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ORIGINAL ARTICLE

PROFILE OF ACADEMICALLY BACKWARD STUDENTS AND PROBABLE CONTRIBUTING FACTORS: A QUALITATIVE ANALYSIS

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ABSTRACT: CONTEXT: Academic backwardness exists almost in every institute. In institutes providing professional education, the problem is on higher scale with more seriousness and complications. For the academic backwardness, multiple reasons like financial, family, personal stressors are contemplated. This study is an attempt to recognize the problem areas in these students which will help us to take some preventive measures. **AIMS:** To find the probable causes of repeated failure in the university examination at an individual, family and institutional level. **OBJECTIVES:** To find prevalence of psychological morbidity. To identify stressors. To identify the reasons for irregularity. **SETTINGS AND DESIGN:** Retrospective cohort type of study, done in a Rural Medical college. **METHODS AND MATERIAL:** Academically backward students identified according to MUHS criteria. Data collection done from previous college records, open ended semi structured proforma with a personal individual interview with GHQ. **STATISTICAL ANALYSIS USED:** Qualitative research methodology was used. **RESULTS:** Poor study pattern, poor concentration and time management issues were observed in 45.45%. Poor English comprehension, personal illness, family problems, poor coping in negative stressful emotional life events, boredom in repeating the same subject studies were also noted. Prevalence of depression and anxiety was observed in 40.91%. Substance use was observed in 18.18%.59.1% were found to have more general health problems on GHQ. At family level parental divorce, interpersonal stressors with parents and at institutional level, poor attendance in revision classes and practical's were noted. **CONCLUSIONS:** Psychological problems were more prevalent as compared to previously reported studies, which may be attributed to the fact that the study group consisted only of academically backward students.

KEYWORDS: Academic backwardness, medical students, failure, factors contributing.

KEYMESSAGES: Special attention by mentorship or counseling is recommended for academically backward students. Innovative measures to overcome the language barrier.

INTRODUCTION: The problem of academically backward students exists in almost every teaching institution, with more seriousness in professional educational institutions. As the number of years of teaching/ learning increase, the number of academically backward students also increases.

Studies have been done on medical students to find out the incidence and prevalence of anxiety, depression, alcohol use/abuse, psychological stressors and their effect on academic performance. Vitaliano PP et al. [1] in 1984 examined the relative importance of medical school pressures according to their relationships with symptoms of anxiety.

Similarly, Zoccolillo M et al. [2] in 1986 found that the life time prevalence of depression in medical students was three times more than the general population. Givens and Tjia [3] in 2002 reported that depression in medical students may be undertreated.

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Sherina MS et al. [4] in 2004, in there study observed psychological stress to be more common among in medical students and was associated with depression.

Substance use in medical students was another well researched topic. Borchos B et al. [5] in 1999 and Croen LG et al. [6] in 1997 found significant number of medical students to be at risk of alcohol related problems. According to Tyssen R et al. [7], 1998, male gender, religious inactivity, high self-esteem, and having no children were the predictors of hazardous drinking in the medical students.

Most of the studies concentrate on the prevalence of psychological problems in all the medical students. However, prevalence of psychological morbidity in academically backward students has not been studied. Hence the need. This study is an attempt to recognize the problem areas in the academically backward students which will help us to take some preventive measures.

AIMS AND OBJECTIVES:

AIM: To find the probable causes of repeated failure in the university examination at individual, family and institutional levels.

OBJECTIVES:

1. To find prevalence of psychological morbidity.
2. To identify stressors.
3. To identify the reasons for irregularity.

MATERIALS AND METHODS: Academically backward student is defined by MUHS, Nashik as the one who has appeared for three or more times for the same examination but not yet passed. Using the same criteria, such students were identified from the college records after obtaining the approval from the ethical committee of the college.

Written consent of these students was obtained after explaining them the purpose of the study. Data was collected using a revalidated proforma maintaining the confidentiality. Personal information, academic performance in the past, socioeconomic factors at family level, habits, substance use, hobbies, illnesses, personality, friend circle, purpose of admission in medical college, opinion about of teachers, classmates, response to negative events, method of study, attendance in lectures and practical's, sincerity, analysis of probable causes of repeated failure and self-trial for rectification of mistakes were noted.

The information was also sought from the students about the awareness in parents of their repeated failure, moral, emotional and financial support provided by the family members.

It was a purposive sample. Of 25 students who fulfilled the criteria, only 22 complied. Assessment of the student was done with an open ended semi structured proforma with GHQ which was followed by personal interview by a senior teacher and a counselor. Details about admission, performance, regularity till date, study habits, psychological morbidities, and their attitudes towards the college and teachers were noted and analysed.

Thus qualitative research methodology was used to collect data and analysis and for further detailed discussion.

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RESULTS: Majority of the students were staying in the hostel or private accommodations. 17 students out of 22 (77%) secured more than 50% marks and out of these 17 around 12 students (70.59%) had scored more than 80% in the pre-medical entrance examination. 13.64% were admitted through management quota and the rest were from merit.

Financial help in the form of bank loan was taken by 27.27% for education and 22.73% were availing government free ship.

No history of failure noted before coming to professional course in any of the 22 students. Out of 22 students, one student was forced by the parents into the medical field, though he was interested in pursuing engineering. The remaining 21 students either had chosen the field by themselves because of personal interest or dream profession or wanted to serve the community or to earn respect and money. 18.18% of the 22 had one or more close relative in the medical profession who was also idolized by these students.

On semi structured interview, we came to know about some of the problems faced by the students which were put forward as the reasons for frequent failures in MBBS course (Fig. 1). Poor study pattern, poor concentration and poor time management on their part was reported by maximum students (10/22).

Poor English comprehension because of vernacular medium before getting admitted to professional course was the next prevalent cause of failure. Two students had personal illnesses (accident and writer's cramp). One was affected with polio and also had psoriasis. Two students had personal family problems with one facing parental divorce. Only two students reported lack of efforts on their part, and two reported boredom because of repeated reading of the same subject. One student could not contemplate the reason for his multiple failures.

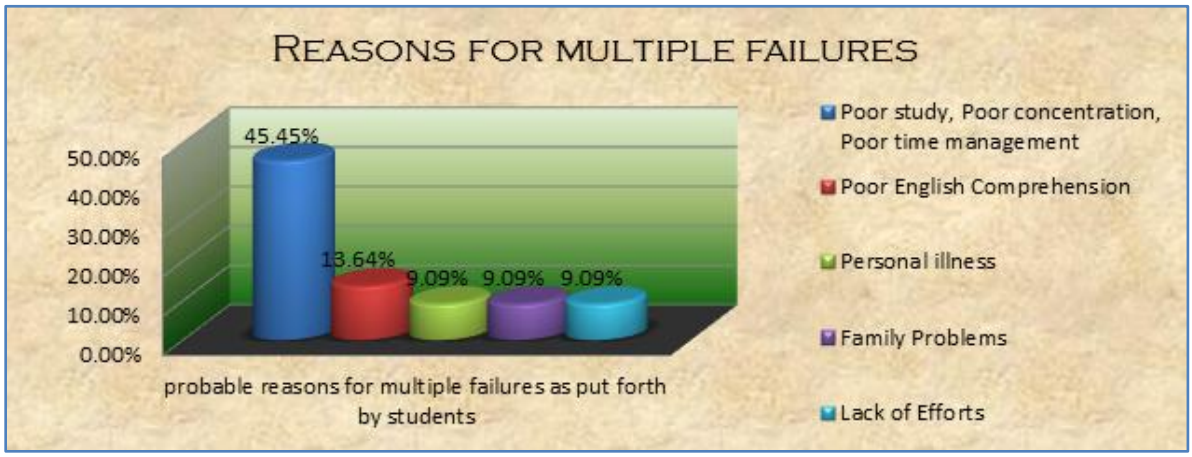

Figure 1

Though these students were repeating the year, all the students were not keen to attend the revision classes and practical's as scheduled by the respective departments (Fig. 2). The most common reason reported by the 31.81% (7/22) students was, having attended the revision classes in previous attempt. One student was working elsewhere in a hospital and learning there. Only 22.73% (5/22) did attend the revision classes.

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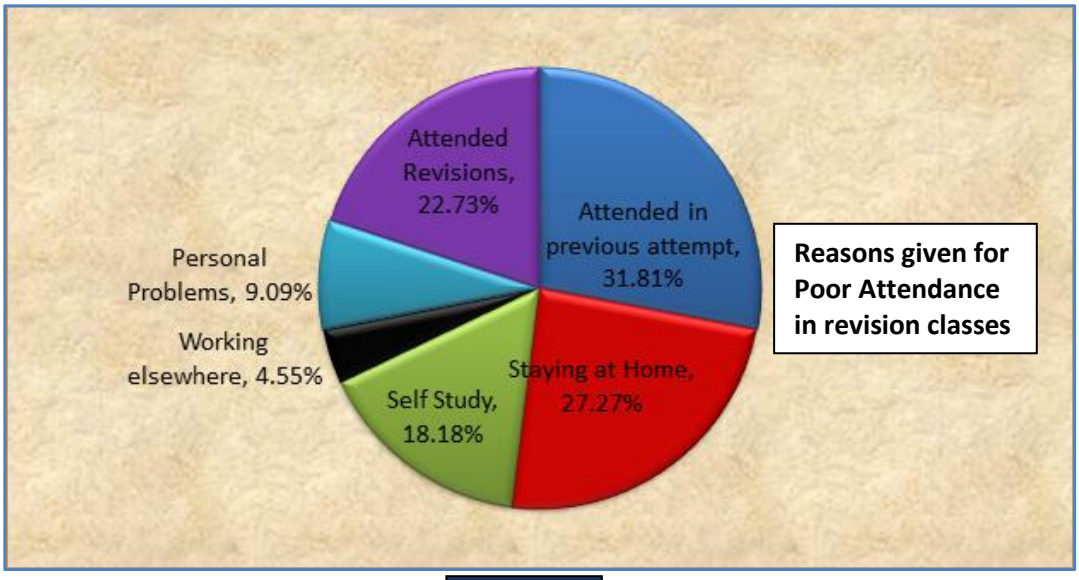

Figure 2

Most students had good opinion about the college and teaching staff, but some also had grievances on the issues of student's rights, distance of college from Pune, uncooperative senior students, poor hostel mess and poor hostel security. Some students wanted their teachers to have consideration about them during practical examinations and help them out.

The students on their ways of coping in negative emotional life event reported similar responses. Music and TV appeared to be the most popular way of coping in 27.27% (6/22) of students. Talking to friends and parents was the second common coping strategy utilized by almost 22.73% (5/22) of the study population. Various other coping strategies used by the students were walking away alone, reading novels, crying, etc. was observed in 27.27% (6/22) of the study population. (Fig. 3).

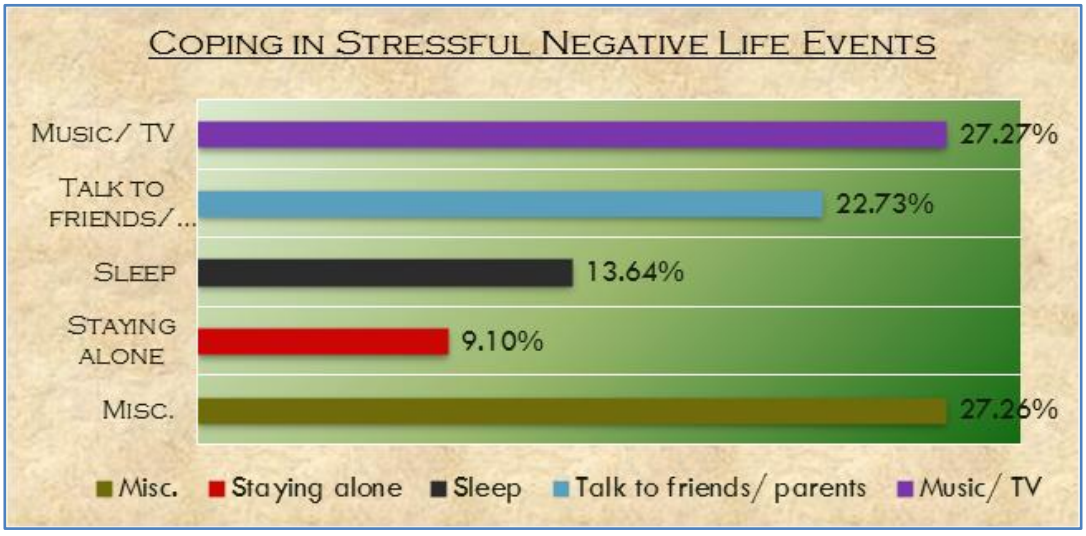

Figure 3

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Fig. 4 shows the distribution of the students with depressive and anxiety symptoms on clinical interview (according to ICD-10). In 18.18%, psychological morbidities were not discernible.

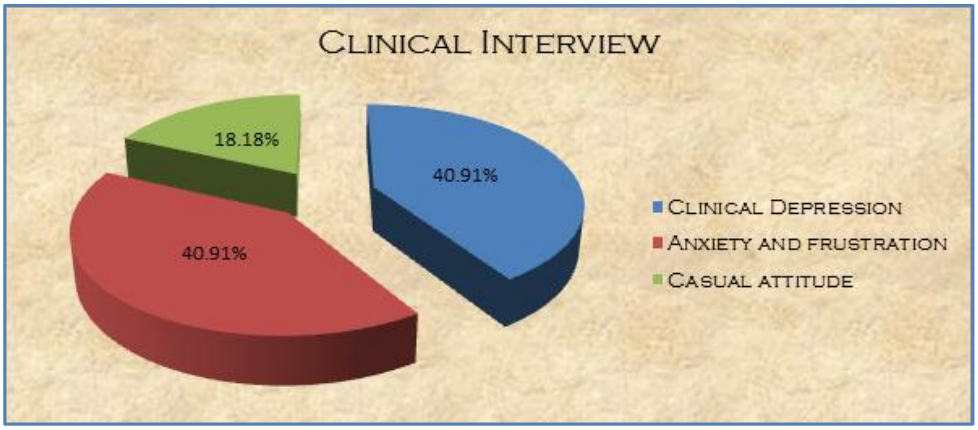

Figure 4

63.64% (14/22) were extrovert in behavior, liked to go out, make friends and were talkative in nature. Remaining students were found to be introvert in nature, were not easily adjustable, and were usually homesick. Some students had very poor family and emotional support.

Substance use in the form of alcohol and tobacco smoking was found in 18.18% of the student sample.

On General Health Questionnaire (scored out of 36 points), 59.1% (13/22) scored more than 50% indicating more general health problems which was a substantial number. (Fig. 5)

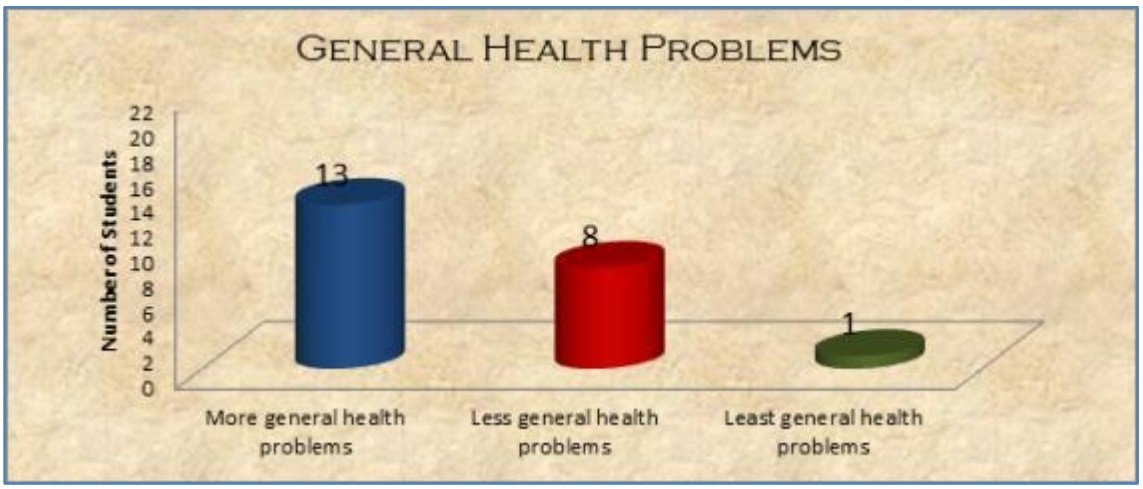

Figure 5

DISCUSSION: Zoccolillo M et al. (1986)[2] studied a sample size of 304 first and second year medical students for depression and found the incidence of major depression or probable major depression to 12%, with a life time prevalence of 15%, which was three times greater than the rate in general population. Similarly, Givens and Tjia (2002)[3] did a one-time survey of 194 first and second year medical students and found that 24% of the study sample were depressed and concluded that early

treatment of impaired future caregivers may have far-reaching implications for the individual students, their colleagues, and their future patients. In our study, 40.91% of the sample group students were having depression.

Contrary to the above studies, Clark DC et al. (1988)[8] in their study to examine the relationships between academic performance and depressed mood over four years for a single medical school class found that medical school grades had no direct impact on depressed mood and depressed mood had no direct impact on grades.

Vitaliano PP et al. (1984) [1] in their study 'Medical School Pressures and Their Relationship to Anxiety' found that as many as 206 (34%) of the total sample (N=605) of the students had symptoms of anxiety above the median of a normative population of the psychiatric outpatients.

Croen LG et al. (1997)[6] in their longitudinal study of substance use and abuse in a single class of first year (176 students) and its third year (170 students) of a medical school found 8.9% and 3.5% of the students to be at risk for substance dependence.

In another study done by Tyssen R et al. (1998)[7] in a total of 881 medical students found the use of alcohol to cope by 10.5% of the students with no significant gender difference. Hazardous drinking (binge drinking at least two to three times per month) was reported by 14% of all students, 24% among men and 6% among women. They also found strong association between use of alcohol to cope with tension and hazardous drinking.

Borschos B et al. (1999)[5] in their study of 734 medical students found 12% of the male and 4% of the female medical students at risk of alcohol problems. Substance use in the sample group students from our study was found to be around 18%, which was higher than the others.

Guthrie EA et al.(1995)[9] found 36% of the students out of 172 student sample scored above the threshold of the GHQ, indicating probable psychological disturbance. Almost 2/3rd of our study group had high prevalence of psychological morbidities as indicated by GHQ, and was higher as compared to other reported studies which were done on all the students, whereas our study group consisted of academically backwards students only.

CONCLUSIONS:

1. Major factors responsible for poor academic performances were; poor method of studying the subject, poor concentration, time management, personal illnesses, English comprehension and expression and family problems.
2. Problems as poor hostel mess facility, hostel security, and connectivity with Pune were noted.
3. Poor coping skills were found in negative stressful life events/ situations in almost all students.
4. Depression was diagnosed on clinical basis in almost half the number of students. Unwillingness for medications was seen.
5. More general health problems were seen on General Health Questionnaire.

STRENGTHS AND LIMITATIONS:

1. Though the sample size was small, the data collected was exhaustive, covering all the domains of psychological, social, and academic backgrounds. Each student was given sufficient time for detailed interview ensuring the confidentiality. Hence the quality of the data was the strength of the study.

2. Parent interview and objective data was not available to corroborate the available information.
3. The study would have had more impact, if the students had done a proper follow up for counselling which probably required more motivation.

Future Research Ideas:

- Further research can be carried out to find out association of socio-economic/ demographic factors and performance of the students.

Recommendations:

- Institution should take up the responsibility of these students and come out with some innovative ideas to improve results in these students.
- Personal attention provided to these students may improve their performance decreasing the failures.
- A provision may be made to tackle poor English comprehension and local language of communication.
- Steps may be taken to improve the relationship between the junior and senior students by giving mentorship of junior students to senior students and grading the senior students accordingly.
- Aptitude test in 10^{th} and 12^{th} std. before choosing the field may also help in curbing the failure rate of students.

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