



IMPACT OF SELF ESTEEM ON ACADEMIC PERFORMANCE AMONG ADOLESCENCE

SCHOOL CHILDREN

DR.J.Jasmine,

*Professor, CON, MOTHER THERESA POST GRADUATE
AND RESEARCH INSTITUTE OF HEALTH SCIENCES, PUDUCHERRY.*

“Healthy and wealthy adolescents reflect the country’s potential human resource.”

ABSTRACT

Adolescents as an age group usually tend to be subsumed under the categories of either youth or children. One of the main developmental tasks of adolescence is the formation of identity. An important part of individual development is self-esteem. Self-esteem plays a significant role in motivation and performance in schools and sports, the quality of peer relationships, the abuse of drugs and alcohol, teenage pregnancy, the willingness to persevere, resilience and the capacity to bounce back from failure etc. A descriptive study was conducted to assess the common factors leading to Self esteem among adolescent and its effects on their academic performance at selected schools in Puducherry. The objective of the study were to assess the level of self-esteem among adolescent school-children, to identify the association between demographic variables and self-esteem, to find out the impact of self-esteem on their academic performance, to prepare and validate a module to develop positive self-esteem among adolescent schoolchildren and the investigator proceeded on with the study. The study was conducted at various Government Higher Secondary Schools in and around Puducherry. Convenience sampling technique was used to obtain sample. The sample comprised of 500 adolescent students from eighth, ninth and tenth standard (boys and girls) of Government Higher Secondary Schools during the study period. The tool which was used for the study was modified culture free self-esteem inventory. The major findings of the study are many of the students were girls 69.6% (348). Majority of parents were unskilled workers 96.0% (480). 80.0% (400) student’s parent income was above 2000 per month. 50.6% (253) of the student belongs rural area and 49.4% (247) were belongs to urban area. The overall self-esteem score among adolescent students was 70.38%. 57.2% (286) had moderate level of self-esteem and 37.8% (189) students had high self-esteem. There was significant negative correlation between self-esteem and stress that was, adolescent school children self-esteem increases their stress score is decreases. $r=-0.55$ and $P=0.001$. Correlation between self-esteem and academic performance showed significant, positive correlation. This study revealed that the student who was under low self esteem had a low performance in academic activities and this lead to stress related problems. Since, the nurses holding pivotal role in the health-care delivery system, it is needless to say that they can actively take part in alleviating stress of school children and to develop positive self-esteem that will facilitate them to bring academic performance and to avoid stress related problems.

Key Words: Self esteem, Different aspects of self esteem, Adolescents, school children and Academic performance

INTRODUCTION:

India is a developing country, in which urbanisation and modernisation are picking up at high pace. People started living with maximum facilities, with minimum strain. So life is too mechanical and people are subjected to a high degree of stress that predisposes them to many problems.

Adolescents as an age group usually tend to be subsumed under the categories of either youth or children. One of the main developmental tasks of adolescence is the formation of identity. The identity encompasses physical appearance, feelings about self and sexuality, cognition and the ability to communicate efficiently, social status, value system, relationship with others and independence. During the early adolescence, the tasks normally accomplished are physical maturation, membership in the peer group and heterosexual relationship. During later adolescence, the tasks include autonomy from parents, sex role identity, morality and choice of career. If these tasks are not achieved and properly resolved, role-confusion results, which may cause problems like mood changes, personality disorders and inability to take on mature roles in society.²³

An important part of individual development is self-esteem. Self-esteem plays a significant role in motivation and performance in schools and sports, the quality of peer relationships, the abuse of drugs and alcohol, teenage pregnancy, the willingness to persevere, resilience and the capacity to bounce back from failure etc.

BACKGROUND OF THE STUDY:

Adolescence has frequently been called “the tumultuous teens”. As defined by the World Health Organization, adolescence is the period between 10 and 19 years. These are the formative as well as impressionable years when the maximum amount of physical, psychological and behavioral changes takes place. Adolescence is the transition from a “child” into an “adult”. The “child” explores new ideas, widens his/her horizons and finally assumes greater responsibility and individual identity.⁵

Hall’s Theory: Adolescence as Storm and Stress describes that self-esteem reflects how children feel and think about themselves and how they view their competencies. It develops as an interaction of inborn temperament and environmental forces. Conflicts in development of self-esteem can also lead to psychological problems in adolescents. Low self-esteem, poor self-image, eating and sleeping disturbances and increased anxiety levels are warning signs that can help to identify “crisis children” at an early stage. Parents and teachers should be quick in seeking expert help. Building value systems and appropriate goal-setting are of prime importance for preventing suicides in children.²²

METHODOLOGY

A descriptive and exploratory design was selected. A culture free self-esteem inventory battle (1981) were used to describe and document the aspects of a situation as it naturally occurred and explored the dimension of a phenomenon. The setting selected for this study was Government higher secondary schools of Puducherry out of 74 higher secondary schools 36 schools belong to Gvernment of Puducherry and 38 schools belong to private institutions. The sample consists of 500 adolescent students between the age group between 13 to 17 years, studying from eighth to tenth standard at selected Government Higher Secondary School, Puducherry.

Simple random and convenience sampling technique was followed to select the sample. The tools developed for the study are questionnaire for demographic data, questionnaire to assess the level of self-esteem that is culture, free self-esteem inventory (BATTLE-1981). This was developed by *Battle J. (1981)*, to study the self-esteem. Since the tools is used in various Indian settings and standardized on Indian population, it was selected for the present study. This is a set of three inventories measuring self-esteem in children and adults. The

3 forms are Form 'A' which contains 60 items and measures self-esteem in children Form 'B' is a shortened version of 'A' with only 30 items and form 'AD' has 40 items applicable to adults. As a culture-free inventory it has no difficulty as far as its administration is concerned. For this study Form A was selected to measure the self-esteem of children.

Research Design:

A descriptive and exploratory design was selected. The culture free self-esteem inventory battles (1981) were used to describe and document the aspects of a situation as it naturally occurred and explored the dimension of a phenomenon.

Variables:

The independent variables were self-esteem and stress of adolescent students. The dependent variable was academic performance of the adolescent students.

The Setting:

The setting selected for this study was Government higher secondary schools of Puducherry. Puducherry is a semi-urban state comprising of 9, 73,829 population (Census 2001) with four regions i.e. Puducherry, Karaikkal, Mahe and Yanam. There are 95 higher secondary schools in Puducherry Union Territory (both Government and private schools). It includes all regions of Puducherry i.e. Puducherry, (74), Karaikal (15), Mahe (5) and Yanam (1). In Puducherry out of 74 higher secondary schools 36 schools belong to government of Puducherry and 38 schools belong to private institutions. The Government higher secondary schools are functioning between 9.30am to 4.15pm. During Morning there are 4 periods and in the afternoon 3 periods of 45 minutes each with the interval of 10 minutes in the morning session. Lunch break is between 12.55pm to 2pm.

Considering the feasibility of the setting the Government schools were selected by the investigator to undertake the study. Permission was obtained from the principals of the school, Government of Puducherry. The investigator was allotted a separate classroom to interview the students leisurely.

Population of the Study:

All the adolescent students studying in Government higher secondary schools between eighth to tenth standard and who are between the age group of 13 to 17 years.

The Sample:

The sample consists of 500 adolescent students between the age group between 13 to 17 years, studying from eighth to tenth standard at selected Government Higher Secondary School, Puducherry.

The Sampling Technique:

There are 36 Government higher secondary schools in Puducherry. Out of these, four schools were selected randomly and convenience sampling technique was followed to select the sample. 500 samples were selected, 247 from the urban and 253 from the rural area. Students studying between eighth to tenth standard were selected for the study.

Inclusion Criteria for Selection of Sample:

- Only students studying between eighth to tenth standard.
- The students between the age group of 13 to 17 years were only included in the sample.
- Students who were present at the time of interview.

Criteria for Exclusion:

- Students under less than 13 years of age and above 17 years of age were excluded.
- Students studying in private schools were not included.
- Students below Eighth standard were also not considered.

Development and Description of Tool:

The tool developed for the study are questionnaire for demographic data, questionnaire to assess the level of self-esteem, that is culture, free self-esteem inventory (BATTLE-1981), and questionnaire to assess the level of stress that is adolescent adjustment scale (PASS-1970)

Section A -Demographic Variables – Appendix IV

Section B – culture-free self-esteem inventory (Battle1981) –Appendix V

(Paneer, Rao, Ramalingaswamy and Sharma) – Appendix VI

Description of the Tool:

Section A

Questionnaire for demographic data consists of age, sex, standard, occupation, parent's income and the area of the school.

Section B

Questionnaire to assess the self-esteem which is described as follows

CULTURE FREE SELF-ESTEEM INVENTORY (BATTLE, 1981)

This was developed by *Battle J. (1981)*, to study the self-esteem. Since the tools is used in various Indian settings and standardized on Indian population, it was selected for the present study. This is a set of three inventories measuring self-esteem in children and adults. The 3 forms are Form 'A' which contains 60 items and measures self-esteem in children Form 'B' is a shortened version of 'A' with only 30 items and form 'AD' has 40 items applicable to adults. As a culture-free inventory it has no difficulty as far as its administration is concerned. For this study Form A was selected to measure the self-esteem of children.

Multiple factor analysis of form 'A' by the author revealed five subscales, namely:

- 1) General self-esteem items (20 items)
- 2) Social /peer-related self-esteem items (10 items)
- 3) Academic / school related self-esteem items (10 items)
- 4) Parents / home-related self-esteem items (10 items)
- 5) Lie items or items indicating defensiveness (10 items)

The items in the instrument are divided into three groups: those which indicate high, moderate and low self-esteem and those which indicate low self-esteem. The individual checks each item as either 'yes' or 'no'.

This test may be individually or group administered. It may be administered in written form or orally. For the purpose of the present study the test was administered in small groups of 20 children. Items were read out and explained answers were recorded by the subjects on their given sheets.

The scores for the culture self-esteem inventory are derived by totaling the number of items checked that indicated high self-esteem, with the lie scale items. The highest possible total score on form 'A' is 50 and on lie or defensiveness it is 10.

RESULTS AND DISCUSSION

Many of the students were girls 69.6% (348). Majority of parents were unskilled workers 96.0% (480). 80.0% (400) student's parent income was above 2000 per month. 50.6% (253) of the student belongs rural area and 49.4% (247) were belongs to urban area. The overall self-esteem score among adolescent students was 70.38%. 5.0%(25) had low self esteem, 57.2% (286) had moderate level of self-esteem and 37.8% (189) students had high self-esteem.

Different aspects of self-esteem

Different aspect Self-esteem	No. of items	Min–Max score	Self-esteem	
			Mean score	%
General self-esteem	20	0 -20	14.04	70.20%
Social/peer related self-esteem	10	0 -10	6.07	60.70%
Academic/school-related self-esteem	10	0 -10	7.13	71.30%
Parents/home -related self-esteem	10	0 -10	7.77	77.70%
Items indicating defensiveness	10	0 -10	7.22	72.20%

There is significant association between age, level of education and place of residence of the children with their level of self-esteem. Age of children increases the level of self-esteem also increases. Urban children had more self-esteem score (43.3%) than rural school children (32.4%). There is no association of level of student's self-esteem with their parent's occupation and income status or sex.

The general esteem academic self-esteem and home related self-esteem are closely associated with their place of residence (P=0.001, 0.02 and 0.001). Level of education of children and place of residence associated with their stress (P=0.05 and 0.001). Urban children 15.09% (37) had more stress score than rural school children 5.1% (13). Home and teacher related stress are closely associated with sex of the children (P=0.006, 0.01). All aspects of stress, the girls perceived more stress than boys. Education status of students increases, their teacher related stress also increases.

Gutiérrez-Saldaña P, Camacho-Calderón N, et.al. (2007) conducted a study to determine the relationship between academic achievement, self-esteem and family function in adolescents, Pupils with high academic achievement had high self-esteem, 68%. Pupils with low academic achievement had low self-esteem. Upon establishing a relationship between academic achievement and family dynamics, it was found that family dysfunction is a risk factor and they concluded, Low self-esteem and family dysfunction are risk factors for low academic achievement.

There was significant negative correlation between self-esteem and stress that was, adolescent school children self-esteem increases their stress score is decreases. $r=-0.55$ and $P=0.001$. Correlation between self-esteem and academic performance showed significant, positive correlation.

CONCLUSION

The study results highlights that self esteem plays a vital role in developing the total performance including academic output. Since, the nurses holding pivotal role in the health-care delivery system, it is needless to say that they can actively take part in alleviating stress of school children and to develop positive self-esteem that will facilitate them to bring academic performance and to avoid stress related problems.

CONFLICT OF INTEREST

There is no conflict of interest to publish this article.

SOURCE OF FUNDING

Self finance

ETHICAL CLEARANCE

Ethical clearance was obtained to conduct this study from the Directorate of education and concerned Schools, Government of Puducherry. Permission was obtained from the Principal's of concerned Schools and informed consent was also obtained from the students.

BIBLIOGRAPHY

BOOK

1. Abu-Saad I. Self-esteem among Arab adolescents in Israel. *J Soc Psychol*; 139(4):479-86. 1999 Aug.
2. Babara Schoen Johnson. *Psychiatry Mental Health Nursing. Adaptation and growth.* London. J.B.Lippincott company; Philadelphia: 1986.
3. Barbara. F Weller, Sherta Barlow. *Pediatric Nursing.* VII ed. ELBS with Bailliere Tindall; U.K. p 3. 1991.
4. Betty Nellman. *The Nellman system model Application to nursing education.* USA. Pg 8-15. 1982.
5. Cravem (RF). *Fundamentals of nursing. Human health and function.* 5th edition. Philadelphia: Lippincott Williams & Wilkinson; 2007.
6. Elizabeth B. Hurlock. *Developmental psychology a life span Approach.* 5th edition. Tata McGraw-Hill publishing company Ltd.; New Delhi.
7. Filozof EM, Albertin HK, Jones CR, Steme SS, Myers L, McDermott RJ. Relationship of adolescent self-esteem to selected academic variables. *JSch Health.* 1998 Feb; 68(2):68-72.
8. Harjnit Singh. *Text book of Pediatric Nursing.* 1st ed. Interprint; New Delhi: p 7-20. 1996.
9. Harkreader H. *Fundamentals of Nursing: caring and clinical judgement.* 3rd edition. Canada: Saunders; p. 1098-1099. 2007.
10. Harold I. Kaplan, Benjamin J. Sadock. *Comprehensive TB of psychiatry.* VI ed. Vol.2. Williams & Wilkins; Maryland: p 2367. 199
11. J. Viswanathan A.B. Desai. *Achars TB of pediatrics.* 3rd ed. Orient Longman Ltd; Hyderabad: p 17-19. 1989.
12. Jan D' Onofrio. Ed. Elisse. *Adolescent stress national association of secondary school Principals.* Virginia: Pg 7-14. 1990.
13. Joan comez. *Liaison Psychiatry: Mental Health Probs in city.* Croom Helon; London: p 246. 1987.
14. Jonathan C. Smith. *Stress Mgt: A Comprehensive Handbook of Techniques and strategies.* I ed. Jaypee Brother Publishes (P) Ltd; New Delhi: p 18-25. 2005.
15. Judith Haber, Pamela Puie Hoskins. *Comprehensive Psychiatry Nursing.* 3rd ed. MC Craw Hill Book Company; New York: p 447, 44, 112, 920, 921, 1053. 1987.
16. KP Neeraja. *Text Book of Growth & devt. For Nursing Students.* I ed. Jayee Medical Publishers (Pvt) Ltd; p 201-242. 2006.
17. Laurence C. Kolb, H. Keith H. Brodie. *Modern Clinical Psychiatry.* X ed. with Saunders Company; Tokyo: p 74, 695-696. 1982.
18. Lippincott, William and Wilkins. *Health Assessment: A Nursing Approach.* 3rd Ed. Fuller (J); Philadelphia: 2000.
19. Louise Rebraca Shivers. *Basic Concepts of Psychiatry: Mental Health Nursing.* 2nd ed. J.B. Lippincott company; New York: Pp: 499. 1990.
20. Louise Rebraca, Shives Basu. *Concepts of Psychiatry Mental Health Nursing.* 7th ed. Wolterskluvu India (Pvt) Ltd; New Delhi: p 549. 2009.
21. Myers D.G. *Social psychology.* 8th edition. India: Tata McGraw Hill; p.64. 2005.
22. Pantette D. Rollanit, Joyee J. Hamlin. *Mcosloy's Review series: Pediatric Nursing.* Mosby; USA, p 2. 1996.
23. Parthasarathy. A, Menon PSN, Nair MKE, IAP. *Text book of pediatrics.* 2nd Edition. New Delhi: JayPee brother medical publishers (P) Ltd; Pg no. 761. 2002.
24. Richard E. Behrman. *Neleon: TB of pediatrics.* 2nd ed. Prusin Books Pvt. Ltd.; Bangalore: p 10-14. 1993.

25. Rueger SY, Malecki CK et al. J Youth Adolesc. Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: comparisons across gender. Jan;39(1):47-61.2010.
26. Saundra K. Ciccarelli, Glenn E, Meyer. Psychology: Pearson Longman. Pearson education publication Inc.; p.296. 2008.
27. Shelley E. Taylor. Health psychology. 6th edition. Tata McGraw Hill; p.153.2007.
28. Shives (LR). Basic Concepts of Psychiatric mental health nursing. 7th edition. Philadelphia: Wolter Kluwer/ Lippincott Williams &Wilkinson; ISBN 9780781797078.
29. SurajGupte. Recent Advances in Pediatrics. Vol.14. Jaypee Brother Med. Publishers; New Delhi: Pp: 546.2004.
30. Thomas P.Harketl, Ned H.Cessem. Handbook of General Hospital Psychiatry. 2nded. PSY Publishing Company;Massailusetts: p.320-330.1987.

WEBSITE

31. Family transaction and adjustment during early adolescence from <http://jea.sagepub.com>
32. www.currentnursing.com
33. www.google.com
34. www.nursingtimes.com
35. www.nursingzone.com
36. www.pondicherry.org
37. www.puducherryecensus.com