

## **Indigenous Scale for Assessing Maternal Perception of Emotional and Behavioral Problems in Adolescents**

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The aim of the study was to develop an indigenous scale for measuring the perceptiveness of mothers about their adolescents' emotional and behavioral problems. To assess first of all phenomenology was explored by interviewing 20 mothers and then a list of 45 items was generated and was administered through cross-sectional research design on 238 sample (112 boys & 126 girls) studying in class 6 to 10. The analysis revealed 4 factors on the scale termed as Perceived Emotional and Behavioral Problems (PEBP) which were Aggression, Academic problem, Detachment and Withdrawal. The psychometric properties were found out acceptable with cronbach alpha 0.89, split half reliability 0.81 and test-retest reliability  $r=0.71$ . The scale could further be implemented in counseling the parents and devising intervention plans to prevent the perceived problems of adolescents by parents.

*Keywords:* Perceived emotional and behavior problems, adolescents, mothers, reliability, validity

Development has been a topic of interest for researchers since a very long time. Among all the stages of ages; adolescence is one of the stages that have received a lot of attention from the researcher due to the ups and downs that come along with the stage. Adolescence is considered as the transitional period also known as the bridge from childhood to adulthood (Berk, 2006). WHO (2014) classifies the age range of adolescents 10-19 years. According to Aristotle adolescents are heated by nature, Socrates viewed the period of adolescents as the time to contradict with parents and bully the teacher, further Rousseau had recommended to keep a close look at them otherwise all is lost whereas Hall (1904) had stated that it is a period in which they experience turmoil, chaos, and confusion (Arnett, 1999; Arnett, 2006).

Different philosophers have also described this stage as a crucial with lot of challenges and changes taking place at the same time for the adolescents and its impact may be positive or negative. Broadly negative impact that they experience is also known as emotional and behavioral problems. Emotional problems are not being confident and positive about emotions and unable to cope with the ups and downs of life (Stewart-Brown, 1998) and behavioral problems are engaging in behaviors such as harming self or others, lying, damaging self, arguments, hostility etc.(Walton, et al., 2011). Earlier Achenbah and Rescorla (2001) had termed them as internalizing and externalizing problems. Internalizing problems are mainly within an individual such as anxiousness, depression, somatic problems etc. and externalizing problems, involves conflicts with other people around such as aggression, rule-breaking behaviors, and non-compliance to authority, etc.

A lot of research has being carried out on the emotional and behavioral problems of the adolescents but Pakistan being a collectivist society gives a great importance to family life as adolescents depends on them, from financial to emotional

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decision making in simple words every step is a collective step (Chao & Tseng, 2002). According to a research done in India it was found out that the family plays a very vital role in the lives of adolescents, as everything is changing around them (Singh, et al., 2014). The changes that the adolescent faces have a direct impact on the parents and family as well as they plays a vital role in adolescents lives. Parents of the adolescents are also the ones who are adjusting to the change like their children and are in the same state of confusion (Huntsman, 2008; Lerne, et al., 1998). Research shows that parents' mental distress has a direct effect on their offspring's wellbeing as they show irritation and are withdrawn (Powdthavee & Vignoles, 2008). So it was important to look at their perspective as well and do they even perceive emotional and behavioral problems in their adolescents.

A study took place in China by Liu et al (1999) in which Child Behavioral Checklist (CBCL) was used with parents of children age ranging from 6-11 years. The result indicated that parents had reported that boys show more emotional and behavioral problems than girls and around 17.20% total children were marked to have emotional and behavioral problems (Chen, et al., 2003). Yet another study conducted in Saudi Arabia with n=1313, age ranging 6-18 years using CBCL (parental version) as a measure, the results concluded that internalizing problems were found to be greater than externalizing problems in that sample (Abdel-Fattah et al., 2004). A longitudinal study was conducted in Dutch on the sample of n=695, age ranging 7-13 years and the results indicated that adolescents' had reported higher on anxiety/depression, withdrawal, somatic complaints, aggression and delinquency than the parents but the parents reported high on attention problems of the adolescents. The adolescents were able to report more emotional and behavioral problems than their parents had highlighted (Zukauskiene, et al., 2004). Another study was conducted in Egypt on the perspective of parents and teachers on children age ranging from 6-12 years in which the results indicated that both reported emotional and behavioral problems but the teachers reported more conduct problems whereas the parents reported conduct problems as well and problems with peers (Elhamid, et al., 2009).

A research conducted in Sir Lanka, where parent, child and teacher were the informants, age range of adolescents was 10-13years, the results concluded that parents and teachers reported more of emotional and behavioral problems in boys than girls (Prior, et al., 2005). A research was carried out in Karachi, the sample size was n=675, age ranging 5-11 years, measure used was Urdu version of Strength and Difficulties Questionnaire. The results indicated that parents reported higher prevalence rate of emotional and behavioral problems as well as it was found out that there was a gender difference with boys being reported as having more emotional and behavioral problems than girls. It was also found out that those children who attended community schools were marked as having more emotional and behavioral problems than those children attending private schools (Syed, et al., 2007; Syed, et al., 2009).

Another research conducted in Lahore with a sample of n=106, age ranging 8-11 years with teachers and mothers as informants, the measure used was interview with the child, and questionnaires from teachers and parents and the result showed that the parents who were warm towards their offspring reported less externalizing problems and vice versa (Goraya, & Shamama-tus-Sabah, 2013). A research was carried out in Italy on 30 adolescents' age ranging 11-14 years, using CBCL version of parents and adolescents. The conclusion drawn from the results were that both the

mothers and fathers somewhat identified the same emotional and behavioral problems the only difference was that mothers were able to identify more of the internalizing problems as well as it was also found out that the mothers and the adolescents depicted the same problems showing the closeness and bond between them (Bressi, et al., 2015).

The significance of the study is to understand the conflict the mothers' face in understanding their adolescences and the emotional and behavioral conflicts of their teens which could be studied in detail and would be helpful in understanding what teenagers are going through and to prevent their problems on the part of the parents as well as at part of professionals. It would help the school psychologist to better understand and then explain the parents what they are unable to manage plus where they are lacking behind in understanding the problems. As Berk (2006) had stated that the whole society is responsible for the growth and development of the adolescents so to facilitate intervention plans accordingly professionals need to know the perception of parents of their children emotional and behavioral problems.

Now a day a new wave with the arrival of Diagnostic and Statistical Manual of Mental Disorders V (DSM-V; American Psychiatric Association, 2013) is observed that is of cultural diversity which emphasizes the difference of values, moral and culture also highlighting the difference in the perception of individuals about the same issue. Keeping that in mind and going over the Western literature and scales it was found out that many issues stated as emotional and behavioral problems were not relevant to our culture (Achenbah & Rescorla, 2001) so it was essential to bring to light the problems that mothers' of our society perceive about their adolescents as well as very limited work has being done in this respect compared to the dozens of work under Western literature.

### **Method**

The development of the scale was done in four stages in which the following objectives were met which were the expression and manifestation, gathering and assembling the data of mothers' perception about the emotional and behavioral problems of their adolescents.

#### **Phase I: Exploring Phenomenology**

Initially the parents' of adolescents studying in classes 6-10 were approached to explore their views about their adolescent's emotional and behavioral problems in their own verbatim. The interview was conducted with 20 mothers' to know their perception about their adolescents problems in which the question was asked separately for girls (11%) and boys (15%) so that if there is a gender difference that be also known. Once all the verbatim was collected the statement that were over lapping or seemed vague were discarded from the final pool.

#### **Phase II: Expert Validation**

Five clinical psychologists with an experience of almost a year with school children were approached for the content validation of the item pool gathered through phenomenology. Each clinical psychologist was asked to rate the statements on a four point rating scale in which 0= *not at all present* and 3= *being extremely common* as well as they were asked to point out any statement that is vague in nature or needs

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rephrasing or was overlapping. Once the validation was completed by the experts; the items which seemed overlapping were either merged or excluded and those items which rated less than 20% were also excluded which left us with 45 items out of 47 items.

### **Phase III: Pilot Study**

The purpose of conducting pilot study was to test user friendliness in regard of font size, instructions and any item error. Five mothers' were approached for pilot study phase whose adolescents fell into the category, it took approximately 10-12 minutes for the completion of the form which consisted of 45 items with four point rating scale in which 0=*meaning never* and 3=*meaning often*. All the items were retained during this phase.

### **Phase IV: Main Study**

Cross sectional research design was carried out in the main study in which adolescent's mothers were selected through purposive sampling, that included only those mothers' whose adolescents fell into the category. The participants were 238 mothers' whose adolescents studied from class 6 to 10 and they belonged to different background in regard of occupation.

### **Measures**

Following measures were used in the current study:

#### ***Demographic form***

The main study consisted of demographic form which was comprised with the help of literature it included education of mothers and their profession, family type, years of marriage, number of adolescents, class of adolescent, age of adolescent, gender of adolescent, birth order of the adolescent and parent teacher meeting in a year.

#### ***Perceived Emotional and Behavioral Problems (PEBP)***

It is a subjective rating measure which expresses mothers' perception of their adolescent's emotional and behavioral problems. It is a four point rating scale with 0=*Never* and 3=*Often*.

#### ***Mental Health Inventory (MHI)***

It was used for the validity of the indigenous scale. This scale was developed by Veit and Ware (1983) and was translated into Urdu by Bashir and Arooj (2013). The scale consisted of total 38 items with mainly 6 pointer rating scale but two items had 5 pointer rating scale. The scale is scored in three ways, which is according to its subscales which are Anxiety, Depression, Loss of Behavioral/Emotional Control, General Positive Affect, Emotional Ties, and Life Satisfaction. The other method is using the global scale that is Psychological Distress and Psychological Well-being, and thirdly it can be scored through Mental Health Index. The Cronbach alpha of the scale was .93 (Veit & Ware, 1983).

### **Procedure**

## MATERNAL PERCEPTION OF EMOTIONAL AND BEHAVIORAL PROBLEMS

Initially two sets of mothers were approached housewives and working class who fell into the inclusion criteria. The researcher first of all told about the aims and objectives of the research and the time required to fill the forms they were also told about the confidentiality of their identity. Once they agreed to these aspects the final protocol was handed out to them and asked to sign the informed consent attached with the protocol. On the completion of the forms the participants were debriefed and also the researcher answered the questions asked by the mothers. The researcher rechecked each form to minimize the missing information. When all the data was collected to ensure confidentiality numbers were assigned then all the data was entered in SPSS (21 version) and then 20% of the data was randomly rechecked by an expert to ensure accuracy.

### Results

In this stage the psychometric properties of the indigenous scale was established through performing different statistical analysis.

**Table 1**

*Mean and Standard Deviations of Duration of Marriage and Age of the Child*

Variables	<i>M</i>	<i>SD</i>
Duration of Marriage	20.66	5.52
Age of the child	14.53	2.00

*Note.* *M* = Mean, *SD* = Standard Deviation

As shown in Table 1 that the mean of the 238 participant's marriage year is 20.66 (*SD* 5.52). The participant's child age, who falls into the category of class 6-10, is 14.53 (*SD* 2.00). This table further helped in categorizing the various demographics of the sample of 238 participants.

**Table 2**

*Median of Number of Children*

Variable	Median
Number of children	4.00

As shown in Table 2 the average number of children of the 238 participant's was 4.00.

**Table 3**

*Frequencies and Percentages of the Demographic Characteristics of the Participants (n=238)*

Variables	<i>f</i>	%
<b>Gender</b>		
Boy	112	47.1
Girl	126	52.9
<b>Class of Child</b>		
6 <sup>th</sup>	45	18.9
7 <sup>th</sup>	42	17.6
8 <sup>th</sup>	41	17.2
9 <sup>th</sup>	71	29.8
10 <sup>th</sup>	39	16.4
<b>Mother's education</b>		
Illiterate	66	27.7

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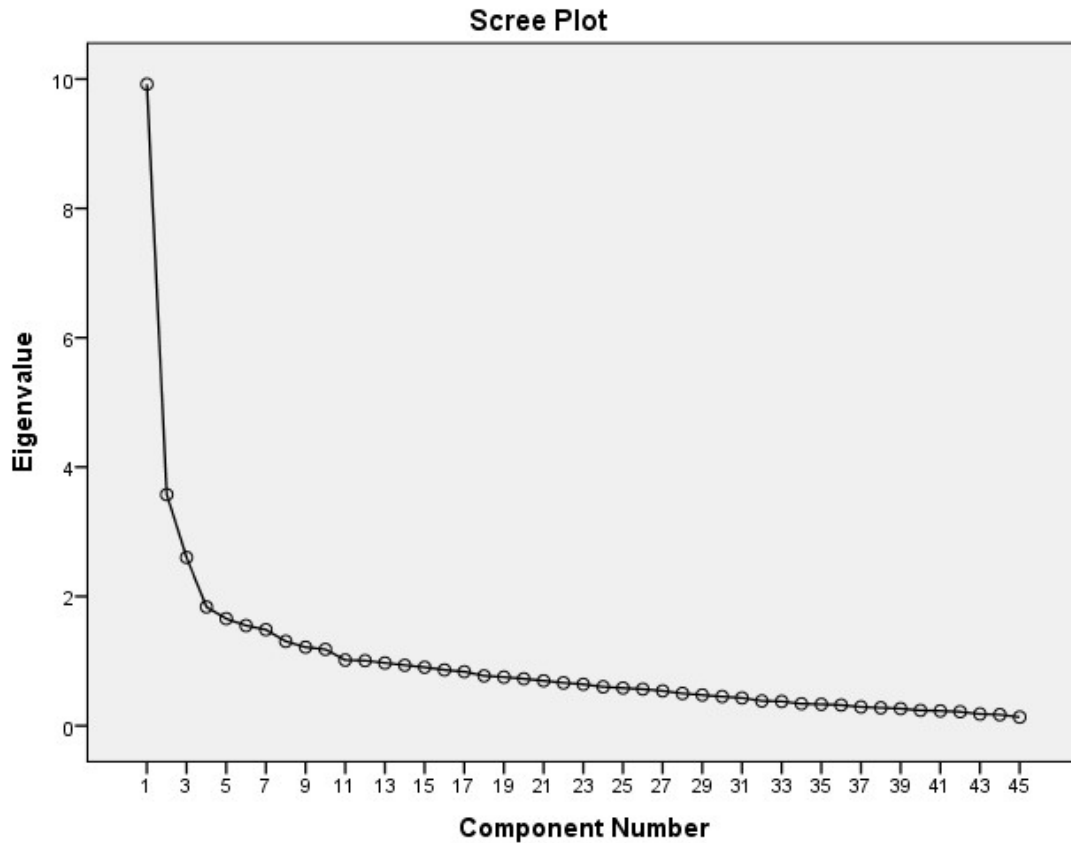
Under Matriculation (1-9)	63	26.5
Matriculation & Secondary (10-12)	55	23.1
Graduation & above (13 +)	54	22.7
<b>Mother's professions</b>		
Housewife	155	65.1
Working	83	34.9
<b>Family System</b>		
Joint	91	38.2
Nuclear	147	61.8
<b>Birth Order</b>		
First born	75	31.5
Second born	42	17.6
Middle born	68	28.6
Last born	53	22.3

*Note.* *f* = Frequency, % = Percentage

The Table 3 represents the frequency and percentage of different demographic variables of the sample of 238 participants. The sample indicated that there were more housewife (155) than the working mother's (83) as well as more participants reported that they lived in nuclear family system (147) and a few reported that they lived in joint family system (91). The ratio of illiterate mothers (63) and mothers who had studied till under matriculation (63) was higher than the mothers who had studied till matriculation and intermediate (55) and who had done graduation and above (54). The total number of adolescent girls reported by the participants (126) was to some extent more than adolescent boys (112), with more students of class 9<sup>th</sup> (71) and least in class 10<sup>th</sup> (39). Out of 238 participants most of them were first born (75) and middle born (68).

To identify the factors of the indigenous tool; principal component analysis with Varimax Rotation, was used to maximize the variance factors, Eigen value, was used to retain factors that were greater than 1 in the loading and Scree plot was used to identify the structure of the factors (Gilles, et al., 2006).

**Figure 1**  
*SCREE plot showing extraction of factors of Perceived Emotional and Behavioral*



*Problems (PEBP) (N=238)*

The figure 1 represents the four factors on PEBP scale, with cross loading items where .30 or above that (Kline, 1994). In this way 2 items were excluded from the list of 45 items because of loading less than .30 in those items. The SCREE plot indicated four factors in regard of the content and theme of the factor.

**Table 4**  
*The Factor Structure of 43-items of Perceived Emotional & Behavioral Problems (PEBP) with Varimax Rotation*

Sr .No	Item No	Factor 1	Factor 2	Factor 3	Factor 4
1	1	<b>.58</b>	.14	-.15	.15
2	9	<b>.44</b>	-.04	.17	-.01
3	10	<b>.74</b>	.04	-.03	.05
4	11	<b>.67</b>	.05	.00	.17
5	12	<b>.64</b>	.24	.25	-.00
6	13	<b>.52</b>	.23	.44	-.05
7	15	<b>.67</b>	.16	.00	.10
8	16	<b>.50</b>	.09	.13	.09
9	19	<b>.39</b>	.39	.38	-.12

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10	23	<b>.67</b>	.06	-.07	.13
11	26	<b>.45</b>	.15	.09	-.11
12	31	<b>.49</b>	.15	.30	.03
13	32	<b>.46</b>	.17	.30	-.06
14	34	<b>.54</b>	-.01	.24	.05
15	37	<b>.58</b>	-.02	.33	-.16
16	38	<b>.53</b>	.11	.23	.09
17	40	<b>.39</b>	-.04	.27	.14
18	5	.14	<b>.43</b>	.15	.35
19	17	.09	<b>.73</b>	.27	.09
20	18	.10	<b>.68</b>	.06	.00
21	20	.05	<b>.67</b>	.10	-.03
22	22	.22	<b>.30</b>	.19	-.28
23	24	.16	<b>.58</b>	.03	-.38
24	25	.14	<b>.74</b>	.25	.07
25	27	-.14	<b>.35</b>	-.02	-.08
26	29	.33	<b>.48</b>	.34	-.16
27	35	.02	<b>.70</b>	.20	.22
28	41	.14	<b>.69</b>	.13	.18
29	44	.12	<b>.44</b>	.28	.22
30	28	.21	.35	<b>.52</b>	-.07
31	30	.32	.16	<b>.49</b>	-.13
32	33	.28	.15	<b>.70</b>	-.07
33	39	.25	.12	<b>.64</b>	.21
34	42	.06	.41	<b>.52</b>	.17
35	45	.10	.35	<b>.70</b>	.06
36	2	.20	.15	-.32	<b>.30</b>
37	3	.31	-.03	-.29	<b>.34</b>
38	4	.04	.36	-.23	<b>.50</b>
39	6	-.15	-.09	-.06	<b>.53</b>
40	7	.06	-.01	.00	<b>.43</b>
41	8	.06	-.12	.10	<b>.60</b>
42	14	.13	.10	.22	<b>.46</b>
43	43	.14	.30	.38	<b>.42</b>

*Note.* Factor loading >.30 have being boldfaced. All those items with negative loading their polarity have changed subsequently.

Table 4 shows factor 1 consisted of 17 items, factor 2 consisted of 12 items, factor 3 consisted of 6 items and lastly factor 4 consists of 8 items.



**Table 5**

*Eigen Values & Variance Explained by Factors of Perceived Emotional & Behavioral Problems (PEBP)*

Factor	Eigen values	% of Variance	% of Total Variance
1	6.04	13.43	13.43
2	5.36	11.92	25.35
3	4.02	8.92	34.27
4	2.51	5.58	39.86

Table 5 represents the factorial structure of PEBP's four factors which is also shown in Scree plot. Each factor was assigned a label which was descriptive enough revealing the theme of each factor. The details of each factor are given below:

**Factor I: Aggression**

The first factor consisted of 17 items all represented different expression of anger and irritation towards others which the mother's perceived such as losing temper quickly, irritating siblings, not listening to others, have to request again and again for completing tasks, and lack of tolerance for siblings.

**Factor II: Academic problems**

The second factor consisted of 12 items all represented different problems that the adolescent faces in academics, it also shows mothers perception of their adolescents interest in academics such as lack of self confidence in studies, running from studies, increase of school absentees, poor performance in studies, and lack of self-confidence about finishing work.

**Factor III: Detachment**

The third factor consisted of 6 items which majorly denoted mother's perception of lack of involvement among parents and their child such as need of independence, hide from parents, and unable to communicate with parents.

**Factor IV: Withdrawal**

The fourth and the last factor consisted of 8 items which majorly describe withdrawal from other especially peers such as avoiding relatives, not that communicative, and preferring watching TV alone on playing with others.

To calculate the internal consistency of the 43 items, Cronbach's Alpha was calculated. Psychometric Properties of Perceived Emotional and Behavioral Problems (PEBP) Scale are given below:

**Table 6**

*Cronbach Alpha of 4 Factors and Total Problems of PEBP scale*

Factors	No. of items	Cronbach Alpha
Aggression	16	.88
Academic problems	11	.85
Detachment	7	.80
Withdrawal	8	.57
Total PEBP	43	.90

Table 6 showed that the factors had high internal consistency except for the fourth factor which is 'Withdrawal' due to less items, but the total of the scale PEBP reflected that all the items were homogenous. To calculate the relationship between the four factors and the total scores in PEBP, inter-factor correlation was determined.

**Table 7**

*Summary of Inter-factor Correlation, Means and Standard Deviations on 4 Factors and Total of Perceived Emotional and Behavioral Problems (PEBP)*

Factors	<i>M (SD)</i>	I	II	III	IV	PEBP
I. Aggression	19.69 (11.38)	-	.44***	.53***	.21*	.87***
II. Academic problem	6.34 (6.84)		-	.60***	.18	.75***
III. Detachment	2.20 (3.39)			-	.10	.71***
IV. Withdrawal	8.89 (4.73)				-	.44***
PEBP	37.12 (19.59)					-

*Note.*  $df=238$ , \* $p<0.01$ , \*\* $p<0.05$ , \*\*\* $p<0.001$

Table 7 showed a significant positive correlation among the four factors of PEBP with the Total Problem Scores although the factor 4 which is Withdrawal has a weak relationship with other factors. The mean indicates that the most frequent factor reported by the mothers as well as the average rate of each factor were Aggression 19.69 ( $SD$  11.38) and then Withdrawal 8.89 ( $SD$  4.73) after that academic problems 6.34 ( $SD$  6.84) and then least reported was detachment factor 2.20 ( $SD$  3.39). Current scale showed high construct validity as it is shown in table no. 6 and 7 that alpha values of PEBP are high and inter factor consistency is also significantly correlated which show that this scale is measured accurately which is supposed to measure.

**Table 8**

*Pearson Correlation, Means and Standard Deviations on PEBP 4 factors and Mental Health Index*

Factors	<i>M (SD)</i>	I	II	III	IV	MHI
I. Aggression	19.69 (11.28)	-	.44***	.53***	.21	-.36***
II. Academic problem	6.34 (6.84)		-	.60***	.18	-.31**
III. Detachment	2.20 (3.39)			-	.10	-.35***
IV. Withdrawal	8.89 (4.73)				-	-.27**
MHI	177.61 (30.23)					-

*Note.*  $M$ =Mean,  $SD$ =Standard Deviation,  $df=238$ , \*\*\* $p, 0.001$ , \*\* $p<0.05$ , \* $p<0.01$ , MHI= Mental Health Index

Table 8 showed a significant negative correlation among the four factors of PEBP with Mental Health Index, which reveals that there is an inverse relationship between mothers' mental health and their perception about adolescent's emotional and behavioral problems.

The test-retest reliability of PEBP 11% ( $n=27$ ) of the participants were retested on PEBP scale after a one week gap. The correlation was found acceptable with  $r=0.71$  ( $p<0.001$ ). Moreover 43 items were divide into two halves that is each part a consisted of 22 and part b consisted of 21 items. The result showed that the first half's value was .79 and the second half's value was .87, both are higher than .70, which indicates that both the forms were highly correlated with each other.

**Table 9**

*Percentile Points and Raw Scores on the four factors and the total of Perceived Emotional and Behavioral Problems (PEBP)*

Percentile Points	Factor I	Factor II	Factor III	Factor IV	PEBP
10	5	0	0	2	14
20	9	0	0	5	21
30	13	2	0	6	26
40	16	3	0	7	30
50	19	5	1	9	35
60	22	6	2	10	41
70	25	8	2	12	44
80	30	11	4	13	53
90	36	17	6	15	64

*Note.* Factor I= Aggression, Factor II=Academic Problems, Factor III= Detachment, Factor IV=Withdrawal

Table 9 shows the percentile of factor scores and the total of PEBP scale. The severity of the problem is indicated by the percentile scores so in this table it indicates that the most severe problem reported is aggression and almost 10% of the sample reported 50 or above.

On the basis of the above information the three categories would be to assess the mild, moderate and severe of the total score of PEBP to determine the prevalence of perceived emotional and behavioral problems in our culture.

**Table 10**

*Percentage of Sample (n=238) falling on 'Mild', 'Moderate' and 'Severe' Categories on the Total Score of Perceived Emotional and Behavioral Problems (PEBP).*

	Mild %	Moderate %	Severe %
PEBP	52.9	31.5	15.5

The Table 10 shows that from 238 participants mostly 53% adolescents are perceived to fall into the 'Mild' category, around 32% are perceived to fall into 'Moderate' category and a small portion of adolescents are perceived to fall into 'Severe' category that is 16%. In other words, more adolescents were perceived by their mothers to fall into mild category and very few were reported to fall into severe category. Overall this section assessed the psychometric properties that are reliability and validity of the indigenous scale, PEBP as well as it highlighted the 4 factors that were prevalent in our society.

### Discussion

The purpose of the study was to develop an indigenous scale that is culturally appropriate and that could depict the true cultural manifestation of the perception of the mothers in regard of their adolescent's emotional and behavioral problems. The mothers are the ones who spend most of the time with their adolescents and knows him/her better than the fathers as he is the bread earner of the family spending more time out of the house (Chao & Tseng, 2002) so that was the reason of selecting them as the informants. DSM-V (2013) promoted the concept of cultural differences and keeping that in mind the indigenous scale was developed as Westernized scales could

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not have given a true picture of our culture as well as there were some items in the scale that were not culturally appropriate and are considered taboo for example items related to sex or going clubbing even drinking etc. but they are normal practice in the Western countries (Achenbah & Rescorla, 2001).

The attitude of parents is the ones who determine that the child or adolescent should seek help (Yeh & Weisz, 2001) in the third world countries there is a small amount of parents especially the mothers who are unaware of the problems that their adolescents face; either it is due to the unwillingness to share the problems with an outsider, or due to the inability to make decisions or give suggestions (Good, 1996). Our society being patriarchal in nature tries to subside the mothers in having their own opinion about their own teen (Sultana, 2011), as many fathers clearly said *what does the mother know I take care of all the matters*. The amazing thing was that the factors that emerged surely represented the uniqueness of our collectivistic culture.

The first factor that is aggression caters the externalizing behaviors that the adolescent goes through at this stage, western as well as eastern literature has depicted it as an important component in their work representing the adolescences as a period of turmoil (Arnett, 1999; Achenbah, & Rescorla, 2001; Chen, et al., 2003; Saleem, & Mehmood, 2011) the academic problems caters the issues regarding the academics and school life of the adolescents, with the growing competition and need for success academics have become a major concern for Pakistani parents (Saleem, & Mehmood, 2011). A new and unique factor that emerged was detachment which indicated the mothers perception of loose connection to their adolescents or a sense of separation, which was not present in CBCL scale (Achenbah & Rescorla, 2001) or any other scale used by other researchers (Prior, et al., 2005; Syed, et al., 2009) in the past. The emergence of this factor truly represents the collectivistic culture of Pakistan where family bonding is essential although separation is a trend in the Western culture but still it is reported that some mothers feel lonely when their offspring has moved out of the house also termed as the 'empty nest syndrome' (Raup & Myers, 1989). In Pakistan although the trend of moving out of the house is not common until late adulthood but the teen starts to have his or her own social circle which arises the fear of separation in the mothers. The fourth and the last factor indicate withdrawal from his/her peers or relatives and experiencing emotional or psychological problems (Achenbah & Rescorla, 2001). The emergence of this factor depicts that not only ties with the parents are important rather the family or relatives are also important as well as the peers. The scale truly represents the collectivistic culture as these factors would have been lost if any Westernized scale be used to depict the perception of mothers' about their adolescent's emotional and behavioral problems.

### **Conclusion**

Overall the mothers of our culture were able to identify the problems and the manifestation which gave hope for betterment as awareness brings about cure. The suggestion for further studies would be to look into fathers and elder sibling perspective as well about emotional and behavioral problems also look in the triangular approach that is child, parents and teachers to better understand the emotional and behavioral problems of adolescents in our culture.

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