

RESEARCH REPORT

Psychological Assessment

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The research data are available from the corresponding author upon reasonable request.

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Emotional and behavioral problems of Brazilian children after the COVID-19: screening using a multi-informant assessment

Problemas emocionais e comportamentais de crianças brasileiras após a COVID-19: triagem por meio de avaliação de múltiplos informantes

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Abstract

This study compared emotional and behavioral problems of Brazilian children upon returning to in-person classes after the Coronavirus Disease 2019 pandemic, according to multiple informants (parents and teachers), and investigated differences based on the child's sex and parents' educational level. Sample: 583 parents and 37 teachers of second- and third-grade elementary school children (52.1% girls; mean age: 7.83, SD: 0.71). Instruments: the Strengths and Difficulties Questionnaire and sociodemographic data questionnaires. Positive correlations were found between the informants across all Strengths and Difficulties Questionnaire scales of difficulties. Parents ($p = 0.043$) and teachers ($p = 0.002$) reported higher Strengths and Difficulties Questionnaire total scores for boys. Parents with lower educational levels reported more conduct problems ($p = 0.012$) and higher total scores on the Strengths and Difficulties Questionnaire ($p = 0.019$). Such results indicate the need to develop interventions and public policies to mitigate children's emotional and behavioral problems in the post-pandemic context.

Keywords: Child; Behavior; Mental health; Professor, university; Surveys and questionnaires.

Resumo

Este estudo comparou problemas emocionais e comportamentais de crianças brasileiras no retorno às aulas presenciais após a pandemia de Doença por Coronavírus 2019, segundo múltiplos informantes (pais e professores), e investigou diferenças de acordo com o sexo da criança e a escolaridade dos pais. Amostra: 583 pais e 37 professores do 2º e 3º ano do ensino fundamental (52,1% meninas, idade média: 7,83, DP: 0,71). Instrumentos: Questionário de Capacidades e Dificuldades e questionários de dados sociodemográficos. Foram encontradas correlações positivas entre os informantes em todas as escalas de dificuldades do Questionário de Capacidades e Dificuldades. Pais ($p = 0,043$) e professores ($p = 0,002$) relataram escores totais mais elevados no Questionário de Capacidades e Dificuldades nos meninos. Os pais com menor escolaridade relataram mais problemas de conduta ($p = 0,012$) e maiores pontuações totais no Questionário de Capacidades e Dificuldades ($p = 0,019$). Tais resultados indicam a necessidade de desenvolver intervenções e políticas públicas para mitigar os problemas emocionais e comportamentais das crianças no contexto pós-pandemia.

Palavras-chave: Criança; Comportamento; Saúde mental; Professor; Inquéritos e questionários.

The negative impacts of the Coronavirus Disease 2019 (COVID-19) pandemic have occurred at various economic, educational, social, and individual levels (Brooks et al., 2020; Dubois-Comtois et al., 2021; Ye, 2020). One of the measures adopted in Brazil (Brasil, 2020), as well as in other countries around the world (United Nations Children's Fund [UNICEF], 2021) was the closure of schools to prevent the spread of the disease. In Brazil, schools were closed for approximately 78 weeks, representing one of the longest periods compared to other countries (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2022). Studies carried out in Italy (Orpeto et al., 2022), Canada (Khoury et al., 2021) and Germany (Ravens-Sieberer et al., 2022) found that social distancing measures and school closures impacted school-aged children and their families in a number of ways, producing a significant increase in Emotional and Behavioral Problems (EBP) compared to pre-pandemic data.

A systematic review on the effects of the COVID-19 pandemic on children and young people identified an increased prevalence of mental health problems, such as anxiety and depression, compared to pre-pandemic estimates (Samji et al., 2021). Among the 116 articles evaluated in the review, the most common problems identified were depressive symptoms (25 studies), with a prevalence ranging from 11% to 64%, and increased levels of anxiety symptoms (17 studies), ranging from 8% to 74% (Samji et al., 2021). Another systematic review in the field of mental health conducted by Panda et al. (2021) with 15 studies covering a group of 22,996 children and adolescents, revealed that 42.3% had symptoms of irritability, 41.7% had symptoms of depression, 34.5% had symptoms of anxiety, and 30.8% experienced inattention.

In addition to the negative impact of the period of isolation and school closures on the mental health of children and adolescents (Aydogdu, 2020; Manguera et al., 2020), studies have shown that some of these effects persist after the gradual return of in-person classes (Trindade et al., 2021; Vazquez et al., 2022). A study conducted in China on the reopening of schools after a prolonged period of quarantine found that children and adolescents who returned to in-person classes had significantly more conflicts with parents ($p < 0.001$), sleep problems ($p < 0.001$) and physical inactivity ($p < 0.001$) compared to those who continued studying at home. As in other countries (Meherali et al., 2021; Ye, 2020), studies carried out in Brazil indicate that children's EBP have a negative impact on their social and behavioral adjustment with the reopening of schools (Akiyoshi et al., 2023; Assis & Conceição, 2023).

School closures also deprived some students of access to meals, clean water, social relationships, adequate physical activity, and other essential resources for their physical and mental

health, especially among students of low socioeconomic status (Child, 2020). In Brazil, although all public basic education students have the right to receive adequate and healthy food during the period in which they remain at school through the *Programa Nacional de Alimentação Escolar* (PNAE, National School Feeding Program), during confinement less than 44.5% of institutions distributed meals to all students (Fundo Nacional de Desenvolvimento da Educação [FNDE], 2021).

During the pandemic, parental reports were the main source of information in the assessment of children's mental health problems; however, this perception may have been influenced by the informants' well-being, since parents with higher levels of stress were more likely to indicate EBP in their children (Essler et al., 2021; Geweniger et al., 2022). Previous scientific evidence has shown that understanding the perceptions of multiple informants, such as parents and teachers, is essential to prevent and treat such problems, despite low rates of consensus between them (De Los Reyes & Etkin, 2023; Gauy et al., 2018). Systematic review studies (some of them with meta-analyses) have revealed that the correlation between different informants in the assessment of emotional and behavioral problems generally ranges from low to moderate (Achenbach et al., 2005; Emerich et al., 2017; Sáez et al., 2019; Schulte-Körne, 2016). Despite this, there are many advantages of using multiple informants to assess EBP; for example, to obtain a wider range of information (van der Ende et al., 2012), as well as producing results with greater accuracy and higher predictive power for clinical purposes, when necessary (Gauy et al., 2018).

In Brazil, as well as in other Latin American countries, schools returned to in-person activities at the end of 2021. However, there are few studies on children's mental health after the reopening of schools in these countries (Heredia Masmela et al., 2022; Saldaña Oblitas, 2022). Heredia Masmela et al. (2022) carried out a study in Colombia using parents and teachers as informants, although the study investigated the impact of the pandemic on children's resilience and did not use standardized and validated instruments. Assis and Conceição (2023) analyzed the effects of the pandemic on Brazilian students aged 8 to 11 years ($n = 35$) when they returned to in-person classes and verified the presence of depressive symptoms in 34.4% of students on the Childhood Depression Inventory (CDI) and anxiety symptoms in 57.5% on the Multidimensional Anxiety Scale for Children (MASC). Furthermore, qualitative analyses of interviews with parents ($n = 19$) and teachers ($n = 6$) revealed that they also observed signs of anxiety in these students (Assis & Conceição, 2023).

Given the negative impacts of the pandemic and prolonged school closures in Brazil (UNESCO, 2022), parents and teachers must participate in behavioral assessments (Golberstein et al., 2020; Spitzer, 2021) to enable the development of appropriate interventions and public policies to mitigate possible difficulties arising from this period. Thus, the present study aimed to compare the emotional and behavioral problems of Brazilian children after returning to in-person classes, according to parents and teachers, and to investigate whether there are differences according to the child's sex and parents' educational level.

Method

Study Design and Sample

The study design was descriptive and correlational, and was carried out in Embu das Artes, a municipality in the Metropolitan Region of São Paulo, Brazil. It is estimated that the 250,720 inhabitants of Embu das Artes constitute 0.12% of the Brazilian population in 2022, according to the *Instituto Brasileiro de Geografia e Estatística* (IBGE, 2022). Embu das Artes is a low-income

community; in 2021, the population's average monthly salary was 2.8 minimum wages (Fatori et al., 2013; IBGE, 2021). According to data from the municipal educational network of Embu das Artes in 2023, there were 18 elementary schools with a total of 5,634 students and 166 teachers (Secretaria Municipal de Educação de Embu das Artes, 2023). The sample in the present study corresponds to 10,4% of the total number of students and 22,3% of the total number of teachers.

The sample was composed of 620 participants: 37 teachers of the second and third grades of public elementary schools in Embu das Artes city and 583 parents of children (52.1% girls, age average: 7.83, standard deviation: 0.71). The inclusion criteria for teachers were being a teacher of the second- or third-grade public elementary school in the municipality and being willing to participate. For parents, the inclusion criteria were being the main caregiver of the selected child and the child not having a diagnosis or suspicion of neurodevelopmental disorders (autism spectrum disorder, learning difficulties, intellectual disability, and attention deficit hyperactivity disorder). We invited all main teachers of the second and third grades of the 18 elementary schools. After their acceptance, we selected the eligible students whom these teachers taught. The number of students enrolled in the teachers' classes ranged from 15 to 40 children. To standardize the number of students evaluated per teacher, classes with fewer than 21 students were fully selected, while in classes with more students, 21 children were randomly selected through the attendance list, amounting to 755 students. After this selection, we invited the parents of the 755 selected students. We identified 168 children whose parents did not agree to participate, and two parents were not included because their children were diagnosed with neurodevelopmental disorders. The research was conducted according to the guidelines of the Declaration of Helsinki (Ethical Principles for Medical Research Involving Human Subjects) and was approved by the Research Ethics Committee of Mackenzie Presbyterian University (Certificate of Presentation for Ethical Appreciation: 53413721.0.0000.0084).

Table 1 describes the participants' sociodemographic characteristics. All participating teachers were female, with 54.1% ($n = 20$) teaching the second grade of elementary school and 45.9% ($n = 17$) the third grade. Among the parents, 85.6% ($n = 499$) were mothers, with a mean age of 34.90 years ($SD: 7.39$), and most of them with high school education (57.3%). Regarding marital status, 61.7% of parents were married or had a partner. The socioeconomic level of families was predominantly classified in the lower-middle range (C2: 36.0%; C1: 32.8%), according to the Brazilian Economic Classification Criteria (Associação Brasileira de Empresas de Pesquisa [ABEP], 2021). Among the students, 52.1% were female, the mean age of the students was 7.83 years ($SD: 0.71$), and 93% of the students had not received any care from mental health professionals in the previous six months.

Table 1
Sociodemographic characteristics of the sample

		1 of 2
Characteristics	<i>n</i> (%)	
Teachers (<i>n</i> = 37)		
Sex		
Female	37 (100)	
Male	0 (0)	
Classroom		
2nd grade	20 (54.1)	
3rd grade	17 (45.9)	
Parents (<i>n</i> = 583)		
Relationship		
Mother	499 (85.6)	
Father	57 (9.8)	

Table 1
Sociodemographic characteristics of the sample

2 of 2

Characteristics	<i>n</i> (%)
Relationship	
Grandmother/grandfather	11 (1.9)
Aunt/uncle	6 (1.0)
Sister/brother	5 (0.9)
Stepmother/stepfather	5 (0.9)
Age <i>M</i> (<i>SD</i>)	34.9 (7.39)
Marital status	
Married or living with a partner	360 (61.7)
Single	167 (28.6)
Separated/divorced	48 (8.2)
Widowed	8 (1.4)
Education	
No schooling	5 (0.9)
Elementary school	119 (20.4)
High school	334 (57.3)
Higher education	125 (21.4)
Socioeconomic level	
A (High)	8 (1.4)
B1 (Middle-High)	15 (2.6)
B2 (Middle-High)	75 (12.9)
C1 (Middle-Low)	191 (32.8)
C2 (Middle-Low)	210 (36.0)
D and E (Extremely low)	84 (14.4)
Students (<i>n</i> = 585) ^a	
Sex	
Female	305 (52.1)
Male	280 (47.9)
Age <i>M</i> (<i>SD</i>)	7.83 (0.71)
Mental health care (last six months)	
No	544 (93.0)
Yes	41 (7.0)

Note: ^aThe difference between the number of parents and students is due to the fact that two parents were responsible for two students each.

Instruments

Strengths and Difficulties Questionnaire (SDQ - P4-17/T4-17): The Brazilian version of an emotional and behavioral screening questionnaire for children and adolescents aged 4 to 17 years, based on parent (P4-17) and teacher (T4-17) reports. The instrument consists of 25 items scored as "true," "more or less true", or "false" on a three-point Likert scale ranging from 0 to 2. The SDQ items are distributed across five scales of five items each: the prosocial behavior scale and four behavioral problem subscales: emotional symptoms, conduct problems, hyperactivity/inattention, and peer relationship problems (the scores of these scales generate the total score of behavioral problems). In addition to the items described, the questionnaires contain an impact supplement with questions to measure whether informants consider that the child has an emotional or behavioral problem and, if so, inquiries about the chronicity of the problem, the harm to the child, and the burden on the family/class and teacher. The scores on each scale are classified as average, borderline, or clinical. The instrument presents evidence of content validity with a cultural adaptation by Fleitlich et al. (2000) and good psychometric properties (Woerner et al., 2004).

Sociodemographic characteristics questionnaire for parents: This questionnaire was developed by the researchers to collect sociodemographic data on the parents and their children. It inquires about parents' level of education, age, relationship with the child (mother/father, grandparents, or other caregivers) and marital status. Parents also provided information about the child's sex, age, date of birth, and whether they had received mental health services in the six months prior to the study.

Brazilian Economic Classification Criteria: A questionnaire that assesses the socioeconomic classification of the family through questions about access to public services, the number of household assets (cars, computers, etc.), and the level of education of the family head. The scoring of the questionnaire allows families to be classified as higher-level (Class A: scores between 45 and 100), upper-middle level (Class B1: scores between 38 and 44; Class B2: scores between 29 and 37), lower-middle level (Class C1: scores between 23 and 28; Class C2: scores between 17 and 22) and extremely low-level classes (Classes D and E: scores between 0 and 16) (ABEP, 2021).

Data Collection Procedures

After the probabilistic selection of students per class, parents were contacted and invited to participate in the study. Parents who agreed to participate completed a free and informed consent form and the data collection instruments using an online ($n = 284$) or in-person model ($n = 301$). Parents were not compensated for their participation. The consent form and questionnaires were sent in an online format using the Google Forms digital platform to all parents with a mobile number associated with a WhatsApp account recorded in the school records. Paper versions of the consent form and questionnaires were sent to parents who did not have a WhatsApp contact number registered at the school or who did not receive the messages sent to the number given. Data collection from teachers was exclusively online through the Google Forms platform. Björnsdotter et al. (2013) found that the SDQ administered online had high internal consistency (polychoric ordinal alpha: Emotional Problems, $\alpha = 0.89$; Hyperactivity-Inattention, $\alpha = 0.89$; Peer Problems, $\alpha = 0.85$; Prosocial Behavior, $\alpha = 0.91$; and Conduct Problems, $\alpha = 0.89$), and there were no significant differences between the scores of the instrument applied online or in person.

Statistical Analysis

All analyses were performed using Jamovi software (Version 2.3). The non-normality of the data distribution was assessed using the Shapiro-Wilk and Kolmogorov-Smirnov tests. As the results indicated that the majority of variables followed a non-normal distribution ($p > 0.05$), non-parametric statistical tests were used. Descriptive analyses were conducted to characterize the student, teacher, and parent samples. The Mann-Whitney U test for independent samples was used to compare the results of the SDQ according to the child's sex (parent and student sex; teacher and student sex) and to evaluate differences between multiple informants (parents and teachers). We used the Kruskal-Wallis and the Dwass-Steel-Critchlow-Fligner tests to verify the differences in emotional and behavioral problems due to the parents' educational levels. Spearman's rank correlation analysis was conducted between the behavioral measures of the SDQ-P4-17 and SDQ-T4-17 to assess indicators of agreement between the multiple informants. A value of $p \leq 0.05$ was adopted for statistical significance, and the values of $p \leq 0.06$ and $p \leq 0.07$ were used for a tendency toward statistical significance or marginal significance, respectively. For correlations, a value from 0.10 to 0.39 was used for small magnitude, 0.40 to 0.69 for moderate magnitude, and above 0.70 for large magnitude (Dancey & Reidy, 2019).

Results

Table 2 shows the simple frequency distributions for the ratings on the SDQ scales, and the comparison of means obtained according to multiple informants (parents and teachers). In all instrument scales, more students were classified in the “average” range by teachers than by parents, except for the prosocial behavior scale. According to parental assessment, a greater number of children scored within the “clinical” or “borderline” range. Parents reported more difficulties than teachers on the emotional problems, conduct problems, hyperactivity/inattention, peer relationship problems scales, and SDQ total difficulties score with statistically significant differences ($p < 0.001$) on the Mann-Whitney U test. On the prosocial behavior scale ($p = 0.98$) and impact supplement scale ($p = 0.49$), there were no significant differences between the evaluations of the multiple informants.

Table 2

Distribution and comparison of mean and frequency ratings of SDQ scales according to parents and teachers

Scale	Classification	SDQ-Parents			SDQ-Teachers			p-value
		n	%	M (SD)	n	%	M (SD)	
Prosocial	Normal	507	86.7	8.31 (1.93)	484	82.7	8.10 (2.34)	0.98
	Borderline	48	8.2		46	7.9		
	Clinical	30	5.1		55	9.4		
Emotional problems	Normal	376	64.3	2.97 (2.38)	521	89.1	1.96 (1.95)	<0.001
	Borderline	74	12.6		27	4.6		
	Clinical	135	23.1		37	6.3		
Conduct problems	Normal	402	68.7	1.91 (1.90)	514	87.9	0.93 (1.65)	< 0.001
	Borderline	66	11.3		27	4.6		
	Clinical	117	20.0		44	7.5		
Hyperactivity	Normal	454	77.6	3.66 (2.43)	476	81.4	3.04 (2.73)	< 0.001
	Borderline	57	9.7		36	6.2		
	Clinical	74	12.6		73	12.5		
Peer problems	Normal	407	69.6	1.85 (1.67)	532	90.9	1.10 (1.54)	< 0.001
	Borderline	86	14.7		30	5.1		
	Clinical	92	15.7		23	3.9		
Total problems	Normal	419	71.6	10.32 (6.20)	472	80.7	7.03 (5.71)	< 0.001
	Borderline	70	12.0		59	10.1		
	Clinical	96	16.4		54	9.2		
Impact supplement	Normal	459	78.5	0.40 (0.90)	467	79.8	0.35 (0.85)	0.49
	Borderline	62	10.6		67	11.5		
	Clinical	64	10.9		51	8.7		

Note: SDQ: Strengths and Difficulties Questionnaire.

The Mann-Whitney U test indicated a statistically significant difference between girls and boys according to the parents' report on the hyperactivity/inattention scale ($p = 0.020$) and the SDQ difficulties total score ($p = 0.043$), in which boys presented more behavioral problems than girls (Table 3). In the same comparison by sex, for teachers, boys had higher rates of difficulties than girls (with statistically significant differences), in the scales of conduct problems ($p = 0.010$), hyperactivity/inattention ($p < 0.001$), SDQ total difficulties score ($p = 0.002$), and impact supplement/SDQ-Parents

($p = 0.002$). There was also a significant difference in the prosocial behavior scale ($p = 0.009$), indicating that the evaluated girls presented more prosocial behaviors than boys, according to the teachers' report (Table 3).

Table 3

Comparison of means obtained from the evaluation of parents and teachers according to the students' sex (girls = 305, boys = 280)

Scale	Group	SDQ- Parents		SDQ-Teachers	
		M (SD)	p-value	M (SD)	p-value
Prosocial behavior	Girls	8.35 (1.96)	0.33	8.35 (2.21)	0.009
	Boys	8.27 (1.89)		7.84 (2.45)	
Emotional problems	Girls	2.93 (2.39)	0.61	2.03 (1.91)	0.16
	Boys	3.01 (2.37)		1.89 (1.99)	
Conduct problems	Girls	1.76 (1.74)	0.15	0.70 (1.26)	0.010
	Boys	2.07 (2.04)		1.18 (1.97)	
Hyperactivity	Girls	3.41 (2.32)	0.020	2.48 (2.36)	< 0.001
	Boys	3.93 (2.52)		3.65 (2.97)	
Peer problems	Girls	1.75 (1.61)	0.19	0.99 (1.41)	0.15
	Boys	1.96 (1.73)		1.23 (1.66)	
Total difficulties score	Girls	9.81 (6.11)	0.043	6.19 (5.03)	0.002
	Boys	10.88 (6.26)		7.94 (6.25)	
Impact supplement	Girls	0.36 (0.86)	0.41	0.26 (0.74)	0.002
	Boys	0.44 (0.95)		0.45 (0.96)	

Note: SDQ: Strengths and Difficulties Questionnaire.

The Kruskal-Wallis test indicated a statistically significant difference between the parents' educational levels and the scales of Prosocial Behavior ($p = < 0.001$), Conduct Problems ($p = 0.028$), Peer Relationship Problems ($p = 0.016$) and the total difficulties score ($p = 0.021$) according to parents' assessment (Table 4). Using the Dwass-Steel-Critchlow-Fligner test, it was verified that parents with high school education ($p = 0.001$) and higher education ($p = 0.005$) reported a significantly higher average of prosocial behaviors in children compared to parents with primary school education.

On the conduct problems scale, parents with higher education reported a significantly lower average than parents with primary school education ($p = 0.012$). On the peer relationship problems scale, parents with higher education reported a lower mean than parents with primary school education, with a marginally significant difference ($p = 0.077$). In the total difficulties score, parents with primary school education reported a significantly higher average than parents with higher education ($p = 0.019$). No significant differences were found in teachers' assessments according to parents' educational level.

Statistically significant positive correlations were found between the evaluations performed by both groups of informants for all SDQ scales, except for the prosocial behavior scale. A positive correlation of small magnitude was found for emotional problems ($r = 0.15$; $p < 0.001$), peer relationship problems ($r = 0.10$; $p = 0.017$), conduct problems ($r = 0.24$; $p < 0.001$), hyperactivity/inattention ($r = 0.35$; $p < 0.001$), total difficulties ($r = 0.26$; $p < 0.001$), and impact supplement ($r = 0.21$; $p < 0.001$) scales.

Table 4*Comparison of means obtained from the evaluation of parents and teachers according to the educational level of parents*

Scale	Educational level of parents		SDQ-Parents		SDQ-Teachers	
	Classification	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>p</i>	<i>M</i> (<i>SD</i>)	<i>p</i>
Prosocial Behavior	No schooling	5 (0.9)	6.60 (2.88)	< 0.001	9.00 (1.00)	0.952
	Elementary school	120 (20.5)	7.68 (2.19)		8.09 (2.30)	
	High school	335 (57.3)	8.47 (1.81)		8.05 (2.44)	
	Higher education	125 (21.4)	8.54 (1.76)		8.21 (2.13)	
Emotional Problems	No schooling	5 (0.9)	3.80 (1.30)	0.254	1.20 (1.30)	0.346
	Elementary school	120 (20.5)	3.30 (2.60)		2.07 (1.93)	
	High school	335 (57.3)	2.89 (2.34)		2.01 (1.99)	
	Higher education	125 (21.4)	2.81 (2.27)		1.74 (1.84)	
Conduct Problems	No schooling	5 (0.9)	2.40 (2.70)	0.028	0.00 (0.00)	0.353
	Elementary school	120 (20.5)	2.30 (2.05)		0.76 (1.22)	
	High school	335 (57.3)	1.92 (1.95)		1.02 (1.82)	
	Higher education	125 (21.4)	1.46 (1.40)		0.85 (1.55)	
Hyperactivity/Inattention	No schooling	5 (0.9)	4.40 (2.70)	0.346	3.40 (3.13)	0.677
	Elementary school	120 (20.5)	3.73 (2.29)		3.05 (2.45)	
	High school	335 (57.3)	3.74 (2.49)		3.11 (2.85)	
	Higher education	125 (21.4)	3.32 (2.36)		2.80 (2.65)	
Peer Relationship Problems	No schooling	5 (0.9)	3.00 (1.00)	0.016	1.00 (1.41)	0.163
	Elementary school	120 (20.5)	2.18 (1.78)		1.35 (1.75)	
	High school	335 (57.3)	1.79 (1.70)		1.11 (1.54)	
	Higher education	125 (21.4)	1.63 (1.42)		0.83 (1.22)	
Total Difficulties Problems	No schooling	5 (0.9)	13.20 (5.1)	0.021	5.60 (5.22)	0.321
	Elementary school	120 (20.5)	11.48 (6.2)		7.25 (5.35)	
	High school	335 (57.3)	10.29 (6.27)		7.27 (5.98)	
	Higher education	125 (21.4)	9.23 (5.81)		6.23 (5.26)	
Impact Supplement	No schooling	5 (0.9)	0.00 (0.00)	0.669	0.20 (0.44)	0.429
	Elementary school	120 (20.5)	0.40 (0.93)		0.31 (0.80)	
	High school	335 (57.3)	0.40 (0.91)		0.39 (0.88)	
	Higher education	125 (21.4)	0.38 (0.86)		0.29 (0.81)	

Note: SDQ: Strengths and Difficulties Questionnaire.

Discussion

The objective of this study was to compare the emotional and behavioral problems of Brazilian children after returning to in-person classes, according to parents and teachers, and to investigate whether there were differences according to the child's sex and parents' educational level. Most children in the sample studied did not have mental health problems measured by the SDQ, which is expected for a non-clinical sample. The data collection for the present study took place a few months after the reopening of Brazilian schools and the improvement in the health situation caused by the COVID-19 pandemic. Studies on emotional and behavioral problems in children during the pandemic showed higher rates than those found in the current study (Khouri et al., 2021; Orpeto et al., 2022; Ravens-Sieberer et al., 2022). The return to in-person classes likely contributed to this difference between our results and these previous studies.

Boys were assessed as having more difficulties than girls, with significant differences in the hyperactivity/inattention scale and SDQ total difficulties scores according to parents, and in the conduct problems scale, hyperactivity/inattention scale, SDQ total difficulties scores, and impact supplement according to teachers. Previous studies have found that female children and adolescents have higher rates of internalizing difficulties (emotional problems scale in the SDQ) than their male peers (Kovess-Masfety et al., 2021; Michelle et al., 2022; N. R. Silva et al., 2022; Zuccolo et al., 2022). However, in the present study, no statistically significant differences were found between boys and girls in internalizing problems, according to parents and teachers. On the other hand, the findings of this study that boys were evaluated as having more EBP than girls were similar to those of other studies (N. R. Silva et al., 2020; Stivanin et al., 2008). In particular, we emphasize that the statistically significant differences found in the hyperactivity/inattention scale and in the total SDQ score (in which boys scored higher) may, if not addressed properly, impact school performance, for example, by acting as a risk factor for school absenteeism (Gubbels et al., 2019) and reducing academic results (Barrera & Moriel, 2022; Borba & Marin, 2017). Regarding socialization resources, girls had higher scores on the prosocial behavior scale, as assessed by teachers, which, according to N. S. A. Silva et al. (2022), could be interpreted as a protective factor for the development of EBP in girls, while boys might appear more vulnerable.

The socioeconomic level of the participating families may have influenced parenting, resulting in a negative impact on children's behavior in the family context, leading to the development of EBP. Most parents in our sample (83.2%), were classified in lower-middle, low, and extremely low socioeconomic levels (Classes C1, C2, D, and E). A study by Í. D. C. P. D. Silva et al. (2019) investigated the relationship between poverty and parental stress and showed the existence of a strong association between the low socioeconomic status of families and high levels of stress, especially in primary caregivers. Children from families with financial difficulties may suffer emotional problems due to the negative parenting styles of parents, which make the child more vulnerable due to family discord, poor health conditions, poor housing, low wages, and other factors (Í. D. C. P. D. Silva et al., 2019). Parents' level of education has often been used as an indicator of family socioeconomic level (Laat et al. 2018). For our sample, parents with a lower educational level (primary school) reported significantly more EBP in their children than parents with a higher level (high school or higher education) on the Conduct Problems, Peer Relationship Problems, and the total SDQ score. Horoz et al. (2022) found similar results and identified associations between lower parental education and EBP of first-grade students.

Regarding differences between the multiple informants, studies with data collected before the pandemic have already shown that parents tend to report more EBP than teachers, in Brazil as well as in other countries (Murray et al., 2021; N. R. Silva et al., 2020; Stivanin et al., 2008). The results of the present study corroborate previous studies, as parents reported significantly more EBP than teachers in all SDQ scales, except for the prosocial behavior scale. It is also possible that the changes resulting from the pandemic in the two main environments in which children's behavior was observed (home and school) contributed to highlighting the differences in the perception of parents and teachers about children's EBP, as there was an increase in conflicts between siblings, a reduction in social contact and deteriorating relationships with friends during the period of social distancing and closed schools (Borualogo & Casas, 2023; Ravens-Sieberer, 2022). Furthermore, in a structured environment such as the school setting, teachers can be more objective in assessing children due to the variability of demands to which children are exposed, enabling a more objective assessment of behaviors during social interactions.

Another factor that should be considered, when evaluating children's emotional and behavioral development, is the mental health of parents, which was as affected by the pandemic and social isolation as the children's mental health. However, children also lost opportunities to interact with peers, which likely affected their social skills. According to the American Psychological Association (American Psychological Association, 2020) and previous scientific evidence, parents had higher levels of stress during this period than adults without children. Despite the formulation of public policies in Brazil during the lockdown period to mitigate some of the adverse effects of the pandemic, such as the Programa Nacional de Alimentação Escolar (PNAE, National School Feeding Program) (FNDE, 2021), Queiroz (2023) found that confinement and social distancing were major sources of stress for families, with some of the main factors associated with higher levels of stress in parents being a lack of individual freedom, absence of leisure activities, inability to receive support from schools and other family members to care for children, and continuous caregiving. In addition, many parents lost their jobs, or had to work remotely in the family environment, while also taking care of their children and household chores (Pinheiro et al., 2022; Queiroz, 2023). The present study did not investigate parental mental health indicators; however, high levels of stress and mental health problems among parents during the pandemic have been reported in other studies (Essler et al., 2021; Geweniger et al., 2022; Queiroz, 2023). It is likely that the parents in this study identified more EBP in their children than teachers because of their own mental health problems, stress and emotional unavailability to give attention to their children (Queiroz, 2023; Ramos, 2015).

The negative impacts of social distancing and the suspension of in-person classes make it important to investigate the perceptions of multiple informants about child mental health to enable the development of intervention programs and public policies that support students, teachers and families in this challenging period (Panda et al., 2021; N. S. A. Silva et al., 2022; UNICEF, 2021). A study by Zuccolo et al. (2022) with Brazilian children and adolescents aged 5 to 17 years found fluctuations in symptoms of anxiety and depression over a year of follow-up, associated with periods of social mobility and mortality in the country. It is possible that the absence of worsening in EBP is because the data collection for the present study occurred after the improvement of the COVID-19 emergency in Brazil. In the present study, the difference between the evaluations carried out by parents and teachers in the SDQ can also be explained by the possibility that teachers make comparisons with peers when assessing the EBP and prosocial resources of students, in addition to informants observing the behavior of children in different environments (Pedrini & Frizzo, 2010; Sáez et al., 2019; N. R. Silva et al., 2020). Despite the divergence between parents and teachers, positive correlations were identified in the evaluations carried out on all SDQ scales, except for the prosocial behavior scale, similar to those reported in previous studies (Borba & Marin, 2018; Cheng et al., 2018).

Social distancing associated with the suspension of in-person classes negatively impacted the physical and mental health of children (Kim et al., 2021; Panda et al., 2021; Tang et al., 2021). The differences in EBP reported by teachers and parents in this study reinforce the importance of using multiple informants to assess children. Moreover, it is also necessary to implement strategies for situations where children cannot attend school, such as natural disasters or other pandemics that prevent children from attending school for long periods. Results from this study need to be interpreted in light of its limitations, namely: the mental health of the informants (parents and teachers) was not assessed, which could have made it possible to investigate associations between this variable and children's EBP; a hybrid model was used for data collection (online and printed questionnaires), which may have generated biases in the evaluation; and pre-pandemic data were not used for comparison, which could have made it possible to verify whether there was a change

in the EBP of children assessed after the pandemic. However, this study showed the importance of identifying co-occurring mental health issues in childhood, mainly between different informants and environments. Our findings have implications for the development of culturally sensitive interventions for Brazilian children with mental health problems considering the changes introduced during the COVID-19 lockdown to children's immediate environments. Specifically, for vulnerable populations such as children from low- and middle-income families, it is important to consider that providing new opportunities to develop emotional regulation strategies and prosocial skills will have an impact on their overall development.

In this Brazilian sample, the negative indicators of mental health identified make it important to investigate the perceptions of multiple informants about child mental health to enable the development of intervention programs and public policies that support students, teachers, and families in this challenging period. More studies need to be carried out to increase understanding of the long-term effects of the pandemic on the development of EBP in children from low- and middle-income countries to establish intervention strategies and relevant public policies so that the impact of the pandemic on children's mental health can be mitigated. An important development stemming from this study is that the teachers and parents who took part will be given training to manage the emotional and behavioral problems of children in school and family contexts.

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