# PREVALENCE OF EMOTIONAL PROBLEMS AND ITS CORRELATION WITH CLASS REPETITION AMONG SCHOOLING ADOLESCENTS IN IBADAN SOUTH WEST LOCAL GOVERNMENT AREA, NIGERIA

**BY**

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**A project submitted to the Centre for Child and Adolescent Mental Health, University of Ibadan in partial fulfillment of the requirement for the award of Masters of Science degree**

**JUNE, 2015**

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## DECLARATION

I declare that this work is original. The work has not been presented to any College for a degree nor has it been submitted elsewhere for publication.

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## CERTIFICATION

I certify that this research work was carried out by Mr. Olakunle C. Omojola in the Centre for Child and Adolescent Mental Health, University of Ibadan in partial fulfillment of the requirement for the award of Masters of Science degree

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## DEDICATION

To

My all sufficient Father in whom all things are made possible and

to Mr and Mrs Omojola for their immense support.

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## ACKNOWLEDGEMENT

What a journey! Quite short, quite long. Quite comfortable, quite painful. Quite intensive, quite slow. Very enjoyable, quite tough. From time to time I have had a feeling of being on the 'highway to hell', but with a dream of 'stairways to heaven'. I have heard that it is the journey (being on the road), and not the destination, that makes it worth it. It remains to see whether this is true.

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## List of Abbreviations

**APA** - American Psychological Association

**BDI** - Beck Depression Inventory

**DSM-IV -** Diagnostic and Statistical Manual IV

**J.S.S.** - Junior Secondary School

**LGA** - Local Government Area

**LoI** - Language of Instruction

**NDHS** - Nigerian Demographic and Health Survey

**RSES** - Rosenberg's self-esteem scale

**SDQ** - Strength and Difficulty Questionnaire

**UCH** - University College Hospital

**WHO** - World Health Organization

**SPSS** – Statistical Package for the Social Sciences

**S.S.S.** - Senior Secondary School

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# ABSTRACT

**Background:** Recent studies on the effects of repeating a class due to poor academic performance on adolescent students have consistently shown that the practice produces negative outcomes with regards to the student's academic achievement, socio-emotional development, behaviour, propensity to remain in school, and future employment possibilities. Earlier studies emphasized the need to discourage class repetition policies and recommended the development of interventions to forestall its negative sequelae in schools. However, there is a paucity of similar studies evaluating these issues in Nigeria.

This study, therefore aimed to evaluate the relationship between class repetition and emotional problems among adolescent secondary school students in Ibadan south west local government area of Oyo state.

**Methodology**: A cross sectional study design was employed to assess the relationship between class repetition and emotional problems in the participating schools. Five public secondary schools were randomly selected from the sampling frame of twenty-seven public secondary schools in Ibadan South West Local Government Area of Oyo State. In these schools, a total of 116 adolescent secondary school students, comprising of 58 class repeating and 58 non repeating students gave consent to participate in the study. The two groups were matched on the basis of class.

The Beck Depression Inventory (BDI-II) was utilized to assess for depression; the Strengths and Difficulties Questionnaire (SDQ) to screen for behavioural problems; and the Rosenberg's self-esteem Scale was used to assess self esteem levels of both repeating and non-repeating adolescent students. A socio-demographic questionnaire was used to obtain background information about the students.

**Results**: Data was analysed using the Statistical Package for the Social sciences, 21$^{st}$ version (SPSS - 21). There was a statistically significant relationship between class repetition and



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emotional problems as measured by the BDI-II, SDQ and RSES scales. The findings revealed that repeating students had more depressive symptoms (especially girls), exhibited some behavioural difficulties, had lower self esteem and had poorer views about school than non-repeating students at a statistically significant level ($p<0.05$). Polygamous family background was also found to be associated with class repetition.

**Conclusion:** These study findings revealed that class repetition is significantly associated with depression, low self esteem and behavioural problems among adolescent secondary school students in Ibadan.

It is recommended that school counsellors should be trained to provide psychological support and encouragement, especially for repeating students.

**Key Words**: Emotional problems, Class repetition, Adolescents, Secondary school students

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# CHAPTER ONE

# INTRODUCTION

## 1.1 Background

The class repetition policy, for students with poor academic performance is an age-old practice that is aimed at providing low-achieving secondary school students with an extra opportunity to catch-up with the requirements of moving on to the next class.

However, research has consistently shown that students who repeat a class often suffer from several emotional and behavioural problems (Alexander, et al. 2003). These have very serious implications on their day-to-day functioning with peers; family members, the school system and their capacity to develop and attain their full potential.

The practice of retaining or asking students who could not acquire the required knowledge in an academic year to repeat the year or class is common in the United States and Canada and is an extremely common practice in Francophone and Anglophone sub-Saharan African (Ndaruhutse, 2008). However, this practice of retaining students has repercussions that extend well beyond the repeated year (Frey, 2005). These repercussions are especially dire for adolescents who are going through the turbulence of emotional stress (Erickson, 1968; Fleming, 2004), as well as an increased consciousness of social acceptance concerns from their peers and the society (Kroger, 2000; Fleming, 2004).

Adolescent secondary school students who repeat a class tend to lose confidence in their actual level of competence and thus develop a fear of being mocked by non-repeaters (former and current classmates), as well as the fear of failing again in the future (Troncin, 2005). This is often compounded by peer pressure, taunts and humiliations, and other stressful situations that predispose and propagate isolation and loneliness, low self-esteem and feelings of

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inferiority (Haidary, 2013). Indeed, forcing students to repeat classes can lead to rebellious behaviour which culminates into delinquency and criminality (UNESCO, 1998).

Emotional problems such as depression are a major public mental health problem, as depression alone is responsible for about 4.5% of the global burden of disease (WHO, 2002). Research indicates that the prevalence of behavioural and emotional problems such as depression, and anxiety disorders in adolescents ranges from 16.5% to 40.8%, with girls exceeding boys in all age groups (Pathak et al, 2011). While children and adolescents account for 45% of the Nigerian population, (NDHS, 2013), the commonest emotional and behavioural disorders (depression, anxiety disorders, attention-deficit/ hyperactivity disorder and substance use disorder) affect about 10% to 20% of Nigerian children and adolescents (Omigbodun et al., 2008). These problems interfere with the way they think, feel and act, thereby causing distress and limiting their academic achievements and ability to be economically productive. It may also lead to substance misuse, violence and suicide (Arnett, 1999).

### 1.2 Justification and relevance of study

In many countries, particularly in sub Saharan African, only a small number of adolescents who need mental health interventions for an identified emotional problem, receive basic assessment and care, while others suffer needlessly, as they are unable to access appropriate resources for support and treatment even in their schools. Despite significant progress in research aimed towards developing interventions to meet these mental health needs, adolescent secondary school students who repeat a class are often left to suffer the psychological effects of class repetition, without any attention being paid to their emotional and psychological needs.



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Several studies have evaluated the emotional consequences of the class repetition policy in various climes, which has culminated in policy changes, as well as the development, and implementation of evidence-based interventions. However, there is a paucity of similar studies from Nigeria and the impact of this policy on the emotional wellbeing of adolescent students in Nigeria is as yet, unclear.

## 1.3 Aim of the study

This study aims to evaluate the relationship between class repetition and emotional problems among adolescent secondary school students in Ibadan South-West local government area, Oyo state.

## 1.4 Specific objectives

1. To determine the prevalence of emotional problems among adolescent secondary school students who are repeating a class and those who are not repeating.
2. To determine the relationship between class repetition and emotional problems among adolescent students.
3. To investigate the association between self esteem and class repetition.
4. To determine the factors associated with emotional problems among class repeating students.

## 1.5 Null Hypotheses

Null hypothesis: There will be no statistically significant relationship between class repetition and emotional problems among adolescent secondary school students in Ibadan.



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### 1.6 Primary outcome

The study hoped to identify the association (if any), between adolescent secondary school students who are repeating a class, and low self esteem as well as emotional problems as compared with their non-repeating class peers in Ibadan, Oyo state.

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## CHAPTER TWO

## LITERATURE REVIEW

### 2.0 Adolescence

Adolescence is a period in human growth and development that occurs between childhood and adulthood, from 10 to 19 years (APA, 2002) characterised with changes in the biological, psychological, and social domains of development. Adolescents account for about 20% of the world's population of which 85% of them live in developing countries (NAHIC, 2003).

It is a sensitive period in the developmental process and generally, have been said to be a turbulent time of emotional stress. This idea is related to the Freudian belief that adolescence is a period of conflict between new sexual urges that are owing to physiological maturity and the individual's unconscious prohibitions.

Furthermore, adolescence is a turbulent period that is characterised by struggles to ensure identity formation, and the establishment of autonomy and intimacy among peers. Also, adolescents go through an 'identity crisis' period (Erickson, 1968) in which they become conscious of many social rules and thus pay attention to them. They also struggle to seek approval from their peers and the society at large. In an effort to achieve this psychosocial success, adolescents tend to spend more time with their friends than families, become more involved in multiple hobbies as an attempt to find out what they are good at, and may become more argumentative with their parents and adults (Steinberg and Morris, 2001).

However, Bandura (1972), reported that when adolescent students are resourceful and competent in the face of a daunting social, academic, or emotional task (e.g., making new friends), the potentially stressful experiences become an avenue to boost self-efficacy and build an important repertoire of cognitive and interpersonal skills. On the other hand, when



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these needs are not sufficiently met they may lead to developing emotional and behavioural problems such as poor peer relationships, self esteem problems and rebelliousness to laid down rules and authorities.

## 2.1 Historical perspective on emotional problems in adolescence

A variety of terms have been used to describe abnormal or maladaptive thoughts and behaviour in people. Many of them, such as *mental illness* and *psychopathology*, were originally coined to describe adult conditions and, for the most part, have been regarded as too stigmatizing to apply to children. Another, less stigmatizing term, *emotional disturbance*, seen as more appropriate for use with children, appeared in the late 1900s (Reinert, 1972). However, in the ancient ages, Hippocrates (ca. 460–377 B.C.) had recorded detailed descriptions of abnormal states that he designated as melancholia, representing a state of low mood (depression), mania (hysteria), and phrenitis (brain fever). He defined them as forms of physical illness rather than states of demonic possession and attributed them to brain pathology, emphasizing the importance of heredity, as well as actual injury to the head, as causal factors. Galen (130-200 AD) advanced this line of thinking by dividing the causes of mental disorders into physical and psychological explanations. Despite, these explanations however, abnormal behaviours were still viewed as demonic possession in the middle ages (500-1500 AD) and treatments were performed by the clergy through prayer, laying on of hands, and exorcism. The Renaissance led to the re-emergence of the scientific approach in Europe with the Spanish nun Teresa of Avila (1515-1582) establishing the conceptual framework that the mind can be sick. Both Johann Weyer (1515-1588) of Germany and Reginald Scot (1538-1599) of England used scientific skepticism to prove that the concept of demonic possession was false.



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In recent times, there has been increasing evidence that mental disorders in children and adolescents are treatable (Patel *et al*, 2007; Kessler, 2007; Gladstone & Beardslee, 2009; WHO, 2003).

**2.2Historical perspective on class repetition among adolescents**

Repetition as an educational practice of retaining students who fail to meet up with the standardized cut-off point for an academic year can be traced to the schoolhouses of mid-19th-century America (Holmes & Matthews, 1984).

Schools were first instituted to ensure that children learned to read the Bible, as the way to stop the devil from performing his evil deed. Hence, it was important for a child to repeatedly read the verses of the Bible so as to gain mastery of the verses and then to continually overcome the Devil's devious wiles. As a result, and because settlements were small and likely to be distant from one another, children of all ages were taught as a single class, usually in a one room school house. Morality and religious teachings were the basis for which a student is adjudged to have passed.

As the population of the new nation increased in the 1800s, schools shed some, but not all, of their religious teachings in favour of education as a means of equalizing citizens and reorienting immigrants to the philosophy of democracy (Pulliam & Van Patten, 1995). Compulsory education was still a policy in only a few communities but not for African Americans, and rarely for girls or any child older than 10 years. During this era, students who failed to excel academically were simply withdrawn from school, to work on the family's behalf (Mondale & Patton, 2001).



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The arrival of the Industrial Revolution and the influx of immigrants and freed slaves after the Civil War in America, changed education and gave rise to the practice of repetition. Children were placed in graded classrooms according to their chronological age (Pulliam & Van Patten, 1995) and those who could not perform well were left behind to repeat the class. Since then, class repetition retention had clearly become the intervention of choice for those who could not meet up with academic cut off points. Hence, as a general rule, repetition is a practice influenced strongly by culture and linguistics.

Although schooling started along traditional - religious lines, with concentrated efforts to make sure that students, who were members of households, learn particular ways of worshipping and sacrificing to deities in African communities, this pattern of education gradually began to fizzle out from the tenth to the nineteenth century when Christian missionaries and Islamist groups began to set up 'evangelistic' schools in various rejoins of the continent (Curtin et al., 1995).

Coupled with the colonization of the African continent by Europeans, the patterns of education began to give way for the white man's educational structures. Countries which were colonised were strongly influenced in their educational policies by the systems used by the colonial administrators.

Francophone Africa (for example Gabon, and Equatorial Guinea), and Lusophone countries (for example Angola and Mozambique) all continue to practise repetition, while some Anglophone countries followed patterns of automatic promotion except in very specific circumstances where children have missed a lot of the school year due to illness or other

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reasons (Ndaruhutse, 2008). However, several other countries- including Nigeria, enforce a class repetition policy in most schools.

However, research reviews and three meta-analytic studies from the 20th century (published between 1911 and 1989) do not support the use of class repetition as an academic intervention for students (Holmes, 1989; Holmes & Matthews, 1984; Jackson, 1975). These studies which made use of a naturalistic, pre and post-tests and experimental study designs showed negative associations between grade repetition, and socio emotional adjustment and academic achievements. Jackson (1975) concluded by saying that, "There is no reliable body of evidence to indicate that grade retention is more beneficial than grade promotion for students with serious academic or adjustment difficulties".

Jimerson (2001), in a meta-analysis of class repetition researches (carried out between 1991 and 1999), concluded that evidences from these research works do not support class repetition as an intervention for providing the repeating student with another opportunity for academic achievement or socio-emotional adjustment problems.

Also, Algozzine et al. (2002), suggest that school administrators should consider a wider array of well researched, evidence-based and effective strategies as alternatives to repetition and social promotion. Some examples of evidence-based strategies includes

More recently, McGrath (2006), in a review of researches done on the effect of the class repetition policy on repeating students, concluded that repeating does not improve academic achievement outcomes; does not contribute towards developing good mental health conditions; leads to poor social outcomes and negative attitude towards school; and results into demonstration of behavioural problems.



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### 2.3 Concept of emotional problems among adolescents

Emotional problems refer to symptoms of anxiety and depression, such as sadness, loneliness, worries, feelings of worthlessness and anxiousness. It is characterised by reduced levels of functioning in relation to family and friends, school achievements and personal wellbeing. They are usually classified into two broad categories, emotional- depressed (internalising) and behavioural- rule breaking (externalising) problems (Kovacs & Devlin, 1998).

In DSM-IV, a Major Depressive Disorder is characterized of "at least two weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression" (DSM-IV, p. 317). The core symptoms in a Major Depressive Episode for children and adolescents include 1) feelings of sadness or emptiness, 2) irritable mood or somatic complaints, 3) social withdrawal or diminished interest in nearly all activities, 4) significant and unexpected weight changes or somatic complaints, 5) psychomotoric agitation or retardation, 6) fatigue or loss of energy, 7) feelings of worthlessness or excessive guilt, 8) lack of concentration, and 9) suicidal thoughts (DSM IV, 2000).

Results from epidemiological studies show that depression and anxiety disorders are the most common disorders in childhood and adolescence (Costello, et al, 2003,) and have strong predictions for future risk of psychiatric disorders later in life (Karevold, 2008).

Graber (2004) observed that adolescent girls always have higher rates of depression than adolescent boys. Harter et al., (2001) noted that this gender differences may be linked to biological changes coupled with puberty or to the ways girls socialize and their greater



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vulnerability to stress in social relationship. Considering the prevalence and the serious impact of emotional problems on adolescents, it is important to identify processes that contribute to its development and devise ways of preventing its increase.

In addition, internalising and externalising behavioural problems are linked with academic difficulties (Arnold, 1997). For instance, Hinshaw (1992) stated that inattention and hyperactivity are strongly related to the poor academic achievements of students compared to aggressive behaviours in childhood, whereas anti-social behaviours and delinquency are considered as the stronger correlates with low academic achievement during adolescence. These submissions are in keeping with the findings of Jimerson et al, (2002), that adolescent students repeating a class are more likely to engage in sexual activities, have suicidal intentions and exhibit violent behaviours.

Eke (2004) notes that delinquent behaviours among adolescents can be categorised into criminal and status offences. According to him, criminal offences include stealing, rape, drug offences, murder, burglary, pick pocket, and armed robbery while status offences include running away from home or school, malingering, truancy, bullying and many others. Also, Litria (2013) found that delinquency in adolescents has its manifestations through various structures which include bullying, fighting, running away from home or school, and truancy.

### 2.4 Factors associated with emotional problem among adolescents

The risk factors for mental health problems are best explained as a multi-dimensional interplay of several factors operating at various domains as illustrated by Urie Bronfenbrenner (1994). These risk factors for mental health problems among adolescents are well established and include childhood abuse; family, school and neighbourhood violence; poverty; social exclusion and educational disadvantage, each of which has the capacity to shape the adolescent's psychological development. These factors can be illustrated thus:



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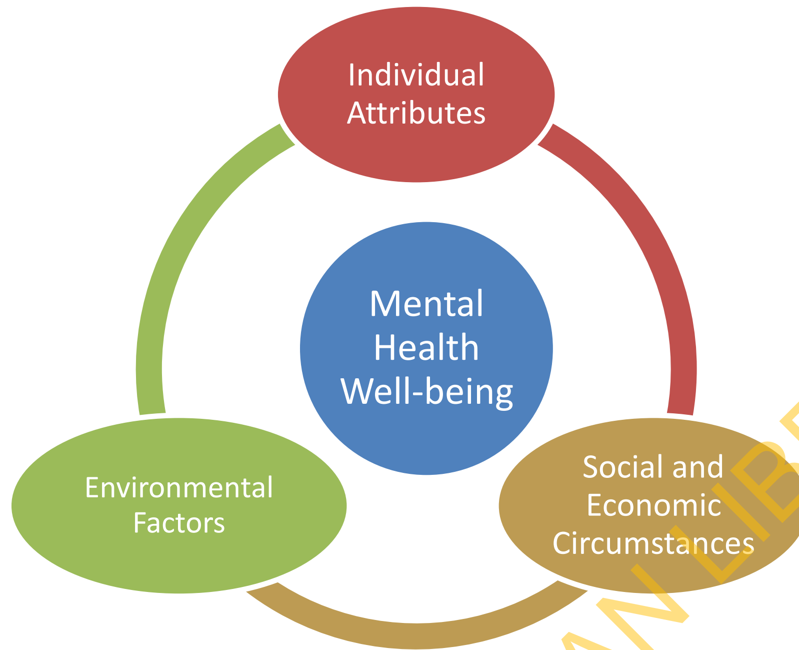


**Fig. 2.1: Risk Factors for developing mental health problems**

**Source:** WHO background paper for the development of a comprehensive mental health action plan, 2012.

**2.4.1 The Family**

The *family*, which is a part of the adolescent's social environment, represents an important unit through which children and adolescents develop psychologically. It has been found that in families, a strong sense of bonding and attachment is related to better emotional development, academic performance, and a reduction in risky behaviours (APA, 2002).

Traditionally, parents are expected to play the most important role, more than peers, the school, and media in influencing development through role modelling and particular parenting practices. Through these ways, parents transfer their own values and beliefs to their children (Eccles, 1993). Children and adolescents according to Bandura (1986) tend to adopt

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behaviours (desirable and undesirable) that they are exposed to. Even though adolescents tend to shift their attention away from their parents, they are actually strongly influenced by the attitudes, values, and behaviours modelled by their parent or caregiver. Hence, 'It is extremely important for adults to open lines of communication and be mindful of the values and behaviours they are demonstrating to youth' (Hazen et al., 2008; Milkman, 2011). A parent who reads, for example, is communicating to his children how much value he places on education, hence the child imbibes his attitude towards education. On the other hand, children who are exposed to hostile and stressful family experiences have increased risk of developing emotional and behavioural problems which, in the long run, have implications on their academic attainment (Margolin and Gordis, 2004).

Child-rearing practices in many other cultures stress interdependence, especially in African societies, sometimes called collectivism, with the focus on ties to family. Children are socialized to think of themselves as being part of a group or community, rather than as an individual who does not think of needing the help or support of those in his or her locality. Interdependence is natural and important to every human activity and offers different options for development according to a prominent Russian psychologist's view regarding cognitive and language development, "All of the higher (psychological) functions originate as relations between human individuals" (Vygotsky, 1978, in Lock, 1989).

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Interpersonal relationships are important factors to consider in the development of emotional problems. The lack of good social skill, such as not being able to interact with other people in a way that does not hurt the feelings of the other person and still results into fulfilling the desired goal for which such interaction is intended, is often associated with depressive symptoms. On the other hand, adolescent students who receive social support, such as mutual



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respect, have low tendencies of developing depressive symptoms. These social supports provide the adolescent with the needed environment to manage stressful situations, such as class repetition that could lead to the development of depressive symptoms.

Parental supports play important roles in influencing adolescents' psychosocial functioning and self-esteem (Baumrind, 1989). Several studies have concluded that a supportive parenting style is positively related to the adolescents identity development and achievement (Sartor and Youniss, 2002), self-esteem (Schotte et al., 2001) and negatively related to depression, delinquency and substance use.

Adesehinwa (2013) found that students' familial background is a catalyst to the academic achievement of the child. This shows that the nature of social interaction within the family influences the child's emotion and psychology about schooling and consequently affects his/her academic performance.

Also, *parental education* has been found to be associated with a wide range of child outcomes indicative of health and well-being. Several researchers have found that the parental educational status is positively related to the physical health, academic achievement, and emotional well being of their children (Carneiro, Meghir, & Parey, 2013; Oreopoulous, Page, & Stevens, 2006). The benefits of parental education go a long way in providing the adolescent with opportunities for self actualization and becoming economically capable of providing for his/her own family. Also, studies have documented link between poverty and low parental educational status and IQ in children (Alexander et al. 1993, Duncan et al. 1994, Zill et al. 1995). Adolescents or children of parents of a low socioeconomic status are often



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not properly catered for which might increase likelihood of developing depression and behavioural problems (McLoyd 1997).

Psychiatric illness and substance abuse in parents, as well as family type (monogamy or polygamy) and marital violence, place adolescents at increased risk of developing emotional problems, as does exposure to the social disruption and psychological distress that accompany armed conflict, natural disasters and other humanitarian crises. The stigma directed towards young people with mental disorders and the human rights violations to which they are subjected amplify the adverse consequences.

**2.4.2 The School environment**

The *school environment*, amongst others, provides a platform through which individual self-concepts are formed and sustained over time (Roeser, Midgley and Urdan, 1996). It is expected to be conducive, free and devoid of strife and a place where a proportion of the adolescent needs are met. Unfortunately, this kind of ideal environment is far from reality. Children and adolescent experiencing physical and emotional abuse from teachers and other staff members at school have been shown to have anxiety problems, while those with poor academic performance show more depressive symptoms (Nguyen, et al. 2013).

Furthermore, the *class room size* (also known as the teacher-pupil ratio) is one important factor to consider. The National policy on Education (1981) in Nigeria approved a maximum of 30 students in a class with teacher-pupil ratio at 1:35.

In underscoring the importance of class size to the learning or teaching process, the All Nigeria conference of principals of secondary schools (ANCOPSS) recommended a maximum of forty students per class for effective management and better control.



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Regrettably, this recommendation has not been 'practically' implemented in most public secondary schools in Ibadan. The situation has negative impact on students' learning, teacher productivity and thus the academic performance of students. Oguntoye (1983) found that class size had negative coefficient with examination performances of students.

McCoy & Reynolds (1999) found that gender is a factor to consider when it comes to class repetition. This was supported by researches that have shown that more boys were likely to be repeating classes compared to girls (Southern Regional Education Board, 2001).

### 2.5 Relationship of poor academic performance with emotional problems among adolescent school students

There is sufficient evidence of an association between emotional problems (e.g., depression) and impairments in role functioning (e.g., academic performance) during adolescence. Previous studies have found that depression predicts later problems in functioning, and that functional problems predict later depression.

Adolescence is a developmental period during which individuals face important social and biological transitions, such as differentiation from parents, creating new friendships, and exploring one's identity (Roisman, et al., 2004) and it is a period that is critical for the onset and development of mental health problems (WHO, 2012). As asserted by several bio psychosocial models of psychopathology, depressive disorders are conditions that develop through different means which could be influenced by biological (e.g., genetic), psychological (e.g., cognitive), and social (e.g., peer relationship) factors. These factors can have both positive and negative effects on the development of depressive problems in the adolescent.



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According to the competency-based model of depression, adolescent students who perform poorly in school may receive negative feedbacks from peers which can predispose them to being at risk of depressive problems. This theory explains that adolescents assess their self-perception through the responses (feedback) they gather from of other people. As a result, if their 'self' is not accepted, they form a negative impression of themselves which in turn might lead to developing depressive symptoms (Galambos et.al, 2006). This can be illustrated thus:

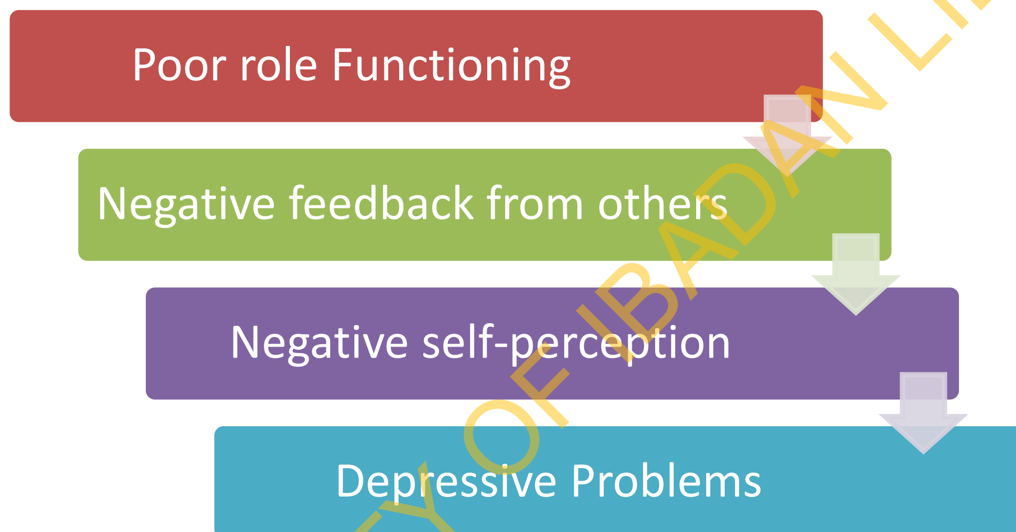


**Fig. 2.2: A description of the competency-based model**

**Source:** Designed by the researcher

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**2.6 Impact of class repetition on emotional well-being and self-esteem of adolescent students**

Although repetition has become the intervention of choice for students who could not meet up with the school's standard to be considered for promotion, its practice has not helped the



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situation of these students (Kelly, 1999). Data from several sources have identified and provided information about the effects of class repetition. McGrath (2006), in a review of three metal- analytic studies concluded that repeating a class does not improve the student's academic performance or social competence but rather places students at risk of further failure; developing a low self-esteem, and negative attitude towards school.

Having to repeat an academic year while peers moved on to the next class is predictive of emotional distresses, low self-esteem, early onset of sexual activity, suicidal intentions and violent behaviours (Jimerson, 2005), especially in boys who are already showing signs of disrespect for rules. In many cases, the social functioning of students who are repeating gradually falls until they lose their status amongst their peers (Jimerson, 2005, Fiske, 2006).

Thus, these finding have led to several moves to either discourage the repetition policy or encourage mass promotion or to put in place interventions that will cater for the emotional well-being of students repeating a class.

Aunola, Stattin, and Nurmi (2000) found that adolescents with low self-esteem employ maladaptive academic achievement strategies, which in the long run, leads to difficulty adapting to school and creating a base for internalising and externalising problem behaviours. While adolescents with higher self- esteem showed higher intrinsic motivation and better academic performance (Redden, 2000).

Kelly (1996) provided a number of intervention programs, ranging from encouraging reading habits in students to organizing after school classes for students in need of support. Also, Algozzine, Ysseldyke, and Elliott (2002) provide a review of research based tactics for effective academic instructions in order to prevent the repercussions of leaving a student behind.

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In Nigeria, although there are research findings on the prevalence of emotional problems among adolescent students, there is no published study on the relationship between class repetition and emotional problems among adolescent secondary school students and the impact (if any) of the repetition policy on emotional wellbeing of students. This study therefore aims to provide information to address this gap in current knowledge in this environment.

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# CHAPTER THREE

# METHODOLOGY

## 3.1 Study Location

The study area was Ibadan, the capital of Oyo state- one of the 36 states in Nigeria and is located in the South-Western geo-political zone of the country. Ibadan has a population of 2.949 million according to the Nigerian demographic profile, 2014. The city is located on longitude 45°E and latitude 30°N and lies within the rain forest belt. Ibadan has a land area of 445-455 $km^2$. Ibadan is further divided into eleven (11) geo-political areas known as Local Government Areas (LGAs), namely; Egbeda, Akinyele, Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, Ibadan South-West, Oluyole, Ona-ara, Iddo and Lagelu. These LGAs consists of 5 urban LGAs in the city and 6 semi-urban LGAs. The principal inhabitants of Ibadan are the Yoruba- speaking people of South-West Nigeria.

There are 2,004 public secondary schools in Oyo State; 969 in Ibadan; and 29 in Ibadan South-West LGA. Schools are open for academic work for three terms, consisting of three (3) months each in one academic year. Schools in Ibadan are open for academic work within the hours of 8am-2pm, five days a week (Mondays – Fridays).

Most secondary schools in Ibadan have both a junior secondary sections, which consist of children aged between 11 and 16 years, and a senior secondary section, which consist of children aged between 16 and 19 years. There are three successive classes in each section, which are divided into arms so as to cater for the increasing number of students in most schools. The least number of arms in most public secondary schools in Ibadan South-west LGA is five, with a class size ranging between 40 and 120 students per arm.

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## 3.2 Study Design

A cross sectional study design was employed to assess the relationship between class repetition and emotional problems in the participating schools.

## 3.3 Study Population

Adolescent secondary school students aged 10-19 years who are currently repeating a class and their colleagues who are not repeating were the study participants.

### 3.3.1 Inclusion Criteria

The inclusion criteria included

- adolescent secondary school students aged 10 – 19years; as well as,
- repeating and non- repeating students.

### 3.3.2 Exclusion Criteria

Students excluded from the study included

- JSS 3 and SSS 3 students, who are likely to be busy with preparations for their examinations; and
- Students who refused to give informed consent or assent to participate in the study.

## 3.4 Sample Size Calculation

Using a class repetition rate of 6% and a precision / absolute error of 5% the sample size was calculated using the formula:

$$\text{Sample size (N)} = \frac{\mathbf{Z^2 P (1-P)}}{\mathbf{d^2}}$$



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Where:

$Z^2$ = the standard normal value at 5% type 1 error ($P < 0.05$) it is 1.96

**P (1 – P)** = the expected proportion in the population

**D** = the absolute error or precision

$$N = \frac{1.96^2 \times 0.06\,(1 - 0.06)}{0.05^2} = 86$$

However, to allow for a non-response rate of 10%, the sample size is increased to 95.

**3.5 Sampling Technique**

Ibadan South-west LGA was randomly selected by balloting out of the sample frame of eleven LGAs that make up Ibadan. A list of all the 29 public secondary schools in Ibadan South -West Local Government was obtained from the Directorate of schools in the state Ministry of Education. Out of this sample frame, ten (10) schools were randomly selected for inclusion in the study. The ten (10) schools were visited by the researcher to investigate if the school enforced a class repetition policy or not, and to gain an idea of the average number of class repeaters per class and per school.

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Thus, five (5) schools that are enforcing the class repetition policy were identified and selected for the study.

To select participants from each school, a register of the students both repeating and non-repeating students were obtained from the class teacher. Non-repeating students were recruited into the study using a systematic random sampling technique. The total number of repeating students was only marginally more than the calculated sample size. Thus, all eligible students were recruited into the study. Consequently, a total of one hundred and sixteen (116) students participated in the study.

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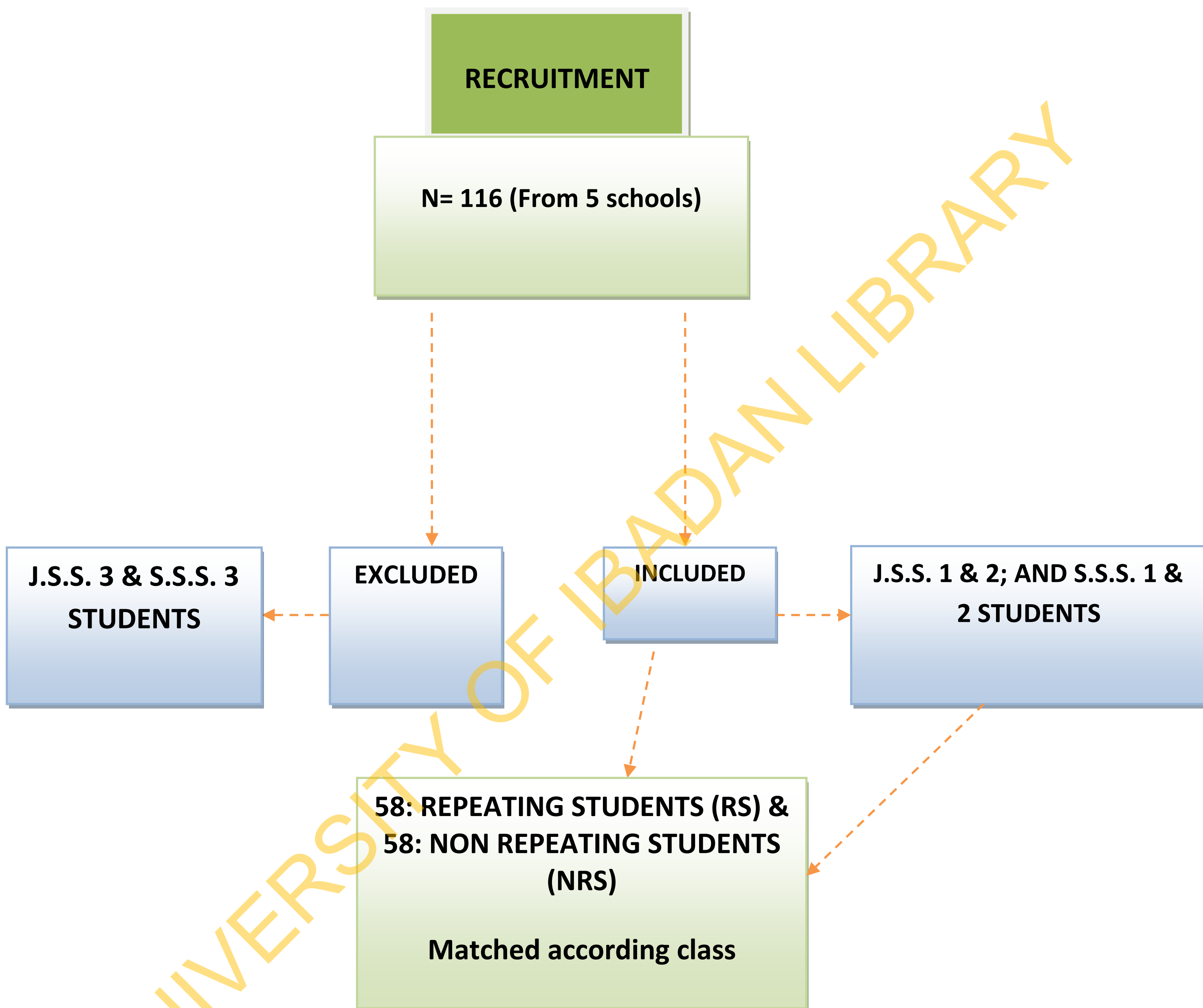


**Fig. 3.1: Sample description**

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### 3.6 Study Instruments

Data was collected using the Socio-demographic questionnaire, the Strengths and Difficulties Questionnaire (SDQ), the Beck Depression Inventory (BDI-II), and Rosenberg's self-esteem Scale.

#### 3.6.1 The Socio-demographic Questionnaire

The socio-demographic questionnaire was a 33 item questionnaire that covered the participant's personal information, family background and school related questions was utilized.

The socio-demographic questionnaire was designed by Omigbodun & Omigbodun, (2004) but adapted to suit this study by the researcher.

#### 3.6.2 The Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for children and adolescents, existing in several versions to meet the needs of researchers, clinicians and educationists. It has 25 items on psychological attributes that are subdivided into 5 scales with 5 items each:

i. Emotional symptoms,
ii. Conduct problems,
iii. Hyperactivity/ inattention,
iv. Peer relationship problems and
v. Pro-social behaviour

The Strengths and Difficulties Questionnaire (SDQ) was designed by Goodman, (1997) as a useful screening instrument for assessing emotional and behavioural problems among

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children and adolescents (Goodman, 1997). It has been validated for use in several parts of Nigeria (Bakare, et al., 2010; Oluremi, 2013). The minimum score = 0 and maximum score = 40. A total SDQ score ≥ 18 is indicative of mental health problems.

### 3.6.3 The Beck Depression Inventory (BDI-II)

The Beck Depression Inventory, version II is a 21 item multiple choice self-report inventory for the assessment of depression. It is designed for adolescents as well as adults. It consists of items related to sadness, loss of interest, concentration difficulty, change in appetite, and so on (Beck, Steer and Brown, 1996). Scores on each of the 21 items range from 0 – 3, with minimum and maximum total scores ranging from 0 – 63.

The BDI-II is the latest version published in 1996 (See Appendix B2). It has been used as an assessment tool by health care professionals and researchers in different population samples. At a cut off score of 18 and above, the BDI-II has a sensitivity of 0.91, specificity of 0.97, positive predictive value (PPV) of 0.88 and negative predictive value (NPV) of 0.98. The BDI-II has been validated for use in Nigeria and has been used to screen for depression in adolescents, with a standardized cut off point of 18 and above (Adewuya et al., 2007).

### 3.6.4 The Rosenberg's self-esteem Scale (RSES)

Rosenberg Self-Esteem Scale (Rosenberg, 1965), is a ten (10) item scale for measuring self-esteem. Five positive and negative statements (e.g. I am able to do things as well as most other people; at times, I think I am not good at all; I feel I do not have much to be proud of; I feel that I have a number of good qualities) will be answered on a four point scale - from 3 (strongly agree) to 0 (strongly disagree). The minimum and maximum total scores ranging from 0 – 30. Scores below 15 are indicative of low self esteem.

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### 3.7 Ethical considerations

Ethical clearance was obtained from the Oyo state Ethics and Research committee of the Ministry of health; while permission to engage with the schools was obtained from the Oyo State Ministry of Education. Permission and cooperation of teachers was sought before the students were approached and recruited into the study. The study participants were assured that all data collected from them will be treated as confidential.

Participation was voluntary as assent was obtained from respondents between the ages of 11 – 17 years, and informed consent forms were signed by all respondents aged 18 to 19 years after explaining to them the purpose of the study.

The procedure did not involve any major risk that could cause physical or psychological harm, as only interviews were conducted.

The participants were informed of the potential benefits of the study which includes access to interventions such as the provision of psychological therapies and referral of those with severe emotional problems to the child and adolescent mental health clinic at the University College Hospital (UCH), Ibadan. The participants were also informed that participation was voluntary and that they can withdraw from the study at any point, and could also decline to answer any question.

### 3.8 Study Procedure

In addition to obtaining permission from the Oyo State Ministry of Education, to conduct the research in five (5) randomly selected public secondary schools in Ibadan South-West Local Government Area of Oyo state, the Principals of the schools were also approached for permission before data collection begun. Thereafter, cooperation of class teachers was sought before engaging the students.

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The participating public secondary schools includes: Queens School Apata- a single-gender (girls only) public secondary school; Government College Ibadan- a boys only public secondary school; Our Lady of Apostles- a girls only public secondary school, Baptist High school- a co-educational public secondary school; and Ibadan Boys High school- a boys only public secondary school. See Table 3.1 below.

In each school, visits were conducted for several days both to seek for permission and cooperation, and to agree on an appropriate day and venue to carry out the research.

In each school, class teachers of the repeating class (of the student) helped in providing the list of all repeating students using the class register; provide adequate information about the availability of the student; and linked the researcher with the class teachers of non-repeating students (i.e. students in the promoted class).

Repeating students were recruited into the study using the list of repeating students as provided by class teacher from the class register, while non-repeating students were recruited using a systematic random sampling technique.

In each school, either the school hall or the staff room were used so as to provide respondents with a comfortable and private environment in order to achieve the goals of the research.

Data was collected at separate times. Firstly, from repeating students who gave consent and assent to participate in the research as well as from non-repeating students.

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**Table 3.1 Participating public secondary schools in Ibadan South-west LGA**

| No | Name of school | Type | Ownership |
|---|---|---|---|
| 1 | Queens School Apata | Single-gender (girls only) | Public |
| 2 | Government College Ibadan | Single-gender (boys only) | Public |
| 3 | Our Lady of Apostles | Single-gender (girls only) | Public |
| 4 | Baptist High school | Co-educational | Public |
| 5 | Ibadan Boys High school | Single-gender (boys only) | Public |

### 3.9 Data Management

The data generated was entered into a computer system and analyzed using the Statistical Package for the Social Sciences (SPSS – 21).

Frequencies and cross tabulation of variables was generated to check for data entry errors and missing values. The socio-demographic characteristics of the study participants were analyzed using descriptive statistics. Inferential statistical methods such as Chi square test significance was carried out to explore the relationship between emotional problems and class repetition. The Student's T-test of significance was performed to determine differences in mean scores for the three instruments used.

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# CHAPTER FOUR

# RESULTS

This chapter is divided into three sections. Section I described the data of the sample and the number of respondents from the participating schools. Section II examined the relationship between emotional problems and students' repeating status (repeating versus non-repeating). Section III examines the factors associated with emotional problems in these students.

## Section I: Data description

### 4.1 Characteristics of Study respondents

A total of 116 students (58 repeating respondents and 58 non-repeating respondents) from five (5) randomly selected public secondary school in Ibadan South West LGA gave consent to be interviewed and completed the questionnaire. The Table 4.1 presents the characteristics of the study participants.

**Class, gender, religion**

The study sample was comprised of 18 (46.2%) repeating and 21 (53.8) non-repeating respondents in the junior class (i.e. J.S.S. 1 and 2) and 40 (51.9%) repeating and 37 (48.1) non-repeating respondents in the senior class (i.e. S.S.S. 1 and 2). Other details are provided in Table 4.1.

It can be seen from the Table 4.1 that the study comprised of 63 male respondents; 31 (49.2%) repeaters and 32 (50.8%) non-repeaters, and 53 female respondents.

Also, a total of 45 respondents belonged to the Islamic religion, while 71 respondents were Christians. See Table 4.1.



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**Parents' marital status, family types, number of mother's children**

Table 4.1 shows that 42 (46.2%) of repeating respondents and 49 (53.8%) of non-repeating respondents were from a family where their parents were married and are living together. And 16 (64.0%) of repeating respondents and 9 (36.0%) of non-repeating respondents were either from a divorced or single parent family.

Table 4.1 shows that very few respondents were from polygamous homes; 12 (85.7%) respondents in the repeating block and 2 (14.3%) respondents in the non-repeating block. The results show that a statistically significant relationship exist between respondents' family type and students' educational status (repeating or non-repeating).

Thirty-six (55.4%) of non-repeating respondents were from families where the number of mother's children was less than four children compared to 29 (56.9%) of repeating respondents who were from families where the number of mother's children was more than four children.

**Highest Educational Attainment of Respondents' Parents**

Table 4.2 and 4.3 presents a cross tabulation of respondents' parental educational attainment. The results show that only 10 (30.3%) of the mothers of repeating respondents had had education beyond secondary school as compared to 23 (69.7%) of non-repeating respondents.

Also, only 9 (26.5%) of the fathers of repeating respondents had had education beyond secondary school. See Table 4.3.

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### 4.1 Characteristics of Study Participants

| Characteristics | Repeaters | | Non-repeaters | | Total | | $\chi^2$ | df | P |
|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | | | |
| **Class** | | | | | | | | | |
| • Junior | 18 | 46.2 | 21 | 53.8 | 39 | 100.0 | 0.348 | 1 | 0.555 |
| • Senior | 40 | 51.9 | 37 | 48.1 | 77 | 100.0 | | | |
| **Gender** | | | | | | | | | |
| • Male | 31 | 49.2 | 32 | 50.8 | 63 | 100.0 | 0.035 | 1 | 0.852 |
| • Female | 27 | 50.9 | 26 | 49.1 | 53 | 100.0 | | | |
| Religion | | | | | | | | | |
| • Islam | 24 | 53.3 | 21 | 46.7 | 45 | 100.0 | 0.327 | 1 | 0.568 |
| • Christianity | 34 | 47.9 | 37 | 52.1 | 71 | 100.0 | | | |
| **Parents' marital status** | | | | | | | | | |
| • Married and living together | 42 | 46.2 | 49 | 53.8 | 91 | 100.0 | 2.498 | 1 | 0.114 |
| • Divorced/Single parent | 16 | 64.0 | 9 | 36.0 | 25 | 100.0 | | | |
| **Family types** | | | | | | | | | |
| • Monogamous | 46 | 45.1 | 56 | 54.9 | 102 | 100.0 | 8.123 | 1 | 0.004 |
| • Polygamous | 12 | 85.7 | 2 | 14.3 | 14 | 100.0 | | | |
| **Number of mother's children** | | | | | | | | | |
| • 1 – 4 | 29 | 44.6 | 36 | 55.4 | 65 | 100.0 | 1.715 | 1 | 0.190 |
| • > 4 | 29 | 56.9 | 22 | 43.1 | 51 | 100.0 | | | |



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**Age of respondents**

The bar chart below (Fig 4.1) indicates that the mean age of respondents was 15 years (about 25% of all the respondents) with the minimum and maximum age (years) being 10years and 19 years respectively.

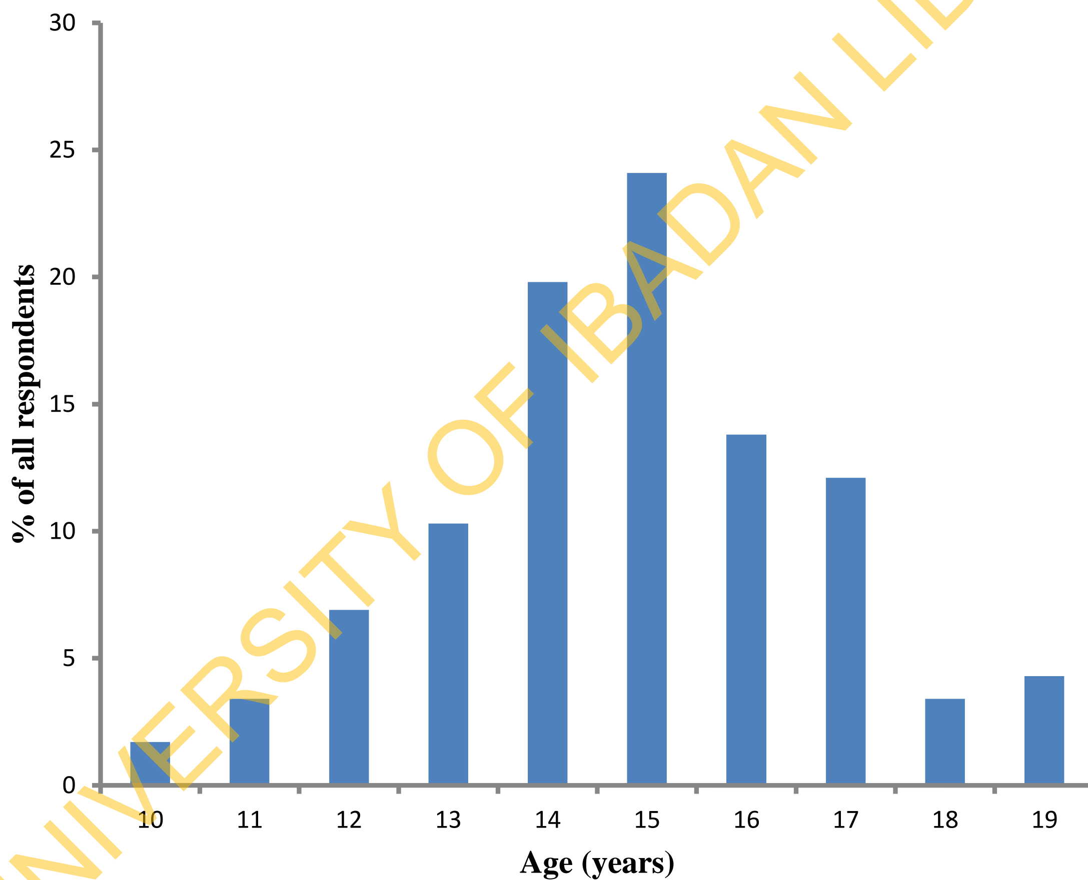


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**Fig 4.1 Age of respondents**



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**Highest Educational Attainment of Respondents' Parents**

**Table 4.2 Mother's educational attainment**

| Characteristics | Repeaters | | Non-repeaters | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| No formal education/Koranic | 4 | 80.0 | 1 | 20.0 | 5 | 100.0 |
| Primary School | 9 | 100.0 | 0 | 0.0 | 9 | 100.0 |
| Secondary School | 28 | 50.9 | 27 | 49.1 | 55 | 100.0 |
| Post-secondary School | 10 | 30.3 | 23 | 69.7 | 33 | 100.0 |

**$\chi^2$ = 15.939, df = 3, P = 0.001**
* 14 respondents indicated that they did not know their mother's educational attainment.

**Table 4.3 Father's educational attainment**

| Characteristics | Repeaters | | Non-repeaters | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| No formal education/Koranic | 6 | 85.7 | 1 | 14.3 | 7 | 100.0 |
| Primary School | 8 | 80.0 | 2 | 20.0 | 10 | 100.0 |
| Secondary School | 29 | 51.8 | 27 | 48.2 | 56 | 100.0 |
| Post-secondary School | 9 | 26.5 | 25 | 73.5 | 34 | 100.0 |

**$\chi^2$ = 14.700, df = 3, P = 0.002**
* 9 respondents indicated that they did not know their father's educational attainment.

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**Respondents' awareness and willingness to utilize school counsellor**

The Table 4.4 below provides insight into the respondents' awareness and willingness to utilize school counsellor. The result shows that although a large proportion (47.3%) of repeating and 52.7% of non-repeating respondents were aware of the presence of a school counsellor in their school, only 5 (20.0%) and 20 (80.0%) of repeating and non-repeating respondents have gone to see the school counsellor. See Table 4.4 for more details.

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**Table 4.4 Respondents' awareness and willingness to utilize school counsellor**

| Characteristics | Repeaters | | Non-repeaters | | Total | | $\chi^2$ | df | P |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | n | % | | | |
| Presence of school counsellor in school | | | | | | | | | |
| • Yes | 44 | 47.3 | 49 | 52.7 | 93 | 100.0 | 0.471 | 1 | 0.493 |
| • No | 8 | 57.1 | 6 | 42.9 | 14 | 100.0 | | | |
| Have you gone to see the school counsellor? | | | | | | | | | |
| • Yes | 5 | 20.0 | 20 | 80.0 | 25 | 100.0 | 10.680 | 1 | 0.001 |
| • No | 47 | 57.3 | 35 | 42.7 | 82 | 100.0 | | | |
| Will you be willing to go and see the school counsellor? | | | | | | | | | |
| • Yes | 29 | 45.3 | 35 | 54.7 | 64 | 100.0 | 0.688 | 1 | 0.407 |
| • No | 23 | 53.5 | 20 | 46.5 | 43 | 100.0 | | | |

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## 4.2 Section II: Relationship between emotional problems and respondents' repeating status

**Comparisons of emotional problems and self esteem among repeating and non repeating respondents**

A statistically significant relationship, as shown in Table 4.5 and Table 4.6, was found between respondents' repeating status and emotional problems, as well as, their self esteem levels on the three instruments used (BDI-II, SDQ and RSES). The test result showed that the BDI-II scores at $t(114) = 4.513$, $p < 0.001$; the SDQ scores at $t(114) = 3.649$, $p < 0.001$; and the RSES at $t(114) = -3.516$, $p < 0.001$ were statistically significant.

The Table 4.7 presents the prevalence of emotional problems among repeating and non repeating respondents. The prevalence of clinically significant depressive symptoms as evidenced by a BDI-II score of 18 and above among repeating respondents was 24.6% and 6.3% among non repeating respondents, at $p=0.011$.

Also, a higher proportion of 29.3% of repeating respondents fell within borderline categorization of the SDQ compared to 10.3% compared with non-repeating respondents. This result was significant at $p=0.021$ (Table 4.7).

Lastly, respondents who were repeating a class had higher proportion (56.9% vs. 27.6%) on the low self esteem category of the RSES, as compared with the non-repeating students at a significance level where $p = 0.001$ (See Table 4.7).



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**Table 4.5: Independent t-test to compare mean scores of BDI-II, and SDQ**

| | n | Repeaters | | Non-repeaters | | t | df | P |
|---|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | | | |
| **BDI-II** | 58 | 16.48 | 11.28 | 8.72 | 6.65 | 4.513 | 114 | <0.001 |
| **SDQ** | 58 | 14.03 | 4.55 | 10.78 | 5.05 | 3.649 | 114 | <0.001 |

**Key:**

BDI-II = Beck Depression Inventory, version II (total maximum score = 63)

SDQ = Strengths and Difficulties Questionnaire (total maximum score = 40)

**Table 4.6: Independent t-test to compare mean scores of RSES**

| | n | Repeaters | | Non-repeaters | | T | df | P |
|---|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | | | |
| **RSES** | 58 | 17.67 | 3.33 | 20.21 | 4.37 | -3.516 | 114 | 0.001 |

**Key:**

RSES = Rosenberg's self-esteem scale (total maximum score = 30)

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**Table 4.7: Prevalence of emotional problems among repeating and non repeating respondents**

| Characteristics | Repeaters | | Non-repeaters | | Total | | $\chi^2$ | P |
|---|---|---|---|---|---|---|---|---|
| | n | % | N | % | N | % | | |
| **BDI-II** | | | | | | | | |
| • Depressed | 14 | 24.6 | 3 | 6.3 | 17 | 16.2 | 6.439 | 0.011 |
| • Not depressed | 43 | 75.4 | 45 | 93.8 | 88 | 83.8 | | |
| **SDQ** | | | | | | | | |
| • Normal | 35 | 60.3 | 48 | 82.8 | 83 | 71.6 | 7.697 | 0.021 |
| • Borderline | 17 | 29.3 | 6 | 10.3 | 23 | 19.8 | | |
| • Abnormal | 6 | 10.3 | 4 | 6.9 | 10 | 8.6 | | |
| **RSES** | | | | | | | | |
| • Low | 33 | 56.9 | 16 | 27.6 | 49 | 42.2 | 10.211 | 0.001 |
| • High | 25 | 43.1 | 42 | 72.4 | 67 | 57.8 | | |

***Valid percentages shown, missing data excluded**

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## 4.3 Section III: Factors associated with emotional problems among repeating respondents

### Gender

The Table 4.8 shows that a statistically significant relationship between gender and BDI-II scores with the females having a higher proportion of 42.3% on the depressed category (p = 0.004) as compared to 9.7% of their male counter parts.

No statistically significant relationship was found ...

A statistical significant relationship (p = 0.053) was found in the self esteem (RSES) levels of students repeating with the females having a higher proportion (70.4% vs. 45.2%), on the low self esteem level, as compared to the males (Table 4.8).

### Family type

There was no statistically significant relationship between repeating respondents' family type and emotional problems as indicated in Table 4.9.1, however, a comparison between respondents' family type and repeating status (repeating and non repeating students revealed that a statistically significant relationship existed at p = 0.005. (See Table 4.9.2).

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**Table 4.8: Gender and emotional problems of repeating respondents**

| Characteristics | Gender | | | | Total | | $\chi^2$ | p |
|---|---|---|---|---|---|---|---|---|
| | Male | | Female | | | | | |
| | n | % | N | % | N | % | | |
| **BDI-II** | | | | | | | | |
| • **Depressed** | 3 | 9.7 | 11 | 42.3 | 14 | 24.6 | 8.1260 | 0.004 |
| • **Not depressed** | 28 | 90.3 | 15 | 42.3 | 43 | 75.4 | | |
| **SDQ** | | | | | | | | |
| • **Normal** | 20 | 64.5 | 15 | 55.6 | 35 | 60.0 | 1.169 | 0.557 |
| • **Borderline** | 9 | 29.0 | 8 | 29.6 | 17 | 30.0 | | |
| • **Abnormal** | 2 | 6.5 | 4 | 14.8 | 6 | 10.0 | | |
| **RSES** | | | | | | | | |
| • **Low** | 14 | 45.2 | 19 | 70.4 | 33 | 56.9 | 3.739 | 0.053 |
| • **High** | 17 | 54.8 | 8 | 29.6 | 25 | 43.1 | | |

***Valid percentages shown, missing data excluded**

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**Table 4.9.1: Family type and emotional problems among students repeating a class**

| Characteristics | Family type | | | | Total | | $\chi^2$ | p |
|---|---|---|---|---|---|---|---|---|
| | Monogamous | | Polygamous | | | | | |
| | n | % | n | % | N | % | | |
| **BDI-II** | | | | | | | | |
| • **Depressed** | 11 | 24.2 | 3 | 25.0 | 14 | 24.6 | 0.002 | 0.968 |
| • **Not depressed** | 34 | 75.6 | 9 | 75.0 | 43 | 75.4 | | |
| **SDQ** | | | | | | | | |
| • **Normal** | 27 | 58.7 | 8 | 66.7 | 35 | 60.3 | 5.513 | 0.064 |
| • **Borderline** | 16 | 34.8 | 1 | 8.3 | 17 | 29.3 | | |
| • **Abnormal** | 3 | 6.5 | 3 | 25.0 | 6 | 10.3 | | |
| **RSES** | | | | | | | | |
| • **Low** | 28 | 60.9 | 5 | 41.7 | 33 | 56.9 | 1.431 | 0.232 |
| • **High** | 18 | 39.1 | 7 | 58.3 | 25 | 43.1 | | |

***Valid percentages shown, missing data excluded**



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**Table 4.9.2: Relationship between family type and respondents' repeating status**

| | Repeaters | | Non-repeaters | | Total | | $\chi^2$ | P |
|---|---|---|---|---|---|---|---|---|
| | n | % | N | % | n | % | | |
| **Monogamous** | 46 | 79.3 | 55 | 96.5 | 101 | 87.8 | 7.937 | 0.005 |
| **Polygamous** | 12 | 20.7 | 2 | 3.5 | 14 | 12.2 | | |

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### 4.4 Factors associated with emotional problems among respondents' repeating status

**Relationship between class size and respondents' repeating status**

To aid statistical analysis, the class size was classified into two groups. The first comprised class sizes ≤ 50, while the other group included class sizes ≥ 51 with the maximum number of pupils per class as one hundred and fourteen. The result as presented, shows a statically significant relationship between class size and emotional problems as due to depression and self esteem ($p = 0.011$; $p = 0.015$) (See Table 4.10).

**Parental alcohol intake and repeating status of respondents**

The Table 4.11 shows that a statistically significant relationship exists between parental alcohol intake (within the block fathers) and the repeating status of respondents ($p = 0.001$).

On the other hand, no statistically significant relationship was found among the mothers of respondents as indicated in Table. 4.11.

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**Table 4.10: Class size and emotional problems among respondents' repeating status**

| Characteristics | Class size | | | | Total | | $\chi^2$ | p |
|---|---|---|---|---|---|---|---|---|
| | 1 – 50 pupils/class | | 51 – 114 pupils/class | | | | | |
| | n | % | n | % | n | % | | |
| **BDI-II** | | | | | | | | |
| • Depressed | 1 | 2.9 | 16 | 22.5 | 17 | 16.2 | 6.505 | 0.011 |
| • Not depressed | 33 | 97.1 | 55 | 77.5 | 88 | 83.8 | | |
| **SDQ** | | | | | | | | |
| • Normal | 32 | 84.2 | 51 | 65.4 | 83 | 71.6 | 4.470 | 0.107 |
| • Borderline | 4 | 10.5 | 19 | 24.4 | 23 | 19.8 | | |
| • Abnormal | 2 | 5.3 | 8 | 10.3 | 10 | 8.6 | | |
| **RSES** | | | | | | | | |
| • Low | 10 | 26.3 | 39 | 50.0 | 49 | 42.2 | 5.875 | 0.015 |
| • High | 28 | 73.7 | 39 | 50.0 | 67 | 57.8 | | |

***Valid percentages shown, missing data excluded**

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**Table 4.13: Relationship between parental alcohol intake and repeating status of respondents**

| Characteristics | Repeaters | | Non-repeaters | | Total | | $\chi^2$ | P |
|---|---|---|---|---|---|---|---|---|
| | n | % | N | % | n | % | | |
| **Father takes alcohol** | | | | | | | | |
| • Yes | 12 | 21.1 | 1 | 1.7 | 13 | 11.3 | 10.712 | 0.001 |
| • No | 45 | 78.9 | 57 | 98.3 | 102 | 88.7 | | |
| **Mother takes alcohol** | | | | | | | | |
| • Yes | - | - | - | - | - | - | - | - |
| • No | 58 | 100.0 | 58 | 100.0 | 58 | 100.0 | | |

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### 4.5 Summary of findings

The findings from the research can be summarised as follows:

1. The results indicated that there were statistically significant relationships between class repetition and emotional problems at $p<0.001$ as measured by the BDI-II, SDQ and RSES scales.
2. Repeating respondents had a higher proportion (24.6% vs. 6.3%) in the depressed category of the BDI-II at $p=0.011$, compared to non-repeating respondents. Also, a higher proportion (29.3%) of repeating students fell in the borderline category of the SDQ compared to 10.3% of non-repeating students. This result was significant at $p=0.021$
3. Significantly at p-value of 0.001, students who were repeating (56.9%) had low self esteem compared to non repeating students (27.6%).
4. A statistically significant higher proportion of girls fell under the depressed (34.6% vs. 12.96%) categories of the BDI-II compared to boys, at a p-value of 0.004.
5. The findings of this study also revealed that a significant relationship existed between participant's family type (whether monogamous or polygamous) and respondents' repeating status (repeating and non repeating students) at $p = 0.005$.
6. The result as presented, showed a statically significant relationship between class size and emotional problems as due to depression and self esteem ($p = 0.011$; $p = 0.015$).
7.

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# CHAPTER FIVE

# DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Discussion

This is a cross sectional study to evaluate the relationship between class repetition and emotional problems among adolescent secondary school students. In general, the results indicate high proportion scores within the block of repeating adolescent students (for both gender) and relatively high proportion in the block of non-repeating adolescent students (especially among girls) in relation to emotional problems as measured by the BDI-II, SDQ, and to self esteem as measured by the RSES (Self esteem) scales.

This chapter will discuss the demographics of the students and schools that took part in the study; examine the relationship between emotional problems and respondents' repeating status (i.e. repeating versus non-repeating); and examines the factors associated with emotional problems and self esteem problems in the respondents.

### 5.1.1 Characteristics of the respondents

The one hundred and sixteen adolescent students that took part in the study were from five (5) selected public secondary schools in Ibadan South West LGA, Oyo state, Nigeria.

The study sample was comprised of 18 (46.2%) repeating and 21 (53.8) non-repeating respondents in the junior class (i.e. J.S.S. 1 and 2) and 40 (51.9%) repeating and 37 (48.1) non-repeating respondents in the senior class (i.e. S.S.S. 1 and 2). Of this, 31 (49.2%) males were repeating and 27 (50.9%) female respondents were repeating.

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### 5.1.2: Examining the relationship between emotional problems and status of students (repeating versus non-repeating)

The findings of this study revealed that a significant relationship exist between class repetition and emotional problems at $p < 0.001$ as measured by the BDI-II, SDQ and RSES (Self esteem) scales.

**Emotional problems as measured by the BDI-II, SDQ, and RSES**

Repeated participants had a higher proportion on the depression category of the BDI-II with statistical significance at $p = 0.029$. Also, a higher proportion (29.3%) of repeating students fell in the borderline category of the SDQ compared to 10.3% of non-repeating students. And 56.9% students who were repeating had low self esteem compared to non repeating students (27.6%). These results buttresses the findings of Jimerson, et al (2002) that experiencing class repetition during adolescence is predictive of emotional distresses, low self esteem and poor peer relationship. Also, Anderson (2002) found that class repetition has its negative effects all areas of socio-emotional adjustment (i.e. emotional adjustment, peer competence, problem behaviours, attendance and self-esteem), (Jimerson, 2001 cited in Anderson *et al,* 2002, pp. 1–2).

As mentioned in the literature review, repeating a class is predictive of emotional distresses, low self-esteem, early onset of sexual activity, suicidal intentions and violent behaviours. These associations foretell the high school drop-out rate, academic failure, delinquency, drug abuse, and unemployment which not only affect the individual but impact the society as well.

### 5.1.3: Factors associated with emotional problems among adolescents

**Gender:** In this study, it was found that 53.4% of males were repeating, while only 46.5% of females are repeating a class. Although the reason for this is not clear, it agrees with studies



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that have shown that more boys were likely to be repeating classes compared to girls (Southern Regional Education Board, 2001).

Also, findings from this study revealed that females had higher percentages on the depressed category of the BDI-II at p= 0.004, as compared to their male counter parts. This is finding is keeping in line with the findings of Khasakhala et al. (2012), that the rates of depressive symptoms were higher in females than in the male gender. In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out.

**Family type:** The findings of this study revealed that a significant relationship existed between participant's family type (whether monogamous or polygamous) and students' type (repeating and non repeating students) at p = 0.005. This implies that home back-ground and/or students' own motivation is a channel through which emotional problems set in or are prevented, which in the long run affects learning. This buttresses the findings of Ajiboye and Omolade, (2005) that home is the bedrock of learning. Also, Omosewo (2000) who explored the effect of family type on secondary school students' performance found that students from monogamous family performed better than their colleagues from polygamous and single parent families.

This finding is not a surprise because children brought up in monogamous families are usually emotionally stable and suffer less emotional distress. Without doubt, the relative psychological calmness and healthy environment affords them the opportunity to be more focused in their pursuit of academic excellence than their counterparts from polygamous families who are more likely to experience more problems. This will invariably affect their academic achievements and relationships with peers.



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**Class size:** A statistically significant relationship was found between class size and emotional problems as due to depression and self esteem (p = 0.011; p = 0.015) among repeating students, using 50 pupils as the average class size. This finding is in agreement with Mokobia and Okoye (2011) that students in small sized classes perform better in comparison with those in large sized classes. Also, the findings of this study are consistent with the study by, Fabunmi, M. and A. Okore (2000) identified class size as one of the factors that has strong influence on academic performance of students.

**Educational status of parents:** The findings of this study showed that there was a statistically significant relationship between parents' educational status and repeating and non repeating students (p = 0.012; and p = 009 respectively for both respondents' father and mother). The results showed that only 6 (24.0%) of the father of a class repeating respondent had had education up to the university level as compared to 19 (76.0%) of the non repeating respondents. The findings of this research are consistent with the findings of Björklund, and Salvanes. (2011) that positive correlations exist between parental educational status and children behavioural outcomes.

## 5.2 Limitation

This study was limited to five schools in a Local Government Area in Oyo state, and the small sample size was due to the limited duration of the Master's of Science program.

## 5.3 Conclusion

This study was designed on the background of limited information about the relationship between emotional problems and class repetition. The study aimed to evaluate the relationship between class repetition and emotional problems among adolescent secondary school students in Ibadan South West LGA.



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It can be concluded from the study that there exist a statistical significant relationship between class repetition and emotional problems as measured by the BDI-II, SDQ and RSES scales. Furthermore, repeating students show had more depressive symptoms (especially girls); exhibited some behavioural difficulties, had lower self esteem and held school in less favour than non-repeating students. And also, that family type, class size, and parental educational status are associated with emotional problems and poor school achievement.

**5.4 Recommendations**

1. School counsellors should be better trained to recognize and pay attention to the mental health needs of students repeating a class.
2. The Ministry of Education should enforce the national policy on class size and employ more teachers in order to improve the teacher-student ratio.

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**APPENDIX A**

## INFORMED CONSENT FORM

**Project title: Prevalence of emotional problems and its correlation with class repetition among schooling adolescents in Ibadan South west local government area, Nigeria**

I am a post graduate student of the Centre for Child and Adolescent Mental health, University of Ibadan, Ibadan. I am interviewing adolescent students in secondary schools in Ibadan South Local Government Area in order to find out whether students who are repeating a class suffer emotional problems or not.

I will ask you to provide answers to some questions by giving you questionnaires. Please note that your answers will be kept very confidential. Your questionnaire will be coded so that you do not have to write your name it.

The information you and other people give will be used to help find solution to the problem attached to class repetition.

During the period of this exercise, participants (those who are currently repeating a class) will access to interventions such as the provision of psychological therapies and referral of those with severe emotional problems to the child and adolescent mental health clinic at the University College Hospital (UCH), Ibadan.

**NB:** You are free to refuse to take part in this study. You have a right to withdraw any given time if you choose to. However, I will greatly appreciate your help in responding and taking part in the study.

Consent: Now that the study has been well explained to me and I fully understand the content of the process, I will be willing to take part in the study.

............................................. ........................................

Signature of Participant Interview Date



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**APPENDIX B 1**

Serial Number: __ __ __ __

Today's Date: __ __/__ __/__ __

## SCHOOL HEALTH QUESTIONNAIRE IN ENGLISH & YORUBA

Please write the answers to the questions or draw a circle where it applies to you. This is not an examination it is only to find out about you and your health.

Jọwọ kọ idahun si awọn ibeere ti o jẹ mọ ọ, tabi ki o fa igi si abẹ eyi to o jẹ mọ ọ. Eleyii kii ṣe idanwo; a kan fẹ mọ nipa rẹ ati ilera rẹ ni.

### SECTION I

**Personal Information**

1. Name of School (1. Orukọ ile-iwe):

2. Class (2. Kilaasi):

3. How old are you? 3. Ọmọ ọdun melo ni ọ? ____

4. Are you a boy or a girl? (a) Boy (b) girl
4. Ṣe ọkunrin tabi obinrin? (a) Ọkunrin (b) Obinrin

5. Please write down the exact place you attend for worship
5. Kọ ibi ti o ti maa njọsin

______________________________________________

(a) Islam (b) Christian (c) Traditional religion (d) Other

6. How much does the teaching of your religion guide your family life?
6. Bawo ni ẹsin naa se se pataki to ni ẹbi ẹ?
(a) Very much (b) much (c) Just a little (d) Not at all
(a) O ṣe pataki gan-an (b) O ṣe pataki (c) O ṣe pataki diẹ (d) Ko ṣe pataki

**Family Information**

7. Family Type:
7. Iru ẹbi:
(a) Monogamous (b) Polygamous
(a) Oniyawo kan (b) Oniyawo meji tabi ju bẹẹlọ



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8. Number of Children in your family:
8. Ọmọ melo ni o wa ni ile re?:

9. Marital Status of Parents:
9. Ibagbepọ awọn obi rẹ:
(a) Married (b)Separated /Divorced (c) Father is dead (d) Mother is dead (e) Mother & Father are dead
(a) Ṣe wọn gbe pọ? (b) Ṣe wọn ti kọ ra wọn silẹ? (c) Baba ti ku (d) Iya ti ku (e) Iya ati Baba ti ku

10. Who do you live with presently?
10. Tani o n gbe pẹlu lọwọlọwọ?
(a) Parents (b) Mother (c) Father (d) Grandparents (e) Grandmother
(a) Awọn obi (b) Iya nikan (c) Baba nikan (d) Iya ati Baba Agba (e) Iya Agba nikan
(f ) Grandfather (g) Other [please specify] ___________________
(f) Baba Agba nikan (g) Awọn Iyoku [Jọwọ sọ nipato] ___________________

11. Do your father drink alcohol or smoke? Yes / No
11. Se baba re n mu oti tabi won fa nkan? Beni / Beko

12. Do your mother drink alcohol or smoke? Yes / No
12. Se iya re n mu oti tabi won fa nkan? Beni / Beko

13. Do you drink alcohol or smoke? Yes / No
13. Se o ma n mu oti tabi won fa nkan? Beni / Beko

14. Level of Father's Education
14. Iwe melo ni baba rẹ ka?
(a) No Formal Education (b) Koranic School (c) Primary School (d) Secondary School
(a) Ko kawe rara (b) Ile-keu (c) Ile-Iwe Alakọbẹrẹ (d) Ile iwe girama
(e) Post Secondary (Non-University) (f) University Degree and above (e) I do not know
(e) Ile-iwe agba (Yatọ fun yunifasiti) (f) Yunifasiti ati ju bẹẹ lọ (e) Nko mo

15. Occupation of Father: [Write the exact occupation] ________________________/ I do not know
15. Iṣẹ wo ni Baba rẹ n ṣe: [Kọ iṣẹ ti wọn nṣe pato lẹkunrẹrẹ] ______________________ /Nko mo



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16. Level of Mother's Education
(a) No Formal Education (b) Koranic School (c) Primary School (d) Secondary School
(a) Ko kawe rara (b) Ile-keu (c) Ile-Iwe Alakọbẹrẹ (d) Ile iwe girama
(e) Post Secondary (Non-University) (f) University Degree and above (e) I do not know
(e) Ile-iwe agba (Yatọ fun yunifasiti) (f) Yunifasiti ati ju bẹẹ lọ (e) Nko mo

17. Occupation of Mother: [Write in the exact occupation] ______________________/ I do not know
17. Isẹ wo ni iya rẹ nṣe: [Kọ iṣẹ ti wọn nṣe pato lẹkunrẹrẹ] _____________________________

18. Do you like your family? Yes No
18. Şe o fẹran ẹbi rẹ? Bẹẹni / Bẹẹkọ

19a. If Yes, Why? ____________________________________________________
19a. Bẹẹni, Şe alaye? ____________________________________________________

20b. If No, Why? ____________________________________________________
20b. Bẹẹkọ, Şe alaye? ____________________________________________________

**School-Related Questions**

21. Do you like your school? Yes/ No
21. Şe o fẹran ile-iwe rẹ? Bẹẹni / Bẹẹkọ

22. How many children are there in your class? ___
22. Akẹkọọ melo ni o wa ni kilaasi rẹ? ______

23. Do you do well academically? Yes No
23. Nje o nşe daada ninu ẹkọ rẹ? Bẹẹni/ Bẹẹkọ

24a. If Yes, explain ____________________________________________________________
24a. Bẹẹni, Şe alaye ____________________________________________________________

25b. If No, explain ____________________________________________________________
25b. Bẹẹkọ, Şe alaye ____________________________________________________________

26. Are you having difficulties with your teachers? Yes No



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26. Nję o ni işoro kankan pęlu awọn olukọ rę? Bęęni Bęękọ

27. If yes, what sort of difficulties? ______________________________________

27. Ti o ba ję bęęni, iru işoro wo ni? ______________________________________

28. Do you have guidance counsellors in your school? Yes No

28. Nję ę ni awon Oludamọran Atọnisọna ni ile-Ẹkọ rę? Bęęni Bęękọ

29. Have you ever gone to see them? Yes No

29. Nję o ti lo sọdọ wọn ri? Bęęni Bęękọ

30. If yes, what did you go to see them for? ______________________________________

30. Ti o ba ję bęęni, ki ni o lọ ri wọn fun? ______________________________________

31. If you have a problem at school would you go to the guidance counsellor for help? Yes No

31. Ti o ba ni idaamu ni Ile-Ẹkọ, nję iwọ o lọ ri Oludamọran Atọnisọna? Bęęni Bęękọ

32a. If yes, why would you go?

32a. Bęęni, Şe alaye ______________________________________

33b. If no, why not?

33b. Bęękọ, Şe alaye ______________________________________

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**APPENDIX B 2**

## Beck's Depression Inventory (BDI-II)

*Please kindly circle the number that best describes you over the past two weeks.*

**1. ]**

0 I do not feel sad.

1 I feel sad

2 I am sad all the time and I can't snap out of it.

3 I am so sad and unhappy that I can't stand it.

**2. ]**

0 I am not particularly discouraged about the future.

1 I feel discouraged about the future.

2 I feel I have nothing to look forward to.

3 I feel the future is hopeless and that things cannot improve.

**3. ]**

0 I do not feel like a failure.

1 I feel I have failed more than the average person.

2 As I look back on my life, all I can see is a lot of failures.

3 I feel I am a complete failure as a person.

**4. ]**

0 I get as much satisfaction out of things as I used to.

1 I don't enjoy things the way I used to.

2 I don't get real satisfaction out of anything anymore.

3 I am dissatisfied or bored with everything.

**5. ]**

0 I don't feel particularly guilty

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all of the time.

**6. ]**

0 I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

**7. ]**

0 I don't feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

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**8.]**

0 I don't feel I am any worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

**9.]**

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

**10. ]**

0 I don't cry any more than usual.

1 I cry more now than I used to.

2 I cry all the time now.

3 I used to be able to cry, but now I can't cry even though I want to.

**11.]**

0 I am no more irritated by things than I ever was.

1 I am slightly more irritated now than usual.

2 I am quite annoyed or irritated a good deal of the time.

3 I feel irritated all the time.

**12. ]**

0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

**13. ]**

0 I make decisions about as well as I ever could.

1 I put off making decisions more than I used to.

2 I have greater difficulty in making decisions more than I used to.

3 I can't make decisions at all anymore.

**14. ]**

0 I don't feel that I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel there are permanent changes in my appearance that make me look unattractive

3 I believe that I look ugly.

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**15.]**

0 I can work about as well as before.

1 It takes an extra effort to get started at doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

**16. ]**

0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

**17. ]**

0 I don't get more tired than usual.

1 I get tired more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

**18. ]**

0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

**19. ]**

0 I haven't lost much weight, if any, lately.

1 I have lost more than five pounds.

2 I have lost more than ten pounds.

3 I have lost more than fifteen pounds.

**20. ]**

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

**21. ]**

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

**THANK YOU SO MUCH FOR YOUR KIND ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE**

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**APPENDIX B 3** Serial Number: __ __ __ __

**CENTRE FOR CHILD AND ADOLESCENT MENTAL HEALTH, UNIVERSITY OF IBADAN, IBADAN, OYO STATE NIGERIA**

This questionnaire is designed to understand the level of adolescent secondary school student's self-esteem. All information supplied is anonymous and will be treated with strict confidentiality.

Please read the directions and carefully answer questions by marking **X** in the box that best describe how you feel about yourself.

**ROSENBERG SELF-ESTEEM SCALE**

Please mark **X** in the appropriate box that indicates your feeling

| S/N | | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|---|---|---|---|---|
| 1. | On the whole, I am satisfied with myself. | | | | |
| 2. | At times, I think I am not good at all. | | | | |
| 3. | I feel that I have a number of good qualities. | | | | |
| 4. | I am able to do things as well as most other people. | | | | |
| 5. | I feel I do not have much to be proud of. | | | | |
| 6. | I certainly feel useless at times. | | | | |
| 7. | I feel that I'm a person of worth, at least on an equal plane with others. | | | | |
| 8. | I wish I could have more respect for myself. | | | | |
| 9. | All in all, I am quick to feel that I am a failure. | | | | |
| 10. | I take a positive attitude toward myself. | | | | |

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