*International Journal of Farm Sciences* **5(1)** : 220-232, 2015

# Impact of socio-demographic factors on socio-emotional problems of rural school children

**SARASWATI C HUNSHAL, POOJA G HOLEYANNAVAR and SHAKUNTALA S PATIL**

**College of Rural Home Science**
**University of Agricultural Sciences, Dharwad 580005 Karnataka, India**
Email for correspondence: poojagsh@gmail.com

## ABSTRACT

The present study was conducted in Dharwad Taluk of Karnataka state to determine the impact of socio-demographic factors on socio-emotional problems of rural school children. The sample comprised of 206 school children of the age range of 12-14 years. The results revealed that majority (65%) of adolescents were seen under normal level followed by notably elevated level (32.5%) and very few (2.4%) were in significantly elevated level of overall pathology. Similar trend was observed in all the components of socio-emotional problems also except thought disorder wherein higher percentage of children had notably elevated (49.5%) and significantly elevated (26.7%) level of thought disorder. Age, gender and ordinal position of children had significant impact on socio-emotional problems of rural school children. Significant difference was noticed between gender and socio-emotional problems such as anxiety, depression and low self-esteem and also in overall pathology wherein boys had greater socio-emotional problems compared to girls. Age of the children was significantly correlated with thought disorder, anxiety and overall pathology while ordinal position had positive and significant relation with low self-esteem.

**Keywords:** Adolescence; pathology; socio-emotional problem; thought/behavior disorder

## INTRODUCTION

Adolescence is considered to be the crucial period of human life. Freud (1958) stated that 'every step forward in growth and maturity brings with it not only new gains but also new problems'. The period of transition leaves its mark on the individuals' behavior as they feel unsure of themselves and insecure in their status. Sometimes they become aggressive, self-conscious and withdrawn. Hence adolescence has been conceived as a period of developmental disturbance with characteristics of internal conflicts, psychic disequilibrium, erratic behavior and associated sexual maturation with turmoil (Carol 1975, Saraswat 1989).

The spectrum of adolescent problems is wide. Expecting adolescents

to take on more responsibility and behave like adults on one hand and at the same time listen to parental demands and to be obedient since they are neither children nor adults results in a set of dilemmas for both adolescents and their parents (Williams and Radin 2001).

Behavior problems in children refer to behavior which causes distress or strain in the family. The problem can vary from a single stressful 'habit' disorder to a more global disturbance affecting many aspects of child functioning (Keenan and Shaw 1997). Behaviour problems in children and adolescents can be classified into two major domains of dysfunction namely externalizing behaviours and internalizing behaviours (Achenbach and Edelbrock 1978). The externalizing behavior problems are aggressive behaviors expressed outwardly usually towards other persons (Sigelman 1999) marked by defiance, impulsivity, hyperactivity, aggression and antisocial features.

Since there is dearth of studies focusing on the vital issue of behavior problems among adolescents in rural areas the present study was undertaken with the objectives of knowing the socio-demographic factors, studying the level of socio-emotional problems and understanding the influence of socio-demographic factors on socio-emotional problems of school children.

## METHODOLOGY

**Sample:** The sample for the study comprised of 111adolescent boys and 95 girls (total 206) studying in 7$^{th}$ and 8$^{th}$ standards of the age range of 12-14 years selected from three villages of Dharwad Taluk namely Kotur (54), Nigadi (57) and Mummigatti (95).

Self-structured questionnaire to collect the background information Kuppuswamy's (2009) modified socio-economic status scale to assess the socio-economic status and Prout and Strohmer's (1991) emotional problems scale-self report inventory were used to assess the socio-emotional problems of children. The emotional problems scale tool measures seven behavioral problems viz thought/ behavior disorder, impulse control, anxiety, depression, low self-esteem and total pathology. It consists of 145 statements with two alternative responses 'yes' or 'no' with a score of '1' for yes and '0' for no response. The raw scores obtained by each child on each component as well as total pathology were converted into 'T' scores by referring to the norms given in the scale. Based on the 'T' scores obtained the children were categorized into three groups. Children with 'T' score at or above 70 were grouped under significantly elevated range/ problematic level, 60 through 69 were suggestive of behavioral difficulty and seen under notably elevated range and those with

'T' score at or below 59 were considered to be within the normal range.

## RESULTS and DISCUSSION

The socio-demographic profile of rural school children is presented in Table 1. About half of the children belonged to younger (49.5%) and older (50.5%) age groups. More than half (53.9%) of the children were boys and 46.1 per cent were girls. In case of ordinal position 36.9 per cent children were first followed by 2nd born (33.0%) and 3rd and 4th borns (30.1%). Higher number of children belonged to nuclear (64.1%) and 35.9 per cent to joint families. Higher number (48.1%) of children belonged to medium size followed by large (31.1%) and small (20.9%) size families. Family composition of children revealed that majority (98.5%) of them had both parents and very few children (1.5%) had only mother.

Out of total 36.9 and 36.4 per cent children's fathers had education up to high and primary school level respectively, 25.3 per cent were illiterate and very few (1.5%) were graduates. Similarly 36.4 per cent mothers had education up to primary school, 35.4 per cent were illiterate and 28.1 per cent had education of high school. Majority of fathers (47.1%) were unskilled workers followed by semi-professionals (31.0%) and skilled workers (21.4%). Very few fathers were unemployed. In case of mothers 41.3 per cent were unemployed followed by unskilled workers (35.0%), semi-professionals (12.7%) and skilled workers (11.2%). Majority (42.7%) of the farm families belonged to the income range of $\leq$ Rs 2300 followed by Rs 2301-6850 (39.8%), Rs 6851-11450 (13.1%) and Rs 11451-17150 (1.9%) per month.

The distribution of children based on socio-emotional problems is presented in Table 2. Overall pathology indicated that majority (65%) of adolescents belonged to normal followed by notably elevated level (32.5%). Very few (2.4%) adolescents were found under significantly elevated level (Fig 1). In case of components of socio-emotional problems 49.5 per cent of children belonged to notably elevated level of thought/behavior disorder followed by significantly elevated (26.7%) and normal (24.3%) levels. Majority (97.1%) of children were under normal and very few (2.9%) under the notably elevated level of impulse control. Majority (97.1%) of children were in normal followed by notably elevated (7.1%) level of anxiety. Mmajority of children (65%) belonged to normal followed by notably elevated (32.5%) and significantly elevated (2.4%) levels of self-esteem. With regard to depression considerable majority (98.1%) of children was in normal level of depression. These results pointed out that majority of children was in normal level of socio-emotional problems and overall pathology suggested that most of the children did not experience severe problems. However it can be

highlighted that considerable percentage of children was seen under notably elevated and significantly elevated level of thought/ behavior disorder (Fig 2). The probable reason might be the environmental factors related either to their families, schools and peer groups. During adolescence many children come in conflict with norms, face difficulty to cope up with the demands of the family and society at large and experience emotional turbulence. They have a great difficulty in complying with instructions and directions of the adults as a result of which they may exhibit greater behavior problems. The results are in line with Garnefski and Dickstra (1996) who reported that nearly 75 per cent of adolescents did not report any serious emotional or behavior problems and considerable percentage of students had behavioral problems (10.9%). Pathak et al (2011) also reported that overall prevalence of behavioral and emotional problems across age and sex categories was 30.4 per cent.

Table 3 depicts the association between gender and socio-emotional problems of school children. majority (80.2%) of boys were seen in normal level followed by notably elevated level (18.9%) and very few (0.9%) of them were in significantly elevated level of overall pathology. Similar trend was observed in case of girls wherein majority (93.7%) were normal followed by notably elevated (6.3%) level. Further significant association was noticed between gender and overall pathology which indicated that boys had greater overall pathology as compared to girls.

Majority of the boys belonged to normal level in case of impulse control, anxiety, depression and low self-esteem (96.4, 86.5, 97.3 and 59.5% respectively) followed by notably elevated levels (3.6, 12.6, 1.8, 36.0% respectively) with regard to components of socio-emotional problems. Very few boys were seen under significantly elevated levels. Similar trend was observed in case of girls wherein majority of them belonged to normal level followed by notably elevated levels of impulse control, anxiety, depression and low self esteem. More than half (53.2%) of the boys were seen under notably elevated followed by normal (25.2%) and significantly elevated (21.6%) levels of thought/behavior disorder. In case of girls about 45 per cent of them had notably elevated followed by significantly elevated (31.6%) and normal (23.2%) levels of thought disorder. Significant association and difference were observed between gender and components of socio-emotional problems namely anxiety, depression and low self-esteem. However the mean values indicated that boys had higher anxiety, depression and low self-esteem compared to girls. The possible reason for significant gender difference may be the different developmental trajectories for boys and girls which is explained by differences in pubertal

Table 1. The socio-demographic profile of rural school children (n= 206)

| Characteristic | Category | n | % |
|---|---|---|---|
| Age (years) | Younger children (12-13) | 102 | 49.5 |
| | Older children (13-14) | 104 | 50.5 |
| Gender | Boys | 111 | 53.9 |
| | Girls | 95 | 46.1 |
| Ordinal position | 1st born | 76 | 36.9 |
| | 2nd born | 68 | 33.0 |
| | 3rd & later born | 62 | 30.1 |
| Family type | Nuclear | 132 | 64.1 |
| | Joint | 74 | 35.9 |
| Family size (members) | 2-4 (small) | 43 | 20.9 |
| | 5-7 (medium) | 99 | 48.1 |
| | >7 (large) | 64 | 31.1 |
| Family composition | Have both parents | 203 | 98.5 |
| | Only father | - | - |
| | Only mother | 3 | 1.5 |
| Education Level of father | Illiterate | 52 | 25.3 |
| | Primary school | 75 | 36.4 |
| | High school | 76 | 36.9 |
| | Graduate | 3 | 1.5 |
| Education Level of mother | Illiterate | 73 | 35.4 |
| | Primary school | 75 | 36.4 |
| | High school | 58 | 28.1 |
| | Graduate | - | - |
| Occupation of father | Unemployed | 1 | 0.5 |
| | Unskilled worker | 97 | 47.1 |
| | Skilled worker | 44 | 21.4 |
| | Semi-professional | 64 | 31.0 |
| | Employed | - | - |
| Occupation of mother | Unemployed | 85 | 41.3 |
| | Unskilled worker | 72 | 35.0 |
| | Skilled worker | 23 | 11.2 |
| | Semi-profession | 26 | 12.7 |
| | Employed | - | - |
| Monthly income (Rs) | ≤2300 | 88 | 42.7 |
| | 2301-6850 | 82 | 39.8 |
| | 6851-11450 | 27 | 13.1 |
| | 11451-17150 | 4 | 1.9 |
| | 17151-22850 | 3 | 1.5 |
| | 22851-45750 | 1 | 0.5 |
| | ≥45751 | 1 | 0.5 |

Table 2. Distribution of children based on levels of socio-emotional problems (n= 206)

| Component of socio-emotional problem | Level | | |
|---|---|---|---|
| | Normal 'T' score <60 | Notably elevated 'T' score 60-69 | Significantly elevated 'T' score 70 or >70 |
| Thought/behavior disorder | 50 (24.3) | 102 (49.5) | 54 (26.7) |
| Impulse control | 200 (97.1) | 6 (2.9) | - |
| Anxiety | 189 (97.1) | 16 (7.1) | 1 (0.50) |
| Depression | 202 (98.1) | 3 (1.5) | 1 (0.50) |
| Low self-esteem | 134 (65.0) | 67 (32.5) | 5 (2.4) |
| Overall pathology | 134 (65.0) I | 67 (32.5) II | 5 (2.4) |

Figures in the parentheses indicate percentages

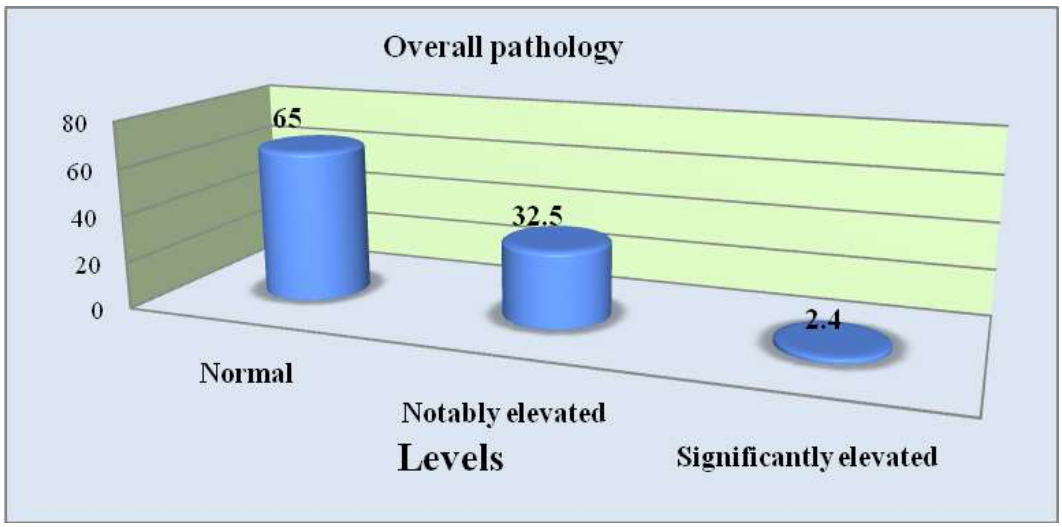


Fig 1. Distribution of children based on overall pathology

development and the intensification of stereotypical gender roles which are experienced in a negative way (Zahan-Waxler et al 2000). Further girls mature earlier than boys and these differences in pubertal growth may lead to apparent differences in processes of family influence on adolescents, peer contacts and problem behaviors. Even in rural areas there would be more parental expectation for boys to

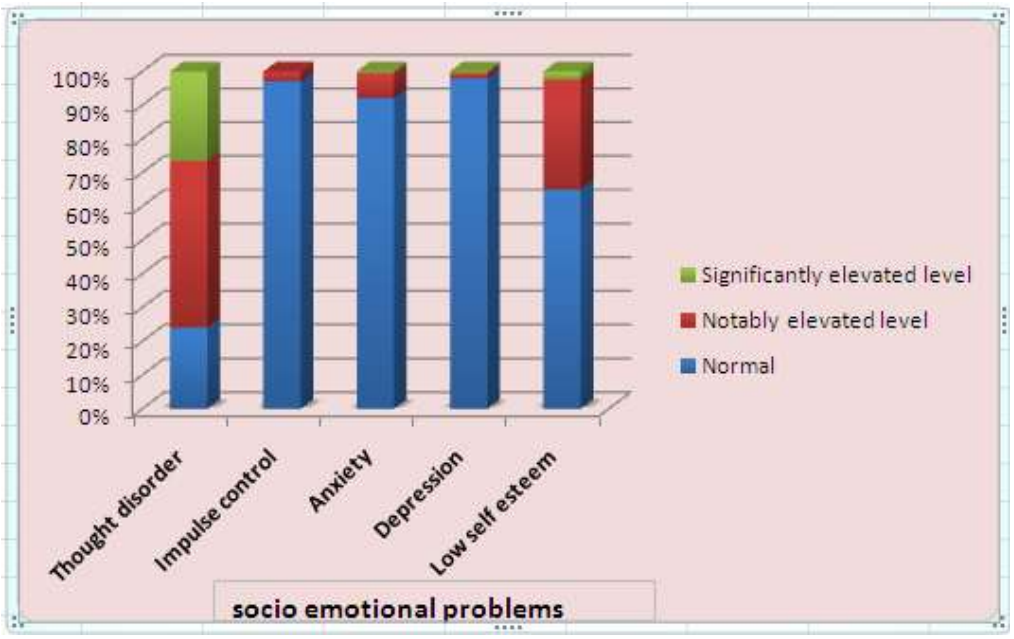


Fig 2. Distribution of children based on components of socio-emotional problems

excel in academic areas than girls as they have to be the future breadwinners for the family. On the contrary the traditional attitude towards girls continues and as such girls do not have much pressure regarding their academic achievement. This may lead to more problems among boys. The results are supported by the findings of Biradar (2007) who reported that boys were distinctively higher in conduct disorder, socialized aggression, attention problem, psychotic behavior and overall behavior problems than girls. The results are also similar to the findings of Coie and Dodge (1998) who pointed out that boys had more behavioral problems than girls. Krupa (2007) also observed that boys had greater behavioral problems viz thought disorder (12.15%), distractibility (9.35%) and withdrawal (13.09%) compared to girls. Palosaari et al (1996) also found that girls who had good bonding with their mothers had high self-esteem and therefore lesser psychiatric problems.

Table 4 explains the association between age and socio-emotional problems of rural school children. The results revealed that majority (82.4%) of younger children belonged to normal followed by notably elevated level (17.6%) with respect to overall pathology. Similarly majority (90.4%) of older children were seen under normal level in case of overall pathology followed by notably elevated (17.6%) and significantly elevated (1.0%) levels. Results

Table 3. Association between gender and socio-emotional problems of children (n= 206)

| Component of socio-emotional problems | Level | | | | | | χ value | Mean (SD) | | 't' value |
|---|---|---|---|---|---|---|---|---|---|---|
| | Normal | | Notably elevated | | Significantly elevated | | | Boys (n= 111) | Girls (n= 95) | |
| | Boys | Girls | Boys | Girls | Boys | Girls | | | | |
| Thought/ behavior disorder | 28 (25.2) | 22 (23.2) | 59 (53.2) | 43 (45.3) | 25 (21.6) | 30 (31.6) | 9.395$^{NS}$ | 64.11 (7.62) | 65.05 (8.60) | 0.82$^{NS}$ |
| Impulse control | 107 (96.4) | 93 (97.9) | 4 (3.6) | 2 (2.1) | - | - | 0.406$^{NS}$ | 50.53 (5.02) | 49.64 (4.41) | 1.33$^{NS}$ |
| Anxiety | 96 (86.5) | 93 (97.9) | 14 (12.6) | 2 (2.1) | 1 (0.9) | - | 8.858** | 50.71 (7.86) | 47.82 (6.12) | 2.90** |
| Depression | 108 (97.3) | 94 (98.9) | 2 (1.8) | 1 (1.1) | 1 (0.9) | - | 1.067$^{NS}$ | 48.39 (6.77) | 46.43 (5.20) | 2.30* |
| Low self-esteem | 66 (59.5) | 68 (71.6) | 40 (36.0) | 27 (28.4) | 5 (4.5) | - | 6.348* | 58.29 (6.48) | 56.37 (5.76) | 2.22* |
| Overall pathology | 89 (80.2) | 89 (93.7) | 21 (18.9) | 6 (6.3) | 1 (0.9) | - | 8.140** | 53.80 (6.00) | 52.58 (4.90) | 1.57$^{NS}$ |

Figures in parentheses indicate percentages, *Significant at 5.0% level, **Significant at 1.0% level, NS= non-significant

Table 4. Association between age and socio-emotional problems of children (n= 206)

| Component of socio-emotional problems | Level | | | | | | Chi-square value | Mean (SD) (yrs) | | 't' value |
|---|---|---|---|---|---|---|---|---|---|---|
| | Normal (yrs) | | Notably elevated (yrs) | | Significantly elevated (yrs) | | | 12-13 (n=102) | 13-14+ (n= 104) | |
| | 12-13 | 13-14+ | 12-13 | 13-14+ | 12-13 | 13-14+ | | | | |
| Thought/ behavior disorder | 28 (27.5) | 22 (21.2) | 36 (35.3) | 66 (63.5) | 38 (37.3) | 15 (15.4) | 20.507** - | 65.41 (9.61) | 63.70 (6.16) | 1.522$^{NS}$ - |
| Impulse control | 99 (97.1) | 101 (97.1) | 03 (2.9) | 03 (2.9) | - - | - - | 0.001$^{NS}$ - | 50.09 (4.89) | 50.14 (4.64) | 0.069$^{NS}$ - |
| Anxiety | 92 (90.2) | 97 (93.3) | 09 (8.8) | 07 (6.7) | 01 (1.0) | - - | 1.363$^{NS}$ - | 50.28 (7.87) | 48.49 (6.47) | 1.787$^{NS}$ - |
| Depression | 99 (97.1) | 103 (99.0) | 03 (2.9) | - - | - - | 01 (1.0) | 4.060$^{NS}$ - | 47.95 (6.04) | 47.03 (6.27) | 1.062$^{NS}$ - |
| Low self-esteem | 63 (61.8) | 71 (68.3) | 37 (36.3) | 30 (28.8) | 02 (2.0) | 03 (2.9) | 1.390$^{NS}$ - | 57.87 (6.26) | 56.96 (6.16) | 1.052$^{NS}$ - |
| Overall pathology | 84 (82.4) | 94 (90.4) | 18 (17.6) | 09 (8.7) | - - | 01 (1.0) | 4.543$^{NS}$ - | 53.88 (5.77) | 52.61 (5.26) | 1.647$^{NS}$ - |

Figures in parentheses indicate percentages, **Significant at 1.0% level, NS= non-significant

indicated no significant association between overall pathology and age of the children.

Majority of younger children belonged to normal level in case of impulse control, anxiety, depression and low self-esteem (97.1, 90.2, 97.1 and 61.8% respectively) followed by notably elevated level (2.9, 8.8, 2.9 and 36.3% respectively) of socio-emotional problems. Similar trend was observed in case of older children wherein majority of them had normal level in case of impulse control, anxiety, depression and low self-esteem (97.1, 93.3, 99.0 and 68.3% respectively) followed by notably elevated level of impulse control, anxiety and low self esteem (2.9, 6.7 and 28.8% respectively). Very few children of both age groups were in significantly elevated levels. Higher percentage (63.5%) of older children belonged to notably elevated followed by normal (21.2%) and significantly elevated (15.4) levels of thought disorder. The trend was different for younger children wherein higher percentage of them (37.3%) were seen under significantly elevated level in case of thought/behavior disorder followed by notably elevated (35.3%) and normal (27.5%) levels. Significant association was noticed between age of the children and thought disorder which indicated that younger children had higher thought disorder compared to older children. This might be because emotional tensions peak by mid-puberty and that throughout this period individuals shift their interaction increasingly away from parents and towards peers. But as the age advances the children learn to cope with problems and they are able to meet the demands and expectations of the parents and society. Several studies indicated that the behavioral problems encountered during the early pre-school years tend to continue in the later years ie they become more evident as children approach adolescence (Angold and Rutter 1992, Cohen et al 1993). The findings are supported by the study of Pathak et al (2011) who noticed that prevalence of behavioral problems showed a peak around 14-15 years followed by a steady decline as age advanced. The results are in contradiction to the study of Biradar (2007) who observed a positive and significant relationship between age and behavior problems of PUC students.

Table 5 represents the interrelation between socio-demographic factors and socio-emotional problems of school children. The results revealed that age was negatively and significantly related with thought disorder, anxiety and overall pathology. This indicates that as the age advances the thought disorder, anxiety and overall pathology decrease significantly. Further ordinal position of the children had positive and significant relationship with low self-esteem which pointed out that first born children had higher self-esteem than later borns. Other factors namely family size, parental education and occupation, family income and socio-economic status were not significantly related with socio-emotional problems of school children. Age was found

Table 5. Influence of socio-demographic factors on socio-emotional problems of children

| Socio-demographic factor | Component of socio-emotional problems | | | | | |
|---|---|---|---|---|---|---|
| | Thought/ behavior disorder | Impulse control | Anxiety | Depression | Low self-esteem | Overall pathology |
| Age | -0.201** | -0.087 | -0.149* | -0.076 | -0.129 | -0.144* |
| Ordinal position | 0.016 | 0.077 | 0.105 | 0.069 | 0.144* | 0.089 |
| Family size | 0.007 | -0.021 | 0.101 | 0.039 | 0.061 | 0.009 |
| Education of father | 0.002 | -0.104 | -0.097 | -0.007 | 0.045 | -0.080 |
| Education of mother | 0.016 | -0.125 | -0.083 | 0.021 | 0.060 | -0.035 |
| Occupation of father | -0.013 | -0.042 | 0.010 | -0.047 | -0.055 | -0.084 |
| Occupation of mother | -0.041 | 0.033 | 0.129 | 0.035 | 0.084 | 0.040 |
| Family income | 0.034 | -0.106 | -0.007 | -0.058 | 0.008 | -0.070 |
| Socio-economic status | 0.010 | -0.116 | -0.041 | -0.084 | -0.004 | -0.110 |

* Significant at 0.05level, ** Significant at 0.01 level

to be significant influencing factor on the socio-emotional problems of children. This might be due to the reason that as the age increases the children become more mature and learn to deal with the problems related to school, peers and family more efficiently. Similar findings were quoted by Pathak et al (2011) that behavior problems declined with age among adolescents.

## CONCLUSION

The study indicated that majority of the adolescents were in normal range with respect to all components of socio-emotional problems as well as overall pathology. However higher percentage (49.5%) of adolescents experienced notably elevated level of thought/behavior disorder. Younger children had more thought/behavior disorder than older children. Boys had more socio-emotional problems such as anxiety, depression, low self-esteem and overall pathology than girls. Significant correlation between age with thought disorder, anxiety and overall pathology revealed that as age increased socio-emotional problems among adolescents got reduced significantly. Among the socio-emotional problems studied thought disorder was found at significantly elevated level in nearly 27 per cent of adolescents which cannot be ignored. If it is ignored it may cause lot of difficulty in their personal adjustment. Hence there is a need to sensitize the rural parents regarding management of socio-emotional problems of their children.

## REFERENCES

Achenbach TM and Edelbrock CS 1978. The classification of child psychopathology: a review and analysis of empirical efforts. Psychological Bulletin **85:** 1275-1301.

Angold A and Rutter M 1992. Effect of age and pubertal status on depression in a large clinical sample. Developmental Psychology **4:** 5-28.

Biradar G 2007. Stressful life events and behavioural problems among pre-university students. MSc thesis, University of Agricultural Sciences, Dharwad, Karnataka, India.

Carol PH 1975. Theories of developmental psychology. WH Freeman and Company, New York.

Cohen P, Cohen J, Kasen S, Velez CN, Hartnark C, Johnson J, Rojas M, Brook J and Streuning EL 1993. An epidemiological study of disorders in late childhood and adolescence- age and gender specific prevalence. Journal of Child Psychology **34:** 851-867.

Coie JD and Dodge KA 1998. Aggression and antisocial behaviour. In: Handbook of child psychology-social emotional and personality development (W Damon and N Eisenberg eds). Wiley, New York, pp 779-862.

Freud A 1958. Preadolescent's relations to his parents on certain difficulties in adolescence. The writing of Anna Freud **4:** 95-106.

Garnefski N and Diekstra FW 1996. Perceived social support from family, school and peers: relationship with emotional and behavioral problems among adolescents. Journal of American Academy of Child and Adolescent Psychology **35(12):** 1657-1664.

Keenan K and Shaw DS 1997. Development of aggression in todders: a study of low income

families. Journal of Abnormal Child Psychology **22:** 53-77.

Krupa H 2007. Parental relations and behavioral problems among early adolescents. MSc thesis, University of Agricultural Sciences, Dharwad, Karnataka, India.

Kuppuswamy B 2009. Modification of Kuppuswamy's socioeconomic status scale. Indian Pediatrics **46:** 1104-1105.

Palosaari C, Aro H and Laippala P 1996. Parental divorce and depression in young adulthood: adolescents and closeness to parents and self-esteem as mediating factor. Acta Psychiatric Scand **93:** 20-26.

Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK and Goel NK 2011. Behavioral and emotional problems in school going adolescents. Australian Medical Journal **4(1):** 15-21.

Prout TH and Strohmer DC 1991. Emotional problems scale-self report inventory. Psychological Assessment Resources, Inc, USA.

Saraswat RK 1989. Pattern and process of drug and alcohol use in India. Technical Bulletin #38, Indian Council of Medical Research, New Delhi, India

Sigelman CK 1999. Life-span human development. Brooks/Cole Publishing Company, Washington.

Williams E and Radin N 2001. Paternal involvement, maternal employment, and adolescent's academic achievement: an 11-year follow-up. American Journal of Orthopsychiatry **63:** 306-312.

Zahn-Waxler C, Klimer-Dougan B and Slattery MJ 2000. Internalizing problems of childhood and adolescence: prospects, pitfalls and progress in understanding the development of anxiety and depression. Developmental Psychology **12:** 443-466.

***Received: 18.11.2014*** ***Accepted: 9.1.2015***