Original article

Psycho-socio-demographic correlates of school problems in adolescent males in Amritsar district of Punjab

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ABSTRACT:
BACKGROUND: Success at school increases self-esteem. Any difficulty will have consequential effects on the psychological health of the subject.

OBJECTIVE: To assess prevalence of school problems in male adolescents and to study role of psycho-socio-demographic factors.

STUDY DESIGN: cross sectional study

METHODS: 500 adolescents were interviewed using a pre-tested, structured, questionnaire to elicit the information about problems faced by them in school, academic performance, role of friends and family in studies, association with psychological problems, substance abuse and sexual activity.

RESULTS: The predictors of school problems in male adolescents were education status of parents, family/household income and a large family. The academic problems were associated with depression, substance abuse and disturbed family environment.

CONCLUSION: Considering the preponderance of school problems in male adolescents from families with lesser education and lower income, the policy makers and health professionals require to target this group with consolidated efforts.
KEY WORDS: Adolescents, School problems, Family

INTRODUCTION

Adolescence is defined by WHO as the age group of 10-19 years[1]. Today India has a population of adolescents that is among the largest in the world. People in the age group of 10-19 years, comprise 22% of the Indian population[2]. Looking at the future, the New Delhi office of the Population Council estimates that by 2015, India will have a population of 240 million adolescents[3]. The literal meaning of adolescence is to 'grow up'. Adolescence is generally divided into three stages of development: early (10-13 years), middle (14-15 yrs), and late adolescence (16-19 years) stages[4].

The School constitutes a large part of an adolescent's existence. School problems during the adolescent years may be the result of rebellion and a need for independence. Poor school performance predicts health-compromising behaviors and physical, mental and emotional problems[5]. Teachers play an important role in providing information and advice to the adolescents. School is the place where adolescents get opportunity to share many personal issues with their peers.

The conditions now prevailing in the educational institutions like mass schooling without any individual orientation oblige the teenager to submit to teaching methods and to the school system[6]. School can reveal the subject's personal problems (anxiety, phobia or depression), but may equally create pathology by not recognizing the heterogeneity of individual development and differences in cognitive functioning.

Maithly and Saxena[7] observed in a study in Uttaranchal that about 34% adolescents dropped from school, the main reason being financial difficulties. Lack of quality education, imposition of parents choices upon adolescents, lack of privacy and toilet facilities for girls in school and security reasons were few other reasons cited by adolescents for dropping out. The significant correlates of interpersonal violence were male gender, lower age, and number of close friends, having seen role models smoke/drink and residing in resettlement colonies, slums or villages.[8]

Munni and Malhi[9] reported that the adolescents exposed to violence had poorer school performance and adjustment scores. Daniel et al[10] found that suicidal tendency and school dropouts were strongly associated with each other. Mohan et al[11] found that low educational performance predict tobacco use among adolescent boys in Kerala.

Cox et al[12] reported in their study that gender, race, frequent smoking and marijuana use were statistically significant factors associated

with increased odds for low academic performance. Havas et al[13] did a study in Netherland and found that less educated adolescents had substantially higher odds of having mental health problems regardless of their parents' education.

With this background, the present study was conducted with an objective to assess the prevalence of school problems in male adolescents, and to study the association of school problems with socio-demographic and psychological factors.

MATERIALS AND METHODS

A cross-sectional study was conducted in schools and colleges located in rural and urban field practice areas of Department of Pediatrics, Sri Guru Ram Das Hospital, Amritsar. A total of 500 male adolescent students from age 12-18 years were selected by systemic random sampling so that 250 males were from rural areas and 250 were from urban areas. The families of adolescents were divided into 3 groups based on total number of family members (< 4 family members, 4-8 family members and >8 family members).Socio-economic status was evaluated on the basis of Kuppuswamy's socioeconomic index[14] which is an important tool in hospital and community based research in India. The study tool consisted of self developed, semi structured proforma containing questions regarding adolescents' socio demographic background and adolescents' school, family, psychosocial and personality problems and history of substance abuse and sexual activity. The data was collected and analyzed using SPSS-17. Multivariate analysis of association was also done between school, family, psychosocial, substance abuse and sexual activity among themselves using chi square test. For all statistical tests, a p-value of >0.05 was considered non significant, p-value of <0.05 was considered significant and p-value of <0.001 was considered highly significant.

RESULTS AND DISCUSSION

Table I shows the socio demographic profile of the male adolescents in the study group. Maximum numbers of males belonged to the age group of 14-16 years, constituting 40% of the adolescents followed by 31% and 29% in the age groups of 16-18 and 12-14 years, respectively with 69.2% of adolescents studying in schools and 30.8% in colleges. Maximum number of adolescents (51.4%) were from middle sized families of 4-8 members and majority (46.8%) of them were from low income families having family income of less than Rs 4000/month. 43% adolescents were from middle socioeconomic class (II and III) and 36.8% adolescents were from lower socio economic status (IV and V). About 20.2% adolescents belonged to upper socio economic status (I).

TABLE I
SOCIO DEMOGRAPHIC PROFILE OF MALE ADOLESCENTS IN STUDY GROUP

Variable of adolescents	Sub group	No. of adole-scents	Percent-age %
Age group	12-14 years	145	29
	14-16 years	200	40
	16-18 years	155	31
Educational institution	School	346	69.2
	College	154	30.8
Residence	Rural	250	50
	Urban	250	50
Total family members	<4	103	20.6
	4-8	257	51.4
	>8	140	28
Total family income (in rupees)	<4000	234	46.8
	4000-8000	166	33.2
	>8000	100	20
Socio economic status	Upper SES	101	20.2
	Middle SES	215	43
	Lower SES	184	36.8

TABLE II
DISTRIBUTION OF SCHOOL PROBLEMS OF MALE ADOLESCENTS IN STUDY GROUP

Variable of adolescents	Sub group	No. of adolescents	Percentage %
Academic performance (n=500)	Good	181	36.2
	Bad	319	63.8
Reason for academic decline (n=319)	Self	123	38.6
	Family	116	36.4
	Teachers	49	15.3
	Others	31	9.7
Seeking help regarding academics (n=500)	Parents	128	25.6
	Teachers	42	8.4
	Friends	146	29.2
	No one	184	36.8
Decision of career (n=500)	Self	272	54.4
	Parents	148	29.6
	Close friends	80	16.0
Satisfaction with education system (n=500)	Yes	153	30.6
	No	347	69.4
Changes suggested in case of non satisfaction (n=347)	Correspondence system education	79	22.8
	Grading system instead of marks	152	43.8
	Decreased school hours	116	33.4

Table II shows that in our study of 500 male adolescents 63.8 % adolescents perceived that they were bad in studies. A good number of adolescents (36.8%) did not seek any help in their studies. Similar finding was shown by Arun and Chavan [15] who found academic decline in 45% of the adolescents. Both personal (38.6%) and family factors (36.4%) were cited equally as the reason for academic decline and only 15.3% males attributed academic problems to teachers. In our study, parents (25.6%) and friends (29.2%) were asked for help in academic problems by youngsters thus emphasizing the role of family and peers in adolescence. This is similar to study done in Japan which showed that self-determined friendship, motivation and parental guidance were associated with the academic help-seeking attitudes among adolescents [16]. Teachers were the least (8.4%) to be asked for help in studies by adolescents and this may be due to the reason that most of the adolescents in the present study were from government schools and colleges where there is a trend of mass schooling without any significant teacher student interaction[6]. Another interesting finding was that about 184 (36.8%) adolescents did not seek any help in their studies which is an important fact undermining the psychology of the adolescents.

Majority of adolescents (272; 54.4%) wanted to decide their career by themselves and only 153 (30.6%) adolescents were satisfied with the current education system in contrast to 347 (69.4%) adolescents who wanted reforms in the system. Among those who were not satisfied with the education system, 152 (43.8%) adolescents wanted grading system to replace the current system of awarding marks, 116(33.4%) were in favor of decreased school hours and 79(22.8%) wanted correspondence system education where daily attendance was not necessary. In contrary, children of countries like Finland reported high satisfaction level with the education system[17]. This can be explained by the fact that in these countries, the education system is more standardized and updated. In light of this, the recent decision by the Central and State boards of education regarding change to grading system is a welcome step for improving academic performance of adolescents.

Table III shows the socio demographic profile of adolescents with school problems. These were prevalent in 55.8% of the adolescents in 12-14 years and 67% in both 14-16 and 16-18 years of age showing all the age groups were having high incidence of school problems and age was not a significant factor($p>0.05$) with regard to academic difficulties. This was in contrast to study done by Sharma et al[8] in Delhi where lower age was associated with higher incidence of school problems. One of the reasons could be the rend of mass schooling without any individual orientation prevailing in Current educational

TABLE III
SOCIO DEMOGRAPHIC PROFILE OF MALE ADOLESCENTS WITH SCHOOL PROBLEMS

Variable	Sub group	No. of adolescents with academic problem	%	Statistical analysis
Age group	12-14 years (n=145)	81	55.8	NS
	14-16 years (n=200)	134	67.0	
	16-18 years (n=155)	104	67.0	
Residence	Urban (n=250)	107	42.8	HS
	Rural (n=250)	212	84.8	
Socioeconomic status	Upper SES (n=101)	21	20.7	HS
	Middle SES (n=215)	164	76.2	
	Lower SES (n=184)	134	72.8	

institutions making adolescents vulnerable in all age groups. 84.8% adolescents from rural areas were having school problems in comparison to 42.8% adolescents from urban areas showing a significant association ($p<0.001$) of school problems with the place of residence. This could be due to more number of government schools in the rural areas where most of the teachers are either absent or not available as found by Kremer et al[18] in a survey done in 3700 schools of rural India where 25% of teachers were absent and those who were present, only half were found engaged in teaching. Regular posts in rural schools remain unfilled as the state is not in a fiscal position to hire additional teachers and thus teacher absenteeism remains a serious problem in developing countries like India[19].

TABLE IV
ASSOCIATION OF SCHOOL PROBLEMS WITH OTHER ADOLESCENT PROBLEMS IN THE STUDY POPULATION

Variable	Sub group	Adolescents with academic problems (n=319)	%	Statistical analysis
Family dispute	Yes (n=165)	118	71.5	S
	No (n=335)	201	60.0	
Parents looking after needs	Yes (n=353)	205	58.0	HS
	No(n=147)	114	77.5	
Domestic violence	Yes (n=145)	99	68.2	NS
	No (n=355)	220	61.9	
Depression	Yes (n=198)	140	70.7	S
	No (n=302)	179	59.2	
Substance abuse	Yes (n=94)	72	76.5	S
	No (n=406)	247	60.8	
Sexual activity	Yes (n=78)	68	87	HS
	No (n=422)	251	59.4	

Only 20.7% adolescents from upper socioeconomic class were having school problems in comparison to almost three-fourth of adolescents from middle and lower socioeconomic class who were facing problems in schools ($p<0.001$).This could be due to the fact that most students coming from lower socioeconomic strata have little or no access to private tuitions and secondly, parents of these adolescents are not qualified enough to help them in their studies.

Table IV shows the association of academic problems with other adolescent problems. School and academic problems were

higher in adolescents with family dispute ($p<0.05$), parents not taking care of their children's needs ($p<0.001$), depression ($p<0.05$), substance abuse ($p<0.05$) and greater sexual activity ($p<0.001$). Domestic violence was not significantly associated with academic underperformance ($p>0.05$).

On multivariate analysis, academic problems were higher in adolescents with family dispute, depression, substance abuse and sexual activity. It is seen that adolescents with family dispute where parents are not taking care of the basic needs like books and clothes are more vulnerable to academic problems which is in accordance to study done by Arun and Chavan[15] (2009) who found that 24.4% adolescents with academic problems were having stressful parental relationships. Negligence of parents towards the needs of youngsters and decreased interaction with parents has a negative impact in all spheres of adolescent life including academics. 70.7% adolescents with depression were having significant relation with school problems as was also observed by Fergusson et al[20] (1977). Another interesting fact in the present study was that domestic violence (68.2% v 61.9%) was insignificantly related to academic problems in contrast to the finding of Kernic et al[21] (2002) in USA. This may be due to the reason that adolescents in the present study were not forthcoming to discuss their stressful family environment or detail out any event relating to domestic violence. 76.5% adolescents with substance abuse were having academic decline in accordance to Sarangi et al[22] (2005) who found 51.7% adolescent substance abusers to be school dropouts. 87% of the adolescents with sexual activity were having school problems similar to the findings of Lammers et al[23] which is self explanatory as these pursuits sap both energy and time of adolescents leaving academics in distress.

CONCLUSION:

One of the most important commitments a country can make for its future economic, social and political progress and stability is to address the health and development related needs of its adolescents. The need of the hour is to recognize the diversity of youth age group spanning between the age of 12 -18 years who vary by age, schooling, residence, family size and socioeconomic status. The policy makers and health professionals need to collaborate to address the need of our target group comprising of rural boys belonging to extended families of low socioeconomic status.

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"Negative attitude is like a punctured tyre. You can not reach anywhere till you change it."
Anonymous

"Be careful while reading health related books and articles. You may die of a misprint."
Mark Twain

"The past is a cancelled cheque. The future is a promissory note. The present is the only cash in hand. Use it well and make the most of it"
Sadhu Vaswani