



PSYCHOLOGICAL DIFFICULTIES AMONG CHILDREN WITH SCHOLASTIC BACKWARDNESS

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ABSTRACT

The present study to examine the psychological difficulties among children with scholastic backwardness. 112 (52 boys and 52 girls), School going children (boys and girls) who referred by doctors for, poor scholastic performance and behaviour problem. Age range from 12 to 16 years were recruited based on random sampling. They were administered the Behaviour Assessment system for children, second edition (BASC-2)- Cecil R. Reynolds, PhD, and Randy W. Kamphaus, PhD, the sample group. The Study showed that clinically factors and adaptive behaviour are the major common psychological disturbance among children with scholastic backwardness. The major findings emerged from the study is that the psychological disturbance children with scholastic backwardness may yield results which help the therapists and clinical psychologist, psychiatric, social workers to develop appropriate intervention strategies for the families of children with psychological disturbance and cognitive remedial educational program.

KEYWORDS

BASC-2, remedial education, guidance, parenting counselling

Introduction

The school going children behaviour and depends on family support, school environment, teacher- student relationship, peer group, social and environmental factors. In learning to adjust to the world in which child is growing up, they develops certain kinds of behaviour like- Hyperactive, aggression, conduct problem, anxiety, depression, somatization (headache, Abdomen, Chest etc.), attention problem, learning problem, atypicality, withdrawal, study skills, functional communication, leadership quality and many more, which are annoying or embarrassing to adults with whom they comes in contact. Adults frequently label such behaviours as adaptive problem behaviours.

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- A tendency to develop physical symptoms or fears associated with personal or school problems."
- The student's behaviour deviates in a significant manner from that expected for the situation.
- The behaviour breaks from age, social and cultural norms.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate behaviour is consistently exhibited in at least two different settings.
- Inappropriate types of behaviour or feelings under normal circumstances.
- The behaviour may be compulsive and/or impulsive, sad or withdrawn.
- A general pervasive mood of unhappiness or depression

Various studies supported the view of co-morbidity of emotional and behavioural problems with learning disabilities, D.H.Scott. (1981); M.R.Critchley (1968); C.Sturge (1982), J.H.Krouser,H.J Krouse (1981). Maughan et al (1985)38 in a review of studies on reading disabilities identified that these children have anxiety, low self-esteem, dysfunctional attributions, depression, inattentiveness, disruptive behaviour, aggression, delinquency etc. Results of surveys have shown that 24% - 54% of children with LD

have behaviour problems, P. McMichael (1979), R. McGee, P. Silva, S. William (1984), D.C. Schachter, I.B. Pless, M. Bruck (1991).

The causes for a child being poor in academics are varied and range from physical causes to psychological causes the later being more common. Studies confirm that a large percentage of school dropouts in India are due to unsatisfactory academic performance (Pratinidhi et al., 1992). Various emotional, environmental and medical factors can also affect the academic performance of adolescents. Emotional disorders such as anxiety, obsessive compulsive, mood disorders, depression, and psychosomatic disorders are common in students.

In most Indian families, conflict is more expected to be about, education outcomes, clothing, music, and leisure time than about more serious matters such as religion and core values. In its most serious form, this highly stressful environment is associated with a number of negative outcomes, including juvenile behaviour, increased school dropout rates, doesn't want to go regular school, even not taking interest in educational activities. In general, conflict increases in early adolescence, reaches its height in mid adolescence (ages 14-16). Research indicates that parent-adolescent conflict increases during the middle school years and involves the everyday events of family life. Scholastic backwardness in children is a big concern among parents and teachers in present day competitive society. It is reported that around 20% of school children have scholastic backwardness, Karande S, Kulkarni M (2005). Factors associated with scholastic backwardness include physical illnesses, below average intelligence, learning disorders, attention deficit hyperactivity disorder, psychiatric disorders, family and school factors, Mogasale VV, Patil VD, Patil NM, Mogasale V (2012). Scholastic backwardness contributes to school dropout, especially after the primary school years, Kamat VV (1934)

Scholastic performance may also be due to environmental factors especially at home, school, friends and neighbourhood surroundings. The behaviour problems are having major impact on

school going children bodily and social development.

THE AIM OF THE STUDY:

The aim of the study is to identify the psychological difficulties among children with scholastic backwardness.

OBJECTIVES OF THE STUDY

- To assess the behaviour problems among children with scholastic backwardness.
- Identify the risk factors for scholastic backwardness in children.
- To see the gender differences in behaviour problems among children with scholastic backwardness

Hypotheses

- There is no significant difference among adolescence behavior problem with scholastic backwardness.

Material & Methods:

1. Place of Study: This study was conducted at central India Nagpur (Maharashtra)
2. Period of Study: June 2015 to January 2017 (One year seven month)

3. Inclusion Category

- School going children (boys and girls) (Age group 12 to 16 years)
- School going children (boys and girls) who referred by doctors for, poor scholastic performance and behaviour problem.

4. Exclusion

- School going children (boys and girls), (who complain poor scholastic performance), at different schools from central India Nagpur.

5. Sample size: School going children who complain poor scholastic performance, referred at Medical College NKPSIMS & LMH, Nagpur were included in the study (**N=112**)

6. Study Design: Cross sectional study (Questionnaire based)

Measuring Instruments-

A checklist developed by **Cecil R. Reynolds, PhD, and Randy W. Kamphaus, PhD –Behaviour Assessment system for children, second edition (BASC-2)**, was used to assess Clinical scale under – 10 different categories and adaptive scale factors among children under 5 different categories.

Areas Studies:

Clinical Scale	Adaptive Scale
1. Hyperactivity	1. Adaptability
2. Aggression	2. Social Skills
3. Conduct Problem (Age 6-21 only)	3. Leadership (Age 6-21yrs)
4. Anxiety	4. Study Skills (Age 6-21yrs)
5. Depression	5. Functional Communication
6. Somatization	6. Adaptability
7. Attention Problem	
8. Learning Problem (6 To 21)	
9. Atypicality	
10. Withdrawal	

Behaviour Assessment system for children, second edition (BASC-2), - which includes total of 160 Validated Questions.

Statistical Analysis

The obtain data were statistically analyzed by applying descriptive (Mean, Standard Deviation, t-value) of significance of mean differences in term of various variable. We have entered all data in Microsoft Excel and further Statistical Analysis was done with the help of QI-Macros 2014 Software.

Procedure of Data collection

For collection of data from NKPSIMS & LMH Nagpur city of Maharashtra was chosen. By keeping age and gender requirements in mind the subjects were selected more than the required then the test of **Behaviour Assessment system for children, second edition (BASC-2)**, was administered to determine why the school going children complain poor scholastic performance for more than six months, and behaviour problem, N 112 subjects have been selected randomly from different school going children's, which consists 112 school going students (boys 56 and 56 Girls).

First of all, checklist of trails was administered on the subjects to get their original viewpoint. The subjects were randomly selected sample in NKPSIMS and Lata mangeshkar Hospital and Research center Nagpur, school going Children (boys 56 and 56 Girls) each subjects took about 40min to respond on the entire above tools. A period of one year seven months was devoted for the data collection.

Result

The Study conducted on adolescents between the age group 12 and 16 at NKPSIMS and Lata Mangeshkar hospital in Nagpur (Maharashtra) revealed that varying clinical and adaptive scale like hyperactivity, aggression, depression, attention problem learning problem, withdrawal, adaptability, social skills, and study skills has a significant effect on both school going children boys and girls. See table no. 1:1

Clinical scale

Table no. 1:1- Mean and SD of boys and girls along with their statistical significance of difference between mean

Area		Mean	SD	t-value	Null Hypothesis
Hyperactivity	Boys	55.83	156.46	5.794	Significant at P < 0.05 level
	Girls	43.43	157.42		
Aggression	Boys	56.31	111.22	3.470	Significant at P < 0.05 level
	Girls	49.65	173.64		
Conduct Problem	Boys	47.34	49.71	1.737	Non- Significant at P > 0.05 level
	Girls	45.33	65.44		
Anxiety	Boys	53.93	97.17	3.738	Significant at P < 0.05 level
	Girls	47.62	167.95		
Depression	Boys	49.65	58.46	0.513	Significant at P < 0.05 level
	Girls	48.89	121.20		
Somatization	Boys	68.74	81.46	0.729	Non- Significant at P > 0.05 level
	Girls	67.86	60.21		
Attention Problem	Boys	58.01	113.96	3.900	Significant at P < 0.05 level
	Girls	51.59	86.26		
Learning Problem	Boys	61.73	143.32	2.439	Significant at P < 0.05 level
	Girls	57.32	139.61		
A typicality	Boys	45.67	72.55	1.056	Non- Significant at P > 0.05 level
	Girls	44.22	95.82		
Withdrawal	Boys	52.05	114.78	-3.476	Significant at P < 0.05 level
	Girls	57.88	118.43		

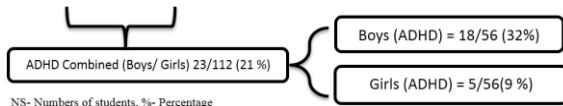
*P < 0.05, SD- Standard deviation

Children with a learning disorder associate failure with helplessness, quitting earlier than their classmates that are not disabled. Children with learning disorder need special attention due to their educational needs. A child with learning disorder will experience negative emotions towards their lack of control of their external environment. Failure is a common thread among those with mild to severe learning disabilities. Children with a disorder experience limitations in an academic environment and have been known to show a "learned helplessness" or a lack of perseverance when failure persists. Children with a learning disability do not have strong self-perception due to the endless series of failures. They often compare themselves to their non-learning disabled peers (Abar, Taj, & Malik, 2010). Emotional disorders such as anxiety, obsessive-compulsive, mood disorders, depression, and psychosomatic disorders are common in students. Conduct

disorders, oppositional defiant disorders are also seen in students frequently and may occur as comorbid with ADHD. See table no. 1:2

Table no. 1:2- Percentages of children (boys and girls) of clinical scale

	Inattention		Hyperactivity		Aggression		Attention Problem		Depression		Anxiety	
	NS	%	NS	%	NS	%	NS	%	NS	%	NS	%
Boys	22	39	22	39	27	48	43	77	10	18	28	50
Girls	10	18	8	14	20	36	17	30	17	30	18	32



Current study 21% was found to have attention deficit disorder with hyperactivity, boys 32% and girls 9%. In current study boys easily distracted engages in off task activities, unable to sustain attention, impulsive, displays aggression, social deficits include having difficulty waiting turn, following rules, losing gracefully, curbing temper, showing consideration for other, frequently because overly excited or may act silly.

Depression is a common mental disorder that causes people to experience depressed mood, loss of interest or pleasure, feeling guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Current study found 24% school going children depression, boys 18% and girls 30%. Depression is different from feeling down or unhappy. Unhappiness is something which everyone feels at one time or another, most of school going girls do not express her needs, thoughts, or feeling in order to keep the peace, feel empty and confused, they stopped expressing her hopes and goals. Although relatively few in number, recent studies have documented the clinical course of the disorder, and its debilitating toll in terms of academic and social functioning (Gotlib & Hammen, 1992). Around 50% boys and 32% girls facing Anxiety disorder, parents and teachers are also worried regarding the deterioration in scholastic performance of children. In a society where personal worth and appreciation are gained by measures of academic achievement, learning difficulty, learning disorder becomes a source of significant stress for some students, leading to low self-esteem, anxiety and behavioural problems.

One possible explanation is that low school achievements and symptoms such as inattention, hyperactivity and impulsivity, which often accompany learning difficulties, may be associated with stress in the family, with peers, and in school, each stress may in turn contribute to symptoms of tension type headache (Mazzone L, Vitiello B, Incorpora G, Mazzone D, Cephalgia). There are various reasons for school refusal or school phobia in children. The reasons may be separation anxiety disorder, generalized anxiety disorder, school phobia in specific. Other causes may be fear of death, physical or sexual abuse which are commonly associated with anxiety disorder Kapur, M (1985). Poor academic performance in children, which is a major worrying problem to the parents. Poor functioning at school/ home, inconsistent poor attendance at school may be early signs of emerging or existing psychiatry problems, Thaker N (2007)

Current study paying attention to children are thinking feeling, and physical changes their experience, when they are angry, around 27% boys and 20% girls, are showing aggression it would be expected that the more intense the feeling of anger, the more intense the emotion and physical response, associated with it.

In current study learning difficulty 71% boys, and 79% girls, learning disorder 64 % boys, and 38% girls, teacher exaptation (homework) 48% boys, and 52% girls, parents high exaptation (education) 57% boys, and 67% girls, phobia- parents 79% boys, and 84% girls, teachers 52% boys, and 45% girls, examination

82% boys, and 57% girls. Children with learning disabilities may have problems with Academics, social, home and emotional aspects. Children with dyslexia have deficits in "phonologic awareness", which consistently distinguish them from those who are not reading-impaired (Shaywitz & Karande S, Kulkarni M.)

Table no. 1:3- Percentages of children (boys and girls), learning difficulties, LD, exaptation, and phobia

	Learning Difficulties		Learning Disorder		Teacher high exaptation (Home work)		Parents high exaptation (Education)		Phobia					
	NS	%	NS	%	NS	%	NS	%	Parents		Teachers		Examination	
Boys	40	71	36	64	27	48	32	57	44	79	29	52	46	82
Girls	44	79	21	38	29	52	38	67	47	84	25	45	32	57

NS- Numbers of students
%- Percentage

This study reveals that almost 51% students are suffering from learning disorder in the schools in the study area. Learning disorder children are exhibiting significant behavioural problems than normal children. Children with a learning disorder were having more hyperactive, aggressive and had lesser day dreaming and personality problems. Students with undetected learning disabilities might demonstrate undesirable behaviour for a variety of reasons. They might feel angry, sad, lonely, frustrated, or hopeless as a result of focusing on their difficulties. Frustration might arise out of the students' level of performance compared to their level of actual ability, lack of understanding of why they struggle to perform the task or sometimes the inability to communicate in an appropriate way. A student might also exhibit inappropriate behaviour in order to avoid the frustrating task itself. At other times behaviour might result from poor self-esteem, connected to the student's focus on what he/she can't do; or a student might quit trying, believing that no matter how hard they try they will never attain success. Other behaviour might be the result of an emotional disturbance. lack of concentration, fear of teachers, fear of repeating the same class, lose interest in studies, excessive anxiety, previous class result, poor preparation, Fear of annoyance of (disappointing) parents, competition among classmates, were found significant while only poor preparation of exams was found insignificant (Asma Maryam, Muhammad Arshad Dahar 1 and Muhammad Imran Yousuf)

Adaptive Skills

Table no. 1:3- Mean and SD of boys and girls along with their statistical significance of difference between mean

Area		Mean	SD	t-value	Null Hypothesis
Adaptability	Boys	45.46	82.91	2.387	Significant at P < 0.05 level
	Girls	41.56	150.60		
Social Skills	Boys	48.29	174.72	1.502	Significant at P < 0.05 level
	Girls	45.75	126.04		
Leadership	Boys	49.51	89.49	-5.237	Non- Significant at P > 0.05 level
	Girls	41.12	125.40		
Study Skills	Boys	38.84	142.55	-1.476	Significant at P < 0.05 level
	Girls	41.79	188.70		
Functional communication	Boys	37.62	140.30	0.242	Non- Significant at P > 0.05 level
	Girls	37.06	251.14		

*P < 0.05, SD- Standard deviation

Adaptive skills are important components within everyday competence- social skills, leadership, study skills, functional communication. There is some controversy about whether social intelligence really exists in a manner similar to cognitive

intelligence and the extent to which it can be developed through learning experiences (Weare, 2010). Many researcher's proposed that school curricula must provide learning experiences that address students' development in the cognitive/academic, emotional, social, and moral domains (Cohen, 2006; Elias, & Arnold, 2006; Narvaez, 2006, Zins, Weissberg, Wang, & Walberg, 2004). Although Bhalla et al. (1986) and Singhal et al. (1988) found the majority of the children from nuclear families attending paediatric out-patient department for their psychological and psychiatric problems and shown significant relationship with type of family.

The present study revealed a significant association with behaviour problems. The present study psychological disturbances have shown a significant psychological disturbance among children with scholastic backwardness.

CONCLUSION

The major findings emerged from the study is that the psychological disturbance children with scholastic backwardness may yield results which help the therapists and clinical psychologist, psychiatric, social workers to develop appropriate intervention strategies for the families of children with psychological disturbance and cognitive remedial educational program. Parents are first guide and teacher in the life of children. They fulfil their physical and emotional needs and also provide emotional, social and psychological support to their children. The presence of parents increases the secured awareness in the child which prevents them from psychological disturbances. The family provides emotional support to an individual as well as plays a major role in the formation of one's personality. The quality and nature of the parental nurturance that the child receives will profoundly influence their future development. The awareness of these family factors associated with psychological disturbance may be helpful to identify at risk children.

IMPLICATION OF THE STUDY

This study was conducted to gain an understanding of the psychological disturbance among children with scholastic backwardness, which has implication on different interventional remedial, positive parent's awareness programs for children with scholastic backwardness in school and home environment.

LIMITATIONS OF THE STUDY

- Limited sample size
- Areas based research

Future research is required to further delineate and characterize the prevalence, frequency, and learning disorder, learning difficulty correlates related to the scholastic backwardness.

Future prospect study should be developed in cooperating large sample size and mass study with appropriate methodology to capture the frequency and prevalence of scholastic backwardness, and management.

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