STUDY OF STRESS AND PARENTAL PRESSURE IN HIGH SCHOOL STUDENTS

(WITH SPECIAL REFFERENCE TO KERALA SCHOOLS)

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Abstract

This work investigates the academic stress and mental health of Indian high school students and the associations between various psychosocial factors and academic stress. A total of 190 students from grades 11 and 12 (mean age: 16.72 years) from three government-aided and three private schools in palakkad, kerala were surveyed in the study. Data collection involved using a specially designed structured questionnaire as well as the General Health Questionnaire. Nearly two-thirds (63.5%) of the students reported stress due to academic pressure — with no significant differences across gender, age, grade, and several other personal factors. About two-thirds (66%) of the students reported feeling pressure from their parents for better academic performance. The degree of parental pressure experienced differed significantly across the educational levels of the parents, mother's occupation, number of private tutors, and academic performance. In particular, children of fathers possessing a lower education level (non-graduates) were found to be more likely to perceive pressure for better academic performance. About one-thirds (32.6%) of the students were symptomatic of psychiatric caseness and 81.6% reported examination-related anxiety. Academic stress was positively correlated with parental pressure and psychiatric problems, while examination-related anxiety also was positively related to psychiatric problems. Academic stress is a serious issue which affects nearly two thirds of senior high school students in palakkad. Potential methods for combating the challenges of academic pressure are suggested.

Introduction

Academic stress involves mental distress regarding anticipated academic challenges or failure or even an awareness of the possibility of academic failure. During the school years, academic stressors may show in any aspect of the child's environment: home, school, neighborhood, or friendship. Hari and Vishnu reported that school-related situations – such as tests, grades, studying, self-imposed need to succeed, as well as that induced by others – are the main sources of stress for high school students. The impact of academic stress is also far-reaching: high levels of academic stress have led to poor outcomes in the areas of exercise, nutrition, substance use, and self-care.

Furthermore academic stress is a risk factor for psychopathology. For example, fourth, fifth and sixth-grade girls who have higher levels of academic stress are more likely to experience feelings of depression.

School Disciplinary Measures

Although disciplinary measures in schools vary from institution to institution in India, corporal punishment is practiced in most of the schools in India. Corporal punishment is often used for violation of school rules, for not being able to answer questions in the class, not completing home-work, and for coming to school late. In the recent past there has been lot of discussion and debate about positive and negative aspects of corporal punishment. To date there is no specific law for prevention of corporal punishment in schools in India.

Anxiety and Stress in School Children

Anxiety as a disorder is seen in about 8% of children and adolescents worldwide. There is a still larger percentage of children and adolescents in whom anxiety goes undiagnosed owing to the internalized nature of the symptoms. Anxiety has substantial negative effects on children's social, emotional and academic success. Depression is becoming the most common mental health problem suffering college students these days caused by poor social problem-solving, cognitive distortions and family conflict, as well as with alienation from parents and peers, helpless attribution style, gender, and perceived criticism from teachers. Mental health problems among children and adolescents are frequent in India as well.

Psychiatrists have expressed concern at the emergence of education as a serious source of stress for school-going children - causing high incidence of deaths by suicide. Many adolescents in India are referred to hospital psychiatric units for school-related distress – exhibiting symptoms of depression, high anxiety, frequent school refusal, phobia, physical complaints, irritability, weeping spells, and decreased interest in school work. Fear of school failure is reinforced by both the teachers and the parents, causing children to lose interest in studies. This is similar to the scenario in the East Asian countries where psychiatrists use the terms 'high school senior symptoms' or 'entrance examination symptoms' to indicate mental health problems among students. The self-worth of students in the Indian society is mostly determined by good academic performance, and not by vocational and/or other individual qualities. Indian parents report removing their TV cable connections and vastly cutting down on their own social lives in order to monitor their children's homework. Because of academic stress and failure in examination, every day 6.23 Indian students commit suicide raising questions regarding the effects of the school system on the wellbeing of young people. Liduvin and rino found that Indian children from non-disrupted families have higher academic stress than children from disrupted families. It is likely that the children from disrupted families get less attention and guidance from their parents regarding academic matters than do their counterparts in non-disrupted families. This, paradoxically, reduces their academic stress - thus highlighting the negative impact of the parental vigilance and persuasion on the academic lives of their children. Given the said background, our purpose was to find out degree of academic stress of 11th and 12th grade Indian students experiences, as well its association with various psychosocial factors and its effect on mental health.

Research Questions

- 1. Do adolescent boys and girls differ significantly with respect to academic stress and examination-related anxiety?
- 2. Is educational level of the parents positively associated with parentals expectations and pressure?
- 3. Does the nature of academic stress vary with socio-economic status?
- 4. Do adolescents of different age groups suffer from similar stress?
- 5. Is there any relationship between academic stress, number of private tutors and examination-related anxiety?
- 6. Is there any relationship between communication skills in English and examination-related anxiety?

Method

Sample

The sample included 49 boys (25.8%) and 141 girls (74.2%) aged between 16 and 18 years (mean age: 16.72 years and SD=.77). Several students could not provide information about their parents' educational background and income. About 41% of the students had fathers who were non-graduates while for the majority of them the fathers were graduates and post graduates (58.8%). Fifty nine percent and 41% of the mothers were non-graduates and graduates/post graduates respectively. Of the fathers, 52.5% were in government services while 47.5% of them were engaged in business. Fifty two participants had working mothers – self-employed or employed in the government or private sector.

Measures

screening test aimed at detecting short-term changes in mental health among respondents. It consists of 4 subscales: (i) somatic symptoms; (ii) anxiety and insomnia, (iii) social dysfunction and (iv) severe depression. Each sub-scale consists of seven items and each item has 4 response alternatives. Scoring was done by Likert method. The total score for the questionnaire ranges from 0 to 28 and the score for each subscale ranges from 0 to 7. Threshold for case identification was taken as 4/5, i.e., scores of 4 and below signify a non-psychiatric case and scores of 5 and above signify psychiatric caseness.

Procedure

Written permission was obtained from all the schools after explaining the objectives of the study to the school authorities. At the time of data collection, students were briefed about the objective of the study and its justification in simple terms and were assured about confidentiality of the information. Only those students who had given informed consent for participation were covered in the study.

Data Analysis

In addition to the descriptive analysis of data, Pearson's chi-square test and/or Fisher's Exact Test was applied to ascertain the associations between the mental health measures and the demographic and academic factors. Several logistic regressions were conducted to further examine the relationships between psychiatric caseness and academic stress and/or examination-related anxiety.

Results

Demographics

Table 1 display the frequency and percentages for all demographic variables considered in this study.

Table 1. Description of the Sample (N = 190) Count (%)		Count (%)		
Sex		Father's occupation		
Male	49 (25.8)	Business	77 (47.5)	
Female	141 (74.2)	Service Unemployed 0 (0)	85 (52.5)	
Age (years)		Family income		
16	90 (47.4)	Less than Rs. 20, 000 p.m.	124 (81.0)	

17	64 (33.7)	Rs. 20, 000 to 40, 000 p.m.		29 (19.0)
18	36 (18.9)	1	Numb	er of Private Tutors
Grade	None		16 (8.4)	
11	116 (61.1)	1-2		63 (33.2)
12	74 (38.9)	3-4		105 (55.3)
Mother's education		Proficiency in English		
Non-graduate	82 (59.4)	Proficient		103 (54.5)
Graduate/Post	56 (40.6)	Not proficien	t	86 (45.5)
graduate				
Father's education		Extra-curricular activity		
Non-graduate	66 (41.3)	Yes		122 (64.2)
Graduate/Post - graduate	94 (58.8)	No	A	68 (35.8)
Mother's occupation		Academic performance		
Business	29 (21.5)	Good/Very go	ood	56 (29.8)
Service	23 (17.0)	Moderate		100 (53.2)
Unemployed	83 (61.5)	Not so good		32 (17.0)
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Limitations of the Study

Given the large population of the higher secondary students in palakkad, the sample size was relatively small. Therefore, caution should be used when generalising the findings of the study. Secondly, responses are based on self-report. However, the findings give some idea about prevalence of the academic stress among higher secondary students in palakkad and its association with parental pressure, number of private tutors and examination-related anxiety. To further validate the findings, another study with a larger sample is recommended. The present study did not take into account the effect of punishment or threat of punishment in schools on the mental health of the students – keeping in view the recently imposed blanket ban on corporal punishments in Indian schools, and also the fact that punishments are not usually deemed necessary in the Higher Secondary classes, as students areseen as mature enough to follow rules and regulations themselves. However, further investigation is needed to ascertain if the ban has been implemented effectively, and also to ascertain the impact of non-corporal punishments – such as scolding, suspension or withdrawal of facilities – on students. Finally while a strength of this study was that there was no or very little missing data in most of the variables, a limitation of the study was the high level of missing data for parental education, and occupation, and family income.

stress in year 12 high school students in palakkad kerala. Nearly two-thirds of the students reported stress due to academic pressure with no significant differences across gender, age, grade, and several other personal factors. Furthermore about two-thirds of the students reported feeling pressure from their parents for better academic performance. About one-thirds of the students were symptomatic of psychiatric caseness and 81.6% reported examination- related anxiety. Academic stress was positively correlated with parental pressure and psychiatric problems, while examination-related anxiety also was positively related to psychiatric problems. Given the high

levels of academic stress and psychiatric caseness in this sample of high school students, there is an urgent need to develop suitable interventions to reduce this level of stress and psychiatric morbidity.

ACKNOWLEDGEMENTS

The authors wish to acknowledge their gratitude to all the school authorities for giving permission for data collection. Students who participated in the study voluntarily and shared their valuable views and opinions about the issue also deserve special appreciation. Authors wish to extend special thank to sumesh kavassery sir for assistance in data collection.

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