ORIGINAL ARTICLE

Scholastic backwardness in children attending normal school

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ABSTRACT

Background: In spite of having average or above average intelligence, emergence of poor academic performance can be catastrophic, both to the children and their families.

Aim: To find out the etiological factors behind the scholastic backwardness which are prevailing in different sexes and in different socio-economic background of the children attending normal school.

Method: 125 children of both sexes in the age range of 12 to 16 years were taken for this study. They were brought to rule out the suspected causes of mental retardation. Assessment were done on the measures of the class teacher rating on the functioning of the child in the school including general activity in the class, relationship with students and teachers, academic functioning, play and extracurricular activities. Qualitative analysis of the data was done.

Results: Result revealed that intelligence is not the single criteria that determine the academic performance of students. Several cognitive and non – cognitive factors which are found within the child and outside of the child i.e. family, school and society are solely responsible to determine the scholastic performance of the students.

Key words: Scholastic backwardness; intelligence; cognitive factors; non-cognitive factors

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INTRODUCTION:

Poor scholastic performance is a common problem faced by the parents and teachers in present day competitive society. In different studies it is estimated that 20 to 50 % of schoolgoing children suffer from scholastic backwardness. [1] Such children do not get sufficient attention in the mainstream education. They usually fail repeatedly in examinations and finally become school dropouts. Unrecognized and unremediated, scholastic backwardness has a lifelong impact not only on the child but their parents too. It will seriously affect school completion, higher education, interpersonal relationships, prospects for employment, marriage, etc. [2]

Early recognition and adequate remediation is important and can make a big difference to the child's future. Medical practitioners are in an ideal position to help families identify the problem early and to provide appropriate guidance ^[3]. Factors associated with scholastic backwardness include physical illnesses, below average intelligence, learning disorders, attention deficit hyperactivity disorder, psychiatric disorders, family and school factors ^[1-3].

Apart from the intelligence and other cognitive abilities,

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academic achievement is significantly influenced by many non-cognitive factors such as socio-economic status and cultural milieu of the family, parental involvement in school activities, parental education and employment, harmonious relationship between the parents and their children etc [4-7].

At present, children are identified much later and as a result, optimum benefit of remedial education is not obtained. It is important to identify the risk factors for scholastic backwardness so that these children can be identified early and corrective measures initiated [8-9]. The aim of the present study was to identify the etiological factors behind the scholastic backwardness which are prevailing in different sexes and in different socio-economic background of the children attending normal school.

MATERIALS AND METHODS:

Place of study: The study was conducted at Composite Regional Centre for Persons with Disabilities (CRC), Patna, Bihar, India by the Department of Clinical Psychology. It is one of the leading organizations established in 2009 by the Department of Disability Affairs, Ministry of Social Justice and Empowerment, Government of India to cater needs of persons with disabilities.

Duration of the study: The study period was one year from January, 2012 to December, 2012.

Sample size: Purposive sampling technique was used and 125 children of the age range of 12 to 16 years of both sexes were selected who came to our centre for I.Q. assessment to rule out the suspected causes of mental retardation behind

their poor academic performance. Among them males were 85 and females were 40. Further they are divided into rural and urban categories. Rural males were 27, urban males were 58. Similarly rural females were 17 and urban females were 23. These cases were referred by different leading hospitals and private and government schools of Patna district. A few cases were self-referred. The cases presented with the following complaints, i) not performing well in the school curriculums, ii) not enthusiastic and lethargic in the study, iii) not concentrating in the study; iv) easily being distracted, and v) forgetting whatever is taught.

Scholastic backwardness for this study was defined as repeated failures in all subjects or academic performance two classes below the class in which the child was studying at the time. The children were identified based on teacher's report and parent's opinion.

Process of data collection

After building a good rapport with the child, the data were collected by using i) case history method, ii) interviewing the parent, and iii) Malin's Intelligence Scale for Indian Children (MISIC). [10]

Detailed case history was taken from the parents and their school progress report card was examined. Malin's Intelligence Scale for Indian Children (MISIC) [10] was administered to rule out the suspected diagnosis of mental retardation and simultaneously to assess their intellectual functioning. As the study is based on Indian context and DSM - IV [11] provides globally accepted clinical guidelines which are appropriate in Indian context also to rule out any type of behavioural symptoms, its criteria for Learning Disability was followed to rule out any type of learning disability and associated problems. Diagnosis of scholastic backwardness was made based on information provided by parents, teacher reports and individual evaluation. Each child and his/her parent were interviewed together and separately. Detailed clinical examination related to their medical history and relevant investigations like family history of poor scholastic performance, attitude of the parents towards education, etc were done. A report from the class teacher regarding the functioning of the child in the school including general activity in the class, relationship with students and teachers, academic functioning, play and extracurricular activities was obtained. It was taken 3 sessions collectively on each individual child for 45 minutes to one hour duration.

Inclusion criteria:

Only the children in the age range of 12 to 16 years of both sexes were chosen for the study who has regularly attending

normal school, obtained average intelligence score (IQ range 90 to 110) on Malin's Intelligence Scale for Indian Children (MISIC) [10] and getting poor remarks in school curriculum. A child was considered to have scholastic backwardness if he or she is failed regularly in all subjects or had class failure (detention) in the previous year.

Exclusion criteria:

Those children was excluded from the study who have history of mental retardation/ borderline intelligence, specific learning disability (SLD), attention deficit hyperactivity disorder (ADHD), having psychiatric disorders like anxiety disorder, depression or psychosis, conduct disorder, oppositional defiant disorder etc by the researcher by following DSM – IV criteria, [11] and having medical problems like epilepsy, hearing impairment, visual impairment etc as diagnosed by other medical professionals.

RESULTS:

The total study sample was 125. Table 1 indicates the proportionate importance of different cognitive factors associated with poor academic performance.

Table 2 indicates the proportionate importance of different non-cognitive factors (found especially within the child) and their association with academic performance.

Table 3 indicates the proportionate importance of different non-cognitive factors (found especially within the family) and their association with academic performance.

Table 1 Cognitive factors associated with academic performance

Cognitive Factors	N	%
Low intellectual curiosity	58	46.4
Not willing to learn	19	15.2
Low achievement motive	23	18.4
Interest and aptitude	25	20.0

Table 2 Non-cognitive factors: factors related to the children themselves

Factors	N	%
Lack of concentration	17	13. 6
Inferiority feeling	15	12
Lack of interest	12	9.6
Lack of resources	17	13.6
Change of School	19	15.2
Excessive work load	26	20.8
Emotional problems	19	15.2

Table 3 Non-cognitive factors: factors related to the family

Factors	N	%
Unsatisfactory home environment	62	49.6
Lack of encouragement		
Domestic Violence		
Separation from the attached parents.		
Over expectation of the parents		
Unfavourable comparison		
Over restriction vs excessive freedom		
Parental attitude which do not		
motivate them to study	62	49.6
Poor socio-economic status of		
the family	17	13.6
Inadequate education of the parents	15	12
Stressor in the family ·	17	13.6
Poor emotional attachment with parents-		
Loss of attached parents in early life.	14	11.2

Table 4 Non-cognitive factors: factors related to the school

Factors	N	%
Poor environment of the school	21	16.8
Undisciplined teacher	21	16.8
Unattractive school	24	19.2
Lack of stimulation and inspiration	16	12.8
Noisy environment of the school	22	17.6
Attitude of the teacher	21	16.8

Table 5 Non-cognitive factors: factors related to the society

Factors	N	%	_
Social depreciation	14	11.2	
Bad company	17	13.6	
Poor model to imitate	28	22.4	
Bad neighbour	21	16.8	
Gender discrimination	18	14.4	
Poverty	16	12.8	
Cultural differences	11	8.8	

Table 4 indicates the proportionate importance of different non-cognitive factors (found especially within the school) and their association with academic performance.

Table 5 indicates the proportionate importance of different non-cognitive factors (found especially within the society) and their association with academic performance.

DISCUSSION:

Two basic etiological factors were found associated with scholastic backwardness. One is cognitive factors while the other one is non-cognitive factors. The cognitive factors included low intellectual curiosity, unwillingness to learn; low achievement motive and interest and aptitude occupied a central position.

The results indicate that academic endeavour is not only affected by intelligence; rather several cognitive and noncognitive factors influence it. In our study, out of 125 subjects none were mentally retarded or had below average intelligence. Cognitive factors like low intellectual curiosity, unwillingness to learn, low achievement motive; interest and aptitude may be adversely associated with academic performance. 58 children (46.4 %) had low intellectual curiosity to acquire the innovative knowledge. As reflected in the clinical interview as well as behavioural observation it is pertinent to mention here that they were often lethargic and accepted the things as they were occurring and did not show the desire to know more. 19 children (15.2 %) were not willing to learn. They were more interested in other school activities apart from academics. When asked regarding their future plans, they said that they would just get enrolled anywhere to get job. 23 children (18.4 %) had low achievement motive; they just wanted to secure pass marks in the examination. 25 children (20 %) were either not interested in academics or were having different aptitude.

Under the non-cognitive factors, factors within the child play an important role in scholastic performance. Factors like lack of concentration, inferiority feeling, moodiness / impulsiveness, lack of resources, change of school, excessive work load, and emotional problems like anxiety, fear due to school environment, hesitation to speak, submissiveness etc. are found to be associated with poor academic performance. Among them, excessive work load (20.8 %) occupied the central position. 26 children (20.8 %) reported being over burdened due to home work; they did not have time to learn anything more after returning from school and completing the home work. 19 children (15.2 %) reported getting enrolled few months back to this school and they are not familiar about school curriculum. Except the name of class teacher they did not know the names of most of the school teachers. Again, 19 children (15.2 %) reported emotional problems at home. These children were afraid of male figures; the reasons included, father's death, father staying separately due to his occupation, parents separated or divorced. 17 children (13.6 %) reported they did not have sufficient resources to study. Fathers were not in a position to purchase all the course books and school library was not well equipped with entire course books. The parents of 17 children (13.6 %) reported that their child could not concentrate on a topic for a desirable duration and they would be running here and there leaving the course work incomplete. Such children reported getting distracted by the television sound; this being played next to the study room. 15 children (12%) were found submissive; they had limited friends and did not participate in any extracurricular activities. They had inferiority feelings and believed they could not complete the tasks independently.

A healthy family environment fosters academic achievement while the disturbing factors at home may reduce child's academic endeavour. Unsatisfactory home environment like lack of encouragement from parents, domestic violence (between the parents, and between the parents and children), separation from the parents (especially, mother), parental over-expectation, unfavourable comparison, etc were found in 62 children (49.6 %). In 17 cases (13.6 %), parents did not motivate their children to study. They would pass comments like 'there is no point getting rank in school; after finishing your schooling you have to any way join the family business'.

17 parents (13.6 %) had inadequate education. Fathers were matric (X) pass and mothers were illiterate. Even though they were less educated, they were earning good money by engaging in agricultural work, business or being self employed. 15 children (12 %) belonged to poor socio economic status. 14 children (11.2 %) had family stressors, such as poor emotional attachment with the parents or loss of parents in early life due to accidents, job or separation.

The environment of the school was also associated with scholastic backwardness. Non-stimulating and noisy school environment, lack of infrastructure, undisciplined teachers with negative attitude who do not stimulate or inspire students, may adversely affect the academic performance of students. Among the various factors unattractive school (19.2%) occupied the first position. 24 children (19.2 %) expressed the desire to study in reputed school; but, they are admitted in a school where there was minimum infrastructure. Teachers were not regular and the syllabus was never completed. The students were forced to undertake home based private tuitions which they could not afford. Teachers were also not satisfied with their salary package and they showed annoyance with government policies. They expressed their inability to punish the child and to fail them up to VIII standard. There were no examination up to VIII standard and the students were promoted every year whether or not they acquired the necessary skills for higher level.

Factors related to home, family and schools are not the only one associated with scholastic backwardness; even social factors are responsible. In our study, poor model to imitate were also found. 28 children (22.4 %) stated that their role models were not their parents or ideal teachers, but movie heroes and heroines who indulged in aggressive acts in movies. 17 children (13.6 %) came from slums where there was no fostering factor to get educated. They stated that their parents discriminated between boys and girls. Boys were getting more opportunity for education, while females were deprived of such opportunities.

Limitations of the study:

Our sample size is small. The results cannot be generalized to the community. Confounding bias cannot be ruled out. An ideal study would be a field research, where the researcher has no control over the extraneous variables.

CONCLUSION:

Our findings are contrary to the commonly held beliefs in our society that intelligence is the only and the most important factor associated with children's attendance in normal schools and academic excellence. In reality, intelligence is just one of the factors. Other factors, cognitive and noncognitive, present within and outside of the child, that is, the society, the neighbourhood, the school, etc are equally responsible. We need to focus on these factors to improve the academic performance of children Future studies should include bigger sample, with both pre and post experimental design where extraneous variables can be controlled.

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References:

- Karande S, Kulkarni M. Poor school performance. Indian J Pediatr 2005; 72:961-7.
- 2. Nair MKC, Paul MK, Padmamohan J. Scholastic Performance of Adolescents. Indian J Pediatr 2003; 70:629-31.
- 3. Mogasale VV, Patil VD, Patil NM, Mogasale V. Prevalence of specific learning disabilities among primary school children in a South Indian city. Indian J Pediatr 2012; 79:342-7.
- 4. García Bacete FJ, Rosel Remírez J. Family and personal correlates of academic achievement. Psychol Rep 2001; 88:533-47.
- 5. Topor DR, Keane SP, Shelton TL, Calkins SD. Parent involvement and student academic performance: a multiple meditational analysis. J Prev Interv Community 2010;38:183-97.
- 6. Ginsburg GS, Bronstein P. Family factors related to children's intrinsic/extrinsic motivational orientation and academic performance. Child Dev1993; 64:1461-74.
- 7. Ruben RJ. Effectiveness and efficacy of early detection of hearing impairment in children. Acta Otolaryngol 1991: 482:127-31.
- 8. Zinkus PW, Gottlieb MI. Patterns of Perceptual and Academic Deficits Related to Early Chronic Otitis. Media Pediatrics 1980; 66(2):2-24.
- 9. Keller WD, Bundy RS. Effects of unilateral hearing loss upon educational achievement. Child Care Health Dev 1980;6:93-100.
- 10. Malin AJ. Malin's Intelligence Scale for Indian Children (MISIC). Agra: National Psychological Corporation.
- DSM IV. American Psychiatric Association: Diagnostic and statistical manual of mental disorders, 4th edn. (DSM-IV) Washington, DC; American Psychiatric Association, 1994.

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