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PRIMARY SCHOOLCHILDREN'S DIFFICULTIES AT SCHOOL FOLLOWING THE MULTIPLE CRISES: A SINGLE CENTER CROSS-SECTIONAL STUDY

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ABSTRACT

Purpose. *This study aims to evaluate schoolchildren's strengths and difficulties following crises.*

Methods. *A pilot cross-sectional study was carried out over two months (April – May 2023) using a standardized questionnaire for data collection. A convenient sample of 130 students was recruited from a private school and included in this study. A comparison between groups was carried out on several factors: conduct problems, peer problems, emotional score, hyperactivity, and total difficulties scores. Bivariate analyses were conducted, in which the dependent variables were age, sex, and difficulty scores.*

Results. *A significant risk for peer problems (32.2%) and emotional symptoms (22.2%) was noted among the participants. A substantial risk of clinically significant problems was associated with hyperactivity. Girls presented an increased risk of clinical problems (46.9%) associated with their emotional symptoms, significantly higher than males (25%; p=0.015), resulting in significantly more clinical problems associated with their total difficulties*

score compared to boys (32.3% versus 15.1%; p=0.031). Overall, most students (90.9%) had no significant problems. However, 5% had a slightly low prosocial scale, and 4.1% had lower scores, reflecting a high probability of substantial clinical risk.

Conclusion. *The crises in Lebanon have exacerbated existing inequalities in access to education, leading to or exacerbating school difficulties. Findings reflected the influence of parents and the school on the children's academic performance and psychological well-being and highlighted the need for providing additional support to schools and investing in mental health services for students.*

KEYWORDS: *Schoolchildren, Difficulties, Parents, Lebanon, Schools.*

INTRODUCTION

Children may experience various difficulties in school that can affect their academic performance and overall well-being (Martinsone et al., 2022). Those with learning disabilities may struggle with reading, writing, or other specific areas of academic learning. Conditions like dyslexia (Yang et al., 2022), dyscalculia, or attention deficit hyperactivity disorder (ADHD) can make it harder for them to process information and grasp new concepts (McDougal et al., 2022). As a result, some children may exhibit behavioral problems in school, such as impulsivity, aggression, or difficulty following rules (Aro et al., 2022). These challenges can disrupt the learning environment and affect their academic progress. Social and emotional problems, such as difficulties in social interactions, low self-esteem, anxiety, or depression, can lead to significant struggles in building relationships with peers, participating in group activities, or concentrating on their studies due to emotional distress (Martinsone et al., 2022; Mori et al., 2021).

Collaboration between parents, teachers, and relevant professionals can help address these challenges and create a supportive environment for children to thrive academically and emotionally (Badrasawi et al., 2019; Murphy, 2022). Several strategies showed benefits, whereas schoolchildren showed an improvement in their behavior after a series of education about sustainability and environmental emotions (Robina-Ramírez et al., 2020). After exposure to cognitive behavioral therapy, they also showed better learning abilities, allowing parents and teachers to be more familiar with undiagnosed psychological conditions (Matthys & Schutter, 2021). Since previous research showed a positive association between peer bullying and the risk of children or adolescents becoming perpetrators at an older age (Naveed et al., 2020), it is essential to assess these difficulties earlier. Most children prized learning theoretical and empirical activities, which transformed their environmental behavior (Powell et al., 2011), and those with high conduct problems and aggression were more prone to face management problems at school, namely in their relationships with their families, peers, and surroundings (Powell et al., 2011). Physical activity can improve the motor skills and social behavior of children with ADHD (Arumugam & Parasher, 2019).

Lebanon is amid rapidly escalating and unprecedented crises, plunging the country into deep poverty and jeopardizing national well-being, economic development, social well-being, and national and regional stability (Dahham et al., 2023; Gedeon et al., 2022). These crises were compounded by the Beirut blast in August 2020, an economic collapse, the

Coronavirus disease of 2019 (COVID-19) pandemic, and the ongoing political corruption and dysfunctional state response to the crisis. Several schools were closed, and many children were reported to have dropped out due to financial difficulties (Yamak & Chaaban, 2022). Moreover, research showed that many students could not afford online learning resources such as computer access and a stable internet connection (Hatem et al., 2023). Increased violence against children and gender-based violence have been reported (Bakhos et al., 2022), exacerbating school difficulties (Manana et al., 2023). The literature reported important links between parental involvement and children's personality development and education, emphasizing the importance of regular cooperation between schools, communities, and parents (Badrasawi et al., 2019). By actively assessing school difficulties, parents can proactively address challenges, advocate for their children's needs, and support their educational journey. Given that no study assessed the school difficulties of children from the point of view of parents, particularly following the crises in Lebanon, this study aims to evaluate the strengths and difficulties faced by schoolchildren in an urban area. Findings from this study can help identify those with higher risks and develop informed decisions accordingly.

METHODS

Study design

A pilot cross-sectional study was carried out over two months (April-May 2023), using a questionnaire for data collection and assessing the strengths and difficulties faced by primary school students. The study protocol was registered in the clinicaltrials.gov registry (NCT05870085) before the initiation of data collection and is publicly accessible.

Study population

Schoolchildren from a private school were included in the study. They were visited at their school located in Beirut, Lebanon. They were included based on pre-defined criteria, such as age (5-11 years) and grades (1-5). No selection criteria were based on sex, nationality, or ethnicity. A convenient sample of 130 students was included in this pilot study.

Study tool and data collection

Data was collected using a printed survey (see supplementary material) filled out by the student's parents or legal guardians. It was developed after a literature review taking into consideration expert opinions. It comprised two sections: the first included questions encompassing the general characteristics of the participants, such as the age of the parent completing the survey and his/her relation to the student (mother or father), their current marital status (married or divorced/widowed) their highest level of education (elementary school or less, high school and university or more) their perceived economic situation (very poor, poor, and average or more), working status, smoking status, and the total number of children. Other information, such as the age, sex, and school grade of the student, was retrieved from the school database. The strengths and difficulties questionnaire was used in the second section. This tool was previously used and validated in epidemiological studies among schoolchildren (Al-Hendawi, 2023). It is divided into four groups, with five statements per group. These statements collected information regarding the children's emotional symptoms, conduct problems,

hyperactivity, peer problems, and children's prosocial behavior. The survey was available in English and Arabic based on participants' preferences. It was given by the school directly to students, and afterward, parents were asked to complete it at their time and place preferences to minimize recall bias. To ensure a higher participation rate, several reminders were sent to parents by the school.

Ethical consideration

The study protocol, tool, and consent form were reviewed and approved by the institutional review board of the Faculty of Pharmacy of the Lebanese University (reference 3/23/D). An initial meeting with the school director was performed, and written approval was obtained following minimal suggestions. The first page of the survey sent to parents included the written study's objectives and a consent form requesting the legal guardian's signature. Individuals were informed that their participation was voluntary and that they could withdraw it at any point of the study with only provided answers registered. Confidentiality was preserved since no name or personal data had been collected, and the surveys were labeled based on the student's grade and school number. Another researcher was responsible for data entry and analysis to minimize interviewer bias. Parents were not provided financial incentives, and results were considered for research purposes only.

Statistical analysis

Statistical analyses were performed using Statistical Package for Social Sciences (SPSS Inc., Chicago, Illinois) Version 29. Categorical variables are presented using frequencies and percentages, including the general characteristics of the students and the individual answers per statement. The age of the student and the parent filling out the survey, the score per difficulty group, and the total difficulty scores are presented through mean and standard deviation. The recommended clinical risk evaluation and scoring were performed (Goodman & Goodman, 2009). The scores per group had an acceptable internal consistency and positive inter-item correlations, with a Cronbach alpha >0.6 (emotional symptoms 0.704; conduct problems 0.612; hyperactivity symptoms 0.676; peer problems 0.745; and prosocial behavior 0.651). Bivariate analysis was conducted in which the independent variables were sex (male; female) and age (<9 and ≥9 years) in association with the different difficulty scores. The chi-square test was used to compare percentages between associate categorical variables. A p-value of less than 0.05 was considered statistically significant.

RESULTS

General characteristics of the study sample

A total of 130 parents were approached, of which 121 agreed to participate in the study (acceptance rate of 93.1%). **Table 1** presents the general characteristics of the students. Most surveys were completed by mothers (82.6%), and only 17.4% were completed by fathers. The mean ages of the students and parents were 8.68 (1.53) and 39.74 (6.23) years, respectively. The study sample included more females (55.8%) than males (44.2%). Twenty-eight participants (21.5%) were in grade 1, 19 (14.6%) in grade 2, 28 (21.5%) in grade 3, 29 (22.3%) in grade 4, and 26 (20.0%) in grade 5. Most parents were married (90%), and 70.9% were non-smokers or ex-smokers. Among others, 45.0% had a university degree

or more, 41.7% had a high school degree, and the rest (13.3%) finished elementary school or less. Most parents (76.5%) reported having an average economic status or more, and in around 61.0%, one parent worked, while only 7.4% of both parents did not work. Only 13.2% had one child, 46.3% had two children, and 31.4% had three children.

Table 1

The schoolchildren's general characteristics (filled out by parents)

		Frequency (%)
Age of student (N=121)	**Mean (SD)**	8.68 (1.53)
Age of the parent (N=120)	**Mean (SD)**	39.74 (6.23)
Sex (N=129)	Male	57 (44.2%)
	Female	72 (55.8%)
Grade (N=130)	Grade 1	28 (21.5%)
	Grade 2	19 (14.6%)
	Grade 3	28 (21.5%)
	Grade 4	29 (22.3%)
	Grade 5	26 (20.0%)
Relation to the student (N=121)	Father	21 (17.4%)
	Mother	100 (82.6%)
Marital status (N=120)	Married	108 (90.0%)
	Divorced/widowed	12 (10.0%)
Highest level of education (N=120)	Elementary school or less	16 (13.3%)
	High school	50 (41.7%)
	University or more	54 (45.0%)
Economic situation (N=119)	So poor	4 (3.4%)
	Poor	24 (20.2%)
	Average or more	91 (76.5%)
Working status (N=121)	Both parents work	38 (31.4%)
	One parent works	74 (61.2%)
	Both parents don't work	9 (7.4%)
Smoking status (N=117)	Smoker	34 (29.1%)
	Non-smoker/ex-smoker	83 (70.9%)
Total number of children (N=121)	One child	16 (13.2%)
	Two children	56 (46.3%)
	Three children	38 (31.4%)
	Four children or more	11 (9.1%)

Results are presented through Frequency (Percentages) or Mean (Standard Deviation)

Parents' Reports on Children's Strengths and Difficulties

The reported students' symptoms are summarized in **Table 2**. Regarding emotional symptoms, around two-thirds (65.3%) disagreed with the statement that their children often complain of headaches, stomachaches, or sickness.

At the same time, the rest said that it is somewhat true or certainly true (26.4% and 8.3%, respectively). More than half of parents considered that their child had many worries or often seemed worried (somewhat true (39.1%) and certainly true (16.5%)). Only 8.5% were certain that their child is often unhappy, depressed, or tearful, and 24.6% said it is somewhat true. Around 26.0% reported their child being nervous or clingy in new situations and easily losing confidence somewhat, and 13.6% as certainly true.

When asked if their child had many fears or was easily scared, 21.4% agreed, 37.6% said it was somewhat true, and the rest (41.0%) disagreed. Concerning their children's conduct problems, only 10 (8.3%) agreed that their children often lose their temper. Seventy-five (62.0%) considered it untrue, and 36 (29.8%) somewhat true. Seventy-five (64.1%) confirmed that their child is generally well-behaved and usually does what adults request, while 8 (6.8%) said it is not true, and 34 (29.1%) somewhat true. Eighty-seven respondents (74.4%) declared that their child did not often fight with other children or bully them, 24 (20.5%) reported it to be somewhat true, and 6 (5.1%) certainly true. More than half of the parents (80 (69.0%)) disagreed that their child often lies or cheats.

In contrast, four participants assured that it is certainly true, and 32 (27.6%) somewhat true. Most parents (96.6%) disagreed about their children stealing from home, school, or elsewhere.

When parents were asked if their child is restless, overactive, and cannot stay still for long, 53 (43.8%) answered that it is not valid, 43 (35.5%) somewhat true, and 25 (20.7%) certainly true. Only 10 (8.6%) confirmed that he/she is constantly fidgeting or squirming, while around 63.0% disagreed, and 33 (28.4%) said it is somewhat true. Forty-three participants (36.8%) considered that it is not true that their children are easily distracted and their concentration wanders, 50 (42.7%) is somewhat true, and 24 (20.5%) certainly true. Fifty-four (46.2%) reported that their child thinks before acting (somewhat true), and 50 (42.7%) were certainly agreeing with this statement. Sixty-four (55.2%) agreed that their child has a good attention span and sees chores or homework through. Ten (8,6%) rejected that, and 42 (36.2%) claimed it as somewhat true. In the context of their children's peer problems, concerning solitariness and the preference toplay alone, 72 (62.6%) considered that is not true, 30 (26.1%) somewhat true, and 13 (11.3%) certainly true. Eighty (67.8%) agreed that their child has at least one good friend. twelve participants (10.2%) answered that it is not true, and 26 (22.0%) somewhat true.

Although more than half of the parents (77 (64.7%)) affirmed that other children generally like him/her, only five (4.2%) said it is not true, and 37 (31.1%) somewhat true. Sixty-eight respondents (58.6%) claimed that it is not true that their child is picked on or bullied by other children, 36 (31.0%) stated that it is somewhat true, and 12 (10.3%) certainly true. Twenty-two (18.8%) believed that it is certainly true he/she gets along better with adults than with other children, 48 (41.0%) is somewhat true, and 47 (40.2%) is not true.

Table 2

Parents' answers to statements related to their children's emotional symptoms, conduct problems, hyperactivity and peer problem scale

	Frequency (%)	**Frequency (%)**	**Frequency (%)**	**Mean (SD)**
Emotional Symptoms Scale	**Not True**	**Somewhat True**	**Certainly True**	**Score/2**
Often complains of headaches, stomachaches, or sickness. (N=121)	79 (65.3%)	32 (26.4%)	10 (8.3%)	0.43 (0.64)
Many worries or often seems worried. (N=115)	51 (44.3%)	45 (39.1%)	19 (16.5%)	0.72 (0.73)
Often unhappy, depressed, or tearful. (N=118)	79 (66.9%)	29 (24.6%)	10 (8.5%)	0.42 (0.64)
Nervous or clingy in new situations, easily loses confidence. (N=118)	71 (60.2%)	31 (26.3%)	16 (13.6%)	0.53 (0.72)
Many fears, easily scared (N=117)	48 (41.0%)	44 (37.6%)	25 (21.4%)	0.80 (0.77)
Conduct Problem Scale	**Not True**	**Somewhat True**	**Certainly True**	**Score/2**
Often loses temper. (N=121)	75 (62.0%)	36 (29.8%)	10 (8.3%)	0.46 (0.65)
Generally well-behaved, usually does what adults request. (N=117)	8 (6.8%)	34 (29.1%)	75 (64.1%)	0.43 (0.62)
Often fights with other children or bullies them. (N=117)	87 (74.4%)	24 (20.5%)	6 (5.1%)	0.31 (0.56)
Often lies or cheats. (N=116)	80 (69.0%)	32 (27.6%)	4 (3.4%)	0.34 (0.54)
Steals from home, school or elsewhere. (N=117)	113 (96.6%)	2 (1.7%)	2 (1.7%)	0.51 (0.29)
Hyperactivity Scale	**Not True**	**Somewhat True**	**Certainly True**	**Score/2**
Restless, overactive, cannot stay still for long. (N=121)	53 (43.8%)	43 (35.5%)	25 (20.7%)	0.77 (0.77)
Constantly fidgeting or squirming. (N=116)	73 (62.9%)	33 (28.4%)	10 (8.6%)	0.46 (0.65)
Easily distracted, concentration wanders. (N=117)	43 (36.8%)	50 (42.7%)	24 (20.5%)	0.84 (0.74)
Thinks things out before acting. (N=117)	13 (11.1%)	54 (46.2%)	50 (42.7%)	0.68 (0.66)

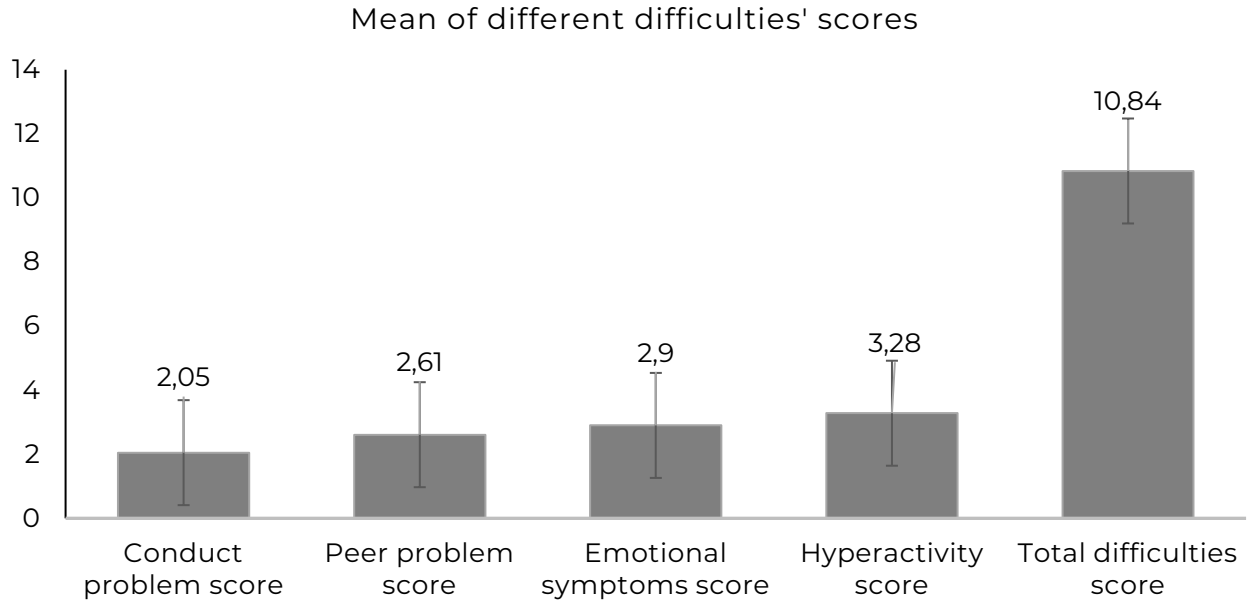
Good attention span sees chores or homework through. (N=116)	10 (8.6%)	42 (36.2%)	64 (55.2%)	0.53 (0.65)
Peer Problem Scale	**Not True**	**Somewhat True**	**Certainly True**	**Score/2**
Rather solarity and prefers to play alone. (N=115)	72 (62.6%)	30 (26.1%)	13 (11.3%)	0.49 (0.69)
Has at least one good friend. (N=118)	12 (10.2%)	26 (22.0%)	80 (67.8%)	0.42 (0.67)
Generally liked by other children. (N=119)	5 (4.2%)	37 (31.1%)	77 (64.7%)	0.39 (0.57)
Picked on or bullied by other children. (N=116)	68 (58.6%)	36 (31.0%)	12 (10.3%)	0.52 (0.68)
Gets along better with adults than with other children. (N=117)	47 (40.2%)	48 (41.0%)	22 (18.8%)	0.79 (0.74)

Results are presented through Frequency (Percentages) or Mean (Standard Deviation)

Figure 1 displays the total scores of the different groups (over 10) and the overall computed score (over 40). The conduct problems 2.05 (2.66) and peer problems 2.61 (3.35) groups had lower scores than the emotional symptoms 2.9 (3.5) and hyperactivity 3.28 (3.47) groups. A total score of 10.84 (6.23) was obtained when summing up the different scores.

Figure 1

The total strengths and difficulties scores (per group and overall score)



The classification of scores based on the corresponding degree of significant clinical problems is presented in **Table 3.** More than half of the students were unlikely to have clinically significant problems in all groups, with notably higher frequencies of closer-to-average scores in the conduct problems (76.9%) and hyperactivity groups (81.4%).

Nevertheless, slightly raised risks were observed in 15.3% of students in the peer problems category and 15.4% in the emotional problems section. A substantial risk of clinically significant problems was mainly noted for the peer problems (32.2%) and emotional symptoms groups (22.2%), while around 10% of students had an increased risk of clinical concerns associated with hyperactivity.

Table 3

Classification of scores based on the rising degree of clinically significant problems

	Close to Average	**Slightly raised**	**High**
	Clinically significant problems are unlikely	May reflect clinically significant problems	Substantial risk of clinically significant problems
Conduct problem score (N=117)	90 (76.9%)	11 (9.4%)	16 (13.7%)
Peer problem score (N=118)	62 (52.5%)	18 (15.3%)	38 (32.2%)
Emotional symptoms score (N=117)	73 (62.4%)	18 (15.4%)	26 (22.2%)
Hyperactivity score (N=118)	96 (81.4%)	10 (8.5%)	12 (10.2%)
Total difficulties score (N=119)	89 (74.8%)	9 (7.6%)	21 (16.2%)

Results are presented through Frequency (Percentages)

Bivariate analysis was conducted to assess the association between the sex and age of the students and the different scores, including conduct problems, peer problems, emotional score hyperactivity, and total difficulties scores (**Table 4**). Sex was significantly associated with the conduct problem score, where a higher percentage of females (29.7%) had an increased risk of clinically significant problems compared to 13.5% of males (p-value=0.037). Females also presented an increased risk of clinical problems (46.9%) associated with their emotional symptoms, significantly higher than males (25%; p=0.015). As a result, significantly more females (32.3%) had an increased risk of clinical problems associated with their total difficulties score compared to males (15.1%; p=0.031). The student's age did not affect any group's risk of substantial clinical problems (p>0.05).

Table 4

Association between the different scores (per group and total score) and the sex and age of the students

		Close to Average	**Increased risk**	**p-value**
Conduct problem score	Male	45 (86.5%)	7 (13.5%)	**0.037**
	Female	45 (70.3%)	19 (29.7%)	
	<9 years	41 (77.4%)	12 (22.6%)	0.882
	≥9 years	48 (76.2%)	15 (23.8%)	
Peer problem score	Male	24 (46.2%)	28 (53.8%)	0.185
	Female	38 (58.5%)	27 (41.5%)	

	<9 years	29 (53.7%)	25 (46.3%)	0.753
	≥9 years	32 (50.8%)	31 (49.8%)	
Emotional symptoms score	Male	39 (75.0%)	13 (25.0%)	**0.015**
	Female	34 (53.1%)	30 (46.9%)	
	<9 years	33 (62.3%)	20 (37.7%)	0.968
	≥9 years	39 (61.9%)	24 (38.1%)	
Hyperactivity score	Male	44 (84.6%)	8 (15.4%)	0.518
	Female	52 (80.0%)	13 (20.0%)	
	<9 years	47 (87.0%)	7 (13.0%)	0.134
	≥9 years	48 (76.2%)	15 (23.8%)	
Total difficulties score	Male	45 (84.9%)	8 (15.1%)	**0.031**
	Female	44 (67.7%)	21 (32.3%)	
	<9 years	40 (74.1%)	14 (25.9%)	0.908
	≥9 years	48 (75.0%)	16 (25.0%)	

Results are presented through Frequency (Percentages). P-values<0.05 are presented in bold and represent statistically significant associations.

Parents' answers to statements about their children's prosocial behavior are described in **Table 5**. Around two-thirds (66.9%) agreed that their child is considerate of other people's feelings, and 29.7% said it is somewhat true. Most parents (72.5%) affirmed that their child shares readily with other children, while 4.2% answered that it is not true, and 23.3% somewhat true. Almost 15% of parents consider their child as careless if someone is hurt, upset, or angry. In contrast, the rest reported helpful behavior in the abovementioned case as certainly true (64.2%) or somewhat true (21.1%). More than 85% declared their child kind to younger children, and only 5.2% believed the opposite. Seventy-three percent reported being certainly true that their child often volunteers to help others. As a result, an overall total score of 8.29 (1.86) was observed. The majority (90.9%) had no clinically significant problems, 5% had a slightly low prosocial scale, and 4.1% had a lower score reflecting a higher probability of substantial clinical risks.

Table 5

Parents' answers to statements related to their children's prosocial behavior

	Frequency (%)	**Frequency (%)**	**Frequency (%)**	**Mean (SD)**
Prosocial Scale	**Not True**	**Somewhat True**	**Certainly True**	**Score/2**
Considerate of other people's feelings. (N=118)	4 (3.4%)	35 (29.7%)	79 (66.9%)	1.63 (0.55)
Shares readily with other children. (N=120)	5 (4.2%)	28 (23.3%)	87 (72.5%)	1.68 (0.55)

Helpful if someone is hurt, upset, or feeling ill. (N=109)	16 (14.7%)	23 (21.1%)	70 (64.2%)	1.49 (0.74)
Kind to younger children. (N=116)	6 (5.2%)	11 (9.5%)	99 (85.3%)	1.80 (0.51)
Often volunteers to help others (N=115)	4 (3.5%)	27 (23.5%)	84 (73.0%)	1.69 (0.53)
			Total score /10	8.29 (1.86)

	Close to average	**Slightly low**	**Low**
	Clinically significant problems are unlikely	May reflect clinically significant problems	Substantial risk of clinically significant problems
Frequency (%)	110 (90.9%)	6 (5.0%)	5 (4.1%)

Results are presented through Frequency (Percentages) or Mean (Standard Deviation)

Parents' answers to statements related to the characteristics of the difficulties and their corresponding interferences with their child's life are elucidated in **Table 6**.

When parents are asked if their child has difficulties in emotions, concentration, behavior, or getting along with others, 47.1% answered that it is not true, 37.0% true with minor difficulties, 13.4% true with definite difficulties, and only 2.5% reported it to be true with severe difficulties.

Concerning how long these difficulties have been present, 9.3% claimed that it is less than one month or between 6-12 months, 25.6% between 1-5 months, and 55.8% for over one year.

Around 35% reported that the difficulties did not upset or distress the child, 30.3% agreed a little, and 21.2% reported a significant impact. In this context, 60.3% reported that the difficulties did not affect their child's home life, and 30.2% reported a small interference.

Half of the sample said the difficulties did not affect their child's friendships, while 10.9% affirmed a significant interference and 14.1% a medium amount. Regarding learning ability, 41.3% believed that the difficulties did not interfere with their child's learning, 38.1% said that it interferes a little, 11.1% a medium amount, and 9.5% a great deal.

Almost two-thirds disagreed with the interference of the difficulties with the child's leisure activities, 20.0% agreed a little, 12.3% a medium amount, and 6.2% a great deal. Around 26% of parents said their child's difficulties burdened their family a little, and 19.7% a medium amount or a great deal, respectively.

Table 6

Parents' answers to statements related to the characteristics of the difficulties and their interferences

		Frequency (%)
Do you think the child has difficulties in emotions, concentration, behavior, or getting along with others? (N=119)	No	56 (47.1%)
	Yes-minor difficulties	44 (37.0%)
	Yes-definite difficulties	16 (13.4%)
	Yes-severe difficulties	3 (2.5%)
If yes, how long have these difficulties been present? (N=43)	Less than one month	4 (9.3%)
	1-5 months	11 (25.6%)
	6-12 months	4 (9.3%)
	Over one year	24 (55.8%)
The difficulties upset or distress the child (N=66)	Not at all	23 (34.8%)
	A little	20 (30.3%)
	A medium amount	9 (13.6%)
	A great deal	14 (21.2%)
The difficulties interfere with the child's home life (N=63)	Not at all	38 (60.3%)
	A little	19 (30.2%)
	A medium amount	4 (6.3%)
	A great deal	2 (3.2%)
The difficulties interfere with the child's friendship (N=64)	Not at all	32 (50.0%)
	A little	16 (25.0%)
	A medium amount	9 (14.1%)
	A great deal	7 (10.9%)
The difficulties interfere with the child's learning (N=63)	Not at all	26 (41.3%)
	A little	24 (38.1%)
	A medium amount	7 (11.1%)
	A great deal	6 (9.5%)
The difficulties interfere with the child's leisure activities (N=65)	Not at all	40 (61.5%)
	A little	13 (20.0%)
	A medium amount	8 (12.3%)
	A great deal	4 (6.2%)
The difficulties put a burden on the family (N=66)	Not at all	23 (34.8%)
	A little	17 (25.8%)
	A medium amount	13 (19.7%)
	A great deal	13 (19.7%)

Results are presented through Frequency (Percentages)

DISCUSSION

In the present study, children's ages ranged between 6 and 11 years, reported as adequate to detect learning difficulties and social and emotional challenges (Strand & Lindorff, 2021). The sample comprised slightly more females than males, contrasting with a previous cross-sectional study in Pakistan (Naveed et al., 2020). Most parents finished high school or had a university degree, which can make them more involved in their child's achievement. More than three quarters had an average economic situation or more. An earlier study revealed that parents with a low socioeconomic status are less involved in their children's education (Hemmerechts et al., 2017), which might underestimate students' difficulties. The prevalence of emotional symptoms was significantly higher in females (46.9%) than males (25%), in agreement with a study performed in southern Brazil showing higher emotional symptoms among females (Bach et al., 2019). Contrarily, a study conducted in Guangdong, China, on schoolchildren between 6 and 11 years old showed that the total behavioral and emotional problems increased with age, and the prevalence was noticeably higher in males than females (Li et al., 2023). Conduct problems were significantly higher among males than females in contrast to the previously mentioned research (Bach et al., 2019). Nevertheless, this same study showed statistically significant hyperactivity/inattention in males. Comparable results between males and females were found in the present study, possibly due to the impact of other stressors on students' behavior, such as online education and multiple strikes among teachers.

Over half of the students were unlikely to have clinically significant problems in all groups. Nonetheless, a substantial risk of clinically significant problems was noted for the peer problems, and a higher frequency of close-to-average scores was observed in the hyperactivity group. This result was also noted in more than half of the children in a cross-sectional study conducted on Syrian and Jordanian schoolchildren, with more peer relationships, conduct, and emotional problems (Yonis et al., 2021). Only 4.1% had a lower prosocial score reflecting a higher probability of substantial clinical risks. However, approximately half of the sample was rated within the abnormal range in the prosocial behavior subscales. These data can suggest potential future problems since children at this age were commonly referred by health and education professionals for problems in attention, learning, and/or memory (Bryant et al., 2020).

Regarding the characteristics of the difficulties and their interferences, around half of the parents said that their child did not have any emotional, behavioral, or concentration difficulties. Findings of a study conducted on Syrian schoolchildren highlighted emotional and behavioral problems (Yonis et al., 2021), and another research revealed a remarkably high rate of perceived cognitive impairment due to emotional problems among high school students in the United States (Iverson & Iverson, 2022). Most parents reported that school difficulties did upset or distress their children. This result was also observed among schoolchildren in different settings (Simpson, 2005), emphasizing the need for adequate interventions to mitigate such risks. Although around 60% of parents reported that the difficulties did not affect their child's home life, other research highlighted strong interference in school and home adjustment (Makarova et al., 2023). Regarding learning ability, 41.3% believed that the difficulties did not interfere with their child's learning, and almost two-thirds disagreed with the interference of the difficulties with the child's leisure activities. A strong relationship between school difficulties and

students' achievement and intellectual ability was previously noted (Cox & Mullen, 2023), suggesting the need for engaging parents to understand the impact of such challenges.

This study possesses several limitations. The sample size, contextual factors, and sociocultural attributes specific to Lebanon might affect its external validity; therefore, its findings cannot be generalized to schoolchildren in diverse settings. Among others, the study exclusively involved students from a single private school; variations in results may exist when considering other private or public schools. Students were included based on pre-defined criteria such as age and grades, potentially inducing selection bias. Efforts were made to mitigate this bias by adequately training data collectors and including all individuals meeting the criteria.

Nonetheless, to our knowledge, this is the first pilot study examining the difficulties faced by students in Lebanon from parents' point of view and, as a result, can provide a descriptive approach to these challenges, thus, enabling improved control. Furthermore, results from this study warrant consideration for a future longitudinal investigation involving a larger sample size and allowing for more robust control for potential confounding variables.

CONCLUSION

The multifaceted difficulties in Lebanon have significantly impacted schoolchildren, leading to unforeseen social and health consequences. Primary schoolchildren have exhibited various problems, including emotional, conduct, hyperactivity, peer, and prosocial issues. These problems were linked to age and sex. The present study's findings have underscored the influence of parents, teachers, and relevant professionals, emphasizing the necessity for accessible and affordable preventive psychological support services. These findings imply that special attention should be directed towards school children, drawing lessons from other countries about effective crisis management strategies. Additionally, it highlighted the school's role in detecting diverse difficulties that may affect the child's academic performance and overall well-being.

DECLARATIONS

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

After reviewing the study protocol, questionnaire, and consent form, the institutional review board of the faculty of pharmacy of the Lebanese University approved the study. Written informed consent was obtained from each participant.

CONSENT FOR PUBLICATION

Not applicable

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AVAILABILITY OF DATA AND MATERIALS

Not applicable

CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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АНОТАЦІЯ / ABSTRACT [in Ukrainian]:

ТРУДНОЩІ МОЛОДШИХ ШКОЛЯРІВ У ШКОЛІ ПІСЛЯ БАГАТЬОХ КРИЗ: ПЕРЕХРЕСНЕ ДОСЛІДЖЕННЯ ЄДИНОГО ЦЕНТРУ

Мета. *Представлене дослідження має на меті оцінити сильні сторони та труднощі школярів після криз.*

Методи. *Пілотне перехресне дослідження проводилося протягом двох місяців (квітень – травень 2023 р.) за допомогою стандартизованої анкети для збору даних. Вибірку зі 130 учнів було набрано з приватної*

школи та включено до цього дослідження. Порівняння між групами проводилося за кількома факторами: проблеми з поведінкою, проблеми з однолітками, емоційний бал, гіперактивність і загальні показники труднощів. Було проведено двофакторний аналіз, у якому залежними змінними були вік, стать і показники складності.

***Результати**. Серед учасників було відзначено значний ризик проблем з однолітками (32,2%) та емоційних симптомів (22,2%). Істотний ризик клінічно значущих проблем був пов'язаний з гіперактивністю. Дівчата продемонстрували підвищений ризик клінічних проблем (46,9%), пов'язаних з їхніми емоційними симптомами, значно вищий, ніж чоловіки (25%; p=0,015), що призвело до значно більшої кількості клінічних проблем, пов'язаних із їхніми загальними труднощами, порівняно з хлопцями (32,3% проти 15,1%; p=0,031). Загалом більшість студентів (90,9%) не мали значних проблем. Проте 5% мали дещо низьку просоціальну шкалу, а 4,1% мали нижчі оцінки, що відображає високу ймовірність значного клінічного ризику.*

***Висновок**. Криза в Лівані посилила існуючу нерівність у доступі до освіти, що призвело до або посилило труднощі в школі. Отримані дані відображають вплив батьків і школи на успішність і психологічне благополуччя дітей і підкреслюють необхідність надання додаткової підтримки школам та інвестування в служби психічного здоров'я для учнів.*

КЛЮЧОВІ СЛОВА: *Школярі, Труднощі, Батьки, Ліван, Школи.*

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