



Prevalence of Borderline Personality Disorder among University Students in Peshawar, Pakistan

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Abstract

Borderline personality disorder is a disorder which affects one's cognitive emotion regulation, interpersonal effectiveness and reduces distress tolerance. The objective of this study is to find out the prevalence of borderline personality disorder among the university students for which a public sector university was selected in Peshawar. To achieve this purpose, a survey was conducted by using questionnaire comprised of demographic factors i.e., gender, socioeconomic status, age while Maclean screening instrument of borderline personality disorder was used (MSI-BPD, 6 or >6). An estimated data of 578 undergraduate and graduate students was collected through convenient sampling technique. The data collected, was analyzed via SPSS-26. The result of study was that young adult male were (43.6%) and young adult women were (56.2%). While 1.7% belong to lower middle socioeconomic status, 96.7% belong to middle socioeconomic status and 1.6% were from upper socioeconomic status. While the prevalence of borderline

personality disorder was 32.2%. The age was divided into three groups of 18-21 years, 22-25 years, and 26-29 years. It was a point of concern that borderline personality disorder is rising among university students. University does not provide any counseling services to students or seminars related to mental health which may help them to handle their psychological problems. The present study is focused on the need of an early and effective intervention to minimize the risk factors of BPD in students.

Key words: Borderline Personality Disorder, Prevalence, University Students, Maclean Screening Instrument, Scales.

Introduction

University students, as they move from youth to early adulthood, frequently feel stress and sadness because they usually need to adjust to a new social point and identity, maintain personal connections, cope with finances, and pursue academic achievement.¹ During this stage of life, people are more susceptible to problems including emotional dysregulation, inappropriate conduct, lack of impulse control, drug or alcohol misuse, and even self-harm.² Studies confirm the high levels of stress these students experience,³ and a comprehensive analysis found that despair among students varied from 10 to 85% (with a weighted mean prevalence of 30.6%).⁴ A U.S research indicated that, in addition to depression,

¹ Brandon Maser, Marlon Danilewitz, Eva Guérin, Leanne Findlay, and Erica Frank, "Medical Student Psychological Distress and Mental Illness Relative to the General Population," *Academic Medicine* 94, no. 11 (2019): 1781–91.

² Jean S. Peterson, "Presenting a Qualitative Study: A Reviewer's Perspective," *Gifted Child Quarterly*, 63, no. 3 (2019): 147–58.

³ Ines Heinen, Monika Bullinger, and Rüya-Daniela Kocalevent, "Perceived Stress in First Year Medical Students - Associations with Personal Resources and Emotional Distress," *BMC Medical Education* 17, no. 1 (2017).

⁴ N Ibrahim, A K. Dania, E K. Lamis, A H. Ahd and D Asali, "Prevalence and Predictors of Anxiety and Depression among Female Medical Students in King Abdulaziz University, Jeddah, Saudi Arabia," *Iranian Journal of Public Health* 42 (2013): 726.

undergraduate sample had suicidal thoughts i.e. 24%, and 9% had tried suicide.⁵ Borderline Personality Disorder (BPD), which often manifests throughout adolescence and young adulthood, is a significant risk linked to suicidality.⁶

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) states that BPD is characterized by "a marked impulsivity beginning by early adulthood and present in a variety of contexts as well as chronic pattern of instability in mutual relationships, self-image, and affects."⁷ BPD is frequently connected with suicide attempts because to its fluctuating moods, impulsivity, and aggressive conduct.⁸ BPD is also directly related to depression⁹ and inadequate social support.¹⁰

BPD is frequently connected with suicidal attempts because of fluctuating moods, impulsivity, and aggressive conduct.¹¹ BPD is

⁵ C H. Liu, C. Stevens, S. H. Wong, M. Yasui and J. A. Chen, "The Prevalence and Predictors of Mental Health Diagnoses and Suicide among US College Students: Implications for Addressing Disparities in Service Use," *Depression and Anxiety* 36 (2019): 8-17.

⁶ J R. Peters, B. T. Upton and R A. Baer. "Brief Report: Relationships between Facets of Impulsivity and Borderline Personality Features," *Journal of Personality Disorders* 27 (2013): 547.

⁷ "Apa PsycNet." American Psychological Association. American Psychological Association. Accessed November 2, 2022. <https://psycnet.apa.org/record/2013-14907-000>.

⁸ M M. Rizk, T. H. Choo, H. Galfalvy, E. Biggs, B. S. Brodsky, M. A. Oquendo and B. Stanley, "Variability in Suicidal Ideation is Associated with Affective Instability in Suicide Attempters with Borderline Personality Disorder," *Psychiatry* 82 (2019): 173-78.

⁹ N. Wongpakaran, T. Wongpakaran, V. Boonyanaruthee, M. Pinyopornpanish and S. Intaprasert, "Comorbid Personality Disorders among Patients with Depression," *Neuropsychiatric Disease and Treatment* (2015): 1091-1096.

¹⁰ C. Bennett, G. A. Melvin, J. Quek, N. Saeedi, M. S. Gordon and L. K. Newman, "Perceived Invalidation in Adolescent Borderline Personality Disorder: An Investigation of Parallel Reports of Caregiver Responses to Negative Emotions," *Child Psychiatry & Human Development* 50 (2019): 209-221.

¹¹ K. B. Angstman, A. Seshadri, A. Marcelin, C. A. Gonzalez, G. M. Garrison and J. S. Allen. "Personality Disorders in Primary Care: Impact on Depression

clearly associated with depression¹² and inadequate social support.¹³ The majority of young people with persistent psychological symptoms are thought to have BPD.¹⁴ Major BPD symptoms are thought to manifest in late adolescence or early adulthood. According to actual research, high-class university students who are the mostly worried, nervous, and depressed are more vulnerable.¹⁵ Recent research suggests that BPD can occur in the typical college and university student population.¹⁶

Furthermore, among young individuals enrolled in university programs, the incidence of BPD is linked to low educational attainment and a significant risk of declining to enroll in classes.¹⁷ According to the literature, BPD can develop into a major psychiatric problem and negatively impact a person's emotional functioning in all spheres of life, if it is not detected in its early stages. Additionally, study points to the possibility that BPD is more common in the community of young people. Therefore, the aim of the recent study was to ascertain the incidence of BPD among the

Outcomes within Collaborative Care,” *Journal of Primary Care & Community Health* 8 (2017): 233-38.

¹² Wongpakaran, et.al “Comorbid Personality Disorders among Patients with Depression,” 1091-1096.

¹³ Bennett, et. al. “Perceived Invalidation in Adolescent Borderline Personality Disorder,” 209-21.

¹⁴ J. G. Gunderson, S. C. Herpertz, A. E. Skodol, S. Torgersen and M. C. Zanarini, “Borderline Personality Disorder,” *Nature Reviews Disease Primers*, 4 (2018): 1-20.

¹⁵ M. H. Sheikh, S. Naveed, A. Waqas and I. T. Jaura, “Association of Adverse Childhood Experiences with Functional Identity and Impulsivity among Adults: A Cross-Sectional Study,” *PubMed Central* (2017): 6.

¹⁶ R. Meaney, P. Hasking and A. Reupert, “Prevalence of Borderline Personality Disorder in University Samples: Systematic Review, Meta-analysis and Meta-regression,” *PloS One* 11 (2016): e0155439.

¹⁷ R. L. Tomko, T. J. Trull, P. K. Wood and K. J. Sher, “Characteristics of Borderline Personality Disorder in a Community Sample: Comorbidity, Treatment Utilization, and General Functioning,” *Journal of Personality Disorders*, 28 (2014): 734.

population of young people enrolled in Pakistani institutions.¹⁸ An essential consideration in the diagnosis of borderline personality disorder is age. According to Chanen's study, most young people by the age of 21 are suspected of having psychological problems.¹⁹ While in early 20s and young adulthood, where BPD first becomes visible.²⁰ Additionally, studies indicate that BPD symptoms can also be seen throughout adolescence.²¹ However, according to new study, BPD personality traits do not become apparent until maturity, and if it is not identified and treated in a timely manner, it can significantly disrupt a person's life patterns.²² Gender is another significant component in prevalence studies. In the past, it was believed that females were more likely to have BPD than males, but in the year 2000, the results were mixed, and in following studies, there was no difference in the factor between males and females.²³

Methodology and Sampling

The present study is planned to find the prevalence of borderline personality disorder among university students for which 578 undergraduate students from Peshawar, Khyber Pakhtunkhwa took part in a randomised control experiment between March 2022 and June 2022. To participate in this study, the participant read an

¹⁸ H. Hayee, T. Raana and I. I. Haider, "Prevalence of Borderline Personality Disorder and its Association with Demographic Factors among University Students of Pakistan," *International Journal of Agricultural Extension*, 9 (2021): 29-34.

¹⁹ A. M. Chanen, "Borderline Personality Disorder in Young People: Aare We There Yet?" *Journal of Clinical Psychology*, 71 (2015): 778-91.

²⁰ L. R. Moran, C. Kaplan, B. Aguirre, G. Galen, J. G. Stewart, N. Tarlow & R. P. Auerbach, "Treatment Effects Following Residential Dialectical Behavior Therapy for Adolescents with Borderline Personality Disorder," *Evidence-Based Practice in Child and Adolescent Mental Health*, 3 (2018): 117-28.

²¹ Newton-Howes, G, L. A. Clark & A. Chanen, "Personality Disorder Across the Life Course," *The Lancet*, 385 (2015): 727-34.

²² S. Thornton, "Supporting Students with Borderline Personality Disorder," *British Journal of School Nursing*, 13 (2018): 86-88.

²³ M. Kaess, R. Brunner & A. Chanen, "Borderline Personality Disorder in Adolescence," *Pediatrics*, 134 (2014): 782-93.

informed consent form before filling the questionnaire. Those participants who objected to the informed consent letter were briefed about the purpose of the study. However, the respondents were at liberty to fill in the questionnaire or even stop the same at any time and not to participate against their free will. This study was approved by the Ethical Committee of the University.

Data, from a public sector University in Peshawar was gathered for this study using a random sampling approach. Sample of this study comprised of students from F.Sc. (constituent college of the University), BS and M. Phil. The students were from F.Sc. (II); BS (first, third, fifth, and seventh semester), MPhil (first and second semester) ranging from 18 to 29 years. 5223 students were enrolled in the F.Sc., BS, and M.Phil. programs. For finding expected prevalence²⁴ of 62%, the required sample size was 578 with margin of error or absolute precision of $\pm 4\%$ in estimating the prevalence with 95% confidence interval and considering the potential loss/attrition of 2%. With this sample size, the anticipated 95% CI was (58%, 65%). The sample size is calculated using the ScaleSP Instruments (Table-A).

Maclean Screening Instrument for BPD (MSI-BPD)

Zainarini created the Maclean Screening Instrument for Borderline Personality Disorder (MSI-BPD). The Axis II borderline personality disorder screening and diagnosis tool is regarded as trustworthy. The score range for this questionnaire is from 0 to 10, with 1 point being awarded for each of the 10 items on the scale. Borderline personality disorder is regarded as having a score of 6 or above on the scale. The dependability scale for Cronbach's alpha is 0.84.

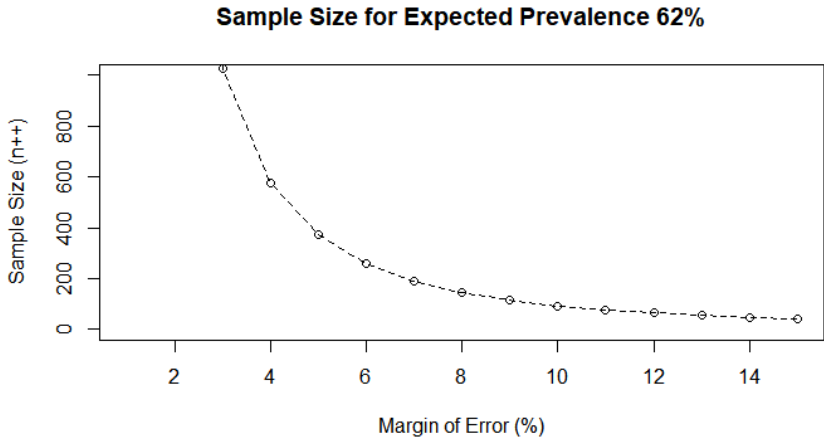
²⁴ Hayee, Raana & Haider, "Prevalence of Borderline Personality Disorder and its Association with Demographic Factors among University Students of Pakistan," 29-34.

Table 1

| | | |
|-----------------------------------|-------------|----------|
| Level of Confidence = | 95 | % |
| Expected Prevalence = | 62.0 | % |
| Non-response or any loss = | 2.0 | % |

Sample Size Table

| Sample Size (n) | | | | |
|-----------------|------|--------------|----------------|----------------------|
| Precision (d) | | Calculated n | Added for loss | Anticipated CI Width |
| ± | 1% | 9051 | 9236 | (61%, 63%) |
| ± | 2% | 2263 | 2310 | (60%, 64%) |
| ± | 3% | 1006 | 1027 | (59%, 65%) |
| ± | 4% | 566 | 578 | (58%, 66%) |
| ± | 5% | 363 | 371 | (57%, 67%) |
| ± | 6% | 252 | 258 | (56%, 68%) |
| ± | 7% | 185 | 189 | (55%, 69%) |
| ± | 8% | 142 | 145 | (54%, 70%) |
| ± | 9% | 112 | 115 | (53%, 71%) |
| ± | 10% | 91 | 93 | (52%, 72%) |
| ± | 11% | 75 | 77 | (51%, 73%) |
| ± | 12% | 63 | 65 | (50%, 74%) |
| ± | 13% | 54 | 56 | (49%, 75%) |
| ± | 14% | 47 | 48 | (48%, 76%) |
| ± | 15% | 41 | 42 | (47%, 77%) |
| ± | 4.00 | 566 | 578 | (58%, 66%) |



Result

This Section describes descriptive analysis of the variables taken in the study. There are three independent variables in the study: Gender, Age and Socioeconomic Status. On the other hand, there is one independent variable, i.e., prevalence of the disorder. The ensuing lines start with descriptive analysis of the explanatory variables followed by a description of the dependent variable.

Table 2

Sociodemographic Characteristics of the Participants.

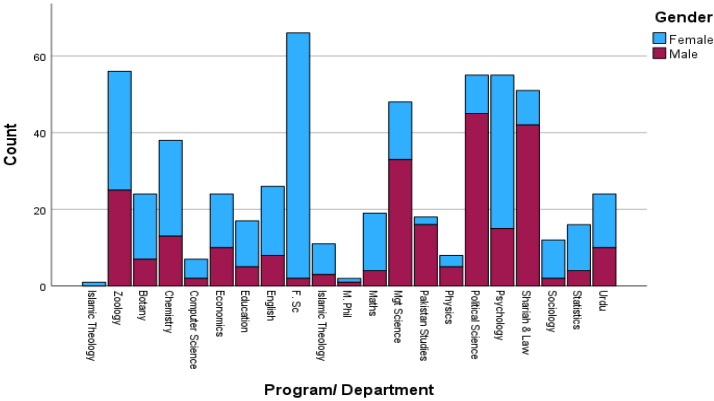
| Baseline Characteristics | n | % |
|--------------------------|-----|------|
| Gender | | |
| Male | 252 | 43.6 |
| Female | 326 | 56.4 |
| Socioeconomic status | - | - |
| Lower class | 10 | 1.7 |
| Middle class | 559 | 96.7 |
| Upper class | 9 | 1.6 |
| Prevalence of Borderline | - | - |

| Personality Disorder | | |
|----------------------|-----|-------|
| Yes | 392 | 32.2 |
| No | 186 | 67.8 |
| Age | - | - |
| 18-21 | 365 | 63.21 |
| 22-25 | 209 | 36.22 |
| 26-29 | 3 | 0.51 |

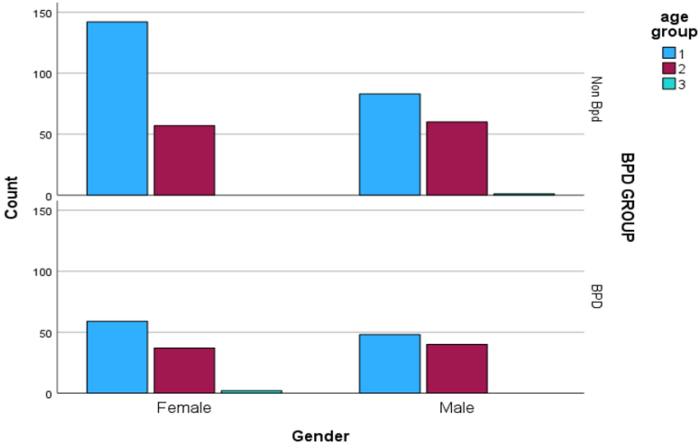
Table 2 presents the frequencies of Gender. There are a total of 578 respondents in the study with 252 males and 326 females. Males represent 43.6% of the total sample whereas females represent 56.4%. The socioeconomic status of respondents has been divided into three categories—*lower*, *middle*, and *upper*. This also shows that a very vast majority (96.7%) of the sample taken in the study is composed of respondents or students belonging to the *middle* status. In contrast, only 10 students (about 1.7%) were of a lower status and the remaining nine students (about 1.6%) marked themselves as having upper socioeconomic status. The third independent variable is Age, measured as a continuous variable. The average age of the respondents in this study is 20.75 years with the youngest student being 18 years old and the oldest being 29 years of age. The age was divided into the following three groups for the sake of understanding and analyzing data easily. 365 (63.21%) respondents were in the category of 18-21 years; 209 (36.22%) respondents were included in age group of 22-25 years, whereas 3(0.5%) comprised age group of 26-29 years. The dependent variable of the study, i.e., the prevalence of borderline personality disorder, is measured as a score on the Maclean Screening Instrument of BPD scale equal to, or larger than, six. To elaborate, anybody scoring five or less on the scale is normal, whereas any person scoring six or more is suffering from this disorder. Table 2 shows that 186 out of 578 students have this disorder. This means that 32.2% of the sample suffer from the

borderline personality disorder with the remaining 67.8% being healthy or normal respondents.

Graph 1



Graph 2



Note: The bar chart shows the age and gender of the students included in the survey assessing the prevalence of borderline personality disorder among university students. Age in graph represents number, 1 = 18-21 years, 2 = 22-25 years, 3 = 26-29 years.

Discussion

The current study aimed to assess the prevalence and its relationship to sociodemographic characteristics i.e., gender, age, and socioeconomic status of the participants. All the participants were aged between 18-29 and were students at a public sector University in Peshawar. According to results of this study, borderline personality disorder was widespread among university students.

Borderline Personality Disorder and Gender

The important analysis of this study is to determine the frequency of borderline personality disorder in young adulthood men and women. The result showed that the prevalence of BPD is higher in women than men. A previous study also showed that women with BPD had a higher cumulative incidence compared to men with BPD.²⁵ In another study the same result revealed that men have lower prevalence rate in BPD than women even the difference was seen on the treatment level as well. Men with BPD were in average 4 years older than women at the time of the first BPD diagnosis.²⁶ The main explanation for the higher prevalence rate of BPD in women is that they seek treatment, often report their emotional problems and sensitive towards their environment.²⁷ Aside from why it is common among women, Item Response Theory provided an important explanation for why women tend to experience more depression and

²⁵ A. Tate, "Borderline Personality Disorder: Associations with Psychiatric Disorders, Somatic Illnesses, Trauma, and Adverse Behaviors," *Molecular Psychiatry*, 27 (2022): 2514-21.

²⁶ J. R. Peters, B. T. Upton & R. A. Baer, "Brief Report: Relationships between Facets of Impulsivity and Borderline Personality Features," *Journal of Personality Disorders*, 27 (2013): 547.

²⁷ Torgersen, S, E. Kringlen & V. Cramer, "The Prevalence of Personality Disorders in a Community Sample," *Archives of General Psychiatry*, 58 (2001): 590-96.

sad feelings, shallow emotions, committing suicidal and non-suicidal behavior, while men are more impulsive than women.²⁸

Borderline Personality Disorder and Socioeconomic Status

The socioeconomic status of respondents has been divided into three categories—lower, middle, and upper. This also shows that a very vast majority (96.7%) of the sample taken in the study is composed of respondents or students belonging to the middle status. As the participants are studying in public sector university, therefore, they categorized themselves as middle class. A study conducted by Tunc Özdemir,²⁹ which also showed that 76% of the participants who were diagnosed with BPD rated themselves as having middle socioeconomic status. The fact behind considering themselves as middle class members is that they can afford the fee structure of the university in which they are currently enrolled. Even when ethnicity and individual-level socioeconomic status were considered, these correlations persisted; however, the positive correlation between neighborhood-level socioeconomic risk and PD symptoms was only visible at higher individual-level.³⁰

Borderline Personality Disorder and Age

Finding the participant's representative age of beginning regarding BPD was one of the study's key accomplishments. The age range

²⁸ N. Hoertel, H. Peyre, M. M. Wall, F. Limosin & C. Blanco, "Examining Sex Differences in DSM-IV Borderline Personality Disorder Symptom Expression Using Item Response Theory (IRT)," *Journal of Psychiatric Research* (2014): 213-19.

²⁹ Özdemir, Tunç, & Ahmet Arıkan, "Postoperative Apnea after Inguinal Hernia Repair in Formerly Premature Infants: Impacts of Gestational Age, Postconceptional Age and Comorbidities," *Pediatric Surgery International*, 29, no. 8 (2013): 801-4.

³⁰ Z. Walsh, M. T. Shea, S. Yen, E. B. Ansell, C. M. Grilo, T. H. McGlashan & J. G. Gunderson, "Socioeconomic-Status and Mental Health in a Personality Disorder Sample: The Importance of Neighbourhood Factors," *Journal of Personality Disorders*, 27 (2013): 820.

used in the current study was 18 to 29. According to the study's findings, disorders are more common in those aged 18 to 21 (63.21%). Previous studies that focused on and highlighted the age range and prevalence of borderline personality disorder supported this finding. According to a related study³¹ BPD is more prevalent among people between the ages of 18 and 21 years. Furthermore, the prevalence of BPD decreased until the ages of 22 to 25 (36.2%), and even more so until the ages of 26 to 29 (.5%). It should be noted that because there were fewer participants in this age group, the percentage of prevalence was lower, but the result is consistent with earlier studies that found that, although it is generally accepted that personality disorders have their origins in childhood and adolescence, it can be challenging to diagnose personality problems in children before the age of one. Another noteworthy point is that dimensional symptoms (impulsivity, aggression, disturb interpersonal relationship) are very stable in adolescents and young adulthood.³² The BPD arise at the age 0f 18-21 or 22-25 has strongest impact on one's personality this is very similar by previous study in which personality disorder symptoms in childhood or adolescence considered to be a strongest long-term predictor, over and above disruptive behavior disorders and depressive symptoms.³³ Moreover, very few literatures propose the occurrence of BPD symptoms in adulthood³⁴ and considerable reason of occurrence of

³¹ Hayee, Raana & Haider, "Prevalence of Borderline Personality Disorder and its Association with Demographic Factors among University Students of Pakistan," 29-34.

³² S. D. Stepp, "Development of Borderline Personality Disorder in Adolescence and Young Adulthood: Introduction to the Special Section," *Journal of Abnormal Child Psychology*, 40 (2012): 1-5.

³³ S. Kasen, P. Cohen, A. E. Skodol, J. G. Johnson & J. S. Brook, "Influence of Child and Adolescent Psychiatric Disorders on Young Adult Personality Disorder," *American Journal of Psychiatry*, 156 (1999).

³⁴ Stephanie Thornton, "Supporting Students with Borderline Personality Disorder," *British Journal of School Nursing*, 13, no. 2 (2018): 86-88. <https://doi.org/10.12968/bjsn.2018.13.2.86>.

BPD is related to negative hostile environment and lingered psychosocial pressure.

Conclusion and Recommendations

The results of the study revealed that BPD was more prevalent among young adult females (32.2%) than males with the age range of 18-21 (63.21%), 22-25 (36.22%) and 26-29 (0.51%). Gender and mean age are very crucial for prevalence of BPD. The University is a higher education institution and accommodates diverse students which face a number of difficulties in academic settings, personality grooming and lacking in problem solving ability. So, when students enter university, they are unable to cope with mentioned problems, therefore, higher risk is that they can develop psychological disturbance i.e., BPD. At times, lack of family, peer support and early childhood temperament i.e., emotionality, shyness, and sociability also cause BPD. Additionally, the work done in the form of intervention which strengthen the student self-confidence and control age-appropriate anger, dive a student into healthy activities which may be curricular and cocurricular while on the other side child temperament should deal in an appropriate and healthy way. A different forum must be provided to student so they can express their feelings and potential in appropriate way while they get understanding about their temperament and personality traits under their parental supervision.