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Prevalence and teachers' treatment of pupils with psychosocial challenges in Ibadan north local government area of Oyo State

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Abstract

This study examined the prevalence and teachers' treatment of psychosocial challenges experienced by pupils in public primary schools in Ibadan North Local Government Area, Oyo State, motivated by concern for children whose learning and participation in school are undermined by emotional and social difficulties. The research aimed to document the prevalence of psychosocial challenges among pupils and the ways teachers treat them. It is a descriptive survey design where data were collected using a structured questionnaire administered to teachers, purposively selected from public primary schools across the study area to reflect varied school contexts. The instrument focused on teachers' observations of pupil behaviour and the classroom strategies teachers employed. Four research questions were raised to guide the study. Responses to the research questions were analysed using descriptive statistics, including frequency counts, percentages, mean and standard deviation, to reveal prevailing patterns. Findings of the study revealed that the prevalence of psychosocial challenges is high, with a weighted average of 2.91 (72.9%). Teachers also agreed that some pupils in their classes showed signs of anxiety (Mean = 3.16), and that pupils who find it hard to follow instructions in sequence are common (Mean = 3.04), Attention and hyperactivity challenges were reported (Mean = 2.86), while social withdrawal and solitary behaviour recorded means of 2.76 and 2.74 respectively. In treatment, frequent classroom strategies included assigning inclusive seating and groupings (Mean = 3.28), breaking tasks into short steps and offering movement breaks (Mean = 3.18). Seating easily distracted pupils close to the teacher (Mean = 3.15). The study concluded that psychosocial challenges are widespread in Ibadan North Local Government Area of Oyo State, and that teachers' reports indicate that emotional, attentional, and social difficulties are commonly observed amongst pupils. It was therefore recommended that the Government Education Authority establish a replaceable, sustainable school-based mental health support programme for primary schools. Also, health program seminars should be organised for all teachers on how to address psychosocial challenges.

Keywords: Prevalence; Teachers' Treatment; Pupils; Psychosocial Challenges; Ibadan North Local Government; Oyo State.

1. Introduction

Education is universally recognised as a fundamental right and a key factor in individual and societal development. The foundation of any nation's educational system lies in primary education, which provides the essential building blocks for lifelong learning and social integration. In Nigeria, primary education aims to develop children's cognitive, affective, and psychomotor domains by promoting literacy, numeracy, emotional stability, and moral instruction. However, the effectiveness of primary education is increasingly being challenged by the presence of psychosocial issues among pupils, particularly in urban areas like Ibadan North Local Government Area (INLGA) of Oyo State.

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Psychosocial challenges refer to the difficulties individuals face in their psychological and social well-being (World Health Organisation, 2025). These challenges commonly arise from the interaction between psychological factors and the social environment. They may be seen as a broad range of emotional, social, behavioural and mental health issues that affect a person's ability to function effectively in daily life (UNICEF Office of Research Innocenti, 2022). For primary school pupils, psychosocial behaviour is often expressed through relationships with peers, responses to authority figures, the management of emotions, and conformity to societal or classroom norms (Zins, Bloodworth, Weissberg and Wallberg, 2004). It includes behaviours such as cooperation, empathy, self-regulation, aggression, withdrawal and social participation (Durlak, Weissberg, Dymnicki, Taylor and Schellinger, 2011). These behaviours are foundational to children's development and influence not only their emotional well-being but also their academic performance and social adjustment (Zins et al, 2004).

Pianta and Stuhlman (2004) noted that when students feel close to their teachers, they are more likely to feel emotionally secure, which can help them develop positive beliefs about themselves as learners. Psychosocial behaviour encompasses a range of emotional and social interactions that influence an individual's functioning and adaptation to their environment (Bretherton and Munholland, 2008). Expected psychosocial behaviours among learners include positive peer relationships, effective conflict resolution, emotional regulation, empathy and resilience in the face of challenges (Durlak et al, 2011). These behaviours are foundational for personal growth, academic success and fostering a harmonious school environment (Zins et al, 2004). Empathy and emotional regulation, for example, enable learners to navigate social situations with understanding and care, thereby reducing conflicts and promoting prosocial behaviours such as helping and collaboration (Durlak et al, 2011). These behaviours are crucial for achieving personal success and contributing to a harmonious school environment.

The increasing prevalence of psychosocial issues among school-aged children has become a major concern for educators, parents, policymakers and mental health professionals worldwide. Global estimates indicate that a sizable minority of children and adolescents experience mental health conditions yet the majority go undiagnosed and untreated. International agencies emphasise the substantial unmet need for child and adolescent mental health services and the urgent requirement for integrated responses across education and health systems. (UNICEF Innocenti, 2022, World Health Organisation, 2025).

In children, these may manifest as emotional distress, behavioural problems, learning difficulties, withdrawal, aggression, anxiety, depression, poor concentration, and social maladjustment. These issues, if unaddressed, can severely undermine a child's academic performance, mental health, interpersonal relationships, and general development. Every child enters school carrying not just a backpack of books, but also an invisible bundle of experiences, emotions, and personal stories. While the primary purpose of schooling is to foster academic excellence, a growing number of pupils are silently weighed down by personal hardships that interfere with their ability to learn, relate with others, or enjoy the school experience. These hidden burdens are often rooted in psychological and social difficulties that do not always show on the surface but deeply affect how children think, feel, and behave (Busby Lambert and Ialongo, 2013, Oladeji, Makanjuola, and Gureje, 2010).

In many parts of the world, and particularly in developing countries, children face a unique combination of stressors, including dense population, economic hardship, exposure to street life and limited access to support systems. These factors can aggravate psychosocial stress and lead to observable behavioural and learning problems in the classroom. The conventional school system often prioritises scores, discipline, and performance, unintentionally overlooking learners' emotional states, which can undermine both well-being and learning outcomes. Teachers, though central to the child's day-to-day experience, are not always trained or supported to recognise signs of psychosocial distress. What may appear as disobedience, hyperactivity or laziness might actually be a cry for help. In many schools, there is no clear pathway to offer psychological support, no structured way to listen to children's stories and no system that ensures their inner needs are met. Neglecting psychosocial support for pupils not only harms individual well-being but also degrades the classroom atmosphere, increases teacher workload, and undermines broader educational goals (Diamond, 2010; Gunawardena, Leontini, Nair, Cross and Hickie, 2024; Mwayo, Mathai, Khasakhala, Kuria and Van der Stoep, 2020). Children who are emotionally overwhelmed often disengage, act out, or withdraw. These behaviours disrupt lessons and create tension between teachers and learners. Moreover, untreated psychosocial issues can follow children into adulthood, affecting their future relationships, work, and mental health (Copeland, Wolke, Shanahan and Costello 2015).

- Examine the prevalence of psychosocial challenges among primary school pupils in Ibadan North LGA.
- Investigate how teachers treat or respond to pupils with psychosocial challenges.
- Determine the level of teachers' awareness and preparedness in handling psychosocial issues among pupils.

Research questions

- What is the prevalence of psychosocial challenges among primary school pupils in Ibadan North LGA?
- What strategies do teachers adopt to respond to and treat pupils with psychosocial challenges in Ibadan North LGA?

2. Review of Literature

2.1. Concepts of psychosocial challenges

Psychosocial challenges are described as difficulties that emerge where a child's internal psychological processes (thoughts, emotions, behaviour) interact with the environment and social settings (family, school, community, and wider socio-economic conditions). The term is deliberately broad, it covers emotional problems (for example anxiety and depression), behavioural difficulties (such as conduct problems and hyperactivity), social problems (such as peer conflict, isolation, bullying), and reactions to adversity (trauma, displacement, bereavement). Framing these problems as "psychosocial" emphasises that many difficulties are not purely individual medical problems but are caused and shaped by relationships, caregiving environments, and social conditions; therefore, effective responses must operate at multiple levels (individual, family, school, community). (WHO, 2022 and UNHCR, 2024).

Researchers often differentiated between problems that primarily affect internal emotional states (internalising problems), with those that primarily affect observable behaviour and social interactions (externalising problems), and difficulties that reflect neurodevelopmental or attentional regulation (e.g., ADHD), which interact with the child's environment to influence outcomes (American Psychiatric Association, 2013; Polanczyk et al, 2015). Operationalising the term helps researchers select appropriate measurement instruments (teacher and parent checklists, structured interviews, and classroom observation protocols). It clarifies whether a study is examining prevalence, correlates (risk and protective factors), or intervention effects. Framing the problem as psychosocial also foregrounds systems-level solutions (family support, teacher training, community resources) rather than only individual clinical treatment (WHO, 2022; UNHCR, 2024).

Psychosocial challenges in childhood are very common and represent a significant public health concern. Large meta-analytic reviews indicate that a significant minority of children and adolescents are affected, with pooled prevalence estimates generally ranging from the low to mid-teens, meet criteria for a mental disorder in any given year, and many more exhibit subclinical yet impairing psychosocial difficulties (Polanczyk et al, 2015). Because large numbers of affected children are not identified or treated, these difficulties can interfere with schooling, social development and long-term life outcomes, which is why schools and community services play a key role in early detection and intervention (Polanczyk et al, 2015; UNICEF, 2022).

Beyond the overall prevalence rates, research highlights important inequalities, with treatment gaps typically larger in low-and middle-income countries, where limited specialist mental health workforce capacity and stigma reduce access to care (WHO, 2022). From a public health perspective, even subclinical psychosocial difficulties are of importance because they increase the risk for academic underachievement, peer problems, and later mental health conditions. Prevention and early intervention strategies delivered through schools and primary care platforms have a significant impact at the population level (UNICEF, 2022; WHO, 2022). In primary school contexts, psychosocial challenges are usually present across various overlapping domains. First, internalising symptoms such as persistent worry, withdrawal from peers, and low mood are common and may be expressed as social withdrawal or physical complaints (headaches, stomachaches). Second, externalizing behaviours (poor self-control, aggression, rule breaking) may reflect underlying distress or neglected developmental needs. Third, attention and learning-related difficulties, including concentration problems and hyperactivity, can substantially disrupt classroom functioning. Finally, social problems such as peer rejection, friendship difficulties and bullying victimisation both contribute to and result from other psychosocial difficulties. Children often express distress through behaviour rather than words, so multi-informant assessment (teachers, parents, and, where possible, the child) is essential (American Psychiatric Association, 2013; Raising Children Network, 2024). Practically, teachers should be attentive to patterns of behaviour rather than single behaviours. For instance, a child who reports frequent stomachaches and then avoids recess may be experiencing anxiety or peer victimisation or a child whose attention fluctuates and who is repeatedly reprimanded may have undiagnosed ADHD or be reacting to chaotic home circumstances (American Psychiatric Association, 2013; Raising Children Network, 2024). Screening instruments validated for use in schools, such as brief teacher report checklists, can help flag children for further assessment. However, Screening should be accompanied by well-defined referral procedures because identifying needs without the ability to respond can increase harm or frustration for families and teachers (Goodman, 1997; UNICEF, 2022). In addition, cultural norms influence how symptoms are expressed and

interpreted, so local validation and teacher sensitisation are essential components of effective detection (Polanczyk et al., 2015; WHO, 2022).

Contemporary models also emphasised that psychosocial challenges emerge from the interaction of factors at multiple levels, which are individual vulnerabilities (temperament, genetic and neurodevelopmental differences), family processes (caregiving quality, parental mental health), school environment (teacher responsiveness, classroom climate) and wider social determinants (poverty, exposure to violence, displacement). Bronfenbrenner's ecological model helps to organise these interacting levels, including the microsystem (family, school), mesosystem (family-school links), exosystem (parents' work, community resources), macrosystem (cultural norms), and chronosystem (timing of events), and explains why multi-level prevention and support approaches are necessary (Bronfenbrenner, 1979, UNHCR, 2024). Mechanistic research suggests several common pathways like chronic stressors (poverty, community violence), Disruption of physiological stress systems and impaired self-regulation increase the risk for both internalizing and externalizing outcomes. Inconsistent or harsh parenting undermines emotion regulation and learning and increases behavioural problems. In contrast, positive caregiving and secure attachments promote adaptive functioning by supporting emotion regulation and social competence. (Bronfenbrenner, 1979; WHO, 2022). School-level mechanisms matter as well; teacher warmth and predictable classroom routines reduce behavioural difficulties and buffer the effects of home stress.

In contrast, harsh disciplinary practices and chaotic classrooms increase risk (UNICEF, 2022). For intervention design, the ecological view directs attention simultaneously to caregiver support, teacher training, and community-level prevention. Interventions that target only a single level are usually ineffective if wider systems remain unchanged (UNHCR, 2024; ICRC, 2020).

How psychosocial challenges appear depends heavily on the developmental stage. In early primary school (particularly 6–8 years), children are combining academic skills, negotiating peer relationships, and forming self-concept. Hence, difficulties at this age usually manifest as school avoidance, declines in class participation, difficulty maintaining friendships, increased shyness, temper outbursts, or unexplained physical complaints. Therefore, age-sensitive assessment methods such as play-based approaches and teacher-friendly screening tools, as well as interventions that fit within classroom routines, must be adopted for this group (Raising Children Network, 2024; UNICEF, 2022). At ages 6–8, children are increasingly socially oriented, and peer acceptance affects self-esteem and classroom engagement, and early peer rejection predicts later social and academic difficulties. Cognitive development at this stage is shifting from preoperational toward more concrete operational thinking, meaning children can understand simple cause-and-effect explanations and benefit from concrete behaviour management strategies and social skills teaching (Raising Children Network, 2024). Interventions that use play, stories, and teacher-led social-emotional learning are well-suited to this age group and can be integrated into daily lessons with minimal disruption (UNICEF, 2022). Because self-report is limited at this age, emphasis should be placed on teacher and parent reports, supplemented by brief, child-friendly tasks or drawings when trying to understand emotional states (Goodman, 1997; Raising Children Network, 2024).

2.2. Common Types of Psychosocial Challenges

In primary school children, approximately ages 6–8, the term "common psychosocial challenges" describes a range of emotional, behavioural and relational difficulties that interfere with a child's capacity to learn, interact with peers, and regulate emotions in school and home settings, these are often grouped into internalizing problems like anxiety, withdrawal, low self-esteem and depression, externalizing problems like hyperactivity and disruptive behaviour, and peer relation problems like bullying and peer rejection, and each group has discrete classroom presentations, overlapping risk factors and specific implications for teacher identification and support (WHO, 2023, UNICEF, 2020). Evidence from global and regional reviews shows these groups operate across multiple ecological levels, such as child factors including temperament and neurodevelopment vulnerability, family factors including parental mental health, caregiving practices and socioeconomic stress, school factors including teacher responsiveness, peer climate and exposure to bullying, and community factors including violence, displacement and access to services. Therefore, accurate identification and appropriate responses require multi-informant assessments and layered supports that integrate classroom strategies, caregiver involvement, and referral mechanisms to specialist care when required (Fazel, Patel, Thomas, and Tol, 2014; Racine et al., 2021).

Review of epidemiological evidence shows clinically relevant anxiety and depressive symptoms are very common among children and adolescents, with pooled estimates rising during the COVID-19 period, which has direct implications for routine school screening and service allocation, country level studies from Nigeria and West Africa also demonstrate that anxiety and related disorders occur at a significant rates in school populations, emphasizing the need to report age bands and measurement methods when comparing prevalence figures (Racine et al, 2021, Adewuya, Ola,

and Adewumi, 2007). School-based evidence reviews show that universal and indicated interventions, such as teacher training, classroom social-emotional learning, and brief CBT groups, can reduce symptoms when delivered as intended. However, low-resource settings face workforce and referral constraints, and therefore pragmatic low-intensity classroom approaches, including predictable routines, brief emotion regulation exercises, graded exposure and caregiver liaison, together with clear referral pathways, are recommended as first steps in many primary school settings (Fazel et al, 2014; UNICEF, 2020; WHO, 2023).

2.3. Anxiety

Anxiety in young school children can be described as developmentally inappropriate worry, excessive fear or avoidance that produces distress and functional limitations; in practice, this includes separation worries, specific phobias, social worry about embarrassment in front of peers, and generalised excessive worry that the child finds difficult to control (World Health Organisation, 2023). Anxiety often presents with physical complaints such as stomachaches and headaches, sleep disturbance, separation anxiety at school transition, excessive reassurance seeking, reluctance or refusal to join class activities, and concentration difficulties that teachers can mistake for low motivation or inattention (Layne, Bernstein, and March, 2006). Multiple interacting factors increase a young pupil's vulnerability to anxiety. Individual characteristics such as behavioural inhibition and high physiological reactivity, family influences including parental anxiety or high parental control, exposure to chronic stressors such as poverty or family disruption, and school factors such as bullying, harsh discipline or repeated academic failure all contribute. Anxiety commonly co-occurs with other problems such as depressive symptoms and attention difficulties, which can intensify impairment and complicate classroom management (World Health Organisation, 2023).

Anxiety affects learning and social functioning because persistent worry consumes attention and working memory, reduces classroom participation, leads to incomplete or avoided tasks and can weaken peer relationships when social anxiety produces withdrawal; these consequences underline the importance of early identification and low-intensity school supports to protect both learning and wellbeing (UNICEF, 2020). Teachers are a crucial detection and early support resource because they observe children across many situations and practical classroom strategies include keeping predictable routines and visual schedules to reduce uncertainty, using graded support so that children take small, supported steps into previously avoided activities, teaching simple emotion regulation skills such as breathing and naming feelings, providing gentle social scaffolding to encourage peer interaction, and coordinating with caregivers to monitor patterns and decide on referral when difficulties persist; where school resources allow, structured, child focused psychological interventions may be offered through referral pathways while classroom supports remain the first line of response (Layne et al., 2006; UNICEF, 2020; World Health Organization, 2023).

2.4. Withdrawal

Withdrawal can be referred to as a consistent social disengagement in peer contexts such as sitting apart, failing to initiate play, or not joining group activities that goes beyond momentary shyness or a preference for solitude and is associated with reduced social competence and elevated risk for internalising difficulties (Rubin, Coplan, and Bowker, 2009). Researchers differentiate motivations and forms of withdrawal such as conflicted shyness where the child wants to interact but is held back by fear or anxiety, unsociability which means low social approach motivation without distress, and social avoidance which involves active avoidance of peers and these subtypes have differing correlates and outcomes so not all withdrawn children show the same risk profile (Kopala-Sibley and Klein, 2017; Coplan et al, 2018).

Withdrawal in the early school years is linked to challenges in emotion knowledge and social cognitive skill development partly because withdrawn children have fewer opportunities for social practice, and language and broader emotional competence can alter the pathway from early withdrawal to later socio emotional outcomes which means early classroom detection and support are important for healthy development (Clark et al, 2022; Rubin et al, 2009). Multiple interacting risk and protective factors contribute to withdrawal including child temperamental vulnerabilities such as behavioural inhibition and low approach, emotion regulation difficulties, limited social skills, family factors such as low parental responsiveness or high overprotection, and adverse experiences such as peer rejection, bullying or trauma, while warm teacher child relationships and structured peer opportunities act as protective influences (Rubin et al., 2009; Coplan et al., 2018). For teachers practical classroom responses that have conceptual and empirical backing include careful observation and multi informant assessment bringing together teacher, parent and child perspectives, small group scaffolding of social participation such as structured buddy activities and role play, teaching and modelling simple social skills and emotion regulation strategies, and working with caregivers to create graded exposure to peer situations for conflicted or shy children; because subtype matters, teachers should combine behavioural observation with brief screening questions and when concerns persist refer to school counselling or child mental health services (Kopala-Sibley and Klein, 2017; Coplan et al, 2018; Rubin et al, 2009).

Finally, when withdrawal co-occurs with language delay, anxiety, or trauma, children benefit most from a team approach that may include speech and language support, child-focused psychosocial work and close family collaboration. These combined efforts help improve peer relationships and academic progress. In primary classrooms, a pragmatic step is a tiered response that starts with whole-class social and emotional learning, adds small-group practice for children who need extra support, and provides a clear referral to specialised care when more targeted intervention is required.

2.5. Attention Deficit Hyperactivity Disorder (ADHD)

In early primary school children, ADHD most often presents as persistent difficulty paying attention, high activity levels, and problems controlling impulses that are more extreme than normal age-related restlessness and that interfere with classroom learning, friendships, and daily routines (Adewuya and Famuyiwa, 2007; Fabiano et al., 2009). Teachers in the six to eight age range commonly notice children who cannot sustain attention on simple classroom tasks, who fidget or leave their seats frequently, who interrupt or disrupt group work, or who repeatedly fail to finish work despite understanding instructions and these patterns are the usual trigger for referral when they occur across home and school settings and cause clear functional problems (Cheesman, 2022, Oke, Oseni, Adejuyigbe, and Mosaku, 2019). ADHD frequently co-exists with learning difficulties, language delay, and oppositional behaviour, which means careful assessment that combines teacher observation with parent report is essential to avoid confusing normal immaturity or communication needs with ADHD (Chinawa, Odetunde, Obu, Chinawa, Bakare, and Ujunwa, 2014; Adewuya and Famuyiwa, 2007). Simple classroom organisation and predictable routines reduce triggers for inattentive and impulsive behaviour and are practical first steps teachers can take right away while the child awaits assessment (Centres for Disease Control and Prevention, 2024). There is strong, consistent evidence that behavioural approaches delivered in school settings improve classroom behaviour and task engagement, and that the most reliable components are individualised classroom plans, daily report cards, positive reinforcement, and regular home-school communication (Fabiano et al, 2009; Moore, Russell, Matthews, and Ford, 2018). Training teachers improves recognition and confidence to use classroom strategies, and randomised evidence from Kaduna shows that brief in-service training using standard ADHD materials produced measurable gains in teacher knowledge and attitudes, which makes teacher training an achievable project-level intervention in Nigerian primary schools (Lasisi, Ani, Lasebikan, Sheikh, and Omigbodun, 2017).

Local prevalence studies indicate that ADHD is present in Nigerian primary classrooms at rates that vary with method but that are clearly non-trivial, which means most primary schools will include children with clinically significant attention or hyperactivity problems and that routine screening or teacher checklists are sensible for project screening plans (Adewuya and Famuyiwa, 2007, Ofovwe, Ofovwe, and Meyer, 2006, Oke et al., 2019). For a school-level project feasible, low cost strategies include a short teacher training module, introduction of a daily report card or simple contingency system, scheduled movement breaks and short small group lessons teaching self-regulation and task planning, and clear referral links to local child health services for diagnostic assessment and multimodal treatment when needed (Fabiano et al, 2009; Moore et al., 2018, Centers for Disease Control and Prevention, 2024). In short, ADHD in young children is first and foremost an educational concern because symptoms show up in classrooms and because school-centred, evidence-based behavioural supports delivered together with caregiver collaboration are effective, scalable and appropriate for project implementation in primary schools (Lasisi et al., 2017; Fabiano et al., 2009, Cheesman, 2022)

3. Methodology

The study adopted a descriptive survey research design. The population of this study comprises all public primary school teachers in the Ibadan North Local Government Area of Oyo State. The instrument used in the study was a self-constructed questionnaire comprising three sections. Section A consisted of biodata; Section B, the prevalence of psychosocial challenges; and Section C, teachers' treatments, to answer the research questions. Validity of the instrument was ensured. To ensure the instrument's reliability, a field test was conducted at one of the public primary schools not included in the selected study. The field testing involved about 20 respondents, comprising one teacher from each of primary one and primary three. The Cronbach Alpha technique was used to test reliability, and the coefficient yielded was 0.91.

4. Results

4.1. Research Question 1: What is the prevalence of psychosocial challenges among primary school pupils in Ibadan North LGA?

Table 1 Prevalence of Psychosocial Challenges among Primary School Pupils in Ibadan North LGA

Items	N	Mean	Std.D
Some pupils in my class do show signs of anxiety	128	3.164	0.612
The percentage of pupil with anxiety most times is up to 20%	128	2.930	0.712
Pupils struggling with low self-esteem are evident in my classroom	128	2.859	0.937
Some pupils in my class display a lack of confidence in their academic abilities	128	3.039	0.681
In classroom activities, there are pupils who lack confidence in their academic abilities	128	3.086	0.640
Social withdrawal among pupils is noticeable in my class	128	2.758	0.929
Some of my pupils prefer to remain alone during group or social activities	128	2.742	0.890
In most classroom activities, there are pupils who avoid participation because they doubt themselves	128	2.727	0.978
Each term, I observe pupils who rarely interact with their classmates	128	2.766	0.984
Pupil with attention and hyperactivity challenges are present in my class every term	128	2.859	1.063
Some pupils in my class consistently struggle to remain focused during lessons	128	2.906	1.007
It is not unusual to have pupils who are overly restless or easily distracted in my class	128	2.953	.930
I have pupils who often interrupt lessons or speak out of turns in my class	128	2.938	1.002
Some pupils often leave their seats during class lessons without permission	128	2.945	0.966
I have pupils who find it very hard to follow instructions in sequence	128	3.039	0.934
Weighted Average		2.914 (72.9%)	

Table 1 shows that the prevalence of psychosocial challenges among lower primary school pupils is high (Weighted average = 2.91), which corresponds to 72.9%. This is so because the teachers agreed that: some pupils in their class do show signs of anxiety (mean = 3.16); the percentage of pupil with anxiety most times is up to 20% in the class (mean = 2.93); pupils struggling with low self-esteem are evident in their classroom (mean = 2.86); some pupils in their class display a lack of confidence in their academic abilities (mean = 3.04); in classroom activities, there are pupils who lack confidence in their academic abilities (mean = 3.09); social withdrawal among pupils is noticeable in their class (mean = 2.76); some of their pupils prefer to remain alone during group or social activities (mean = 2.74); pupil with attention and hyperactivity challenges are present in their class every term (mean = 2.86); some pupils in their class consistently struggle to remain focused during lessons (mean = 2.91); it is not unusual to have pupils who are overly restless or easily distracted in their class (mean = 2.95); they have pupils who often interrupt lessons or speak out of turns in their class (mean = 2.94); some pupils often leave their seats during class lessons without permission (mean = 2.95) and they have pupils who find it very hard to follow instructions in sequence (mean = 3.24).

4.2. Research Question 2: What strategies do teachers adopt to respond to and treat pupils with psychosocial challenges in Ibadan North LGA?

Table 2 Strategies Teachers Adopt to Respond to and Treat Pupils with Psychosocial Challenges

Items	N	Mean	Std.D
I have many pupils to attend to, so there is no time to talk one to one with pupils with anxiety	128	3.117	0.848
When a pupil looks overwhelmed, I adjust the workload or allow short breaks so they can settle.	128	3.023	0.778
Due to workload, my follow up with withdrawn pupils sometimes happens later than i would prefer	128	2.078	0.780
When a pupil seems consistently low in mood, i schedule brief check ins during the week rather than long meetings	128	2.984	0.869
I prioritize private encouragement over public praise for pupils who struggle with confidence	128	3.000	0.851
I tend to call on pupils who doubt themselves only after giving them advance warning or support	128	2.992	0.828
I assign seats and groups to ensure isolated pupils are included, instead of letting pupils choose their own seats	128	3.281	0.869
If a pupil prefer to work alone, I allow it when learning targets are still being met.	128	2.938	0.821
I step in to address exclusion mainly when it begins to affect the pupils class work participation	128	1.758	0.750
I break tasks into short, manageable steps and offer movements breaks to pupils who struggle to stay focused	128	3.180	0.835
I seat easily distracted pupils close to me and use visual cues or checklist instead of long verbal instructions	128	3.148	0.764
When restlessness interrupts the lesson, I use short engaging activities to help the pupils refocus	128	3.156	0.736
I use hands on tasks to keep restless pupils engaged during lessons	128	3.148	0.843
I intentionally rotate group members so no pupils is left with same partners all the time	128	3.234	0.758
I involve socially withdrawn pupils in classroom roles that require brief peer interaction.	128	3.171	0.888

- Table 2 shows that the teachers, though, agreed that they have too many pupils to attend to, so there is no time to talk one-to-one with pupils with anxiety (mean = 3.12), still agreed that they adopted the following strategies: they have many pupils to attend to, so there is no time to talk one to one with pupils with anxiety (mean = 3.12); When a pupil looks overwhelmed, I adjust the workload or allow short breaks so they can settle. (mean = 3.02); When a pupil seems consistently low in mood, I schedule brief check ins during the week rather than long meetings (mean = 2.98); I prioritize private encouragement over public praise for pupils who struggle with confidence (mean = 3.00); I tend to call on pupils who doubt themselves only after giving them advance warning or support (mean = 2.99); I assign seats and groups to ensure isolated pupils are included, instead of letting pupils choose their own seats (mean = 3.28); If a pupil prefer to work alone, I allow it when learning targets are still being met (mean = 2.94); I break tasks into short, manageable steps and offer movements breaks to pupils who struggle to stay focused (mean = 3.18); I seat easily distracted pupils close to me and use visual cues or checklist instead of long verbal instructions (mean = 3.15); When restlessness interrupts the lesson, I use short engaging activities to help the pupils refocus (mean = 3.16); I use hands on tasks to keep restless pupils engaged during lessons (mean = 3.15); I intentionally rotate group members so no pupils is left with same partners all the time (mean = 3.23) and I involve socially withdrawn pupils in classroom roles that require brief peer interaction (mean = 3.17). Therefore, the following are the strategies adopted by the teachers to treat children with psychosocial challenges:

- Adjustment of workload or allow short breaks
- Schedule brief check-ins during the week
- Prioritise private encouragement over public praise
- Calling on pupils only after giving them a warning or support
- Assigning seats and groups to ensure inclusion
- Allowing working alone when learning targets are still being met
- Breaking tasks into short, manageable steps and offering movement breaks
- Seating easily-distracted pupils close to the teacher and using visual cues or a checklist instead of long verbal instructions
- Use of short engaging activities to help the pupils refocus
- Use of hands-on tasks to keep restless pupils engaged
- Rotating group members so no pupil is left with the same partners all the time
- Involve socially withdrawn pupils in classroom roles that require brief peer interaction

5. Discussion

The first research question asked about the prevalence of psychosocial challenges among pupils in lower primary classes. The study found that the prevalence of psychosocial challenges among pupils in the sampled lower primary classes is high. Teachers reported routinely observing emotional, attentional, and social signs consistent with clinically relevant psychosocial difficulties, such as observable anxiety, lack of confidence, and difficulty following instructions, as well as patterns of attention problems and restlessness. This teacher reported that prevalence aligns with regional evidence that child and adolescent psychological problems are commonly observed in sub-Saharan settings. Systematic reviews and meta-analyses indicate considerable levels of depression, anxiety and attention problems among youth in the region, reinforcing the interpretation that the high prevalence found in Ibadan North LGA reflects wider patterns documented across multiple sub-Saharan studies (Jörns-Presentati et al, 2021; Jakobsson et al, 2024).

The findings from research question two showed that teachers reported a pragmatic set of classroom strategies that they use to respond to psychosocial challenges. The most used practices included assigning seats and groups to ensure inclusion, breaking tasks into short, manageable steps, offering movement breaks, seating easily distracted pupils close to the teacher, using visual cues, rotating group members and involving socially withdrawn pupils in brief peer interaction roles. These practices reflect common, low-cost classroom management strategies recommended in applied educational research. Systematic and experimental studies of classroom-based physical activity breaks have found that short active breaks and cognitively engaging movement can improve selective attention and on-task behaviour in primary school children. Studies of teacher proximity and seating arrangements show that closer teacher proximity and deliberate seating choice can increase engagement and reduce disruptive behaviours. Therefore, the set of teacher practices reported in this study aligns well with international evidence on effective classroom-level supports for attention and social inclusion. Teachers also reported workload-related constraints that limit one-to-one conversations and extended individual support, and this gap between recommended individualised intervention and realistic classroom capacity is a consistent finding in implementation studies of school-based mental health support (Schmidt et al., 2016; Infantes-Paniagua et al, 2021; Dong et al, 2021).

6. Conclusion

Psychosocial challenges are widespread in lower primary classrooms in Ibadan North Local Government Area. Teachers' reports demonstrate that emotional, attentional, and social difficulties are commonly observed by classroom professionals, indicating a high prevalence among pupils. These difficulties present as anxiety, low confidence, poor concentration and social withdrawal, and they appear across both entry and exit lower primary classes.

Teachers are already using practical, low cost classroom strategies that promote inclusion and support attention, these strategies include deliberate seating and grouping, chunking tasks into shorter steps, offering movement breaks, using visual cues and checklists, rotating group partners and involving withdrawn pupils in brief peer roles, however class size and workload place clear limits on the capacity for extended one to one support.

Recommendations

Based on the findings of the study, it was recommended that:

- The Local Government Education Authority should establish a replicable and sustainable school based mental health support programme for primary schools, the programme should provide short, practical training sessions for all lower primary teachers on recognising common psychosocial difficulties, classroom-based strategies such as breaking tasks into manageable steps, using movement breaks and adopting deliberate seating plans, as well as safe referral procedures for pupils who require specialist attention. Training should be integrated into routine continuing professional development to ensure sustainability and reach.
- Teachers should create brief, regular pastoral time in the weekly timetable, for example a single twenty minutes slot or several three to five minutes check ins spread across the week. This created and reserved time will allow teachers to hold short, structured conversations, monitor how challenged pupils are coping, and run small-group activities without compromising curriculum coverage. Timetabling these moments also helps to normalise emotional care as an integral part of teaching rather than an optional extra.
- Teachers should use deliberate seating and grouping strategies to promote inclusion and to manage attention. Place pupils who are easily distracted closer to the teacher, rotate group partners so no child is repeatedly isolated, and design short cooperative tasks that build on stepping stones of success; these adjustments are effective ways to increase participation and reduce social withdrawal.
- Pupils should be taught simple, practical self-help strategies and given opportunities to practice them in class. Strategies such as short breathing exercises, calming phrases, or brief movement breaks should be regularly modelled and rehearsed so that pupils can use them independently and freely when they feel anxious or distracted. Teaching these skills helps pupils manage their emotions more effectively and reduces their dependence on teachers for minor emotional regulation.
- Pupils should be offered small classroom roles and responsibilities that build confidence gently—giving withdrawn pupils brief, achievable duties such as handing out books or leading a warm-up, which give them safe opportunities to be seen and praised. Consistent small successes help to rebuild self-belief and classroom engagement.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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