MAK HILL Publications Research Journal of Medical Sciences

Research Article
doi: 10.36478/makrjms.2024.6.325.329

School Absenteeism in Children and Factors Associated with School Absenteeism

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Abstract
Absenteeism from school is a serious public health issue for mental health professionals, physicians and educators. Unexcused absences from school are a key risk factor for violence, injury, substance use, psychiatric disorders and economic deprivation. If left un-addressed, school refusal behavior can lead to serious short-term problems such as distress, academic decline, isolation from peers, family conflict and financial and legal consequences. Common long-term problems include school drop-out, delinquent behaviors, economic deprivation, social isolation, marital problems and difficulty maintaining employment. We need to remember that school absenteeism may be a cry for help and only a symptom of deep-rooted psychological or adjustment problems. Present study was carried out with the objectives to study factors resulting in school absenteeism in children and to study association of school absenteeism with Age, Gender, Socioeconomic status, Nutritional status, school performance and Parent's education. Cross sectional study was conducted among 350 children in an English medium school near Mumbai Port Trust Hospital, for a period of 6 months. Parents of children who remained absent were interviewed using a pre-designed questionnaire. The questionnaire consisted of Sociodemographic profile, clinical examination and reasons for school absenteeism were collected. The questionnaire was validated by external and internal peers. Data was analyzed using SPSS 22 version software (IBM SPSS Statistics, Somers NY, USA). Chi-square test was used as test of significance for qualitative data. p value of <0.05 was considered as statistically significant. Majority of children were in the age group 8 years, 206 subjects were males and 144 subjects were females, among mother's majority of them were educated up to 8-10th std, among fathers, majority of them were educated up to 12th std, among mothers' majority of them were semi-skilled workers and majority of children had grade of 80-90%. Age and Grade of marks were significant factor associated with school absenteeism. Age, BMI and General physical examination findings were significantly associated with gender in children with school absenteeism. There was significant difference in causes for School absenteeism between males and females. School absenteeism is significantly high among school children. Age and Grade were significantly associated with school absenteeism among children. Medical causes were the most common cause for school absenteeism. Between Genders, factors such as age, BMI and General physical examination findings were significantly associated with absenteeism.

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Key Words
School absenteeism, children, associated factors

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Received: 29 March 2024
Accepted: 30 April 2024
Published: 8 May 2024

Citation: Shrikant Hemant Joshi, V. Kuzhanthai Veerappan, Rushna Bano and H.R. Rohit, 2024. School Absenteeism in Children and Factors Associated with School Absenteeism. Res. J. Med. Sci., 18: 325-329, doi: 10.36478/makrjms.2024.6.325.329

INTRODUCTION

Regular school attendance is critical for academic success. Economic success and social upliftment in life is closely related to jobs, whose prerequisite is only academic achievement. The Indian Parliament has passed the historic "Right of Children to free and Compulsory Education Bill, 2008", which envisages providing free and compulsory education to 6-14-year-old children.

Children who attend school regularly achieve good grades. Those who frequently miss school fall behind in their work and do less well in examinations, with poor grades, which is a barrier to their future prospects. Children who are often absent from school are more likely to become involved in, or a victim of, crime and antisocial behavior.

School absenteeism may include specific lesson absence, parentally condoned absence, psychological absence, school refusal and school phobia. Malcolm, *et al*.[1] Use three different terms to describe pupils' non-attendance., (i) 'Truancy' defined as 'absences which pupils themselves indicated would be unacceptable to teachers, (ii) 'Unacceptable absences' defined as 'absences, which were unacceptable to teachers and local education authorities (LEAs) but not recognized as such by pupils' and (iii) 'Parentally condoned absences' resulting from parents or caretakers keeping pupils away from school. Gender disparity in education is also prevalent in India[2].

Absenteeism from school is a serious public health issue for mental health professionals, physicians and educators. Unexcused absences from school are a key risk factor for violence, injury, substance use, psychiatric disorders and economic deprivation[3].

Atkinson, *et al*.[4] provided a useful classification of initiatives aimed at improving attendance, including., (i) Having appropriate service-level agreements., (ii) formulating preventive strategies, involving all pupils within a school or year group or all teachers within a school., (iii) Having clear initial and first-day responses for absence, targeting particular pupils, days and lessons., (iv) implementing appropriate early intervention schemes., (v) targeting pupils whose attendance falls below a certain level., (vi) identifying specific attendance problems in schools., (vii) having good strategies to deal with disaffected behavior. and (viii) fostering appropriate inter-disciplinary and multi disciplinary links.

If left un-addressed, school refusal behavior can lead to serious short-term problems such as distress, academic decline, isolation from peers, family conflict and financial and legal consequences. Common long-term problems include school drop-out, delinquent behaviours, economic deprivation, social isolation, marital problems and difficulty maintaining employment. We need to remember that school absenteeism may be a cry for help and only a symptom of deep-rooted psychological or adjustment problems. Present study was carried out to study factors resulting in school absenteeism in children and to study association of school absenteeism with Age, Gender, Socioeconomic status, Nutritional status, school performance and Parent's education.

Objectives of the study was to study factors resulting in school absenteeism in children and to determine association of school absenteeism with age, gender, socioeconomic status, Nutritional status, Parent education, school performance.

MATERIAL AND METHODS

Cross sectional study was conducted in an English medium school near Mumbai Port Trust Hospital.

Every standard has 3 divisions with 50 students in each division. It has class till 12th standard. Students from age 6-12 years from standard 1-7th standard were included in the study. A total of 350 students were enrolled in the study. Study was conducted from 12 August 2022 to 12 February 2023.

Before starting the study, ethics committee approval was taken. Permission of school principal was obtained. Students from standard 1-7th who remained absent in past 4 months from 12 August 2022 to 12 November 2022 were enrolled in the study. The children from Division A from each standard were selected for study. The Class teacher of A division was interviewed and names of children who remained absent in past 4 months were obtained. Parents of children who remained absent were interviewed using a pre designed questionnaire. The questionnaire consisted of Sociodemographic profile, clinical examination and reasons for school absenteeism were collected. The questionnaire was validated by external and internal peers.

Statistical Analysis: Data was entered into Microsoft excel data sheet and was analyzed using SPSS 22 version software (IBM SPSS Statistics, Somers NY, USA). Categorical data was represented in the form of Frequencies and proportions. **Chi-square test** was used as test of significance for qualitative data. **p value** of <0.05 was considered as statistically significant after assuming all the rules of statistical tests[5,6].

RESULTS AND DISCUSSIONS

Out of 350 children included in this study 300 students remained absent 1-10 days during the school term from 12 August 2022 to 12 November 2022. Majority of children were in the age group 8 years, 206 subjects were males and 144 subjects were females, among mother's majority of them were educated up to 8-10th std, among fathers, majority of them were educated up to 12th std, among mothers' majority of them were semi-skilled workers and majority of children had grade of 80-90%.

Table 1: Association between school absenteeism and sociodemographic factors

		Total No. of children (N = 350)	No. of Children Absent (N = 300)	% Of Absenteeism	p-value
Age (yrs)	6	46	46	100.0	<0.001*
	7	42	*41	97.6	
	8	58	46	79.3	
	9	55	49	89.1	
	10	48	*36	75.0	
	11	55	*40	72.7	
	12	46	42	91.3	
Gender	Male	206	177	85.9	0.894
	Female	144	123	85.4	
Educationstatus of mother	Post-graduation(E1)	02	*01	50.0	0.299
	Graduation (E2)	51	42	82.3	
	12th(E3)	79	68	86.1	
	8th-10th(E4)	153	134	87.6	
	5th-7th(E5)	24	22	91.7	
	1st-4th(E6)	34	26	76.5	
	Illiterate(E7)	07	*07	100.0	
Education status of father	Post-graduation(E1)	25	23	92.0	0.365
	Graduation (E2)	115	94	81.7	
	12th(E3)	117	105	89.7	
	8th-10th(E4)	92	77	83.7	
	5th-7th(E5)	01	01	100.0	
Occupation status of mother	Skilled worker	54	43	79.6	0.164
	Semi-skilled worker	296	257	86.8	
Occupation status of Father	Professional	25	23	92.0	0.346
	Business	06	05	83.3	
	Skilled worker	319	272	85.3	
Grade (% marks)	A1(>90%)	23	*22	95.6	0.045*
	A2(80-90%)	151	133	88.1	
	B1(70-80%)	64	55	85.9	
	B2(60-70%)	79	*61	77.2	
	C1 (50-60%)	21	18	85.7	
	C2 (40-50%)	12	11	91.7	
	D(34-40%)	-	-	-	
	E (Fail)	-	-	-	

Table 2: Association between School Absenteeism and factors between males and females

		No. of children absent(N=300)						
		Male (N=177)		Female (N=123)		Total		
		No.	%	No.	%	No.	%	p-value
Age (years)	6	37	21.0	09	07.3	46	15.3	0.004*
	7	25	14.1	16	13.0	41	13.7	
	8	28	15.8	18	14.6	46	15.3	
	9	28	15.8	21	17.1	49	16.4	
	10	22	12.4	14	11.4	36	12.0	
	11	14	07.9	26	21.1	40	13.3	
	12	23	13.0	19	15.5	42	14.0	
BMI Percentile	Less than 5th	19	10.7	19	15.4	38	12.7	0.022*
	5th-85th	82	46.3	67	54.5	149	49.6	
	85th-95th	27	15.3	21	17.1	48	16.0	
	Above95th	49	27.7	16	13.0	65	21.7	
Grade	>90%(A1)	13	07.3	09	07.3	22	07.3	0.359
	80-90%(A2)	87	49.1	46	37.3	133	44.3	
	70-80%(B1)	29	16.3	25	20.3	54	18.0	
	60-70%(B2)	32	18.0	29	23.5	61	20.3	
	50-60%(C1)	11	06.2	07	05.6	18	06.0	
	40-50%(C2)	05	02.8	07	05.6	12	04.0	
GPE exam	Caries teeth	03	01.6	04	03.2	07	02.3	0.035*
	Lymphadenopathy	11	06.2	02	01.6	13	04.3	
	Pallor	04	02.2	09	07.3	13	04.3	
	Nil	159	89.8	108	87.8	267	89.0	

Table 3: Causes for school absenteeism among males and females

Reason for absenteeism	No. of children absent(N=300)						
	Male (N = 177)		Female (N = 123)		Total		
	No.	%	No.	%	No.	%	p-value
Medical Causes	**156**	**88.2**	**104**	**84.6**	**260**	**86.7**	0.026*
Illness	153	86.4	100	81.3	253	84.3	
Dogbite	00	-	01	0.8	01	0.3	
Eye check appointment	01	0.6	00	-	01	0.3	
Fractureof forearm	00	-	01	0.8	01	0.3	
Injury	01	0.6	01	0.8	02	0.7	
Toothpain	01	0.6	01	0.8	02	0.7	
FamilyCauses	**00**	**-**	**03**	**2.4**	**03**	**1.0**	
Death ofuncle	00	-	01	0.8	01	0.3	
Father wasill	00	-	01	0.8	01	0.3	
Visito funcle and family	00	-	01	0.8	01	0.3	
Social Causes	**20**	**11.3**	**11**	**8.9**	**31**	**10.3**	
Function at home	07	03.9	06	04.9	13	04.3	
Traveloutside	04	02.2	03	02.5	07	02.3	
visited native place	09	05.1	02	01.6	11	03.8	
Logistic	**01**	**0.5**	**05**	**4.1**	**06**	**2**	
Not done homework	00	-	05	4.1	05	01.8	
School bus not came	01	0.6	00	-	01	0.3	

Age and Grade of marks were significant factor associated with school absenteeism. I.e., among children in the age group 6 years, 100% of them had school absenteeism, among children in the age group 7 years, 97.6% had school absenteeism, among children in the age group 8 years, 79.3% had school absenteeism, among children in the age group 10 years, 89.1% had school absenteeism, among children in the age group 11 years, 72.7% had school absenteeism, among children in the age group 12 years, 91.3% had school absenteeism. School absenteeism was highest in the age groups 6 years, 7 years and 12 years respectively and lowest in the age groups, 11 years, 10 years and 8 years respectively. school absenteeism was highest in children with A1 grade (95.6%) and lowest in children with grade B2 (60-70%) (Table 1).

In the study age, BMI and General physical examination findings were significantly associated with gender in children with school absenteeism. Among males, majority of them were in the age group 6 years (21%) and among females, majority of them were in the age group 11 years (21.1%). Among males, majority of them had BMI of 5th 85th percentile (46.3%), followed by >95th percentile (27.7%) and among females, majority of them had BMI of 5th 85th percentile (54.5%), followed by 85th to 95th percentile (17.1%). Among males, 6.2% had Lymphadenopathy, 2.2% had pallor, 1.6% had caries teeth and among females, 7.3% had pallor, 3.2% had caries teeth and 1.6% had Lymphadenopathy (Table 2).

In the study among males, 88.2% had medical causes, 11.3% had social causes, 0.5% had logistic causes and among females, 84.6% had medical causes, 2.4% had family causes, 8.9% had social causes and 4.1% had logistic causes. There was significant difference in causes for School absenteeism between males and females (Table 3).

Absenteeism refers to excusable or inexcusable absences from elementary or secondary (middle/high) school[3]. Excusable absences are absences related to medical illness or injury[3]. Inexcusable absences are absences related to environmental, social, psychiatric, or other conditions. Inexcusable absences may be caused by various factors leading to school withdrawal. Community observed factors include parents deliberately keeping a child home from school for economic purposes, to conceal maltreatment, to prevent abduction from an estranged spouse, to protect a child from perceived school-based threat, to assist a parent with psychopathology, or for other reasons[3]. Numerous factors are known to be associated with school absenteeism. Illness, gender, Neurodevelopmental disorders, psychological problems, Socio-economic reasons and School-based reasons/contributing factors are few factors associated with school absenteeism. The present study was conducted among 350 children in an English medium school located near the Mumbai Port Trust Hospital, Wadala Mumbai. Children in age group 6-12 year. A total of 350 students were enrolled.

Factors resulting in school absenteeism: In present study, among 350 students, school absenteeism was seen in 300 children (85.7%) School absenteeism due to medical causes was observed in 260 (86.7%) children followed by absenteeism due to social causes in 31 (10.3%) children followed by absenteeism due to logistic causes in 6 (2%) children and absenteeism due to family causes was in 3(1.0%) children. Age and Grade of marks were significant factor associated with school absenteeism. Other factors such as Gender, Education status of parents, Occupation status of parents were not significantly associated with school absenteeism. Age, BMI and General physical examination findings were significantly associated with gender in children with school absenteeism. Preena *et al.* observed that illness (54.2%) was the most common cause for absenteeism. The mean number of days of absenteeism over the 6-month study period was 14.3±10.2 days (95% CI 13.5-15.0). Average absenteeism per child was 10.2%. Only 9 children did not miss a single school day[7]. In a similar study by Ananthakrishnan *et al.* absenteeism was more in younger age. Out of all absenteeism episodes, 53.6% were among primary school children, 33.6% among middle school children and 12.7% among high school children. It was also observed that there was no significant gender difference linked to absenteeism. Over a period of one year, 30 out of 54 (55.5%) girls and 40 out of 89 (44.9%) boys had absented from school on one or more occasions. The total number of episodes of absenteeism was 110 (50 in girls and 60 in boys). There was no significant gender difference in either the number of episodes of absenteeism or the number of days lost ($p>0.05$)[8]. The findings was similar to the present study. Awasthi *et al*, observed that Gender (male sex) age group, birth order, parents' education and income, school phobia, school truancy, school load and absenting for family reasons were found tobe independent significant factors related to increased school absenteeism[9].

Taras *et al*. observed that School absenteeism was more among obese children. Research demonstrates that overweight and obesity are associated with poorer levels of academic achievement[10]. Similarly in another study conducted by Geier, Andrew B., *et al.* over weight children were absent significantly more than normal-weight children. Linear regression showed that the obese category remained a significant contributor to the number of day sab sent even after adjusting forage, race/ethnicity andgender[11]. In the present study BMI was a contributing factor for absenteeism between males and females.

Rumberger *et al.* observed that low parent education was linked to school absenteeism[12]. Preena *et al.* observed that low parent income as a contributing factor for high school absenteeism. Male sex, increasing birth border and family size, lower parental education and income were identified to be associated with significant school absenteeism[7]. In another study Kalff, A. C., *et al.* school absenteeism has been directly linked to parents' education and

occupation[13]. However, in the present study parents Occupation and education were not significantly associated with School absenteeism.

Foy, Edward *et al.* observed that lower grades in school were linked tohigh school absenteeism[14]. Similarly, Miller *et al.* observed that school truancy was linked to school performance[15]. In the present study in contrast higher grades was associated with higher school absenteeism.

CONCLUSION

From the study it can be concluded that school absenteeism is significantly high among school children. Age and Grade were significantly associated with school absenteeism among children. Between Genders, factors such as age, BMI and General physical examination findings were significantly associated with absenteeism. Medical causes were the most common cause for school absenteeism.

Recommendations: Measures should be taken for preventing common illness by regular talk in school by medical/paramedical personal regarding hygiene, drinking clean water and avoidance of eating roadside food. Parents should be encouraged to vaccinate their children against diseases like typhoid, hepatitis, influenza. Parents of children having illness like asthma should be counselled regarding need of regular treatment and avoidance of allergic factors. There is a need for schools to have a health committee which would include doctors, nutritionists, social health workers for regular check-up of children and counselling parents for giving proper nutrition and diet to them.

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