficulties among adolescents and examined their association with selected socio-demographic characteristics. The findings revealed a high prevalence of emotional and behavioural difficulties, with a majority of participants falling within the abnormal SDQ category. Significant associations were observed between behavioural difficulties and gender, age, and class of study, indicating that these factors play an important role in adolescent mental health. In contrast, parental marital status, family type, religion, place of residence, head of family, number of siblings, and socioeconomic status were not significantly associated with SDQ categories. The findings highlight the importance of demographic and educational factors in understanding adolescent emotional and behavioural difficulties and underscore the need for timely identification and intervention within school settings.

Recommendations

1. School-based mental health screening programs should be implemented regularly to facilitate the early identification of emotional and behavioural difficulties among adolescents.
2. Counselling and psychological support services should be strengthened in schools, particularly for students identified as being at greater risk of emotional and behavioural problems.
3. Mental health awareness programs should be conducted for students, parents, and teachers to enhance understanding of adolescent psychological well-being and promote help-seeking behaviour.
4. Special attention should be given to age- and gender-specific mental health interventions, as significant differences were observed across these groups.
5. Teachers should be trained to recognize early signs of emotional and behavioural difficulties and provide appropriate referrals for professional support when necessary.
6. Schools should promote supportive learning environments and stress-management activities to help students cope with academic and psychosocial challenges.
7. Collaboration between schools, families, and mental health professionals should be encouraged to ensure comprehensive support for adolescents experiencing emotional and behavioural difficulties.

8. Future research should include additional psychological, familial, and environmental factors to provide a more comprehensive understanding of adolescent mental health and its determinants.

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Conflict of Interest

The author(s) declared no conflict of interest.

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