

**ORIGINAL RESEARCH ARTICLE****PSYCHOSOCIAL PROBLEMS AMONG THE SCHOOL CHILDREN OF WORKING AND NON- WORKING MOTHERS****P Koirala<sup>1\*</sup>, R Subba<sup>1</sup>, M Lopchan<sup>1</sup>**<sup>1</sup> College of Nursing, Chitwan Medical College, Bharatpur-13, chitwan Nepal**\*Correspondence to:** Ms. Pratima Koirala, Lecturer, College of Nursing, Chitwan Medical College, Nepal.Email: [pratimakoirala61@yahoo.com](mailto:pratimakoirala61@yahoo.com)**ABSTRACT**

Adolescence is the period in human development during which several dramatic changes at biological, social, psychological and cognitive levels take place. The objective of this study was to find out psychosocial problems among school children of working and non-working mothers. A descriptive comparative research design and Probability Stratified Random sampling technique was applied in which 120 (60 working and 60 non working mothers') school students of grade 9 and 10 selected from two Government Higher Secondary Schools of Bharatpur. Structured questionnaire and Youth Pediatric Symptoms Checklist-17 (YPSC-17) were administered. Data was analyzed by using IBM SPSS version 20 and Mean, Standard Deviation, t-test and chi-square test were applied. This study showed that school children of non working mothers' (11.7%) had slightly more psychosocial problems than working mothers' (8.3%). Male respondents of non working mothers experienced more psychosocial problems (29.4 %) than female (4.7%). Prevalence of psychosocial problems was found among school children of both working and non working mothers but there is no association between the psychosocial problems and employment status of mothers. Thus maternal employment status is not the exclusive reason behind the development of psychosocial problems among school children.

**Key words:** Psychosocial problem, School children, working and nonworking mothers.

**INTRODUCTION**

Psychosocial problem is a mental illness caused or influenced by life experience, as well as maladjusted cognitive and behavioral processes. Social influences such as peer pressure, parental support, cultural and religious background, socioeconomic status and interpersonal relationship all help to shape personality and influence psychological makeup.

Adolescents are facing multitude of problems throughout the world. Adolescents suffer from psychosocial problems at one time or the other during their development. The major psychosocial problems are internalizing disorders (depression, anxiety), externalizing disorders (delinquency, aggression, educational difficulties) and substance

abuse. Many of these problems are of transient nature and are often not noticed. Further children may exhibit these problems in one setting and not in other (e.g. home, school). Several key transitional periods (moving from early elementary to middle school, moving from middle school to high school or moving from high school to college) can present new challenges for these adolescents and symptoms of dysfunction may occur.<sup>1</sup>

Half of all mental health disorders in adulthood appear to start by age 14, but most cases are undetected and untreated. Around 1 in 6 persons in the world is an adolescent: that is 1.2 billion people aged 10 to 19. Depression is the top cause of illness and disability among adolescents and suicide is the

third cause of death. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems <sup>2</sup>

On an average around 29% of the world's children suffer from psychosocial problems. Psychosocial disorders frequently lead to poor school performance and to dropping-out of school.<sup>3</sup>

Adolescence is a key phase of human development. The rapid biological and psychosocial changes that take place during the second decade affect every aspect of adolescents' lives. These changes make adolescence a unique period in the life-course in its own right, as well as an important time for laying the foundations of good health in adulthood. Some adolescents are particularly vulnerable to poor health and developmental outcomes as a result of individual and environmental factors, including marginalization, exploitation and living without parental support.<sup>2</sup>

## MATERIALS AND METHODS

It was quantitative and descriptive comparative research design. Two government schools of Bharatpur municipality was the study area. Study population was school children of working and non-working mothers who were studying in class 9 and 10. Sample size was 120 school children (60 working mothers' and 60 non-working mothers'). Probability Stratified Random Sampling Technique was used. Self administered structured questionnaire and standardized tool, Youth Pediatric Symptoms Checklist- 17 were used for the collection of data. Verbal consent was taken from each respondent. Privacy, confidentiality and anonymity was assured and maintained. Data were summarized by using descriptive statistical method.

## RESULTS

**Table 1: Mean Difference among Children of Working and Non-working Mothers on the Scores of Psychosocial Problems**

Variables	Children of Working Mothers (n=60)	Children of Non-working Mothers (n= 60)	t-test	p value
	Mean±SD	Mean±SD		
Internalizing problems	2.61± 1.67	2.78± 1.65	-0.547	0.585
Attention problems	2.30± 1.73	2.40 ± 1.53	-0.335	0.738
Externalizing problems	2.68 ± 1.96	3.03 ± 2.38	-0.878	0.382
Psychosocial Problem (total)	7.60 ± 4.35	8.21 ± 4.28	-0.782	0.436

Table1 reveals that, the mean score and standard deviation of internalizing problems were  $2.61 \pm 1.67$  among children of working mothers whereas  $2.78 \pm 1.65$  among children of non working mothers. Regarding attention, the mean score and standard deviation were  $2.30 \pm 1.73$  of respondents among working mothers group whereas  $2.40 \pm 1.53$  among non working mothers. Regarding externalizing, the mean score and standard deviation were  $2.68 \pm 1.96$  of respondents among working mothers whereas  $3.03 \pm 2.38$  of non working mothers.

Regarding psychosocial problems, the mean score and standard deviation were  $7.60 \pm 4.35$  of respondents among working mothers whereas  $8.21 \pm 4.28$  among non working mothers. The calculated p value showed that there were no statistical significant difference between the mean score of psychosocial problems ( $p=0.436$ ); Internalizing ( $p=0.585$ ), Attention ( $p=0.738$ ) and Externalizing ( $p=0.382$ ) of respondents of working and non working mothers.

**Table 2: Respondents' Subscale of Psychosocial Problems of Working and Non Working Mothers**

Variables	Problem	Children of Working Mothers (n= 60)		Children of Nonworking Mothers (n= 60)	
		Frequency	Percentage	Frequency	Percentage
Internalizing problem	Yes	8	13.3	8	13.3
	No	52	86.7	52	86.7
Attention problem	Yes	7	11.7	6	10.0
	No	53	88.3	54	90.0
Externalizing problem	Yes	3	5.0	5	8.3
	No	57	95.0	55	91.7
Psychosocial Problem	Yes	5	8.3	7	11.7
	No	55	91.7	53	88.3

Table 6 reveals that, equal number 13.3% of children of working as well as non-working mothers had equal internalizing problems. Regarding attention, 11.7% of respondents of working mothers and 10.0% of respondents of non working mothers had problems. Regarding externalizing problem, 5.0% of respondents of working mothers and 8.3% of respondents of non working mothers had problem. Regarding Psychosocial problems, 8.3% of respondents of working mothers and 11.7% of respondents of non working mothers had problems.

**Table 3: Association of Socio- Demographic Variables with Psychosocial Problems among Children of Working and Non Working Mothers**

Socio-demographic variables	Children of Working Mothers			Children of Non Working Mothers		
	Psychosocial Problem		p value	Psychosocial Problem		p value
	Absent (%)	Present (%)		Absent (%)	Present (%)	
<b>Sex</b>						
Male	18 (90.0)	2 (10.0)	1.000	12 (70.6)	5 (29.4)	0.016*
Female	37 (92.5)	3 (7.5)		41 (95.3)	2 (4.7)	
<b>Type of Family</b>						
Nuclear	45 (93.8)	3 (6.2)	0.259	41 (89.1)	5 (10.9)	0.660
Joint	10 (83.3)	2 (16.7)		12 (85.7)	2 (14.3)	
<b>Father educational level</b>						
Basic	17 (89.5)	2 (10.5)	1.000	16 (88.9)	2 (11.1)	1.000
Higher	30 (90.9)	3 (9.1)		25 (89.3)	3 (10.7)	
<b>Mothers' Educational status</b>						
Literate	39 (90.7)	4 (9.3)	1.000	33 (84.6)	6 (15.4)	0.404
Illiterate	16 (94.1)	1 (5.9)		20 (95.2)	1 (4.8)	
<b>Mothers' educational level</b>						
Basic	26 (96.3)	1 (3.7)	0.137	20 (80.0)	5 (20.0)	0.391
Higher	13 (81.2)	3 (18.8)		13 (92.9)	1 (7.1)	
<b>Father Occupation</b>						
Working	14 (93.3)	1 (6.7)	1.000	18 (90.0)	2 (10.0)	1.000
Non working	41 (91.1)	4 (8.9)		35 (87.5)	5 (12.5)	

\* Level of significance at 0.05

P value computed by Fisher's Exact Test

Table 10 reveals that psychosocial problems of respondents of non working mothers had statistically significant with the sex ( $p=0.007$ ) which shows that male had more psychosocial problems than female.

There was no significant difference between the psychosocial problems of respondents of working and non working mothers and the type of family, fathers' educational level, mothers' educational status, mothers' educational level and fathers' occupation.

## DISCUSSION

Concerning psychosocial problem, the study revealed that 11.7 % of school children of non working mothers were facing psychosocial problems whereas 8.3 % of school children of working mothers. A study revealed that 25.2 % of school students had psychosocial problems.<sup>1</sup> Likewise another study revealed that 17.03 % adolescent student were suffering psychosocial problems.<sup>4</sup>

Concerning the psychosocial problem of the respondents, there was no significant difference between the psychosocial problem of school children of working and non working mothers in nuclear and joint family structure. This finding is supported by the findings which showed that there was no significant difference between the psychological adjustment of adolescent children of working and non-working women in nuclear and joint family structure.<sup>5</sup>

In the present study psychosocial problems were found among school children of both working and non working mothers but there is no association between the psychosocial problems and employment status of mothers ( $p= 0.436$ ). This finding of the study is contradicted which showed parental involvement were significantly associated with a decreased likelihood of poor mental health.<sup>6</sup> Likewise another study done revealed that children of employed mothers have high emotional maturity.<sup>7</sup>

Concerning sex, the study revealed that more male 29.4% of school children of non working mothers had psychosocial problems than female. This finding is supported by the findings which revealed that male 9.50 % were more affected than female.<sup>4</sup> Likewise another study revealed similar findings psychosocial problems were more in males 34.77 % as compare to females 27.6 %.<sup>8</sup>

## CONCLUSION

Based on the findings of the study it is concluded that there is no remarkable difference in psychosocial problems among school children of working and non working mothers. Psychosocial problems of school children of non working mothers had statistically significant with the sex. In regards to internalizing subscale equal problems was found in the respondents of working and non working mothers whereas attention problem was slightly higher in the school children of working mothers than school children of non-working mothers. In regards to externalizing problem, respondents of nonworking mothers were suffer slightly higher than children of working mothers. In overall, psychosocial problem was found that the school children of non working

mothers had slightly higher than children of working mothers. Psychosocial problems were found among school children of both working and non working mothers but there is no significant different between the psychosocial problems and employment status of mothers. Thus maternal employment status is not the exclusive reason behind the development of psychosocial problems among school children.

## REFERENCES

1. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. *Indian Journal of Community Medicine*. 2007; 5(32): 219-21. Retrieved from: <http://www.ijcm.org.in/text.asp?2007/32/3/219/36836>
2. World Health Organization. Adolescents health risks and solution. Fact sheet. (2014). Retrieved from: <http://www.who.int/mediacentre/factsheets/fs345/en/>
3. Bansal CP. Adolescent stress and its management. *Paediatrics Today*. 2008;XI (4). Retrieved from: <https://scholar.google.com/scholar?oe=utf8&um=1&ie=UTF->
4. Bista B. Psychosocial problems among adolescent students in Hetauda Municipality of Nepal. First National Population Conference. 2014. Retrieved from <http://pannepal.org/event/images/userfiles/files/Paper%201401%20>
5. Khurshid, S., Parveen, Q., & Yousuf, M. I. (2014). A Comparative study of psychological adjustment of the children belonging to working and non-working women in nuclear and joint family system. Division of Continuing Education, PMAS-Arid Agriculture University, Rawalpindi, Pakistan, 18(2). 583-589. Retrieved from: <http://www.krepublishers.com/02-Journals>
6. Hasumi T, Ahsan F, Couper CM, Laguayo J, Jacobsen KH. Parental involvement & mental well-being of Indian adolescents. *Journal of Indian Paediatric*. Department of Global and Community Health. George Mason University, USA. 2012. Retrieved from: <http://medind.nic.in/ibv/t12/i11/ibvt12i11p915.pdf>
7. Hangal S, Aminabhavi V. Self- concept, Emotional Maturity and Achievement Motivation of the Adolescence Children of Employed Mothers and Homemakers. *Journal of the Indian Academy of Applied Psychology*. 2007; 33(1): 103-110. Retrieved from: <http://medind.nic.in/jak/t07/i1/jakt07i1p103.pdf>
8. Muzammil K, Kishore S, Semwal J. Prevalence of psychosocial problems among adolescents in district Dehradun, Uttarakhand. *Indian Journal of Public Health*. 2009;53(1): 18-21. Retrieved from: [www.pubmed.org](http://www.pubmed.org)