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The Effect of School and Family Stressors on Psychosocial Problems in Indian Primary School Children

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Abstract

Background Family and school both have a strong influence on a child's psychosocial development. There are limited studies in developing countries related to different family and school stressors leading to psychosocial problems in children.

Objectives: This study assesses the prevalence of psychosocial problems and its association with different family and school-related stressors among school children.

Methods: A cross-sectional survey design was used. The sample of 1024 children in the age group of 8-14 years was analysed for psychosocial issues in children and its association with school and family stressors. They were assessed using a researcher's assisted questionnaire and Strengths-Difficulty questionnaire (SDQ). The data was analysed using SPSS with a 95% confidence interval.

Results: SDQ scale was used for analysing the psychosocial factors and emotional wellbeing in the children. On a comparison between SDQ filled by the teachers and parents, a huge difference was found(p<0.0001). This indicates parents tried to hide the issues in their children in many cases. Among all children, 31.54%(n=323) had psychosocial issues. Male students (64.08%) were more affected as compared to female students (35.92%). 12-14 years of age group had shown maximum issues (16.06%) as compared to the 8-10 age group (13%). Often family disputes, divorced parent, parent's transferable jobs, financial problems in the family, less time for the children had shown a strong influence on the psychosocial issues of the children. Children going to the private schools were more affected (68.42%) as compared to government schools (31.57%).

Conclusion: The findings indicate that many family stressors had a direct influence on the psychosocial issues of the children. The parent should be encouraged not to hide the problems related to children. There is a need to encourage the parents and the school settings to give special emphasis to this problem and to find the possible solutions for this.

Keywords: Psychosocial Problems, Family Stressors, School Stressors.

1. Introduction

Adolescence is the period of transition and adjustment between childhood and adulthood. This phase is special as it brings many physical, cognitive, social and emotional changes in the child and can bring anxiety and anticipation for both children and their families. The World Health Organisation (WHO) defines an adolescent as any person between ages 10 to 19. Adolescents can be broken into three stages of its own unique characteristics: Early, Middle and Late Adolescent. The five leading characteristics of Adolescence are biological growth, increased peer pressure, modern lifestyle, search for self, undefined status.

Every year many children experience behaviour and psychosocial problems, resulting from the environment, school and peer interactions, home and family settings or combination of these situations. Juggling between these situations and in order to fit in the race, children experience different psychosocial problems.

The disbalance between the adjustment, coping and understanding causes psychosocial problems in children. Psychosocial dysfunction is a state of emotional and behavioural disturbance which can lead to Depression, Anxiety, Delinquency, Anger, Suicidal tendencies, Emotional difficulties, Tantrums.

Family and school both play a very important role in a child's life. Children learn and experience many new situations from their family and school and learn to adjust, to cope with various situations. School play a major role in the life of children, as they spend their major time in the school. School is an institution that contributes to the overall educational. Behavioural, social development. Similarly, family act as a building block to develop character, emotion, fit for the society.[1]

Globally, one out of ten (20%) adolescent encounter at least one or more psychosocial problems. Among school stressors, over workload, pressure of extracurricular activities, peer pressure causes major psychosocial problems in the children. Whereas, change in lifestyle, family disputes, financial problems, living with single parents, parent illiteracy are the major family stressors among Children.[2]

There are limited studies in developing countries related to different family and school stressors leading to psychosocial problems in children. This study aimed to assesses the prevalence of psychosocial problems and its association with different family and school-related stressors among school children. This study aimed to identify the hidden and the underlying cause of psychosocial problems among primary school children in India.[3]

Specific objectives:

- a. To determine the extent of psychosocial problems among primary school children.
- b. To assess the psychosocial issues in Indian Government school vs Private schools
- c. To find out the family stressors causing psychosocial problem in Indian context.
- d. To identify different school stressors among primary school children.

2. Methodology

Study Design:

A cross-sectional survey was used

2. Participants:

A convenience sample of 1024 primary school children were included.

512 children form Government school and 512 children from private school were taken.

All children in the age group of 8-14 years (class 4th, 5th, 6th) in the participating primary school were eligible for inclusion. Children unable to stand or unable to carry a schoolbag and children with persistent medical problem were excluded.

3. Procedure

Permission was taken from the principal of the school. Based on the inclusion criteria the students of the class 4th, 5thand 6th in the age group of 8 to 14 years were selected for the study. Their age was confirmed from the school records with the help of class teachers. The consent form was distributed to the potential participants. Written consent was taken from each child's parents/guardian. With the help of class teacher, space and time was selected to carry out the research work.

On the day before data collection, a brief information session was held to instruct the participating children, they were also given Strength and Difficulty Questionnaire (SDQ) for the parents to fill. Strength and Difficulty Questionnaire (SDQ) was used to identify psychosocial problems. The Researcher's Assisted Questionnaire was filled by the parent, and the class teacher to identify different family and school stressors causing psychosocial problems among school children.

At the end, a presentation was done for the participants and parents, highlighting the common family and school stressors and its solution. Occupational Therapy treatment and home program was explained to the children according to their problem. Data collected was then analysed.

4. Outcome Measures/Scales

• Strengths and Difficulties Questionnaire

The SDQ is a 25-itembehavioural screening questionnaire that measures five dimensions of behaviour and emotional state in children aged 4 to 17, namely: emotional symptoms, conduct problems, hyperactivity, peer problems and pro-social behaviour (Goodman, 1997). Parents/Guardian are asked to respond to the statements as 'not true', 'somewhat true', or 'certainly true'. The SDQ has been widely used in both the clinical and field setting.

• Researcher's Assisted Questionnaire

The questionnaire comprises of eleven closed-ended items containing questions related to family, with the identification data. The questions will be completed by parent. The questionnaire included eight questions related to school, these questions were filled by the student or the class teacher in the presence of researcher.

5. Data Analysis: Complete data was gathered in the form of a master chart made on Microsoft Excel 2007. The statistical analysis was conducted using Statistical Package for the Social Sciences 21 (SPSS v.21). Statistical significance at p </= 0.05 was assumed.

3. Results

A total of 1024 children from primary schools (512 from two government schools and 512 from two private schools) participated in the study. Among all children, 20% (n=102) had some psychosocial issues in government school children and 43.16% (n=221) had psychosocial problems in private school children.

Table 1: Psychosocial issues in Government vs Private School Children (Acc. to SDQ)

Total 1024	Psychosocial issue 323	No issues 701
Govt 512	102(19.92 %)	410
Private 512	221 (43.16%)	291

Table 2: T-Test Analysis of Psychosocial Problems among Government Vs Private School Children

Variables N=1024	teachers	N=512	Parents	N=512	T- value	Significance level
	Mean	Std. Deviation	Mean	Std. Deviation		
SDQ	14.86315	5.48369	6.103617	1.42421	48.657*	0.0001365

Table 3: Psychosocial Dysfunction in all the Primary School Children (Acc. to SDQ)

Variables	categories	N=1024	Psychosocial dys	function (323)	Psychosocial dysfunction (701)		
			Yes	Yes %	No	No %	
Gender	female	423	116	35.91	307	43.79	
	male	601	207	64.08	394	56.20	
Age group	8-10	356	42	13.00	314	44.79	
	10-12	413	87	26.93	326	46.50	
	12-14	255	194	60.06	61	8.70	

Table 4: School Related Stressors Causing Psychosocial Issues in Children

Variables	Number (1024)	Psychosocial issues yes 323	Yes%	Psychosocial issues no 701	No%
Travelling time Manageable	648	212	65.63	436	62.19
Too far	376	111	34.36	265	37.80
School bag Too Heavy	546	126	39.01	420	59.91
Medium	277	165	51.08	112	15.98
light	201	32	9.91	169	24.11
School hours Too Long	448	87	26.93	361	51.50
Average	576	236	23.07	340	48.50
HomeWorks Too Much	403	145	44.89	258	36.80
Normal	621	178	55.11	443	62.20
School fees Too High	304	61	18.89	243	34.66
Manageble	720	262	81.11	458	65.34
Childs academic performance Good	303	32	9.91	271	38.66
Average	399	212	65.63	187	26.68
Poor	322	79	24.46	243	34.66
Difficulty to understand language Yes	113	44	13.62	69	9.84
No	911	279	86.38	632	90.16

Table 5: Family Related Stressors Causing Psychosocial Issues in Children

Variables	Number	Psychosocial	Yes%	Psychosocial	No %
	(1024)	issues yes 323		issues no 701	
Socio Economic status Below Average	212	66	20.43	146	20.83
Average	504	74	22.91	430	61.34
Above average	308	183	56.65	125	17.83
Single child	117	31	9.50	86	12.27
Siblings	907	292	90.40	615	87.73
Parent (mother or father)	156	23	7.12	133	18.97

Illiterate					
Literate	868	300	92.87	568	81.03
Parents Divorced/separated/single mother	112	41	12.69	71	10.12
Both present	912	282	87.30	630	89.87
Mother father Both Working	356	113	34.98	243	34.66
Mother not working	668	210	65.01	458	65.34
Often family disputes Often	118	68	21.05	50	7.13
Never	906	255	78.94	651	92.87
Not living with parents/hostelers	58	4	1.24	54	7.70
Living with parents	966	319	98.76	647	92.30
Pocket money Yes	361	51	15.79	310	44.22
No	663	272	84.21	391	55.78
Parents addiction (drinking/smoking/any other drugs) Yes	412	111	34.36	301	42.94
No	612	212	65.63	400	57/06
Parents give less time to the child Yes	403	89	27.55	314	44.79
No	621	234	72.45	387	55.21
Health issues of the parents Yes	76	24	7.43	52	7.42
No	948	299	92.57	649	92.58
Health issues of child Yes	45	20	6.19	25	3.57
No	979	303	93.80	676	96.43
Parents transferable job Yes	398	201	62.23	197	28.10
No	626	122	37.77	504	78.90

4. DISCUSSION

This study was set out to investigate the prevalence of psychosocial problems and its association with different family and school-related stressors among primary school children. In this study a total of 1024 primary school children were analysed on the basis of different school and family related factors. The school children were categorised in the government and private school basis to understand the effect of different school of psychosocial issues in children.

On T-test analysis of psychosocial factors among government vs private school children, the result was highly significant (p=0.00). It showed that the children in private school were having more psychosocial issue (43.16%) as compared to government school children (19.92%).

On percentage analysis, in this study, male children were having more psychosocial problems as compared to female and children in the age group of 12 to 14 were having more psychosocial problems (60.06%) as compared to 8 to 11 years children.

Similar results were found by Bihangum Bista (2016) who conducted a study on Nepalese adolescent students, he found out male students (9.50%) were more affected as compared to female students (7.50%). He also found out the proportion of psychosocial problems rose with rise in the age group of the children.[1]

All the children were analysed on different school related factors. Among these factors, long school hours, too much homework pressure, high school fees, pressure of academic excellence are major contributory factors to the psychosocial issues among school children.

School children were also analysed on different family related factors. On Social economic status analysis, 20.43 % of below social economic status were having psychosocial issues.

Single child, both parents working, less time for the child, divorced parent, frequent transferrable jobs of the parent, Parent alcoholic problem, Health related issues in the family are major factors contributing to the psychosocial issues the Indian primary school children.

Similar study was conducted by Solomon Shiferaw (2006), in his study on Psychosocial problems among students in preparatory school, in Dessie town, north east Ethiopia. His findings indicated that the psychosocial concerns including depression, suicidal symptoms are high and good parent teen relationship, and living with both parents happily related to better psychosocial health of the students. [3]

5. Conclusion

This study concluded that there is a great need to focus on behavioural, emotional and psychosocial aspect of the children. The psychosocial problems among students indicated the alarming situation for the parents and teachers towards the children. Family should try to identify the factors that are creating psychosocial problems among the children. Parent must give time to the child and discuss the problems. Teachers should inform the parent regarding any alarming sign towards psychosocial problem in the student. Psychosocial problems should not be hide rather it is a matter to discuss and resolve.

Further studies could focus on larger sample size and to study on the basis of analysis of each stressor in detail.

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References

- [1] Bista B, Thapa P, Sapkota D, Singh SB, Pokharel PK. Psychosocial Problems among Adolescent Students: An Exploratory Study in the Central Region of Nepal. *Front Public Health*. 2016; 4:158. Published 2016 Aug 4. doi:10.3389/fpubh.2016.00158
- [2] Arumugam B, Rajendran S, Nagalingam S. Mental health problems among adolescents and its psychosocial correlates. Indian J Res (2013) 2:284–7.
- [3] Solomon Shiferaw, Mesaganaw Fantahun, Abeba Bekele. Psychosocial problems among students in preparatory school, in Dessioe town, north east Ethiopia. Ethiopian Journal of Health Development. 2006;20(1)
- [4] Daphne C. Watkins, Chavella T. Pittman, Marissa J.Walsh. The effects of psychosocial distress, work, and family stressors on Child BehaviorProblems.Journal of Comparative Family Studies, January 2013, 44(1):1-16
- [5] Abidin, , R.R.(1995). Parenting stress index. Psychological Assessment Resources: Odessa, FL.
- [6] Bowen, G. (1998). Effects of leader support in the work unit on the relationship between work spillover and family adaptation. Journal of family and economic issues, 19, 25-52.
- [7] Caldwell. JC et al, African families and AIDS: Context, reactions and potential interventions, Health Transition Review, 1993, 3(Suppl): 1-
- [8] Nada-Raja S, McGee R, & Stanton WR. Perceived attachments to parents and peers and psychological well-being in adolescence. Journal of Youth and Adolescence, 1992; 21, 471-485.
- [9] Kenny ME, & Donaldson GA. Contributions of parental attachment and family structure to the social and psychological functioning of first-year college students. Journal of Counseling Psychology, 1991; 38, 479-486.
- [10] Hazell P, Lewin T. Friends of adolescent suicide attempters and completers. J Am Acad Child Adolesc Psychiatry. 1993; 32 (11): 76-81.
- [11]Hall GS. Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education. New York:D.Appleton& Co (1904)
- [12] Hall GS. Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education. New York:D.Appleton& Co (1904)
- [13] Wittchen HU, Nelson CB, Lachner G. Prevalence of mental disorders andpsychosocial impairments in adolescents and young adults. Psychol Med(1998) 28:109–26.doi:10.1017/S0033291797005928
- [14] Muzammil K, Kishore S, Semwal J. Prevalence of psychosocial problemsamong adolescents in district Dehradun, Uttarakhand. *Indian J Public Health*(2009) 53:18–21.