



A Cross Sectional Study to Evaluate the Psychosocial and Health Challenges in School Students

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Abstract

Background: *Students face many situations in school that may result in psychosocial and health problems and rather than for the school to be a source of positive socialization. The present study was aimed at determining psychosocial and health challenges in school students.*

Materials & Methods: *The present study is a cross sectional study conducted on 1200 students of both genders. General information such as name, age, gender, class etc was recorded. Socio-demographic data, psychosocial and health challenges and causes of psychosocial and health problems of students were noted.*

Results: *Out of 1200 students, boys were 625 and girls were 575. The difference was non-significant (P-0.1). Students were from age group 10-13 years (295), 14-17 year (625) and >18 years (280). The difference was significant (P-0.01). 550 students were of primary and 650 were from high school. 520 students were hindu, 570 were sikh and 110 students were Christian. The difference was significant (P-0.01). Psychosocial and health challenges in students were sadness & hopeness (12), sexual harassment (300), self medication (240), bully (621), distraction (18), getting angry (480), hunger (515) and thought of committing suicide (215). The difference was significant (P-0.02). The causes of psychosocial and health problems were malnutrition in 81%, school climate in 37%, educator stressor in 95%, peer influence in 97%, abuse/neglect in 81% and cultural value in 77%. The difference was significant (P-0.01).*

Conclusion: *Most common psychosocial and health problems were educator stressor, peer influence and abuse/neglect. The challenges were sadness & hopeness, sexual harassment, self medication, bully, distraction, getting angry, hunger and thought of committing suicide.*

Keywords: *Educator stressor, Psychosocial, Peer.*

Introduction

In psychology, stress is a feeling of strain and pressure. Also this is one type of psychological pain. Small amounts of stress may be desired, beneficial, and even healthy. One third of the day is spent within the school premises daily by the

students, and most children spend more active hours in school than they do in the company of their parents. The time that children and parents actually spend together has reduced because both parents now take up jobs away from home.¹

However, the school alone cannot meet the basic psychosocial needs of children. Students face many situations in school that may result in psychosocial and health problems and rather than for the school to be a source of positive socialization, the school, for many children, is experienced as an uncaring and unsupportive environment, which can have detrimental consequences for their mental health.²

Stress can be external and related to the environment, but may also be created by internal perceptions that cause an individual to experience anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful. Shocking reasons for school drop-outs by students who have relatively good performance include boredom with school and inability to get along with teachers. When these children become drop out in school, both individual potentials and social capital are lost, leaving affected children vulnerable to psychological trauma and poverty. This could be physically damaging, psychologically stunting and demeaning to the dignity of children.³

The pressure and adjustments that come with secondary school life can often be overwhelming for students as most of them are approaching the developmental stage of adolescence which has its peculiar hormonal disruption. The students at this stage need a very strong support network which should be coordinated by the teachers and accessible within the school environment for them to be able to navigate through this period with little to no negative health outcome.⁴ The present study was aimed at determining psychosocial and health challenges in school students.

Materials & Methods

The present study is a cross sectional study conducted by the department of community medicine in selected schools. It comprised of 1200 students of both genders. The school was informed regarding the study and informed written consent was obtained.

General information such as name, age, gender, class etc was recorded. Socio-demographic data, psychosocial and health challenges and causes of psychosocial and health problems of students were noted. Results thus obtained were subjected to statistical analysis using SPSS version 17. P value < 0.05 was considered significant.

Results

Table I Distribution of subjects

	Total- 1200	
Boys	Girls	P value
625	575	0.1

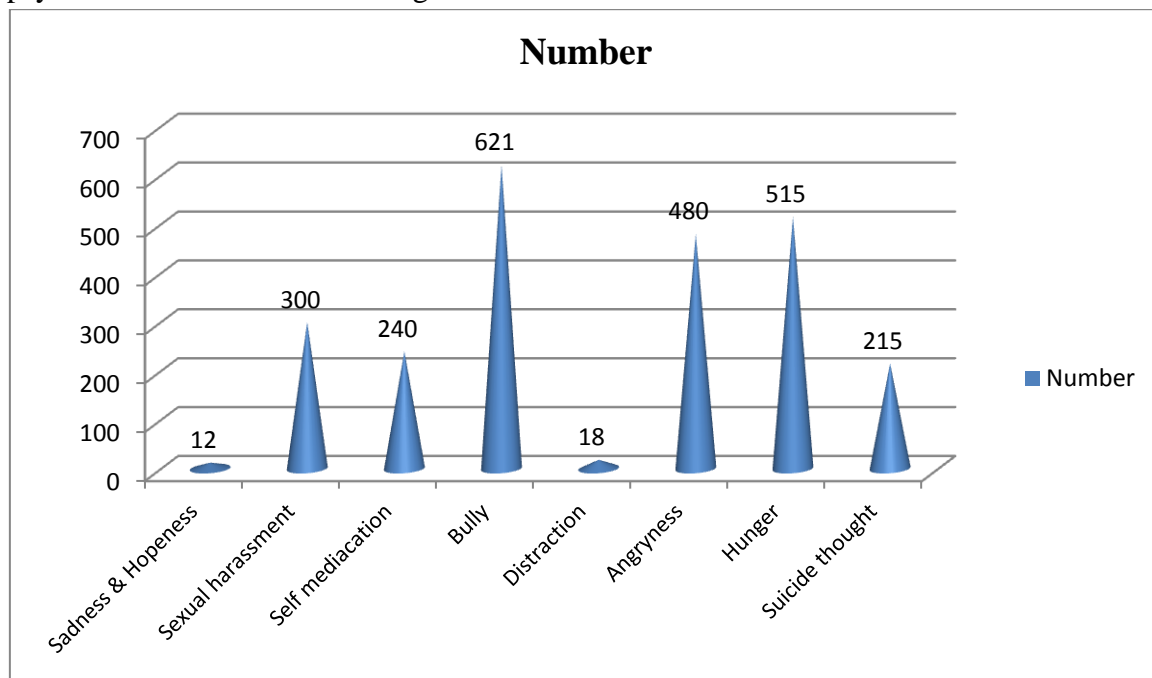
Table I shows that out of 1200 students, boys were 625 and girls were 575. The difference was non- significant (P-0.1).

Table II Socio-demographic data of subjects

Variable	Number	P value
Age (years)		0.01
10-13	295	
14-17	625	
>18	280	
Class		0.1
Primary	550	
High	650	
Religion		0.01
Hindu	520	
Sikh	570	
Christian	110	

Table II shows that students were from age group 10-13 years (295), 14-17 year (625) and >18 years (280). The difference was significant (P-0.01). 550 students were of primary and 650 were from high school. 520 students were hindu, 570 were sikh and 110 students were Christian. The difference was significant (P-0.01).

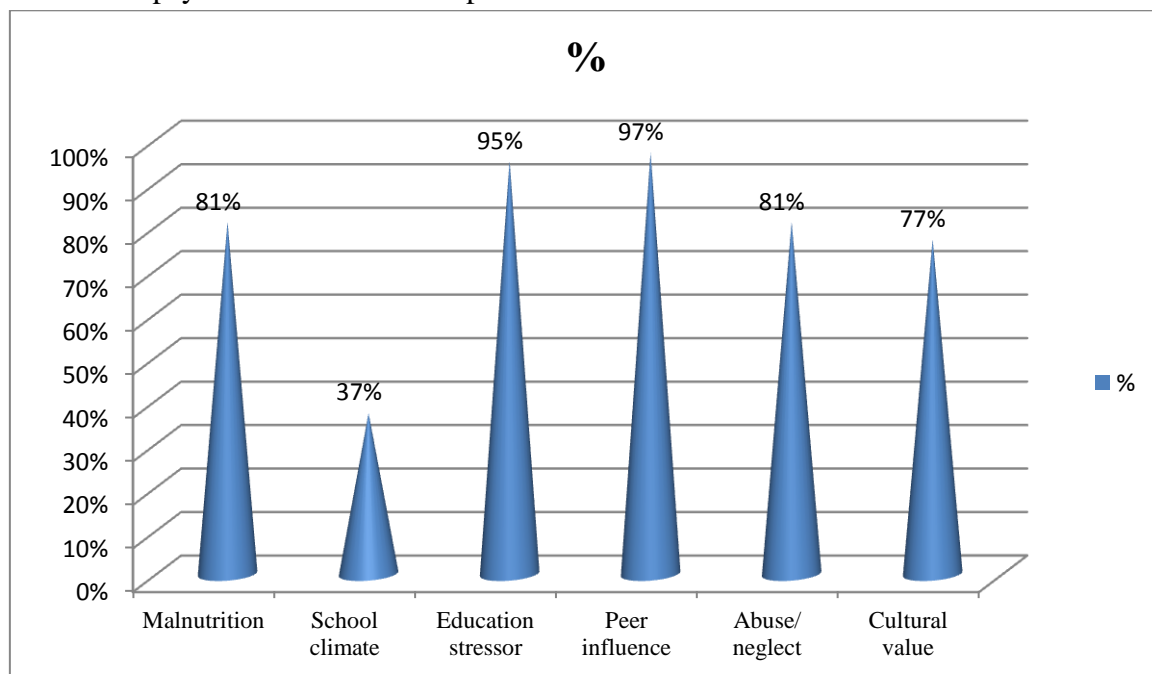
Graph I psychosocial and health challenges in students



Graph I shows that psychosocial and health challenges in students were sadness & hopeness (12), sexual harassment (300), self medication (240), bully (621), distraction (18), getting angry

(480), hunger (515) and thought of committing suicide (215). The difference was significant (P-0.02).

Graph II Causes of psychosocial and health problems



Graph II shows causes of psychosocial and health problems such as malnutrition in 81%, school climate in 37%, educator stressor in 95%, peer influence in 97%, abuse/neglect in 81% and

cultural value in 77%. The difference was significant (P-0.01).

Discussion

Psychosocial stress is the result of a cognitive appraisal (your mental interpretation) of what is at stake and what can be done about it. More simply put, psychosocial stress results when we look at a perceived social threat in our lives (real or even imagined) and discern that it may require resources we don't have. Students may complain of change in regular sleep and eating habits, change in emotions (showing signs of being sad, clingy, withdrawn, or angry), increase in crying or tantrums, nightmares and fears at bedtime, physical ailments, such as headaches or stomachaches.⁵

In this study, out of 1200 students, boys were 625 and girls were 575. We included 295 students of age group 10-13 years, 625 of 14-17 year and 280 of >18 years. This is similar to Omingbadon et al.⁶ We found that 550 students were of primary and 650 were from high school. 520 students were hindu, 570 were sikh and 110 students were Christian. Similar findings were seen in study by Page R.M et al.⁷ We analyzed psychosocial and health challenges in students and found that it included sadness & hopelessness, sexual harassment, self medication, bully, distraction, getting angry, hunger and thought of committing suicide.

Sexual harassment in education is an unwelcome behavior of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. Sexual harassment involves a range of behavior from mild annoyances to sexual assault and rape. Sexual harassment in education is an unwelcome behavior of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. It is a form of discrimination under Title IX of the Education Amendments of 1972.⁸

According to the Center for Disease Control and Prevention (CDC), suicide is considered the second leading cause of death among school students, the second leading cause of death for people ages 25–34, and the fourth leading cause of death for adults between the ages of 18 and 65.⁹

We observed that causes of psychosocial and health problems were malnutrition (81%), school climate (37%), educator stressor (95%), peer influence (97%), abuse/neglect (81%) and cultural value (77%).

Peer pressure (or social pressure) is the direct influence on people by peers, or an individual who gets encouraged to follow their peers by changing their attitudes, values, or behaviors to conform to those of the influencing group or individual.¹⁰ Popular conceptions regarding the influence of peers in adolescence often focus on their negative effects—peer pressure—to the exclusion of current empirical research attesting to the myriad positive aspects of peer influence.

Conclusion

Most common psychosocial and health problems were educator stressor, peer influence and abuse/neglect. The challenges were sadness & hopelessness, sexual harassment, self medication, bully, distraction, getting angry, hunger and thought of committing suicide.

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