

Evaluation of Emotional Behavioral Disorders and Related Factors in Afghan Immigrant Students Living in Iran

تقييم الاضطرابات السلوكية العاطفية والعوامل ذات الصلة لدى الطلاب المهاجرين الأفغان المقيمين في إيران

شاهلا زيوري (*) Shahla Zivari

أمير قمراني (المؤلف المسؤول **) Amir Qamarani

قاسم نوروزي (***) Qhasem Norouzi

تاريخ القبول: 2025-1-10

تاريخ الإرسال: 2024-11-10

Abstract

Turnitin: 14%

Objective

The present study was conducted with the aim of evaluating emotional behavioral disorders and related factors in Afghan students living in Iran. **Method:** In this research study, 116 elementary school students in grades 1 to 6 were selected by random sampling. The instrument for measuring emotional behavioral disorders in this study were Achenbach's Child Behavioral problems Inventory (CBCL) and a researcher-made questionnaire to measure factors related to emotional behavioral disorders. **Findings:** The results of the research have shown that the average of internalized and externalized disorders in the entire sample group and in the sample of boys and girls is 8.66 - 11.61, respectively. Also, the average of internalized and externalized disorders in the whole sample group and in the sample of boys and girls is 18.96 - 33.38, respectively. In addition, it was found that among the factors related to externalized disorders, the number of family members and economic status, respectively, and among

* PhD student in psychology and education of children with special needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Iran. E-mail: shahlazivari49@gmail.com

طالب دكتوراه في علم النفس وتربية الأطفال ذوي الاحتياجات الخاصة، كلية العلوم التربوية وعلم النفس، جامعة أصفهان، إيران.

** Associate Professor, Department of Psychology and Education of Children with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Iran. (Responsible author) Email: a.ghamarani@edu.ui.ac.ir

أستاذ مشارك، قسم علم النفس وتربية الأطفال ذوي الاحتياجات الخاصة، كلية العلوم التربوية وعلم النفس، جامعة أصفهان، إيران. (المؤلف المسؤول).

*** Assistant Professor, Department of Psychology and Education of Children with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Iran. E-mail: g.norouzi@edu.ui.ac.ir

أستاذ مساعد، قسم علم النفس وتربية الأطفال ذوي الاحتياجات الخاصة، كلية العلوم التربوية وعلم النفس، جامعة أصفهان، إيران.

the factors related to internalized disorders, the number of family members play a predictive role.

Conclusion: Immigrant students show more emotional behavioral

والبنات هو 8.66 - 11.61 على التوالي. كما أن متوسط الاضطرابات الداخلية والخارجية في مجموعة العينة بأكملها وفي عينة الأولاد والبنات هو 18.96 - 33.38 على التوالي. بالإضافة إلى ذلك، وجد أن من بين العوامل المرتبطة بالاضطرابات الخارجية، عدد أفراد الأسرة والوضع الاقتصادي على التوالي، ومن بين العوامل المرتبطة بالاضطرابات الداخلية، يؤدي عدد أفراد الأسرة دورًا تنبؤيًا. الاستنتاج: يُظهر الطلاب المهاجرون مشاكل سلوكية عاطفية أكثر من غيرهم مما يتطلب المزيد من الاهتمام في هذه المجموعة.

الكلمات المفتاحية: الاضطرابات السلوكية العاطفية، العوامل ذات الصلة، الطلاب المهاجرون، الأفغان

Introduction

The presence of emotional behavioral disorders in childhood is an important issue that can be the basis for the emergence of mental disorders in adulthood (Liu, 2010). However, the prevalence of this disorder in children is very different and is influenced by various factors. For example, among children under 7 years of age, the

problems than others which requires more attention to this group.

Keywords: emotional behavioral disorders, related factors, immigrant students, Afghans

الملخص

الهدف: أجريت الدراسة الحالية بهدف تقييم الاضطرابات السلوكية العاطفية، والعوامل ذات الصلة لدى الطلاب الأفغان المقيمين في إيران. **الطريقة:** في هذه الدراسة البحثية، اختير 116 طالبًا في المدارس الابتدائية من الصف الأول إلى السادس عن طريق العينة العشوائية. كانت أداة قياس الاضطرابات السلوكية العاطفية في هذه الدراسة هي قائمة مشاكل سلوك الطفل لأشبيناخ (CBCL)، واستبيان أعده الباحث لقياس العوامل المتعلقة بالاضطرابات السلوكية العاطفية. النتائج: أظهرت نتائج البحث أن متوسط الاضطرابات الداخلية والخارجية في مجموعة العينة بأكملها وفي عينة الأولاد prevalence of emotional behavioral disorders is 10% in Denmark and 7% in England (Waez et al., 2018). Moreover, numerous studies conducted in the world show that the level of behavioral disorders is different in different regions and depends on various factors. For instance, the incidence of behavioral disorders in Karachi, Pakistan, Leipzig, Germany, Malaysia,

and China has been reported as 34.4% (Santos, 2016). In the Kolhapur region of India, the prevalence of behavioral disorders has been reported to be 34.07% in children aged 1011- years old, followed by 29.12% in 1213- years old individuals, 27.32% in 89- years old children and 9.34% in People aged 67- years old. The prevalence was higher in boys with 53.30% than girls with 46.70% (Chugol et al., 2023). In the research studies conducted in Iran, the prevalence of behavioral disorders in Iranian children has been reported differently, such that in the meta-analysis study of 18 articles, the overall prevalence of behavioral disorders in Iranian children has been reported 23%. In total, the highest rate of behavioral disorder was devoted to Hamedan city with 54.7% and the lowest rate of prevalence of behavioral disorders in children belonged to Ardabil city with 1.8% (Mohammadi, 2019). Based on the meta-regression analysis, with the increase in the sample size, the prevalence of behavioral disorders in Iranian children decreased, and with the increase in the year of conducting the study, the prevalence of behavioral disorders in children increased that this difference was also statistically significant. More precisely, in recent years, the prevalence of behavioral disorders in Iranian children has

increased. Therefore, evaluating the prevalence of behavioral disorders in Iran is of double importance (Mohammadi, 2019).

Effect of culture and immigration on emotional behavioral disorders

In today's world, immigration has become rapidly common. Meanwhile, the migration process for any reason or for any period of time, whether internal or external migration, is stressful (Ehsas Pour et al., 2013). The creation of densely populated areas, marginalization, unemployment, fake jobs, poverty, hidden unemployment, house rent, educational problems, etc. are among the countless challenges considered as a consequence of internal migration (Fakhrai and Abdi, 2013). Therefore, it is not far from expectation that immigrant children and adolescents show more emotional/behavioral problems than their native peers (Stevens et al., 2015). Migration can lead to language barriers, economic pressure, experiences of discrimination and family separation (Arbona et al., 2010). In fact, many factors that exist in the living environment of migrant children can negatively affect their mental health (Kuidler et al., 2014). In their research, Stevens and colleagues (2015) studied the effect of immigration on the emotional and

behavioral problems of children and adolescents in 9 European countries and in the United States. They reported that important factors including demographic variables, painful experiences before migration and stressful factors after migration affect the stress levels of these children. In another study, Stevens and colleagues (2015) emphasized that immigrant teenagers show a higher risk of emotional behavioral problems than their native peers. These teenagers suffer from stress which subsequently leads to high levels of emotional behavioral problems.

Young immigrants with different ethnic-racial and linguistic backgrounds face many psychological and structural challenges. The results of research study by Bal and Parzi Gyan (2013) show that immigrant children, compared to their native peers, have more externalized and internalized mental health problems. The results of studies that compared the mental health status of immigrant children with native children indicated that immigrant children are exposed to mental health problems such as higher depression, and lower social relationship and self-esteem (Chen et al., 2009; Mao and Zao). Wang et al. (2009) found that immigrant children show more depression and anxiety.

More than 78 percent of Afghan immigrant children in Iran have been born in Iran, and 93 percent of their families have been residing in Iran for more than 20 years (Soleimani, Farvardin, 2018). Emotional behavioral disorders cause many problems for the child, his family, and teachers (Qaim et al., 2014). The existence of emotional/behavioral disorders in childhood is very important as the first life experiences lay the foundation of people's health in adulthood. One of the factors that causes some emotional behavioral damage is migration. Depression, feeling of loneliness, lack of identity, and loss of self-confidence deprive the individual from the ability to create a balance between challenges and reactions. In addition, there are problems in the immigrant families such as poverty, accepting a new culture and language, and facing some types of discrimination in the society and school. The sense of loneliness threatens the immigrant children and teenagers more than any other factor. Confusion and awaiting, finding oneself a wandering traveler and an uninvited guest, anonymity and lack of identity, personal tensions, and imbalance occur in this stage. In a brief overview, it can be said that voluntary migration can be constructive in nature, but migration is not always

voluntary, free, and conscious. Sometimes, wars, land occupation, internal tyranny, racial discrimination, and natural accidents and disasters can be the cause of migration (Hazarei, 2013). Moreover, the constructiveness or destructiveness of the migration is also dependent on other factors that the most important of which is the migrant's willingness and motivation to think about his progress and growth in certain conditions and try to change the unfavorable conditions. Another factor is the environment where the immigrant lives. The existence of nations with different and sometimes conflicting religious beliefs, races and different historical contexts, as well as different cultural and social contexts where children are grown and raised, on the one hand, and the entanglement of the countries' fates, on the other hand, necessitates that individuals acquire knowledge and skills required to effectively face the challenges and requirements of a global society (Hazarei, 2013). In sum, the studies conducted in Iran (Soleimani, Farvardin, 2018; Qaim et al., 2014) show that children of immigrant families may experience more emotional and behavioral problems than other children, due to cultural and social conditions different from their original country. According

to the researcher's investigations, no research study has been conducted to evaluate emotional/behavioral disorders and related factors in Afghan students living in Iran. The present study aimed to investigate the issue.

Emotional, behavioral disorders and academic performance

The early years of a child's life, because of the experiences of this period which are the basis of learning in her later years, are of particular importance (Duncan, McLand and Acock 2017). As one of the high-risk age groups, the group of children is exposed to a variety of psychological injuries which beside other factors such as environmental conditions and the maintenance of the child by his parents and caregivers affect the child's growth process and health. Emotional behavioral disorders significantly affect the academic performance of children (Chugol et al., 2023). Another issue is that these children are not identified until years after entering school and are not examined and treated (Baldacara et al. 2013). Therefore, every day, teachers and school staff are faced with students who show undesirable behaviors and emotions due to various reasons. Based on the surveys conducted on students, about 20 to 30 percent of them suffer from various

psychological behavioral problems and academic failure (McCarter and Howell, 2016). Most children with such disorders are at a normal level in terms of intelligence, but due to behavioral disorders and weakness in relation to others, they show low self-respect and self-confidence, learned helplessness, and aggression. Childhood is one of the high-risk age periods that due to the exposure of children in this developmental period to all kinds of psychological injuries, there is a possibility of damage to their growth process and the occurrence of emotional, behavioral disorders and antisocial behaviors, disruption in academic and occupational performance, and loss of self-respect. Previous conducted research studies indicate the existence of defects in executive functions of people with emotional behavioral disorders (Alizadeh, 2014). Children with emotional-behavioral disorder also show other disorders such as destructive behavior, negative emotions, and empathy disorder (Honeykin et al., 2020). Also, symptoms include breaking common rules, lying, physical or verbal aggression, bullying, or intentional damaging of other people's property (American Psychiatric Association 2013; DSM-5) which can lead to

various social problems at school (Erskine, et.al, 2016). They are often associated with internalizing problems, and may co-occur (McDonough-Kaplan, Klein, & Bouchin 2018; cited in Ains et al., 2023). Research shows that the method that teachers can use to reduce students' emotional behavioral disorders is using a structured educational environment which helps to control students suffering from disorders and leads to less aggressive and destructive behavior and better performance during tasks (Kadima et al., 2016; Reem Kaufman et al., 2009; cited in Fanny de Swart et al., 2022).

Factors related to emotional behavioral disorders

Some factors play a prominent role in creating behavioral disorders. Sometimes it is easy to identify factors or situations that may lead to emotional behavioral disorders. However, no factor can be sometimes found for the cause of the behavior. Factors such as age, occupation, parent's education, gender, socio-economic status, number of family members, type of migration crisis, change of school, death, divorce, child's birth date, child's age, baby's birth weight, baby's height at birth, early delivery, early or late term, natural birth or caesarean, newborn's Apgar score, mother's mental state

during pregnancy, mother's desired or unwanted pregnancy, and many other factors cause mild emotional behavioral disorders in children. These disorders are not diagnosed by the family or the teacher and are just manifested and aggravated as the result of various factors related to the child and the way people around her deal with her and the emergence of crises such as death, parental divorce, or school problems. Due to the lack of timely diagnosis and treatment, such disorders lead to undesirable consequences in childhood such as poor academic performance, disobedience to parents, and interaction problems in adult life such as delinquency, accident proneness, and substance abuse. What is obvious is that identifying people at risk is of particular importance (Harland, 2002; Kaplan, 2005; Biederman, 2005).

Method

Participants

The research design used in this study was descriptive and of the correlation type. In the current research study, there were two types of variables: criterion variable of emotional behavioral disorders and predictor variables of related factors. The research population consisted of all elementary school Afghan students living in Iran. The sampling

method in this study involved multi-stage cluster sampling and random sampling. First, after obtaining permission from the Department of Education, three educational districts 7, 5 and 4 were selected. Then, three self-governing schools of Afghan immigrants residing in Iran were selected by multi-stage cluster sampling method. After that, the research purpose was explained to the school administrators and, then, a briefing session was held for the parents of the children and the method of conducting the research study was explained to them. In this study, with the coordination of school officials, teachers, parents, and students were invited to express their personal opinions on the evaluation of emotional/behavioral disorders and related factors in elementary school students. In the last stage, the researcher distributed, implemented, and collected the questionnaires. The participants in this research study were 70 boys and 46 girls and a total of 116 parents of students were selected, most of whom were illiterate mothers or those with at least elementary education. Also, students' fathers were mainly laborer with a very low salary. Each student's parents were talked to for half an hour about the questions and

completion of the Achenbach Child Behavior Scale (CBCL) form, and the researcher-made questionnaire measuring the factors related to emotional/behavioral disorders was completed in several sessions. These meetings lasted for about three months and took place in an open and full of trust atmosphere. Since most of the parents were illiterate and did not have the required literacy to fill the questionnaire, the researcher completed the questionnaires by asking the parents. The age of the students participating in the research study was in the age range of 7 to 12 years and from the first to the sixth grade.

SPSS was used to determine the required sample size. The results showed that based on the power of 0.95 ($p \leq 0.05$), the sample size is sufficient. Demographic information of the participants: using descriptive statistics, first the demographic data of the questionnaire and then the data related to the questions of the questionnaire were analyzed. In terms of gender, 60.3% of the sample group were boys and 39.7% were girls. The sample group was significant in terms of the number of family members suffering from internal disorders, $P < 0.0$. Therefore, in the first step, the coefficient of the number of family

members explains 15.7 percent of the variance of internal disorders between variables. In the second step, the relationship between economic status and external disorders among variables was significant, $P < 0.05$. Accordingly, in the second step, the coefficient of the number of family members and economic status explains 20.6% of the variance of external disorders between the variables. External disorders = fixed coefficient (6.173) + number of family members (3.669) + economic status (-2.545). 67.2% of the research participants lived in the families with more than 7 members. Another factor is the occupation of the students' parents which as demographic predictor shows 78.4% of the sample group were workers. Demographic prediction has reported the mental states in the participants to be 44% bad. Moreover, the literacy level factor showed that 62.9% of students' parents were illiterate.

Research Instruments

In this research, the behavior scale of child problems by Achenbach and Rescorella (2001) was used. It is a rating scale for diagnosing (EBD) developed by (Achenbach and Rescorella 2001). In the first part of this form consisting of 12 questions, the abilities, disabilities

and diseases of the child have been evaluated. Also, the main concern of the respondent in relation to the child and her opinion regarding the best features and characteristics of the child were questioned. The second part of this form has 113 questions and the respondent was asked to rank behavioral, emotional and social problems with 0, 1 or 2 grades. However, the respondent was asked to base her ratings on the student's condition during the past 2 months. The reason for choosing this short period of time is due to the fact that it is often necessary for teachers to evaluate students in relatively short periods of time, and it may be necessary during the academic year to assess students in rounds and in relatively short time intervals again. In TRF, the respondent is asked to describe a number of problems and report physical problems or any other type of problem not listed before. Based on the analysis that Achenbach and Rescorella (2001) conducted on the scales based on form experience, they divided them into two general groups: one of these groups, called internalization, includes three syndromic scales of anxiety and depression, withdrawal, and physical complaints. The reason for naming this group is that it

includes problems that basically exist inside the person. The second group, called externalization, includes two scales of syndromes of law-breaking behavior and aggressive behavior. The reason for naming these syndromes is that it includes problems that basically require conflict with others and with the expectations of others from the child. This questionnaire consists of 113 questions related to the various behavioral states of children. The answer to the questions of this questionnaire is in the form of 3 point Likert scale from 0, 1 and 2; such that the score "0" is assigned to the cases that are never present in the child's behavior; Score 1 is devoted to states and behaviors that are sometimes observed in the child, and score 2 is given to those cases that are most of the time or always present in the child's behavior. This form measures 8 emotional/behavioral problems or syndromes, including anxiety, depression, isolation, physical complaints, social problems, thinking problems, attention problems (related to attention deficit/hyperactivity disorder), law-breaking behavior, and aggressive behavior. The reliability and validity of this questionnaire has been confirmed in various studies. Kakabraei and his colleagues (2006)

found the reliability of this test, based on Cronbach's alpha, to be 0.92 for girls, 0.95 for boys, and 0.94 for the whole sample. They also reported the reliability to be 0.85 for girls, 0.79 for boys, and 0.82 for the whole sample with the split-half method. A researcher-made questionnaire was used to measure the factors related to emotional behavioral disorders in order to investigate the factors related to emotional behavioral problems in the entire research. Regarding factors related to emotional and behavioral problems, both internal and external research studies were evaluated.

The purpose of the researcher-made questionnaire is to measure the factors related to emotional behavioral disorders and to collect demographic information of students, parents, related factors, and information such as: pre-birth factors, factors during pregnancy, post-birth factors, economic factors, social factors of the family, and lifetime crises. The reliability coefficient of the questionnaire of factors related to emotional behavioral problems was estimated by Lavashi (CVR). The questionnaire of factors related to emotional behavioral disorders was compiled in several stages: In the first stage, researchers reviewed all articles and books related to the

factors of emotional behavioral disorders. Then, all these factors were extracted and mentioned in a table entitled primary factors. The mentioned table was reviewed by 3 specialists in the field of exceptional children and overlapping factors were removed. The related factors were also ranked and, then, a checklist of factors related to emotional behavioral disorders was prepared. This checklist was presented to the parents and teachers who were in relation with the students suffering from emotional behavioral disorders and their opinions were included in the mentioned factors. Using all the mentioned comments, the final checklist was prepared and the reliability of the checklist with Lavashi (CVR) was 89%.

Findings

To examine and describe the distribution of the data collected from the studied groups, frequency and frequency percentages were used.

Table (1) shows the mean and standard deviation of the scores of external and internal disorders by gender.

Bivariate correlation criteria between the two variables of economic status and number of family members are reported in Table 2.

Table (1): Average and standard deviation of scores of external and internal disorders by gender

Total	GIRL		BOY		Statistical Indicators Scale
	Average	Standard Deviation	Average	Standard Deviation	
618/66 -11/	806/	2610/	649/	5012/	external disorders
3818/96-33/	6517/	4134/	8319/	7132/	internal disorders

The results show that the average of external disorders and internal disorders in boys are 12.50 and 32.71, and in girls are 10.26 and 34.41, respectively.

Table: T-test comparing scores of external disorders and internal disorders by gender

LEVEL OF SIGNIFICANCE OF GROUPS			VARIANCE EQUALITY		
Level of significance	Degree of freedom	T	Level of significance	F	
0/146	113/383	1/465	0/006	7/801	eXTERNAL DISORDERS
0/639	114	-0/471	0/394	0/732	INTERNAL DISORDERS

Table (2) Correlation matrix of demographic variables with external disorders

Occupation	Number Of Family Members	Level Of Education	Mental States	Economic Status	Gender	External Disorders	Variable
						1	EXTERNAL DISORDERS
					1	-0/127 0/175	GENDER
				1	0/062 0/507	-0/338** 0/001	ECONOMIC STATUS
			1	-0/170 0/068	-0/187* 0/044	-0/199* 0/032	MENTAL STATES
		1	0/201* 0/031	0/260** 0/005	0/005 0/958	-0/257** 0/005	LEVEL OF EDUCATION
	1	-0/168 0/072	-0/140 0/135	-0/370** 0/001	-0/032 0/730	0/406** 0/001	NUMBER OF FAMILY MEMBERS
1	-0/103 0/274	-0/026 0/778	0/069 0/462	0/037 0/697	-0/168 0/072	-0/064 0/496	.OCCUPATION

The results of table (2) show that the sign ** at the level of $P > 0.01$ and the sign * at the level of $P > 0.05$ indicate significance between the variables. Therefore, the relationship between external disorders and variables of economic status, mental states, literacy level, and number of family members is significant.

Table (3): Multiple correlation coefficient table of demographic variables with external disorders

Level of significance	coefficient F	The squared adjusted multiple correlation coefficient	Squared multiple correlation coefficient	Multiple correlation coefficient	Predictor variable	Statistical index Criterion variable	
0/001	22/490	0/157	0/165	0/406	Number of family members	First step	External disorders
0/001	14/616	0/191	0/206	0/453	Economic status	Second step	

As the findings of the tables show, among the studied variables in the regression, the best predictor of external disorders, in the first step, was the number of family members and, in the second step, in addition to internal disorders, it was the economic status. Based on the results of step-by-step regression analysis, the relationship between the number of family members and economic status with external disorders was significant. Based on this, in the first step, the coefficient of the number of family members explains 16.5% of the variance of external disorders and, in the second step, the number of family members and economic status explain 20.6% of the variance of external disorders.

0/986	0/018	-	2/549	0/045	Constant number	First step	External disorders
0/001	4/742	0/406	0/972	4/611	Number of family members		
0/086	1/731	-	3/565	6/173	Constant number	Second step	
0/001	3/609	0/326	1/025	3/699	Number of family members		
0/018	-2/408	-0/217	1/057	-2/545	Economic status		

Table (4): Multiple correlation coefficient table of demographic variables with internal disorders

Level of significance	Coefficient F	squared adjusted multiple correlation coefficient	Squared multiple correlation coefficient	Multiple correlation coefficient	Predictor variable	Statistical index Criterion variable	
0/001	21/261	0/050	0/157	0/396	Number of family members	First step	Internal disorders

01<0/p

As the findings of the tables show, among the studied variables in the regression, the best predictor of internal disorders, in the first step, was the number of family members. Based on the results of step-by-step regression analysis, the relationship between the number of family members and internal disorders was significant. Accordingly, in the first step, the coefficient of the number of family members explains 15.7% of the variance of internal disorders.

The prediction equation of the second research hypothesis can be presented as follows:

Internal disorders = fixed coefficient (8.706) + number of family members (9.839).

Discussion and Conclusion

The current study aimed to evaluate emotional behavioral disorders and related factors in Afghan immigrant students living in Iran which was investigated using the Achenbach Child Behavior Problem Scale (CBCL) and a researcher-made questionnaire whose aim was to measure factors related to emotional and behavioral disorders. The results of the present study showed that the average prevalence of internalized emotional and behavioral disorders among

Afghan immigrant primary school students living in Isfahan was 24.22% in the experimental group and 24.16% in the control group. The findings of the present study are consistent with the results of some relatively similar research studies, including Chogel et al. (2023), Hamed, Abbaslou (2016), Qaragoz (2015) and Namazi (2014). Chogel et al. (2023) investigated the prevalence, patterns, and relationship of emotional and behavioral disorders in children and teenagers in schools in the Kolhapur region of India and the results revealed that the incidence of emotional and behavioral disorders was 46.67%. The prevalence of emotional and behavioral disorders was higher in children aged 10-11 (34.07%), followed by 12-13 (27.32%) 9-8 (29.12%) and those aged 6-7 years old (9.34 percent). Also, Qaragoz (2015) investigated the frequency of behavioral disorders among exceptional children of West Azarbaijan province and the results showed that the frequency percentage of internal behavior disorder is 51.13%, external behavior disorder is 8.15% and the total is 12.24%. Namazi (2014) investigated the prevalence of behavioral disorders in primary school students of Nehbandan city. The results showed that the prevalence of behavioral disorders in elementary

school students of Nahbandan city is 5.5% and demographic variables (gender, parents' education, educational level and age) have a significant impact on behavioral disorders. To explain, it can be said that no behavior occurs without prerequisites; rather it is the result of several underlying factors. Unfavorable family conditions are considered as inappropriate family functions. These defective actions provide the basis for delinquency in children and teenagers. Therefore, an unhealthy family creates the ground for the emergence of behavioral disorders and delinquency in children, while, a healthy family, by creating a safe environment, provides the ground for flourishing and development in children. A person's behavior is in no way separate from his family characteristics in the dimensions of family content and process. In other words, people are the natural products of their families and no factor is as effective as the family in the occurrence of behavioral disorders in children and adolescents. Also, the average of internalized behavioral disorders among Afghan immigrant students living in Isfahan was 27% in the experimental group and 26.88% in the control group. The findings of this research are consistent with the results of some relatively similar

research studies, including Al-Shehri et al. (2020); Kiombi et al. (2019) and Nejati (2011). Nejati (2012) conducted a study with the aim of investigating the prevalence of behavioral problems in elementary school students of Tehran province. The results showed that the prevalence of hyperactivity and aggression is 14.12%, anxiety and depression is 6.4%, social incompatibility is 4.18%, antisocial behavior is 0.3% and attention deficit is 6.8%. To explain, it can be said that experts consider parent-child relationships to be primarily responsible for behavioral disorders because the family, father, mother, and children have a deep impact on the child's early development. In relation to demographic variables and the ability to predict externalized disorders of Afghan immigrant children living in Isfahan, the present study showed that the multiple correlation coefficient of demographic variables (economic status and number of family members) in the step-by-step regression analysis of the relationship between the number of family members and economic status with externalized disorders has been significant at the level of one percent. The results indicate that the beta coefficient increases the externalized disorders by 0.326 units for one unit increase in the number of family

members and reduces externalized disorders by 0.217 units for one unit increase in the dimension of economic status. Therefore, the correlation hypothesis between demographic variables and externalized disorder was confirmed at a significance level of $P < 0.01$. The findings of this study are consistent with the results of some relatively similar studies including Ching, Wang and Zhan (2022), Ayano et al. (2020); Yang et al. (2019); Jalilian et al. (2013). In their research, Ching et al. (2022) concluded that there is a significant relationship between hyperactivity and attention deficit in children and the economic and social status of the family. In their research, Jalilian et al. (2012) showed that gender, father's education and occupation, history of mental illness in the family and death of parents had a statistically significant relationship with higher prevalence of behavioral disorders in students. (Kaplan and Sadok, translated by Rafiee 2017). Many environmental factors affect the development of behavioral disorders and the environmental stressors can disrupt the balance of brain chemicals and cause disorders. Family, home environment, and the child's relationship with parents, especially in the early years of life, affects the child's behavior and actions. Children

whose parents are constantly in conflict with each other often suffer from serious behavioral disorders such as aggression, academic failure, depression, health problems, and a sense of social inadequacy (Shkohi Yekta and Parand, 2009, quoted by Monsef Nasrabad Sofla, 2015). Moreover, demographic variables and ability to predict internal disorders of Afghan immigrant children living in Isfahan based on the multiple correlation coefficient of demographic variables (number of family members) with internal disorders showed that the step-by-step regression analysis of the relationship between the number of family members and internal disorders has been significant at level of 001/. Also, the results indicate that the beta coefficient increases internal disorders by 0.396 units per one unit increase in the number of family members. Therefore, the hypothesis of correlation between demographic variables and internal disorder was confirmed at a significance level of $P < 0.01$.

The findings of this research is consistent with the results of some relatively similar research studies including Horoz et al. (2022); Jiang and Q (2022); Yang, Xie and Xu (2019); Majini (2018); Khazai et al. (2004). According to the results of the present study, there exists a significant

statistical relationship between the external variables, economic status, mental states, level of education, parent's occupation and the number of family members. However, no significant statistical relationship has been observed between the gender variable and the external and internal disorders of the students. Therefore, in the first step, the number of family members coefficient and in the second step, the number of family members and the economic status explains the external disorders. That is while 672/ percent of the families live with more than seven members. In addition to taking a large number of children in the family, grandfather and grandmother are also included in these families. This larger number of family members has caused parents not to be able to pay enough attention to the needs and demands of their children and be unable to provide emotional, behavioral, and mental health for their children. Also, some similar studies have reported that the chance of developing behavioral disorders in large families is 2.5 times more than that of others. The findings of this study are consistent with the results of some relatively similar studies, including Khazai (2005), Abilfotouh (1997), Rutter (1985). Other findings of the current research - in the second

stage, shows a statistically significant relationship between economic status and 63.8 percent emotional and behavioral disorders. From the point of view of the families of Afghan immigrant students, this is the most important key factor that affects their quality of life. In other words, based on the results of this part of the research, the parents of immigrant students suffer more from the economic situation. Afghan immigrants who have migrated from their country to Iran, due to unfamiliarity with the environment of the new country as well as the immigration process, remain unemployed for a long time which this problem, along with their family economic background, strongly affects the behavior of their children. Afghan students usually don't have good educational equipment and use depreciated utensils and even sometimes they don't wear appropriate shoes and clothes. The caretakers of these students are just trying to find a job and make a living. Most of them have more than five children which complicates the issue. The families of these students are financially and economically at a low level because they do not have a stable job and this issue can be one of the factors influencing the students' behavioral disorders. As Afghan

immigrants in Iran mostly belong to the working class, one of the most fundamental and major challenges facing Afghan students is the role they play in the family economy, and this issue causes fatal and heavy damage to them. In addition, according to the results, there was a significant statistical relationship between father's occupation and student's behavioral disorder such that the most disorder was found in children whose fathers were unemployed. The economic level and income of the family depends on the occupation of the parents and with the improvement of the father's job, the incidence of behavioral disorders decreases. The findings of this research study is consistent with the results of some relatively similar researches including Ipan, Swadi, Sabri, Abu Saleh (2007), Tanila, Being, Aykora, Jarolin (2003), Khazaei (2005), Tahmasian, Mehyar, Belhari, Birshak (1998). According to the findings, the present study shows a significant statistical relationship between literacy level and behavioral disorders to be 62.9 percent. The parents of these students did not have a proper literacy level, the majority of them were illiterate and just had basic reading and writing skills, and they had no desire to learn. 78.4% of the fathers were laborers. In addition,

these students have problems due to lack of preschool education, illiteracy of their parents, and lack of attention of parents to their children's education in school and lack of support of these students in doing their homework. These issues lead to children's unwillingness to study, poor quality of education, dropping out of education, early dropping out of school, and neglecting their education. Therefore, most of them drop out of school in the elementary school. Deprivation of education among students from elementary school onwards results in the loss of employment and education opportunities in the future and its obvious consequences. In general, the percentage of occurrence of emotional behavioral disorders in children decreases with the increase in the level of parental literacy. Parents' education is a tool for students' academic progress and one of the important indicators in their successful behavioral education. In this regard, it can be said that as the level of literacy of parents increases, their awareness of how to raise children and pay attention to their psychosocial needs increases and this can reduce the incidence of emotional and behavioral disorders in children. The findings of this research is consistent with the results

of some relatively similar researches including Ghayathi (2008); Khoshabi (2007), Elkovit (1995), Tahmasian, Mehriar, Belhari, Birshak (1998). As other findings of this current research show, there is a significant statistical relationship of 44% between mental states and behavioral disorders. The reason for such significant level is the deep feeling of social isolation and the different cultural, educational, social, economic, and linguistic system of Afghan students as they have their own accent and language, are treated as second class citizens, and are even ridiculed and mistreated. In some cases, such behavior is also seen in the Iranian schools. This issue is especially true in the case of immigrants who have recently immigrated to Iran from Afghanistan. Some Afghan immigrants living in Iran do not have any identity documents. The reason is their unauthorized entry into Iran and the loss of their identity documents during these migrations. This has become one of the important factors in the registration and inclusion of Afghan students in Iranian schools. These students cannot enroll in any school. They are mostly registered in public and low-level schools. Also, other children do not have a very close and friendly relationship with them that this issue is related to their

language characteristics. They are a minority in Iran and the general society does not have a good view of this minority and this has become a problem for them. In general, according to the conditions mentioned above, parents enroll their children in self-governing Afghan immigrant schools. The findings of this research is consistent with the results of some relatively similar researches including Cheung (1995); Omid et al. (2012); Sadeghi et al. (1379); Alizadeh et al. (2010); Saatchi (1380); Nour Bala et al. (2008)..

Limitations

Each research, despite the specific results it provides, is faced with some limitations and the current research is no exception. This research was carried out in the Afghan self-governing schools residing in Iran, Isfahan city.

- 1- Not having a comfortable environment and good facilities such as a suitable classroom for the implementation of measurement tools.
- 2- Considering that the majority of mothers were illiterate, and on the other hand, the measurement tool had a self-assessment aspect, they had problems in understanding some concepts of the questionnaires and answered with doubts.

3- The sample of this study includes Afghan immigrant students living in self-run schools in Iran, which makes it difficult to generalize the results to other immigrant students in Iran due to the population density, conditions, and facilities.

In line with this limitation, it is suggested: to increase the accuracy of diagnosis of emotional behavioral disorders in children, other methods can be used, including structured and organized interviews with students, parents and their teachers. Moreover, the design of family education programs to familiarize parents with emotional behavioral disorders, educational styles and their effect on each other, and the provision of appropriate preventive

strategies are among the practical proposals of the research.

The role of the funding source

This research received no specific funding from funding organizations in the public, commercial or non-profit sectors.

Conflict of interest

None of the authors of this article have any conflicts of interest that may affect this work.

Appreciation

We thank the education department, school administrators and teachers, students' families, and all those who helped us in this research.

References

- 1-Achenbach's experience-based assessment system. Adaptation and standardization: Minaei, A. (1384). Tehran: *Exceptional Children Research Institute*.
- 2-Ehsaspour, J., Bahmani, R., Mortezaipoor, M. and Maqsoodi, M. (2013). Investigating the internal migration of people to Yasouj city and its effect on the social harms among immigrants in the last five years in 2012, The second international conference on the management of challenges and solutions, Shiraz.
- 3-Omidi, Abda, Tabatabaei, Azam, Sazvar, Ali, Akashe, Goudarz (2012). Epidemiology of mental diseases in the urban region of Natanz, Isfahan, *Thought and Behavior Quarterly*, 8th Year, Number 4, 32-38.
- 4-Jalilian, Farzad; Rakhshani, Fatima; Ahmad Panah, Mohammad; Moini, Babak (1391). Prevalence and factors related to behavioral disorders in primary school students of Hamedan city. *Ibn Sina Clinical Medicine Journal*. number 4. Volume 19. pp. 62-68.
- 5-Hamedi, Azam; Abbaslou, Soheila (2016). Comparison of children's behavioral disorders in three areas of city, village, and outskirts in Sirjan city. *Monthly New Advances in Behavioral Sciences*. Number 6. Volume 2. P. 1-14.
- 6-Khazaei, T., Khazaei, M.M., Khazaei. (1384). prevalence of behavioral problems in children of Birjand city. *Scientific Journal of Birjand Medical Sciences University*, 12 (1-2), 79-86.
- 7-Soleiman, i Turan; Farvardin, Ali, (2018). Examining the problems and challenges of education of male Afghan immigrant students in schools of Alborz province (Hafez Boys' School). *The third international conference on innovation and research in educational sciences, management, and psychology*, national certificate of the article: 248.
- 8-Saatchi, Mahmood (1380). Epidemiological investigation by studying the frequency and distribution of mental and behavioral disorders in the population of Tehran. An article presented at the 6th Congress of Psychiatry and Psychology Research studies in Iran. Medical Sciences and Health Services University of Shahid Beheshti, November 14-17.
- 9-Sadeghi, Khaira, Saberi, Mahdi, Asareh, Marzieh (1379). Epidemiology of mental diseases in the urban population of Kermanshah, *Thought and Behavior Quarterly*, 6th year, numbers 2 and 3, 16-25.
- 10-Alizadeh, Shams, Narges, Bowalhari Jafari, Shah Mohammadi, Davoud (2010). Epidemiological study of mental disorders in a village of Tehran province: *Thought and Behavior Quarterly*, 7th year, numbers 1 and 2, 19-26.

- 11-Fakhraei, S. and Abdi, M. (1390). Investigating the factors influencing the migration of villagers to Miandoab city in 2009. *Sociological Studies*, 4 (13), 33-46.
- 12-Qaragoz, Bahareh, Ali, (2015). Investigating and determining the frequency of emotional and behavioral disorders in exceptional children of West Azarbaijan province. Education consultant of the 4th district of Tabriz. Number (4), 141 consecutives.
- 13-Kakabraei, K., Habibi Asgarabad, M. (1386). Normalization of the Achenbach Behavioral Problems Scale (YSR): self-report form of 11-18 years old children and adolescents on high school students. *Research in Psychological Health*, (4), 50-66.
- 14-Karamali Esmaili, S.; Alizadeh Zarei, M. (2014). Neural infrastructure of executive functions and its importance in education and rehabilitation. *Journal of Exceptional Education*, 5 (117), 37-44.
- 15-Menesh, Ehsan, Mojtaba (2008). Epidemiology of mental diseases in Iran. A review of some conducted research studies, *Thought and Behavior Quarterly*, 6th year, number 4, 54-69.
- 16-Monsef Nasrabad sofia, Aqeel, (2015). Comparison of self-efficacy and emotional-behavioral disorders of students with and without learning disorders. Master's thesis in psychology, Shiraz.
- 17-Nour Bala, Ahmad Ali, Mohammad, Kazem, Bagheri Yazdi, Seyed Abbas (1378). Investigation of the prevalence of psychiatric disorders in Tehran. *Hakim Research Journal*, second volume, number 4, 223-212.
- 18-Namazi, Reza (2014). Investigating the prevalence of behavioral disorders in elementary school students of Nahbandan city. The third national conference on sustainable development in educational sciences and psychology, social and cultural studies, Tehran.
- 19-Nejati, M. (2011). Prevalence of behavioral problems of elementary school students in the cities of Tehran province. *Scientific Journal of Medical Organization of the Islamic Republic of Iran*, 30 (2), 168-162.
- 20-Vaez, H., Zargar, Y., Anami, N., Dost Qarin, D., Mehrabizadeh Honarmand, M. (2018). The effectiveness of home-school cooperation program on students' behavior. *Journal of Psychological Achievement, Educational Sciences and Psychology*, 26(2), 112-89.
- 21-Hazarei, Jamila; Jalali, Kakavand, (2013). The effectiveness of life skills training on increasing the cultural intelligence of Afghan immigrant students in Qazvin city. Master's thesis, field of psychology, Imam Khomeini International University (RA).
- 22-Abilfotouh MA. Behaviour disorders among urban school boys in south-Western Saudi Arabia. *East Mediter Health J* 1997; 3(2): 274-283.
- 23-Ayano, G., Yohannes, K., & Abraha, M. (2020). Epidemiology of attentiondeficit/hyperactivity disorder (ADHD) in children and adolescents in Africa: a systematic review and meta-analysis. *Annals of general psychiatry*, 19(1), 1-10.
- 24-Alshehri, A. M., Shehata, S. F., Almosa, K. M., & Awadalla, N. J. (2020). Schoolteachers' knowledge of attention-deficit/hyperactivity disorder—Current status and effectiveness of knowledge improvement program: A randomized controlled trial. *International Journal of Environmental Research and Public Health*, 17(15), 5605.
- 25-Al-kuwaiti MA, Hossain MM, Absood GH. Behaviour disorders in Primary school children in Al Ain, United Arab Emirates. *Ann Trop Pediatr* 1995; 15(1):97-10.
- 26-American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. 5th. DSM-5. Arlington, V.A. <https://www.psychiatry.org/psychiatrists/practice/dsm> Arnold, D. H. 1997. "Co-Occurrence of Externalizing Behavior.
- 27-Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A. & Wiesner, M. (2010). Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences*, 32(3), 362-384.
- 28-Bal, A. & A. Perzigian, B. (2013). Evidence-based interventions for immigrant students experiencing behavioral and academic problems: A systematic review of the literature. *Education and Treatment of Children*, 36(4), 5-28.
- 29-Baldaçara, L., Ferreira, J. R., Filho, L. C. P. S., Venturini, R. R., Coutinho, O. M. V. C., Camarço, W. C.,... & Júnior, E. V. (2013). Behavior disorder after encephalitis caused by dengue. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 25(1), 44.
- 30-Bayer, J. K., Rapee, R. M., Hiscock, H., Koukounne, O. C., Mihalopoulos, C., Clifford, S., & Wake, M. (2011). The Cool Little Kids randomised controlled trial: Population-level early prevention for anxiety disorders. *BMC public health*, 11(1), 1-9.
- 31-Biederman, faraone, sv. Attention-deficit hyperactivity disorder. *Lancet*. Jul 2005; 366(9481): 237-48.
- 32-Bornstein, M. H., Britto, P. R., Nonoyama-Tarumi, Y., Ota, Y., Petrovic, O., & Putnick, D. L. (2012). Child development in developing countries: Introduction and methods. *Child development*, 83(1), 16-31.
- 33-Cheung P.(1995). Acculturation and psychiatric morbidity among refugees in new Zealand. *International journal of social psychiatry*.41108-119 .
- 34-Chen, X., Wang, L. & Wang, Z. (2009). Shyness-sensitivity and social, school, and psychological adjustment in rural migrant and urban children in China. *Child Development*, 80(5), 1499-1513.
- 35-Chougule, K., Halder, A., Behere, P., & Chougule, N. (2023). Prevalence, Patterns, and Correlation of Behavioral and Emotional Disorders in School-going Children and Adolescents—A Cross-sectional Study. *Birth*, 1(55.59), 55-59.
- 36-Ching, B. H. H., Li, Y. H., & Li, X. F. (2023). Joint effects of offset effort beliefs and biomedical causal attributions on pre-lessee teachers' stigma of children with ADHD-related symptoms. *Social Psychology of Education*, 1-26.
- 37-Duncan, R. J., McClelland, M. M., & Acock, A. C. (2017). Relations between executive function, behavioral regulation, and achievement: Moderation by family income. *Journal of Applied Developmental Psychology*, 49, 21-30.

- 38-de Swart, F., Burk, W. J., van Efferen, E., van der Stege, H., & Scholte, R. H. (2022). The Teachers' Role in Behavioral Problems of Pupils With EBD in Special Education: Teacher–Child Relationships Versus Structure. *Journal of Emotional and Behavioral Disorders*, 10634266221119169.
- 39-Eapen V, Swadi H, Sabri S, Abou-Saleh M. Childhood behavioural disturbance in a community sample in al-Ain, United Arab Emirates. *East Mediter Health J* 2007; 7(3):428-34.
- 40-Erskine, H., R. Norman, A. Ferrari, G. Chan, W. Copeland, H. Whiteford, and J. Scott. 2016. "Long-Term Outcomes of Attention-Deficit/hyperactivity Disorder and Conduct Disorder: A Systematic Review and Meta-Analysis." *Journal of the American Academy of Child and Adolescent Psychiatry* 55 (10): 841–850. doi:10.1016/j.jaac.2016.06.016.
- 41-Ghiasi N, Nazarpur F, Bakhti F, Purnajaf A, Shirini KH. [Prevalence of behavioral disorders among school-boys & girls in Ilam during 2005- 6. *HBI J* 2008; 16 (1):26-32. (Persian)
- 42-Ghaem, E; Afarashte, S; Theoretical name, L; Kargarian, S. and Nejat Elahi, R. (1394). Investigating the prevalence of behavioral disorders and related factors in primary school students of Dashtestan city, *Scientific Journal of Birjand University of Medical Sciences*, 25, (2), 142-151.
- 43-Harland, P., Reijneveld, S. A., Brugman, E., Verloove-Vanhorick, S. P., & Verhulst, F. C. (2002). Family factors and life events as risk factors for behavioural and emotional problems in children. *European child & adolescent psychiatry*, 11, 176-184.
- 44-Hunnikin, L. M., Wells, A. E., Ash, D. P., & Van Goozen, S. H. (2020). The nature and extent of emotion recognition and empathy impairments in children showing disruptive.
- 45-Horoz, N., Buil, J. M., Koot, S., van Lenthe, F. J., Houweling, T. A., Koot, H. M., & Van Lier, P. A. (2022). Children's behavioral and emotional problems and peer relationships across elementary school: Associations with individual-and school-level parental education. *Journal of school psychology*, 93, 119-137.
- i T, Khazaei MM, Khazaei M. [Prevalence of behavioral disorders among school children of Birjand]. *J Birjand Univ Med Sci* 2005; 12(1.2): 79-85. (Persian)
- 46-Iines R, P., Sami J, M., Vesa M, N., & Hannu K, S. (2023). ADHD symptoms and maladaptive achievement strategies: the reciprocal prediction of academic performance beyond the transition to middle school. *Emotional and Behavioural Difficulties*, 28(1), 3-17.
- 47-Jiang, Q., She, X., Dill, S. E., Sylvia, S., Singh, M. K., Wang, H.,.... & Rozelle, S. (2022). Depressive and anxiety symptoms among children and adolescents in rural China: a large-scale epidemiological study. *International journal of environmental research and public health*, 19(9), 5026.
- 48-Kaplan, sadock, b. Comperhensive text book of psychiatry. 7th editon Philadelphia l.w.w.com. 2005. vol 3. p: 3189-3198.
- 49-Khoushabi K, Moradi Sh, Shojaei S, Hemati Alamdarlu Gh, Dehshirei Gh, Eisamorad A. Prevalence of behavioral disorders in primary school students in Ilam province: *J Rehab* 2007; 8 (29): 28-33.
- 50-Kivumbi, A., Byansi, W., Damulira, C., Namatovu, P., Mugisha, J., Sensoy Bahar, O.,.... & Ssewamala, F. M. (2019). Prevalence of behavioral disorders and attention deficit/hyperactive disorder among school going children in Southwestern Uganda. *BMC psychiatry*, 19, 1-8.
- 51-Kouider, E. B., Koglin, U. & Petermann, F. (2014). Emotional and behavioral problems in migrant children and adolescents in Europe: A systematic review. *European Child & Adolescent Psychiatry*, 23(6), 373-391.
- 52-Liew, J., Chen, Q., & Hughes, J. N. (2010). Child effortful control, teacher–student relationships, and achievement in academically at-risk children: Additive and interactive effects. *Early Childhood Research Quarterly*, 25, 51–64.
- 53-Mao, Z. H. & Zhao, X. D. (2012). The effects of social connections on self-rated physical and mental health among internal migrant and local adolescents in shanghai, China. *BMC Public Health*, 12(1), 97-108.
- 54-Maajeeny, H. (2018). Children with emotional and behavioral disorders in Saudi Arabia: A preliminary prevalence screening. *European Journal of Special Education Research*.
- 55-Mangione, P. & Speth, T. (1998). The transition to elementary school: A framework for creating easy childhood continuity through home, school and community partnership. *The Elementary School Journal*, (98), 381-397.
- 56-McCarter, S. J., & Howell, M. J. (2016). Importance of rapid eye movement sleep behavior disorder to the primary care physician. In *Mayo Clinic Proceedings*. Elsevier. 91(10), 1460-1466.
- 57-Mohammadi, M., Raiegani, V., Akbar, A., Jalali, R., Ghobadi, A., & Abbasi, P. (2019). Prevalence of behavioral disorders in Iranian children. *Journal of Mazandaran University of Medical Sciences*, 28(169), 181-191.
- 58-Nunes, S. A. N., Faraco, A. M. X., Vieira, M. L., & Rubin, K. H. (2013). Problemas externalizantes e internalizantes: contribuições do apego e das práticas parentais. *Psicologia: Reflexão e Crítica*, 26(3), 617-625.
- 59-Rutter MA. Children s behavior questionnaire for completion by teachers; Preliminary findings. *J Psychol Psychiatry* 1985; 8: 1-11.
- 60-Santos LM, Queiros FC, Barreto ML, Santos DN. (2016). Prevalence of behavior problems and associated factors in pre-school children from the city of Salvador, state of Bahia, Brazil. *Rev Bras Psiquiatr*; 38(1):46-52.
- 61-Spera, C. & Matto, H. (2009). Parental aspirations for their children's educational attainment: relations to ethnicity, parental education, children's academic performance and parental perceptions of school climate. *Journal of Youth and Adolescence*, (38), 1140-1152.

- 62-Sternberg,K. J., Baradaran, L. P., Abbott, C. B., Lamb, M. E. (2005). "Type of violence, age, and.
- 63-Stevens, G. W., Walsh, S. D., Huijts, T., Maes, M., Madsen, K. R., Cavallo, F. & Molcho, M. (2015). An internationally comparative study of immigration and adolescent emotional and behavioral problems: Effects of generation and gender. *Journal of Adolescent Health*, 57(6), 587-594.
- 64-Tahmassian K, Mehryar AH, Bolhari J, Birashk B. [The efficacy of parent training in reduction of children's behavioral disorders]. *Iranian J Psychiatr Clin Psychol (Andeesheh Va Raftar)* 1998; 11(3): 54-60. (Persian).
- 65-Taanila A, Ebeing H, Heikura U, Jarvelin MR. Behavioral Problems of 8-year-old children with and without intellectual disability. *J Pediatr Neurol* 2003; 1(1):15-24.
- 66-Wong, F. K. D., Chang, Y. L. & He, X. S. (2009). Correlates of psychological wellbeing of children of migrant workers in Shanghai, China. *Social Psychiatry and Psychiatric Epidemiology*, 44(10), 815-824.