LEVEL OF SELF CONCEPT AMONG SCHOOL GOING CHILDREN

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ABSTRACT

Introduction: The childhood period is vital because of socialization process by the transmission of attitude, customs, and behavior through the influence of the family and community. The environment of a child can be referred to holistic in various aspects of its influence-physical, social, intellectual, moral, emotional, spiritual and psychological areas.1

Methods: In a exploratory, cross sectional survey, 200 randomly selected (lottery method) students from four conveniently selected schools of district Faridkot, Punjab were assessed by using the socio demographic data sheet and modified self concept scale based on Raj Kumar Saraswat scale. The descriptive statistics, unpaired t test, ANOVA test was used for analysis.

Results: Results showed that about 40% children had high, 51.5% had above average, 7% had average and 1.5% had below average self concept. School health nurse has a pivotal role in maintaining high self concept.

Conclusion: Self concept is as, "specific physical, social, temperamental, educational, moral and intellectual skills, representing child's self beliefs and self feelings. The findings of the present investigation suggested that most of the children had above average self concept in the study setting. Group counseling techniques can be used to produce favorable self image, skill development and self enhancement among the students. Motivational sessions and personality development lectures can be organized to enhance the motivation of students.

Key Words: Children, Self concept

INTRODUCTION

India, with 1.27 billion people is the second most populous country in the world. The figures show that India represents almost 17.31% of the world's population. More than 50% of India's current population is below the age of 25 years.[2] As per India Demographic Profile 2014, for age structure 0-14 year, population is 28.5%. [3]

The significant contribution made during the early ages of an individual's life determines the whole some personality. School age is an important period in which the child learns through a formal teaching. The surrounding at home and school is very important factor to make a great change in the children's emotional and behavioral characteristics.

Self-concept is an important concept of any child development. The term self- about concept refers to the ordered set of attitudes and perceptions that an individual holds self. Self-concept is defined as the value that an individual places on his or her own characteristics, qualities, abilities, and actions.[4]

Self-concept is derived from self-esteem and self-efficacy. If a person has low self esteem, the self-concept may be skewed in the direction of a negative description. In fact, people with good self esteem and self efficacy are often able to recognize their limitations. For instance, "I don't have a good sense of direction" can be just a statement of fact without feeling good or bad about it.[5]

Kaur Kamaljit (2012)[6] concluded that majority (52.8%) of students had above average overall self concept followed by high (46.6%) self concept. Similarly, Yahaya Azizi & Ramli Jamaludin (2009)[7] found that majority (99%) of students had moderate level of self concept. Maheshwari Kvitha

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K & Singh Godwin Prem J (2014)[8] found that more than half (56.5%) of respondents had high self concept.

Positive self concept is a necessary contribution to the life process and is indispensable to normal and healthy self-development and has a value for survival. Self concept promotion can benefit from lifestyle-oriented activities. Its growth takes place in the larger context of relationship, environment related experience, attitude toward self and achievements.

The development of adequate personality has been found to be closely related to development of adequate self concept. A child who has adequate self concept is likely to follow problem solving approach and tend to be spontaneous and creative. As against this, child with distorted or inadequate self concept does not come to grips with problems of life. Due to poor self concept such children have lack of confidence in the mastery of environment.[9]

High self concept need to shape them to be productive wellbeing for future and plays a vital role in transforming children into ideal citizen. Thus, considering the need of the participant's, researcher selected this topic. The main objectives of this study were to assess level of self concept among school going children and to find its relationship with selected socio-demographic variables.

METHODOLOGY

A descriptive cross sectional survey was done to assess level of self concept among school going children of 10-12 years age and relationship with socio-demographic variables. The present study was conducted at four conveniently selected schools of district Faridkot. The schools were selected on the basis of expected availability of children, giving permission to conduct the study and convenience in terms of distance. The population for the study was 200 children (10-12 years) in selected randomly from selected schools of District Faridkot, Punjab. The group included only those children who were present at the time of data collection and who were willing to participate in the study. Total two measures were used to collect data from the subjects

Tool 1: Socio demographic data sheet: It was developed by researcher which consists of 14 items to measure demographic data of the subjects. These items were age, gender, class, type of school, residence, type of family, number of siblings, birth order, recent death in family, primary care giver, time spent with father, time spent with mother, substance abuse or alcohol abuse by primary care giver, more attachment to father or mother and participants were instructed to put a tick mark on appropriate response of each item. Total administration time for this tool was approximately 5 minutes. Content validity of tool was determined by experts in the field of psychiatry, psychiatric nursing and psychology respectively. Content appropriateness, clarity and relevance were ascertained by language expert. Reliability was done by test – retest method and was 0.95.

Tool 2: Modified Self concept scale: The original Raj Kumar Saraswat self concept scale is a 48 item scale and it consists of 6 dimensions. But according to need of study, researcher selected 24 items from the original scale. All the items are divided under the six dimensions: a) physical, b) social, c) educational, d) moral, e) intellectual and f) temperament. Items of the scale are in question form asking information for each in any of the 5 options: from most acceptable to least acceptable. The items were scored as 5,4,3,2 and 1 respectively. Participants were asked to put mark for the appropriate response of each item and total administration time was 15 minutes. The higher the score on the scale, greater the degree of self concept the and vice versa. Reliability of the scale was determined by test retest reliability which was 0.85. The tools were translated into Punjabi language under the guidance of language experts and amendments were made according to suggestions. Back translation in English was done to ensure the content and meaning. Try out of the tools was done on twenty children of MGM Senior Secondary school, Faridkot. It was conducted to ensure the reliability and understanding of the tool. The required changes were made in tool one after try out. Pilot study was conducted in Government senior Secondary girl's school, Faridkot to find feasibility of the study. The study was found to be feasible.

Ethical considerations

Table 1 Distribution of subjects according to socio demographic variables (N=200)

Characteristics	F	%
Age		
a) 10	19	9.5
b) 11	30	15.0
c) 12	151	75.5
Gender		
a) Male	92	46.0
b) Female	108	54.0
Standard		
a) 5th	10	5.0
b) 6th	70	35.0
c) 7th	120	60.0
School		
a) Government	100	50
b) Private	100	50
Residence		
a) Urban	80	40.0
b) Rural	120	60.0
Type of family		
a) Joint	101	50.5
b) Nuclear	99	49.5
No. of siblings		
a) 0	35	17.5
b) 1	68	34.0
c) 2	56	28.0
d) 3	28	14.0
e) 4 or>4	13	6.5
Birth order		
a) 1	89	44.5
b) 2	73	36.5
c) 3	28	14.0
d) 4 or > 4	10	5.0
Recent death in family		
a) Yes	45	22.5
b) No	155	77.5
Who is primary care giver		
a) Father	46	23.0
b) Mother	144	72.0
c) Any other	10	5.0
Time spend with father		
a) 1-2 hours	99	49.5
b) 3-4 hours	60	30.0
c) 5-6 hours	37	18.5
d) 7-8 hours	4	2.0
Time spend with mother		
a) 1-2 hours	31	15.5
b) 3-4 hours	77	38.5
c) 5-6 hours	73	36.5
d) 7-8 hours	19	9.5
Any type of substance/ alcohol abuse by primary care giver		
a) Yes	56	28.0
b) No	144	72.0
Feels more attachment with father or mother		
a) Father	73	36.5
b) Mother	127	63.5

Table 2: Mean and Standard deviation of self concept among subjects

(N=200)

Area	Maximum Possible Score	Maximum Obtained Score	Minimum Obtained Score	Mean score (SD)
Self concept	120	118	48	91.94(11.565)

committee of the University College of Nursing, Baba Farid University of Health Sciences and written permission was granted by the authorities of the schools to protect the rights of the subjects. Study procedure was explained and written information was given to the subjects. Informed written ascent from the subject were taken. Participants who were willing to participate were included in the study. Anonymity of study subjects and confidentiality was maintained.

STATISTICAL ANALYSIS

Statistical analysis was done by using SPSS (16) software. The descriptive statistics (percentage, mean, standard deviation) and in inferential statistics (unpaired t test, ANOVA test) was used for statistical analysis. The t-test and ANOVA were used to assess the self concept and to find relationship of self concept with selected demographic variables. The p value at <0.05 was considered is as statistically significant.

RESULTS

As shown in table 1, maximum number of children were females of age 12 year studying in class seventh, from rural area, birth order one, no recent death in family, mother as a primary care giver and primary care giver not had history of substance/ alcohol abuse. Half study subjects were from Govt. schools and joint families. One third were had 1 siblings. Half of fathers spend 1-2 hrs with study subjects while one third of mothers spend 3-4 hrs with study subjects. More than half study subjects feel more attachment with mother.

As shown in table 2, the mean score for self concept was found to be 91.94 and standard deviation 11.565. The minimum score obtained was 48 and maximum was 118.

As shown in table 3, 40% children had high self concept, 51.5% had above average, 7% had average, 1.5% had below average self concept.

As shown in table 4, mean score for physical dimension was found to be 15.24, whereas for social dimension was found to be 12.97, for educational dimension was found to be 16.88, for moral dimension was found to be 17.34, for intellectual dimension was found to be 15.11, for temperamental dimension was found to be 14.63.

As shown in table 5, for physical dimension 28.5% children had high self concept, 58% had above average and 0.5 % had below average self concept. For social dimension 19.5% children had high self concept, 40.5% had above average and 0.5% had low self concept. For educational dimension 64.5% children had high self concept and 0.5% had below average self concept. For moral dimension 67% children had high self concept and 4% had average self concept. For intellectual dimension 39.5% children had high self concept, 42% had above average and 1% had low self concept. For temperamental dimension 29% children had high self concept, 47.5% had above average and 2% had below average self concept.

As shown in table 6, there was significant relationship of self concept with age, class, number of siblings, time spent with mother and substance abuse by primary care giver at p value < 0.05. There was non significant relationship of self concept with gender, school, residence, type of family, birth order, recent death in family, primary care giver, time spent with father and more

Table 3: Frequency and Percentage Distribution of self concept among subjects (n=200)

Category	F	%
High self concept	80	40.0
Above average	103	51.5
Average	14	7.0
Below average	3	1.5
Low self concept	0	0

attachment with father or mother at p value < 0.05.

DISCUSSION

Present study revealed that majority of children had above average (51.5%) self concept followed by high (40%) self concept. These findings are supported by Kaur Kamaljit (2012)[6] concluded that majority (52.8%) of students had above average overall self concept followed by high (46.6%) self concept. Similarly, Yahaya Azizi & Ramli Jamaludin (2009)[7] found that majority (99%) of students had moderate level of self concept. Maheshwari Kvitha K & Singh Godwin Prem J (2014)[8] found that more than half (56.5%) of respondents had high self concept. This might be because of children not so develop cognitively and they have no base for their evaluations of self-worth on external feedback and social comparisons, which may not produce more accurate judgments of where they stand in relation to others. Higher percentage of children having high level of self concept may be due to the fact that the current trend in evaluation of academic performance has no ranking as well as detaining, but only grading system is followed. So a larger number of children might have perceived themselves as achievers and had high self concept. The educational opportunities and facilities have not only spread into urban area but also into the rural area. Thus promoting sound development and self concept among children.

Findings of the present study revealed that no significant difference between boys and girls with regard to their self-concept. These findings were supported by Hundekar P S & Khadi P B (2013)[10] found gender was not significantly associated with child's self concept. Siva Sankar & Reddy Viswanatha (2014)[11] who found that there is no significant difference between boys and girls with regard to their self-concept. Nuthana P G & Yenagi Ganga V (2009)[12] revealed that boys and girls not differ significantly for self concept. This might be because both boys and Girls are becoming more competitive, venturesome, open-minded, outgoing and independent. Irrespective of gender, children are provided equal opportunities in all curricular, co-curricular and extra-curricular activities.

Findings of the present study revealed that male and female children had same level of self concept. Majority of the boys (92.7%) as well as

Table 4: Mean and Standard deviation for different dimensions of Self concept among subjects

(N=200)

Area	Maximum Possible Score	Maximum Obtained Score	Minimum Obtained Score	Mean (SD)
Physical dimension	20	20	10	15.24(2.451)
Social dimension	20	20	4	12.97(3.449)
Educational dimension	20	20	7	16.88(2.850)
Moral dimension	20	20	9	17.34(2.352)
Intellectual dimension	20	20	3	15.11(3.077)
Temperamental dimension	20	20	7	14.63(2.923)

Table 5: Frequency and Percentage Distribution for different dimensions of self concept among subjects

(N=200)

Categories	Physical dimension f (%)	Social dimension f (%)	Educational dimension f (%)	Moral dimension f (%)	Intellectual dimension f (%)	Tempera-mental dimension f (%)
High self concept	57 (28.5%)	39 (19.5%)	129 (64.5%)	134 (67%)	79 (39.5%)	58 (29%)
Above average	116 (58%)	81 (40.5%)	52 (26%)	58 (29%)	84 (42%)	95 (47.5%)
Average	26 (13%)	63 (31.5%)	18 (9%)	8 (4%)	32 (16%)	43 (21.5%)
Below average	1 (0.5%)	16 (8%)	1 (0.5%)	0	3 (1.5%)	4 (2%)
Low self concept	0	1(0.5%)	0	0	2(1%)	0

girls (95.3%) had high self concept On contrary side, Bhat Shabir Ahmad & Netragaonkar Yashpal D (2014)[13] found that adolescent boys have better self concept than the adolescent girls. This might be because Girls may think less well of themselves because they internalize negative cultural message. Girls worry more about their appearance and partly they feel more insecure about their capabilities.

Findings of the present study revealed that there was no significant difference with regard to

Table 6: Relationship of self concept with selected socio-demographic characteristics among subjects

(N=200)

Socio demographic characteristics		Mean(SD)	F/t	Df	p Value
Age	10 year	84.89(17.039)	4.494	2	0.012*
	11 year	94.50(12.042)			
	12 year	92.32(10.335)			
Gender	Male	91.96(10.801)	.019	198	0.985
	Female	91.93 (12.228)			
Class	5th	104.40(8.809)	7.541	2	0.001**
	6th	89.76(12.001)			
	7th	92.18(11.565)			
School	Govt.	91.14(12.289)	-.978	198	0.329
	Private	92.74(10.795)			
Residence	Urban	92.64(11.411)	.696	198	0.488
	Rural	91.48(11.691)			
Type of family	Nuclear	90.35(12.943)	-1.983	198	0.049
	Joint	93.57(9.765)			
No. of sibling (s)	0	93.89(11.217)			
	1	94.66(10.026)			
	2	88.52(12.483)	4.010	4	.004**
	3	87.75(12.435)			
	4 or > 4	96.23(8.338)			
Birth order	1	92.57(10.076)			
	2	91.75(13.364)	.863	3	0.461
	3	89.25(11.546)			
	4 or > 4	95.20(9.864)			
Recent death in family	Yes	91.42(12.553)	-.340	198	0.734
	No	92.09(11.301)			
Primary care giver	Father	93.28(11.541)			
	Mother	91.21(11.672)	1.313	2	0.271
	Any other	96.30(11.565)			
Time spent with father	1-2hrs	91.78(10.876)			
	3-4hrs	90.42(11.573)	1.231	3	0.300
	5-6hrs	94.14(12.095)			
	7-8hrs	98.50(21.299)			
Time spent with mother	1-2hrs	88.74(12.931)			
	3-4hrs	91.45(10.821)	5.167	3	0.002**
	5-6hrs	91.42(10.919)			
	7-8hrs	101.11(10.969)			
Substance abuse by primary care giver	Yes	87.68(13.452)	-3.331	198	0.001**
	No	93.60(10.327)			
More attached to father or mother	Father	91.22(12.472)	-.667	198	0.505
	Mother	92.35(11.039)			

the self concept of urban and rural children. These findings are supported by Kalyani Devi & Anita Prasanthi (2004)[14] who noticed that there was no significant difference with regard to the self concept of urban and rural adolescents. Similarly, Sharma Rachna (2014)[15] found that no significant difference the self concept between urban and rural adolescents with regard to self concept. Siva Sankar & Reddy Viswanatha (2014)[11] who found that there is no significant difference rural and urban adolescent with regard to their self-concept. This might be due to factor that the educational opportunities and facilities have not only spread into urban area but also into the rural area. Thus, promoting sound development among children of rural and urban area.

Findings of the present study revealed that self concept of urban and rural children are same. On the contrary side, Wilson S & Sivasubramanian (2015)[16] found that students of urban locality had low self concept. Probably this is due to high load of work and other duties of the adult members of the urban family, they might not give proper attribution to the children, which could decrease confidence and self concept in the children.

Implications and recommendations: Community health nurse should made educational interventions to improve the self concept. Nursing students should be encouraged to use different methods for assessing self concept of themselves and others. At each school, there should be training and development in the areas of the pupil's personal and social competence-self concept, self esteem, social abilities, personal development, school mediation and conflict resolution.

The present study was limited to age group of 10 to 12 years. So studies should be conducted on large sample size with different variables on different population. Study may be conducted on influence of self concept on academic achievement of students. Causal ordering to know the mechanisms of self concept development and social maturity need to be investigated.

CONCLUSION

On the basis of above findings, we can conclude that about 40% children had high self concept followed by 51.5% had above average self concept. However group counseling can be useful to produce favorable positive self image, skill development and self enhancement among the students. Motivation sessions and personality development lectures can be organized to enhance the motivation of students. Students

must be taught about success, goal orientation and they are made to recognize the variety of constructive ways that the students can succeed.

LIMITATIONS

Lack of large sample size may result in lack of representativeness and generalizability to the whole population. Moreover, the data was collected from selected schools of district Faridkot of Punjab. In order to make findings generalizable, a large geographical area based study is recommended to assess the level of self concept. Despite of these limitations, the study had a strong design and care was taken at every step to ensure the randomness in the sample and minimize bias in the findings.

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