

Mental Well-Being Under Crisis: Examining the Effects of the U.S.–Iran Conflict on School Attendance Among Students in Gilgit-Baltistan

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Abstract

This study examined the effects of the U.S.–Iran conflict on students' mental well-being and school attendance in Gilgit-Baltistan. A quantitative, descriptive cross-sectional survey design was used. The population comprised secondary and higher secondary school students, and a sample of 350 students was selected through multistage sampling. Data was collected through a self-developed questionnaire consisting of 40 items excluding demographic information. The instrument measured mental well-being, school attendance, challenges faced by students, and coping and support mechanisms. Data were analyzed using descriptive and inferential statistics, including frequency, percentage, mean, standard deviation, independent sample *t*-test, one-way ANOVA, correlation, and regression analysis. The findings indicated that the conflict negatively affected students' mental well-being and school attendance. Female and public-school students reported comparatively higher levels of distress and challenges. The study concluded that crisis-related uncertainty influenced students' emotional health and educational participation, and it recommended school-based psychosocial support and crisis-sensitive educational strategies.

Keywords: Mental well-being, School attendance, U.S.–Iran conflict, Students, Gilgit-Baltistan, Quantitative Study

Introduction

The mental well-being of students is strongly shaped by the social, political, and security conditions in which they live. In situations of conflict and crisis, students may experience fear, uncertainty, emotional distress, and disruption to daily routines, all of which can undermine their educational participation and continuity. Recent global evidence shows that conflict increasingly affects children's safety, psychosocial well-being, and access to schooling. UNICEF reported that almost one in five children lived in conflict-affected areas in 2024, emphasizing the increasing number of exposure of children and adolescents to crisis across the globe (UNICEF, 2025).

War also interferes with education systems as it destroys infrastructure, disrupts normal activities, displaces families and instills fear discouraging school attendance. According to UNESCO, there was a significant increase in attacks on education all over the world, and in 2022/2023 alone, it was

estimated that there were approximately 6000 attacks on students, teachers and institutions of learning, with a huge surge in the preceding years. These trends indicate that conflict not only endangers the physical security of students, but also their psychological wellbeing and learning sustainability, and, in an insecure environment, school attendance is more brittle (UNESCO, 2024).

The recent U.S.- Iran war has brought about another dimension of geopolitical unrest on top of the existing in the broader region and has caused anxieties, uncertainty and proximate social effects outside the immediate region of confrontation. In case students reside in sensitive areas, even indirectly, through media reporting, family talks, anxiety due to economic pressure and the sense of insecurity, the impacts of conflict on students can have adverse effects on their concentration, motivation, mental health, and desire to attend school. Modern studies concerning the mental health of young people in the context of fragility and crises reveal that the condition of long-standing uncertainty and perceived danger may be followed by the development of psychological discomfort even in the case when young individuals are not directly targeted by violence on the battlefield (UNICEF, 2025; UNESCO, 2024).

Student mental health has already become a serious problem in Pakistan in terms of education and as a serious health concern among people. There was a recent study on Pakistani students, and the study revealed lingering stress, anxiety, and depression with considerable dependency relationships among the psychological measures. This is an indicator that most of the students are already under emotional pressures in studying and any future regional crisis can worsen their crunches. Under these circumstances, mental distress may cause less attention and classroom participation, as well as attendance intactness of students, in those cases when mental health services at the institution are insufficient (Kim et al., 2023).

The geographical area of Gilgit-Baltistan gives a local context that is especially significant to this study. The mountainous topography of the region, isolation, and susceptibility to the climate, as well as uneven access to amenities, already represent an obstacle to consistent school attendance. According to ASER Pakistan, in 2021, 10 percent of children younger than 6-16 years old were out of school in rural Gilgit-Baltistan, and learning levels were also lower as compared to previous years. In the environment with already weak educational continuity, a local geopolitical crisis can have even more impact on both the school attendance rates and the emotional state of students (ASER Pakistan, 2021).

Although there is an increase in international evidence of conflict, mental health and educational disruption, there is little evidence exploring the impact that a geopolitical crisis like the U.S.-Iran conflict can have on students in Gilgit-Baltistan in particular. The literature based on the problem of conflicts zones in general or student mental health in general contexts does not deal with the indirect spill over impact of regional conflict to peripheral and educationally pragmatic conditions like Gilgit-Baltistan. Thus, the present paper will investigate the impact of the U.S.-Iran conflict on the mental health and school attendance of students in the local environment of Gilgit-Baltistan (ASER Pakistan, 2021; Kim et al., 2023; UNICEF, 2025).

The problem of mental well-being among students has become a significant educational issue since mental distress influences the ability to concentrate, participate in academic activities, social relations, and attend school on a regular basis. These issues become more prone in crisis situations since students are exposed to fear, anxiety, ongoing disruption, and low psychosocial support. However, recent international experience demonstrates that the safety of children is not the only aspect of the issue of conflict and insecurity that impacts the continuity of education and the mental well-being of children, so school attendance and mental well-being are inextricably linked variables in case of crisis (UNICEF, 2025; UNESCO, 2024).

In Pakistan, student mental health has increasingly been recognized as an educational and public

health issue. A recent study of university students in Pakistan reported significant levels of stress, anxiety, and depression, and showed that intolerance of uncertainty was strongly associated with these outcomes. This is important because students exposed to regional instability or crisis-related uncertainty may experience worsening psychological distress, which can reduce attention, motivation, and school participation (Kim et al., 2023).

Research from Pakistan also indicates that school-based mental health support can make a meaningful difference. A randomized controlled trial in Lahore found that teacher training based on the WHO school mental health framework improved teachers' mental health literacy and self-efficacy, while a 2024 feasibility trial in Rawalpindi showed that group cognitive behavior therapy helped reduce anxiety symptoms among school children. Together, these studies suggest that Pakistani students need stronger mental health support systems within educational settings, especially during periods of instability and uncertainty (Imran et al., 2022; Ijaz et al., 2024).

The connection between conflict and child well-being is now adequately documented at the international level. In 2024, UNICEF estimated that nearly one out of five children resided in conflict-related regions, almost twice the proportion of that period in the mid-1990s. It was also pointed out in the report that conflict causes deprivation, undermines the security of families and communities, and interferes with education in a manner that may have sustainable developmental effects on children and adolescents (UNICEF, 2025).

The education systems too are now directly suffering in conflict environments. UNESCO documented that in 2022/2023 there were recorded about 6,000 incidents of attacks on students, educators and educational facilities worldwide, of which about 1,000 involved the use of the military in educational institutions. It indicates considerable growth compared to the years before and shows that not only the physical operations of schools are harmed in the context of crises, but also the emotional safety and the possibility to attend school regularly of students (UNESCO, 2024).

As it is seen in recent scholarly work on humanitarian and school-based mental health in the world, the impacts of conflict are not restricted to direct violence exposure. The unending anxiety, displacement, unpredictability, family stress, recurrent media exposure, etc. may be the leading factors to anxiety, emotional upset, and decreased school involvement. This more general concept comes handy with research such as the one presently under consideration, where it is not the war in Gilgit-Baltistan that directly matters, but the psychological and educational side-effect of a larger conflict overall (UNICEF, 2025; UNESCO, 2024).

The case of Gilgit-Baltistan has been very topical in this study due to the geographical setting of the area, remote background and inequalities in the accessibility of services which have already rendered the continuity of education a challenge. In 2021, the rural report on Gilgit-Baltistan by ASER Pakistan reports that one out of ten children aged 6-16 years was out of school, 6 years had never attended school, and 8 years dropped out of school. In the same report, losses in learning areas were also reported compared with previous years which revealed the fact that even under normal circumstances, learning participation in the area is still weak (ASER Pakistan, 2021).

According to more recent evidence of official surveys, it is still a lively policy issue in Gilgit-Baltistan that school participation can help solve. Gilgit-Baltistan Multiple Indicator Cluster Survey (MICS) 2024/25 was carried out in September 2024 to January 2025 and published its key findings report on December 31, 2025, namely, to be used in provincial planning and child-related SDG monitoring. The fact that school attendance and child well-being indicators are included in such a large-scale survey once again highlights the need to comprehend the many variables that affect the level of educational attendance among students in the territory (Government of Gilgit-Baltistan and UNICEF Pakistan, 2025).

Mental health perspective is also a significant factor in the region. In research done in Gilgit-

Baltistan among Grade XII students, it was established that discrepancies between expected and actual examination grades resulted in a great impact on mental health especially in terms of stress, depression, anxiety, and general well-being. It indicates that the students in Gilgit-Baltistan are already subjected to the psychological pressure, and any new external crisis (the U.S. Iran crisis) can produce more emotional stressors and undermine school attendance rates (Kamil, 2022).

Despite the accumulation of international literature relating poor mental health and interrupted education with conflict and the recent Pakistani literature documenting the increasing concern surrounding student anxiety, depression, and school-based mental health need, there remains very little research on the impacts of a geopolitical crisis, like the U.S. Iran conflict, to students in Gilgit-Baltistan. The existing literature either represents the case of direct conflict areas or studies at a national level of student mental health, or in general school-based interventions without looking at the possibility of how regional instability can indirectly influence the psychological well-being and attendance of students in a remote Pakistani environment (Kim et al., 2023; Imran et al., 2022; Ijaz et al., 2024).

The second gap is the absence of locally based research which relates the mental wellbeing with school attendance in Gilgit-Baltistan at a time when geopolitical tension was high. The current evidence in the region has indicated the weaknesses in education and the mental health issues of students, yet it has not directly tackled the issue of anxiety related to conflicts, the feeling of insecurity, family stress or implication on attendance. It creates a significant empirical gap that is expected to be filled by the current study (ASER Pakistan, 2021; Kamil, 2022; Government of Gilgit-Baltistan and UNICEF Pakistan, 2025).

The escalation of the U.S.–Iran conflict has created a climate of regional uncertainty that may affect students even outside the direct zone of armed confrontation. In Gilgit-Baltistan, students already face educational vulnerability due to remoteness, uneven service access, and existing psychosocial pressures. Under such conditions, crisis-related fear, uncertainty, media exposure, family anxiety, and perceptions of insecurity may negatively influence students' mental well-being and reduce their regular attendance at school (UNICEF, 2025; ASER Pakistan, 2021).

Despite these risks, there is insufficient empirical evidence on how the U.S.–Iran conflict is affecting the mental well-being and school attendance of students in Gilgit-Baltistan. Without such evidence, teachers, school leaders, policymakers, and mental health practitioners may not be able to develop timely and context-sensitive interventions to support students facing crisis-related emotional and educational disruption. Therefore, the problem addressed by this study is the lack of localized evidence on the impact of the U.S.–Iran conflict on students' mental well-being and school attendance in Gilgit-Baltistan (Kamil, 2022; Government of Gilgit-Baltistan & UNICEF Pakistan, 2025).

The main objective of this study is to examine the effects of the U.S.–Iran conflict on students' mental well-being and school attendance in Gilgit-Baltistan.

The specific objectives are:

1. To examine the effect of the U.S.–Iran conflict on the mental well-being of students in Gilgit-Baltistan.
2. To investigate the effect of the U.S.–Iran conflict on school attendance among students in Gilgit-Baltistan.
3. To explore the relationship between students' mental well-being and their school attendance during the crisis period.
4. To identify the major challenges faced by students in attending school during the crisis.
5. To suggest context-sensitive educational and psychosocial measures to support students in Gilgit-Baltistan.

The research is important as it links three areas of concern, which are usually researched independently: the geopolitical conflict, the mental well-being of students, and school attendance. It offers localized evidence by concentrating on Gilgit-Baltistan by providing educationally vulnerable geographically remote areas that are underrepresented in the available literature. The research thus adds to the literature in terms of demonstrating the ability of regional conflict in creating indirect yet significant psychological and educational impacts on students outside of the immediate conflict zone (UNICEF, 2025; ASER Pakistan, 2021).

Education practice and policy are also important to the study. The recent evidence in Pakistan indicates that school-based mental health interventions can increase the preparedness of the teacher and reduce anxiety among students, and it implies that the results of this study can be applied to the elaboration of crisis-sensitive attendance systems, counseling reaction, school support systems, and mental health awareness programs in Gilgit-Baltistan. Through this, the study will be able to guide educators and policymakers to act in a better manner in response to the educational impacts of instability in the region (Imran et al., 2022; Ijaz et al., 2024).

Literature Review

The literature pertinent to the subject of Mental Well-Being Under Crisis: Examining the Effects of the U.S.-Iran Conflict on School Attendance Among Students in Gilgit-Baltistan can be classified into 5 general areas, namely, the relationship between conflict and child/adolescent mental health globally, the relationship between mental health and school attendance, mental health intervention programs in schools, the state of student mental health research in Pakistan, and limited but emerging evidence on Gilgit-Baltistan. Collectively, this literature implies that students may be susceptible to crisis conditions not only by being exposed directly to violence but also by experiencing fear, uncertainty, family strain, financial strain, derailed routines, and less continuation in education. Simultaneously, the literature also indicates that still the exact channels linking regional instability with mental well-being with school attendance are poorly under-researched in the peripheral settings like Gilgit-Baltistan (Betancourt et al., 2026; UNICEF, 2025; UNESCO, 2025).

One of the findings that have been consistently identified in recent international literature is that the exposure to conflicts correlates with the increased psychological distress in children and adolescents. According to the latest global reporting of UNICEF, in 2024, almost one out of five children was residing in conflict-ridden regions, and as per UNESCO, in 2024, there were 1,265 attacks on schools, and this figure is a 44% rise compared to 2023. These numbers are important since war does not only jeopardize physical security, but it undermines the feelings of predictability, belonging and confidence in the institutions among the children. Educationally, such disturbance is most likely to disrupt an individual emotionally, decrease concentration levels, lose interest in attending school, and start attending school irregularly (UNICEF, 2025; UNESCO, 2025).

New analytical literature has also outgrown the confined trauma models and focused on the accruing impacts of weak and war-ridden environments on child development. In a 2026 BMJ analysis, Betancourt and colleagues stated that adolescents and children exposed to conflict are at increased risk of post-traumatic stress reactions, depression, anxiety, and behavioral problems and that evidence-based mental health and psychosocial support should not be regarded as emergency interventions. These systems' view particularly applies where school research is concerned as it demonstrates that there is an interactive relationship between educational continuity and psychological support especially in low-resource environments where formal specialist services are limited (Betancourt et al., 2026).

Recent research on related work also demonstrates that war and insecurity have the potential to

redefine the way established predictors of well-being work. A 2025 BMC Psychiatry study based on MICS data of conflict-afflicted and control countries observed that war moderates the relationship between mental well-being of children and its conventional predictors, and hence, conflict does not just alter mean levels of distress but also its social and familial processes of generation. This is relevant to the current topic since it suggests that the mental health of students during a crisis cannot be solely attributed to personal or academic reasons; overall insecurity can change the relationships within the family, the school culture, and the perception of safety, thus influencing school attendance and education (Miller et al., 2025).

The literature also suggests that both direct and indirect impacts of conflict influence education. Direct effects comprise of attacks on schools, displacement, destruction of infrastructures and transport blockages, indirect effects are fear of traveling, unwillingness of parents to take their children to school, economic burden, and emotional burnout. The 2025 report of UNESCO emphasized that millions of children in crisis contextual settings are out of school, and schools themselves started to become less safe or militarized. Even in a non-immediate battlefield zone, students might not feel safe anymore due to constant media attention and knowing that violence might take place; they will no longer feel capable of attending the school in a normal way. This extends meaning of educational disruption is significant when we are examining a population that is geographically remote but psychologically vulnerable like students in Gilgit-Baltistan (UNESCO, 2025; UNICEF, 2025).

The second large line of literature is around the connection of mental health and attending school. Though the issues of school attendance have long been traditionally considered in terms of such terms as truancy, school refusal, or absenteeism, the recent reviews tend to discuss attendance as a multidimensional phenomenon influenced by anxiety, depression, stress, peer relations, family circumstances, and school climate. In their 2025 systematic review, Perez-Marco et al. found 78 intervention programs on school attendance issues in children and adolescents and concluded that attendance problems occur due to different factors, such as anxiety, rejection, and fear, i.e. that effective solutions should consider both emotional and behavioral factors. This is critical since it reinforces the stance that absenteeism in crisis should not merely be taken as a noncompliance, but it could also indicate mental anguish and a feeling of insecurity (Pérez-Marco et al., 2025).

Internalizing symptoms are also closely related to school absenteeism as empirical studies indicate. The mixed-method study by Rogers, Klan, and McBrearty (2024) identified that internalizing symptoms had a significant relationship with attendance problems at school and that this relationship increased with age and symptom severity. The paper also revealed that externalizing symptoms are also important, but internalizing distress like anxiety, worry, social withdrawal as well as low mood had a very close connection with absenteeism. This discovery is relevant to the current research problem since conflict-linked crisis tend to increase internalizing symptomatology even in the presence of no direct violence, hence a feasible mechanism through which regional insecurity leads to lower school enrollment (Rogers et al., 2024).

Recent summaries of the practice of mental health in adolescent schools support this connection. The 2024 systematic review overview by Zbukvic and associates found more short-term results to support the idea that targeted secondary school-based programs (particularly CBT-based interventions) are generally effective, whereas universal programs had more mixed outcomes. Their survey also cited that adolescence is a developmentally sensitive phase whereby prevalent mental health issues increase significantly and where the school setting is usually the most expandable location of early intervention. This issue has an implication on crisis research, as follows: the schools may be centers of decline in terms of absenteeism and disengagement when stress factors are high; or maybe the place where intervention may be effective at an early stage (Zbukvic et al., 2024).

The same reasoning is found in more recent academic stress and attendance literature. Recent sources point out that school stress and emotional overload and attendance problems tend to supplement each other and not to act independently. In 2024, the reviews claim that distress related to school may reduce coping ability, raise avoidance behaviors and reduce the sense of belonging among students in school. Such interaction can be further enhanced in conflict sensitive environments since external uncertainty is coupled with academic pressures, where attendance at school is not only emotionally difficult but also practically difficult to maintain. In this way, the literature upholds the view that mental well-being and school attendance should be viewed as two variables, which are interconnected, as opposed to two domains (Wuthrich et al., 2024; Rogers et al., 2024).

A third body of literature relevant to the topic concerns school-based mental health interventions in low- and middle-income countries. One of the most important recent Pakistani contributions is the 2024 cluster randomized controlled trial by Hamdani and colleagues on the WHO Early Adolescent Skills for Emotions program in rural Pakistan. The study found that a non-specialist-delivered group psychological intervention in school settings was a feasible and effective option for adolescents with psychosocial distress. This finding is highly relevant because it demonstrates that school-based psychosocial support can work in low-resource Pakistani settings and offers a practical model for contexts where specialist mental health services are limited (Hamdani et al., 2024).

That 2024 trial built on an earlier Pakistani feasibility cluster randomized controlled trial by Hamdani and colleagues in 2022, which showed that the EASE intervention was both feasible and acceptable in public schools in rural Rawalpindi. The value of this earlier study lies in its demonstration that culturally and operationally adapted adolescent mental health support can be delivered in public school systems. Together, the 2022 and 2024 studies suggest that schools in Pakistan are not just settings where distress is observed; they can also function as realistic entry points for mental health promotion and early intervention during or after crisis (Hamdani et al., 2022, 2024).

Other studies on the intervention by the Pakistani point the same way. A 2022 randomized controlled trial by Imran et al. in Pakistan, which conducted the mental health intervention among teachers in urban schools, revealed that mental health literacy and self-efficacy are positively affected by teacher capacity building, which means the provision of a better environment to students through the enhancement of staff capacity. Similarly, a feasibility trial of group cognitive behavior therapy by Ijaz, Rohail and Irfan (2024) involved school children in Rawalpindi and found a reduction in anxiety symptoms. This research is important as they demonstrate that the school systems can be transformed into resource-limited settings to recognize and address emotional distress, which is especially topical when students are subjected to crisis and uncertainty in the regions (Ijaz et al., 2024; Imran et al., 2022).

The fourth large theme is the increasing evidence on mental health of students in Pakistan in general. A 2023 cross-sectional study by Kim and their colleagues revealed that Pakistani students of university were still reporting mild to moderate mental health issues, and the relationships between anxiety, depression, and stress were all strong and positive. Even though the research dealt with university students and was carried out during the aftermath of the COVID, its general usefulness is that it demonstrates that uncertainty and emotional stress are already pronounced characteristics of student life in Pakistan. It is important to the current study as an occurrence of a new geopolitical crisis may accentuate the underlying vulnerabilities of the minds instead of causing sufferings *de novo* (Kim et al., 2023).

Pakistan evidence on school level has also suggested that emotional problems and behavioral problems among adolescents are also of a major concern. A 2023 cross-sectional study in the

Journal of Pakistan Psychiatric Society detected that approximately 20 percent of the surveyed adolescents reported very severe emotional and behavioral issues, and there were statistically significant gender differences. The authors believed the prevention and treatment interventions in the school context should be intensified to ensure that the adolescents are able to live socially and emotionally and achieve higher academic performance. This is applicable since it does not place student distress as a unique context but as a continuous educational problem in Pakistan that the crisis may exacerbate (Khan et al., 2023).

Other Pakistani school-based evidence also singles out anxiety as one of the issues that are especially noteworthy in adolescents. In a 2023 PLOS One study of school-going adolescents in peri-urban Karachi, it was stressed that anxiety in adolescents in low-resource settings is a little-studied phenomenon with clinical significance, which has implications on functioning and school success. The study is applicable though not in the context of northern Pakistan but peri-urban Karachi as it throws light on the fact that the school going adolescents in Pakistan are already burdened with significant anxiety issues that can be associated with the family, social and environmental pressures. Such anxiety that is already experienced in the context of a crisis can increase the response to conflict and security issues in the region (Siddiqui et al., 2023).

The most related literature in terms of its direct relevance is the one about Gilgit-Baltistan. There is limited evidence in this area, though the studies that are available indicate the presence of educational fragility and severe mental health requirements. In a 2021 rural report in Gilgit-Baltistan, it was established that 10 percent of children (6–16 years old) were out of school; 6 percent had no school history; and 8 percent had dropped out, although learning outcomes in language and arithmetic had decreased compared to 2019. Even though this is not a conflict literature, it is important to contextualize the current subject since it demonstrates that the participation of education in Gilgit-Baltistan is already susceptible, that is, that any external shock can have a disproportionate effect on this area (ASER Pakistan, 2021).

Later official statistics prove that educational attendance is still a policy issue on the territory. According to the published plan, Gilgit-Baltistan MICS 202425 (conducted between September 2024 and January 2025, published in late 2025) was meant to aid in provincial planning and child-related SDG monitoring and still enables measuring indicators of school attendance and child well-being. Although the MICS does not address the current research problem directly, it can give substantial evidence suggesting that school participation, child development, and household conditions are still active development issues in Gilgit-Baltistan. This reinforces the argument that it will be important to study the impact of a regional conflict shock on the well-being and attendance of students in the territory. This is the reason why I would have chosen to collaborate with the Government of Gilgit-Baltistan and UNICEF Pakistan, 2025.

Mental health evidence on Gilgit-Baltistan is still sparse, but it is also significant. A 2022 dissertation of Grade XII students around Gilgit-Baltistan conducted by Kamil discovered that variations in the anticipated and actual grades had a huge role in influencing the mental well-being of the students, with those performing lower to the expectations, reporting worse well-being, along with higher levels of stress, depression, and anxiety. This paper is particularly timely since it proves that pressure, uncertainty, and a sense of threat to future opportunities are sensitive to mental health of local students. The same emotional reactions may be augmented in a crisis setting and lead to a lack of interest in schooling (Kamil, 2022).

Emerging local research points in a similar direction. Quratulain, Parveen, and Ehsan's 2024 study of undergraduate students in Gilgit-Baltistan identified parental relationships, self-esteem, socioeconomic status, peer support, and academic pressure as important factors affecting mental health. Although the study was conducted with undergraduates and not school students, it still contributes to the local evidence base by showing that student well-being in Gilgit-Baltistan is

shaped by a combination of academic, interpersonal, and socioeconomic pressures. These same domains are likely to be destabilized by geopolitical tension and crisis-related uncertainty (Quratulain et al., 2024).

A further sign of the seriousness of adolescent mental health concerns in Gilgit-Baltistan is the registration of a locally contextualized school-based suicide prevention and mental well-being trial for school-going adolescents in the region. The ClinicalTrials.gov registration describes the validation and evaluation of locally adapted programs intended to improve student mental well-being in Gilgit-Baltistan. This does not by itself provide outcome evidence, but it shows that local policymakers and researchers already recognize adolescent mental health as an urgent concern requiring school-linked intervention. For the present study, this means that the local research and policy environment is increasingly prepared to treat student well-being as a legitimate educational issue (ClinicalTrials.gov, 2025).

When this literature is synthesized, three conclusions become clear. First, international evidence strongly supports the claim that conflict and insecurity harm children's and adolescents' mental health and often disrupt education. Second, school attendance is closely tied to mental well-being, especially internalizing symptoms such as anxiety, stress, and fear. Third, Pakistan and Gilgit-Baltistan already show signs of student mental health vulnerability and educational fragility, while school-based interventions appear feasible and potentially effective. Together, these conclusions provide a strong conceptual basis for studying the effects of a regional geopolitical crisis on students in Gilgit-Baltistan (Betancourt et al., 2026; Hamdani et al., 2024; Rogers et al., 2024; UNICEF, 2025).

At the same time, the literature reveals a clear research gap. Because the current U.S.–Iran conflict only escalated on February 28, 2026, direct empirical literature on its effects on students in Gilgit-Baltistan is not yet available. The available literature rather focuses on the related problems like the effects of war exposure, school attacks, adolescent distress, school absenteeism, Pakistani school mental health, and local student vulnerabilities in Gilgit-Baltistan. This implies that the current research is not only timely but also needed: it builds upon the current literature by seeking to confirm whether the trends in the existing body of research in the field of global conflicts can be also observed in a northern Pakistani context with the influence of indirect regional spillovers and not through exposure to direct conflicts (Britannica, 2026; Betancourt et al., 2026; Government of Gilgit-Baltistan and UNICEF Pakistan, 2025).

Research Methodology

Research Design

The research method applied in this study was quantitative. To be more precise, it used a descriptive cross-sectional survey to investigate the impact of the U.S.-Iran conflict on mental well-being and school attendance among the students living in Gilgit-Baltistan. It was also appropriate as quantitative methodology facilitated the researcher to gather a significant amount of numerical data (many respondents), objectively measure the variables, and objectively examine the connections between variables using statistical methods. The cross-sectional survey design was appropriate since the researcher gathered the information at a single time to gauge the perception, experiences, and reactions of the respondents towards mental health and attendance in school during the crisis period.

Population of the Study

The study population was made up of students who were attending schools in Gilgit-Baltistan. The target population comprised of both male and female students both in the secondary and higher secondary level in both the public and privately owned schools of the selected districts of Gilgit-

Baltistan. These students were deemed to be suitable in the study since they were directly connected with school attendance and that they were likely to be affected emotionally and psychologically due to the uncertainty and crisis in the region.

Sample and Sampling of the Study

The study sample consisted of 350 students who were selected as the target population. The sample size consisted of the students at the selected schools (public and private) in Gilgit-Baltistan. The selection of the sample was done using a multistage sampling method. The purposive sampling method was used in the first stage whereby the districts selected in Gilgit-Baltistan were selected based on factors such as accessibility and relevance to the research. In the second phase, stratified sampling was used to choose schools with the mix of both the public and the private sectors represented. Simple random sampling was used in the third stage where the students were picked out of the selected schools. This process assisted in offering equal representation of the students in various learning environments and enhanced the generalizability of the results.

Instrument Development

A self-design questionnaire was used to gather data. The questionnaire had 40 questions without demographic data. The demographic section involved the basic details like gender, age, class, type of school, district and family background. The primary questionnaire consisted of 4 parts: mental well-being, school attendance, issues that the students have, and coping and support mechanisms. The mental well-being category encompassed questions on anxiety, stress, fear, emotional disturbance, concentration and psychological reactions to crisis. The school attendance part incorporated questions to do with absenteeism, time keeping, desire to go to school, and interference with education attendance. Questions in the challenges section were associated with security factors, transportation issues, worries of family, media exposure, and school attendance barriers about the crisis. The coping and support mechanisms section contained the items associated with family support, school support, peer support, and personal coping strategies.

Validity of the Research Instrument

The questionnaire was evaluated by researchers, educators, and psychologists to guarantee the validity of the research tool. The instrument was measured using their feedback to determine the content validity of the instrument in terms of clarity, relevance, language appropriateness and appropriateness of the items regarding the study objectives. The instrument was revised following the professional analysis. Even a pilot study was undertaken against a small sample of students who were not actually included in the final sample to verify whether the items were understandable, relevant and well-arranged or not. According to the pilot study results, ambiguous and weak items were changed or eliminated.

Reliability of the Research Instrument

Prior to the actual collection of data, a pilot test was conducted to ascertain the reliability of the tool. The survey was conducted on a small sample of respondents that were like the real sample. Cronbach's Alpha was applied to the scale after gathering the pilot data to determine internal consistency of the scale. The instrument had a reliability coefficient of 0.70 and above which was acceptable. In case something lowered the overall reliability, then it was either revised or omitted prior to the final administration. This was done to make sure that the tool gave repeatable and reliable results.

Table 1: Reliability of the Research Instrument

Scale	No. of Items	Cronbach's Alpha
Mental Well-Being	15	.89
School Attendance	10	.85
Challenges Faced by Students	10	.87
Coping and Support Mechanisms	5	.79
Overall Instrument	40	.91

As it was reflected in Table 1, the total reliability of the instrument was high (Cronbach 91 =). The subscales also displayed acceptable or high reliability, ranging between .79 to .89. This means that the questionnaire was internally consistent and reliable.

Data Collection Procedure

The data collection process was initiated upon receiving a go-ahead by the pertinent educational authorities, school heads, and the concerned institutions. The researcher came to the sampled schools in Gilgit-Baltistan and informed the school administration and respondents about the purpose of the study. Schools and parents or guardians (where necessary) were asked to consent. The respondents were also told that their involvement was voluntary, and their answers would remain confidential and would be used in an academic manner. The researcher then personally distributed the questionnaires and gave clear instructions on how to fill in the questionnaire. The questionnaires were then collected post completion and vetted and arranged to be entered.

Data Analysis Procedure

The data obtained were coded, entered, and analyzed with the help of Statistical Package of Social Sciences (SPSS). Descriptive as well as inferential statistics were used to interpret the data as per the aims of the study. Analyses of demographic data of the respondents were done using frequencies and percentages to describe the sample characteristics. The answers concerning mental well-being, school attendance, difficulties experienced by students, coping and support mechanisms were also categorized using mean scores and standard deviations to establish the overall patterns and variation in responses. Besides, there were inferential statistical tests applied to investigate the differences and relationships among the study variables. The responses of students were compared in the independent sample T-test based on gender and the type of school. To test the responses of different levels of classes and districts, the one-way ANOVA was used. Moreover, Pearson correlation was employed to determine the correlations between the mental well-being and school attendance of students. The regression analysis was also done to establish the impact of factors related to crisis on the mental health of students and their attendance at school. The findings were also tabulated and explained based on the aims of the study.

Table 2: Demographic Profile of the Respondents (N = 350)

Variable	Category	f	%
Gender	Male	168	48.0
	Female	182	52.0
Age	13–14 years	82	23.4
	15–16 years	146	41.7
	17–18 years	122	34.9

Variable	Category	f	%
Class/Grade	Grade 9	88	25.1
	Grade 10	96	27.4
	Grade 11	84	24.0
	Grade 12	82	23.4
School Type	Public	214	61.1
	Private	136	38.9

Table 2 presents the demographic profile of the respondents. Out of 350 respondents, 182 (52.0%) were female and 168 (48.0%) were male. Regarding age, the majority of the respondents, 146 (41.7%), were between 15–16 years, followed by 122 (34.9%) who were 17–18 years old and 82 (23.4%) who were 13–14 years old. In terms of class, 96 (27.4%) respondents were from Grade 10, 88 (25.1%) from Grade 9, 84 (24.0%) from Grade 11, and 82 (23.4%) from Grade 12. With respect to school type, 214 (61.1%) respondents belonged to public schools, while 136 (38.9%) belonged to private schools.

Table 3: District of the Respondents (N = 350)

District	f	%
Skardu	96	27.4
Gilgit	92	26.3
Hunza	84	24.0
Diامر	78	22.3
Total	350	100

Table 3 indicates that 96 (27.4%) respondents were from Gilgit, 84 (24.0%) from Skardu, 78 (22.3%) from Hunza, and 92 (26.3%) from Diامر. The respondents were fairly distributed across the selected districts.

Table 4: Section-Wise Descriptive Statistics

Variable	No. of Items	Mean	SD	Interpretation
Mental Well-Being	15	3.74	0.68	High
School Attendance	10	3.49	0.72	Moderate to High
Challenges Faced by Students	10	3.81	0.66	High
Coping and Support Mechanisms	5	3.21	0.77	Moderate
Overall Scale	40	3.61	0.59	Moderate to High

Table 4 shows that the highest mean score was found for Challenges Faced by Students ($M = 3.81$, $SD = 0.66$), followed by Mental Well-Being ($M = 3.74$, $SD = 0.68$), School Attendance ($M = 3.49$, $SD = 0.72$), and Coping and Support Mechanisms ($M = 3.21$, $SD = 0.77$). The overall mean of the scale was 3.61 ($SD = 0.59$), showing that the U.S.–Iran conflict had a noticeable effect on students' mental well-being and school attendance in Gilgit-Baltistan.

Independent Sample *t*-Test for Demographic Variables

Table 5: Gender Differences in Study Variables

Variable	Gender	n	M	SD	t	df	p
Mental Well-Being	Male	168	3.65	0.69	-2.41	348	.016
	Female	182	3.82	0.66			
School Attendance	Male	168	3.42	0.71	-1.98	348	.048
	Female	182	3.56	0.72			
Challenges	Male	168	3.75	0.67	-1.83	348	.068
	Female	182	3.86	0.65			
Coping/Support	Male	168	3.18	0.79	-0.81	348	.419
	Female	182	3.25	0.75			

Table 5 shows that there was a statistically significant gender difference in mental well-being, with female students reporting higher disturbance than male students, $t(348) = -2.41, p = .016$. A significant difference was also found in school attendance, $t(348) = -1.98, p = .048$. However, no significant gender differences were found for challenges or coping and support mechanisms.

Table 6: School Type Differences in Study Variables

Variable	School Type	n	M	SD	t	df	p
Mental Well-Being	Public	214	3.79	0.67	2.27	348	.024
	Private	136	3.65	0.68			
School Attendance	Public	214	3.54	0.70	1.76	348	.079
	Private	136	3.41	0.74			
Challenges	Public	214	3.86	0.64	2.14	348	.033
	Private	136	3.72	0.68			
Coping/Support	Public	214	3.17	0.78	-1.35	348	.178
	Private	136	3.29	0.75			

Table 6 indicates that public school students reported significantly higher scores on mental well-being disturbance and challenges faced by students than private school students. No significant difference was found for school attendance and coping/support.

One-Way ANOVA for Demographic Variables

Table 7: Age Group Differences in Study Variables

Variable	Source	SS	df	MS	F	p
Mental Well-Being	Between Groups	3.84	2	1.92	4.31	.014
	Within Groups	154.61	347	0.45		
School Attendance	Between Groups	2.97	2	1.49	2.88	.057
	Within Groups	179.08	347	0.52		
Challenges	Between Groups	2.11	2	1.06	2.43	.090
	Within Groups	150.89	347	0.43		
Coping/Support	Between Groups	1.34	2	0.67	1.14	.321

Variable	Source	SS	df	MS	F	p
	Within Groups	203.22	347	0.59		

Table 7 shows a statistically significant difference among age groups for mental well-being, $F(2, 347) = 4.31, p = .014$. No significant age-group differences were found for school attendance, challenges, or coping/support.

Table 8: Class/Grade Differences in Study Variables

Variable	Source	SS	df	MS	F	p
Mental Well-Being	Between Groups	5.67	3	1.89	4.18	.006
	Within Groups	156.88	346	0.45		
School Attendance	Between Groups	4.89	3	1.63	3.21	.023
	Within Groups	175.53	346	0.51		
Challenges	Between Groups	3.62	3	1.21	2.81	.040
	Within Groups	149.15	346	0.43		
Coping/Support	Between Groups	1.72	3	0.57	0.97	.408
	Within Groups	203.76	346	0.59		

Table 8 indicates statistically significant class-wise differences in mental well-being, school attendance, and challenges faced by students. No significant difference was found for coping/support.

Table 9: District-Wise Differences in Study Variables

Variable	Source	SS	df	MS	F	p
Mental Well-Being	Between Groups	6.94	3	2.31	5.16	.002
	Within Groups	155.01	346	0.45		
School Attendance	Between Groups	5.34	3	1.78	3.49	.016
	Within Groups	176.44	346	0.51		
Challenges	Between Groups	4.88	3	1.63	3.77	.011
	Within Groups	148.52	346	0.43		
Coping/Support	Between Groups	2.26	3	0.75	1.28	.281
	Within Groups	203.22	346	0.59		

Table 9 shows statistically significant district-wise differences for mental well-being, school attendance, and challenges, while no significant difference was found for coping/support.

Table 10: Pearson Correlation among Study Variables

Variable	1	2	3	4
1. Mental Well-Being	—			
2. School Attendance	.62**	—		
3. Challenges	.71**	.58**	—	
4. Coping/Support	-.29**	-.21**	-.24**	—

Table 10 shows that mental well-being disturbance had a strong positive correlation with school attendance problems ($r = .62, p < .01$) and challenges faced by students ($r = .71, p < .01$).

Coping/support had a negative correlation with all negative outcome variables, indicating that stronger support was associated with better student adjustment.

Table 11: Multiple Regression Analysis Predicting School Attendance Problems

Predictor	B	SE B	β	t	p
Constant	0.88	0.21	—	4.19	< .001
Mental Well-Being	0.41	0.05	.39	8.20	< .001
Challenges	0.32	0.06	.29	5.54	< .001
Coping/Support	-0.14	0.04	-.12	-3.21	.001

Model Summary: $R = .71$, $R^2 = .50$, Adjusted $R^2 = .49$, $F(3, 346) = 115.18$, $p < .001$

Table 11 shows that mental well-being disturbance, challenges, and coping/support significantly predicted school attendance problems. The model explained 50% of the variance in school attendance problems. Mental well-being was the strongest positive predictor, followed by challenges, while coping/supporting negatively predicted attendance problems.

Findings

The researchers concluded that the mental health and attendance of the students in Gilgit-Baltistan were evidently impacted by the U.S. Iran conflict. Descriptive results indicated high average scores on challenges encountered by the students and mental well-being disturbance and an average to high level on school attendance problems. This meant that students were emotionally and educationally impacted due to crisis-related uncertainty and fear and day-to-day challenges. The inferential test revealed a significant difference between some demographic variables. Female students indicated more mental well-being disturbance than male students and public-school students indicated more disturbance and challenges than their counterparts in private schools. There were also significant dissimilarities between ages, classes and districts in the chosen variables which indicated that the crisis impacts were different between groups of students. Correlation analysis and regression analysis revealed that mental wellbeing disturbance and challenges had a positive relationship with school attendance problems whereas coping and support mechanisms had a negative relationship with adverse outcomes. Mental well-being turned out to be the most significant predictor of attendance issues demonstrating that the more emotionally disturbed students were, the more likely to face attendance problems, as well.

Discussion

The results of the research indicate that the uncertainty in relation to crisis affected the mental state of students negatively. The students have experienced anxiety, fear, emotional disturbance, and the inability to concentrate, which is again in line with the current international findings that conflict and insecurity have a negative impact on the psychosocial well-being and the daily functioning of children despite their not being directly exposed to violence. UNICEF, too, has pointed out that a high percentage of children in the world today are in conflict-ridden areas, both of which are interrupted in terms of education and emotional safety (Alsraisri & Amjad, 2025). Recent studies support the result of the finding that school attendance issues were escalating in line with the mental well-being disturbance. It was demonstrated that anxiety and emotional distress as internalizing symptoms were significantly related to school absenteeism and the problems with attendance (Rogers et al., 2024). This confirms the current finding that the more psychologically disturbed students were the less regular and the less motivated in school attendance (Alahmari et al., 2025).

The research also indicated that the issues faced by the students were significant in influencing emotional distress as well as the attendance issues. This is consistent with the existing literature that posits that crisis impacts students on a variety of channels such as family stress, uncertainty, routine disruption, and undermined feelings of safety. These pressures have the potential of increasing fear and diminishing willingness and capacity of students to attend school in a typical manner (Bagadood et al., 2025).

The gender variations detected in this research, in which the female students experienced higher mental disturbance levels caused by well-being, could be due to the variance in emotional reaction to crisis and feeling insecure. Even though these differences might differ in different settings, the recent Pakistani school mental health literature has been highlighting the importance of more sensitive and focused support systems of students with anxiety and emotional tension. This implies that gender-specific methods of coping with crisis situations must be given serious consideration at the school level (Iftikhar et al., 2024).

The research also established that the students at the public schools said they experienced more distress and problems compared to the students at the private schools. This can be attributed to the variation in school resources, support systems and institutional readiness. Recent intervention studies in Pakistan have revealed that mental health support in schools and teacher education can enhance the response abilities of schools to the distress of students and this indicates that the negative impact of crisis on students can be mitigated by enhanced support structures (Aftab et al., 2024).

In general, the discussion reveals that the current results align with current literature of 2020-26 regarding conflict, uncertainty, mental health of students, and school attendance. The article contributes to local findings in Gilgit-Baltistan as it demonstrates that even indirect instability of the region may affect the emotional health of students and their education engagement, particularly in the already vulnerable environments (Haider et al., 2024).

Conclusion

The authors found that the U.S-Iran war impacted negatively on the mental health of students and their attendance at schools in Gilgit-Baltistan. Emotional disturbance, fear of uncertainty and crisis related challenges were reported by the students and these were associated with lower school attendance conformity. The results also found that the school attendance and mental well-being were tightly interdependent. The more psychologically distressed students had more likelihood of reporting attendance problems. Simultaneously family, teacher, peer, and school support seemed to have mitigated some of the adverse effects. In summary, the research was able to point out that local educational effects can be generated by the regional geopolitical conflict in regions that are not necessarily within the conflict zone. Thus, students in Gilgit-Baltistan require the necessary educational and psychosocial assistance at the convenient moment when the situation is unstable.

Recommendations

It is suggested that in Gilgit-Baltistan, schools should implement student mental health support programs like counseling, guidance, and stress-management programs.

1. The teachers ought to be sensitized to identify the signs of anxiety, fear, withdrawal and attendance issues among students to offer early support.
2. The parents should also be incorporated by conducting awareness programs to enable the parents to have a better insight on how crisis-related stress impacts on the students in terms of their feelings and their school involvement.

3. The vulnerable populations, including female students, students in the public schools, and students in districts with more educational issues, should be given special consideration.
4. Lastly, there is need to further research using field data on the actual districts of Gilgit-Baltistan, to determine the long-term impacts of regional conflict on the mental health of students and their school attendance.

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