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The influence of psychosocial factors on academic performance of adolescents: a quality assurance project

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Adolescence is a period of rapid physical, mental, emotional, social and behavioural changes that apply to individuals between the ages of 15 and 24 years, according to the WHO (2001). It is hypothesized that stress during this time may impact both psychological and biological development, with poor coping strategies having lifelong effects and serious consequences. Schools have a role to play in reducing the effects of these stressors on adolescent students and in teaching youth appropriate coping strategies; it has been suggested that more leisure activities in the curriculum, better interaction between faculty and students, increased advisory services and making students responsible for addressing their mental health concerns may help address depression and anxiety among students.

In Pakistan, out of a population of 140 million, 22.5 million are adolescents. Unfortunately, there is little help available from civil society to help adolescents deal with these mental health concerns. Therefore, this project was conducted to focus on the psychosocial factors that impact academic performance among adolescents and to see which interventional strategies could help students overcome anxiety. The objective of the study was to observe if a school health promotion program can help adolescents achieve better academic performance and have short- and long-term effects on mental well-being.

This study was conducted in a private school in Karachi, Pakistan between October 1998 and December 2006. The project involved the study of 305 students with low academic performance in three phases. Phase one occurred in 1998 when a base line survey was conducted among students enrolled at a private school in Karachi, Pakistan. This survey was conducted among 700 newly enrolled students between the ages of 14 to 16 years. Of those, 43.5% (n=305) were identified as having poor academic performance based on exam results and reports of student counsellors. Interviews were conducted to measure attributes like self-esteem, confidence and attitude, using a combination of structured and open-ended questions. Phase two involved rolling out the intervention package. All students received an intervention package consisting of mental health awareness sessions (stress management, stress prevention, relaxation), physical education classes (aerobics). Counselling sessions (to assist students with problem identification, goal setting, implementation and evaluation) were only given to students with poor academic performance (below satisfactory), those with low self-esteem, a lack of confidence, lack of a positive attitude and poor decision-making skills. Interventions were carried out by a professional school health nurse-cum-student counsellor. Phase three involved program evaluation. Quantitative evaluation was conducted in the year 2000 and qualitative evaluation was conducted in the year 2006. The quantitative evaluation was conducted using a semi-structured tool with some open-ended questions to discern about self-esteem, decision-making, and attitude toward academic learning and time.
management. The qualitative evaluation involved only three questions: if the health interventions conducted at school were effective, if the health education was helpful, and if there were any recommendations that could be made for similar programs.

The quantitative data, once collected, was thematically analysed using SPSS software. Descriptive analysis showed that students belonged to middle-class families and had parents with between 12 to 14 years of schooling, employed in white-collar jobs scored low grades. They had a mean score of 55±2.8 (mean and standard deviation) and a postintervention score of 56±2.6. After administering the intervention package, data showed that the students whose performance was formerly below satisfactory had enhanced self-esteem, level of confidence, a more positive attitude toward learning, improved time management and better decision-making skills. The t-test showed a significant difference in reducing the number of students with low grades (Table I). The long-term qualitative evaluation highlighted the importance of holistic care at the school level, the multifaceted role of the school health nurse and counsellor, and the importance of counselling to help cope with stress.

Table I: Pre and post-intervention difference among school students with low grades.

<table>
<thead>
<tr>
<th>Pre intervention</th>
<th>Postintervention</th>
<th>Paired t-test</th>
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<tr>
<td>55 ± 2.8</td>
<td>56 ± 2.6</td>
<td>(p-value of t=0.001)</td>
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Overall, the interventional package had a positive impact on learning. Thus, school-based mental health interventions may have positive benefits when implemented properly. This is not to discount the role that parents can play in their child's success. In this study, female students mostly received counselling sessions, even though the school was co-educational.

This study suggests that in an academic institution, the presence of a support system can enhance the learning capacity of adolescent students by helping them develop or improve their coping mechanisms. Ideally, all schools should promote mental health programs in order to foster healthy living and behaviour among students. Thus, all schools should promote mental health programs in their respective schools in order to raise healthy individuals.

Another outcome of this study is a better understanding of the role that the school health nurse plays within the school: preventative, promotive, and that of a counsellor. Her role is holistic, and thus she must be well-educated in all matters relevant to adolescent health.

Looking at the above-mentioned narration in qualitative analyses, it could emerge that presence of a health professional at school like School Health Nurse could be considered a branch of preventive medicine, which deals with the occasional medical inspections of school going children. Bi-annual or annual medical checkups of school children helps parents manage the health of their children. This health professional also provides health education, health counselling and advocates for students with health problems. School nurses are well positioned to take the lead for the school system in partnering with community physicians, community organizations, and Medicaid and Children's Health Insurance Program staff to assist families and students to enroll in the state health insurance programs and find a medical home for each student.

Progress in academic life is associated with psychosocial stressors among adolescents. Providing students with an interventional package at the school level has a significant impact on reducing these stressors.

**REFERENCES**