



MEDICO SOCIAL PROFILE OF SCHOOL DROPOUTS FROM URBAN SLUM

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ABSTRACT

Introduction: India has taken 60 years to put India's literacy rate to 66% since independence but still we are a country of 380 million illiterates. School dropout is a major social pathology which lands up children in social problems like juvenile delinquency, unemployment and poverty. School dropouts synergizes with poverty, malnutrition, ill health, lack of awareness in both children and parents. There has been high rate of school dropouts in India.

Aims & objectives: The study was undertaken to know the prevalence of school dropouts and their socio-economic and health status in the urban slum area of Agashivnagar in Karad.

Materials & Methods: Total 100 school dropouts were studied by house to house survey and were interviewed followed by physical examination. Analysis was done by chi square test.

Results: Out of 392 children, 208(53.06%) were dropouts. Out of 100 dropouts, 67% were females, more than 3/4th belonging to age 10-16 years. Hindu girls (88.1%) and Muslim boys (36.4%) were significantly found defaulted. Verbal violence (38%) and physical violence (27%) were predominant behavioural problems whereas anaemia (81%), acute suppurative otitis media (65%), Acute respiratory infection (46%), mottling of teeth (42%) and undernourishment (33%) were most commonly seen physical problems among school dropouts.

Recommendations: Prevention activities for dropout might include incentives and supports to improve attendance; programs to encourage parent involvement.

of employment, enrichment of culture. To a nation it means an alley leading to social and economical expansion. The declaration of Human rights, 1948, stated that everyone has a right to education. Yet, so many are deprived of it. It is in this perspective that the Constitution states, under Article 45 of Directive principles that "the state shall endeavour to provide free and compulsory education for all children up to the age of 14 years". The goal of universal elementary education should have been achieved within a period of 10 years. But since then it has remained a long cherished dream¹. Education is the major factor influencing health, employment, socio-economic status, literacy and progress of the nation. Female health is majorly affected as lack of education creates unawareness about her own health needs, and her family's. As a result females are major victims of anaemia, malnutrition and other chronic illnesses. India has taken 60 years to put India's literacy rate to 66% since independence but still we are a country of 380 million illiterates!! The estimated school dropouts are around 50-60%². Umpteen studies have shown that school dropouts synergizes with poverty, malnutrition, ill health, lack of awareness in both children and parents. This alarming rate of literacy and school dropouts is a major setback to country's social and economical development.

Since education is the only river that will lead to the ocean of prosperity both socio-economical and health status of India, it becomes inevitably crucial to study the school dropouts. Thus the present study is aimed at knowing the prevalence of school dropouts and their social and physical status in an urban slum of Agashivnagar at Karad in the district of Satara, Maharashtra, India, as extreme poverty and underdeveloped areas are prone to this malice.

MATERIALS AND METHODS

This Cross-sectional prospective study was conducted in urban slum, Agashivnagar under

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INTRODUCTION

Education is attainment of knowledge, a source

Department of Community medicine, KIMS, Karad. Children belonging to the age group 5-16 years who had never enrolled or were not attending school from past 6 months or more were included in this study. Population of Children of age 5-16 years who never enrolled or not attending school was considered for calculating prevalence. Whereas, only one school dropout was considered for further study from each household to prevent repetition of information. Children who were residing in the study area for less than 6 months and more than one school dropout children from a family were excluded from further study.

House to house survey was conducted to cover all children of age group 5-16 years. Data was collected on pre tested, structured proforma from each study subject, and to confirm reliability, information was cross checked from senior family member present at the time of data collection. Information was collected regarding personal data, father's and mother's literacy and occupation status, family background of school dropouts which was followed by the physical examination of each subject. Chi square test was applied to analyze the data.

RESULTS

The present study was conducted in the urban health centre area Agashivnagar in which the total number of children belonged to age group 5-16 years were 392 from which 208 children were not attending school. The overall prevalence of school dropouts comes to 53.06%. Out of 208 school dropout children, 100 children contacted by house

dropouts in the age group 10-16 years was seen. More dropouts were among Hindu children, almost 4 times the Muslim school dropouts. Marked significant difference was seen in attending school among Hindu girls (88.8%) while school dropout was seen more in Muslim boys 36.4%. High number of girls who never enrolled in school and were about 4 times the number of boys, who dropped the school in the primary section as well as secondary.

According to table 2, high proportion of school dropout children observed with illiterate fathers (69%), but no significant difference was seen between male and female dropouts according to father's education. The study revealed that in general high number of school dropout belong to the fathers being unemployed and engaged in unskilled labour. However, borderline significance ($p=0.05$) seen in girl dropouts being more in unemployed and skilled laboured father. While high proportion of boys dropped out of school whose fathers were engaged in unskilled labour and business (Table 2).

Both male (81.8%) and female (89.6%) dropouts were observed in high proportion with illiterate mothers (87%). However no statistical significance was observed. High proportion of school dropout males were noted whose mothers were working, where as highest proportion of females remained away from school even though their mothers were non working. Almost half of the school dropouts were belonged to nuclear type of family but no significant sex wise difference was noted according to the type of the

Table 1: Distribution of School dropouts according to their personal perspective.

Particulars	Male n=33(%)	Female n=67(%)	Total n=100(%)	p value
Age groups				
5-9 years	7 (21.2)	17 (25.4)	24 (24)	0.647
10-16 years	26(78.8)	50 (74.6)	76 (76)	
Religion				
Hindu	21 (63.6)	59 (88.1)	80 (80)	0.004*
Muslim	12 (36.4)	8 (11.9)	20 (20)	
Educational status				
Never enrolled in school	2 (6.1)	17 (25.4)	19 (19)	
Dropped out in primary	18 (54.5)	30 (44.8)	48 (48)	0.068*
Dropped out in secondary	13 (39.04)	20 (29.9)	33 (33)	

to house survey considering exclusion criteria.

Table 1 show that, there was maximum number of female dropouts (67%) as compared to male (33%). But according to age group there was no significant difference ($p > 0.05$) in male and female population. However, marked rise in school

family (Table2).

The study reveals (Table 3) high number of school dropouts involved in verbal violence (38%) and physical violence (27%) however, no significant difference was found between male and female dropouts in verbal violence. Significantly

Table 2: Distribution of school dropouts according to their family perspective

Particulars	Male n=33(%)	Female n=67(%)	Total n=100(%)	p value
Father's education				
Illiterate	23 (69.7)	46 (68.7)	69 (69)	0.916
Literate	10 (30.3)	21 (31.3)	31 (31)	
Father's occupation				
Unemployed	11 (34.4)	27 (44.3)	38 (40.9)	0.099
Unskilled labour	17 (53.1)	25 (41)	42 (45.2)	
Skilled labour	2 (6.2)	9 (14.8)	11 (11.8)	
Business	2 (6.2)	0 (0)	2 (2.2)	
Mother's education				
illiterate	27 (81.8)	60 (89.6)	87 (87)	0.280
literate	6 (18.2)	7 (10.4)	13 (13)	
Mother's occupation				
a)Working	20 (60.6)	23 (34.3)	43 (43)	0.013
b)Not working	13 (39.4)	44 (65.7)	57 (57)	
Socio-economic status				
Class 2	2 (6.1)	7 (10.4)	9 (9)	
Class 3	13 (39.4)	11 (16.4)	24 (24)	0.066
Class 4	12 (36.4)	38 (56.7)	50 (50)	
Class 5	6 (18.2)	11 (16.4)	17 (17)	
Type of family				
Nuclear	14 (42.4)	34 (50.7)	48 (48)	
Joint	12 (36.4)	18 (26.9)	30 (30)	0.607
Broken	7 (21.2)	15 (22.4)	22 (22)	

Table 3: Distribution of school dropouts on the basis of their behavioural problems

Behaviour	Male n=33(%)	Female n=76(%)	Total n=100	p value
Theft	2 (6.1)	0 (0)	2 (2)	0.042
Threatening others	2 (6.1)	2 (3)	4 (4)	0.461
Destruction of property	1 (3)	2 (3)	3 (3)	0.990
Verbal violence	15 (45.5)	23 (34.3)	38 (38)	0.281
Physical violence	13 (39.4)	14 (20.9)	27 (27)	0.050

high rate of male than female dropouts were involved in theft and physical violence ($p < 0.05$).

The Table 4 depicts high proportion of school dropouts suffering from anaemia (81%) followed by Acute suppurative otitis media (65%), Acute respiratory infection (46%), mottling of teeth (42%) and undernourishment (33%). Though the prevalence of handicap and caries teeth was less, higher significance was seen in males handicap ($p < 0.05$) than female dropouts.

Table 4: Morbidity profile of school dropouts

Health profile	Male n=33(%)	Female n=67(%)	Total n=100	p value
Handicap	11 (33.3)	6 (9)	17 (17)	0.002
Anaemia	24 (72.7)	57 (85.1)	81 (81)	0.139
Scaly dry skin	10 (30.3)	11 (16.4)	21 (21)	0.109
Boils	10 (30.3)	15 (22.4)	25 (25)	0.390
Dermatitis	14 (42.4)	20 (29.9)	34 (34)	0.212
Fungal	2 (6.1)	6 (9)	8 (8)	0.616
Bitots spots	1 (3)	0 (0)	1 (1)	0.152
ASOM	23 (69.7)	42 (62.7)	65 (65)	0.489
Caries teeth	4 (12.1)	2 (3)	6 (6)	0.070
Mottling	11 (33.3)	31 (46.3)	42 (42)	0.218
Stomatitis	2 (6.1)	3 (4.5)	5 (5)	0.733
ARI	14 (42.4)	32 (47.8)	46 (46)	0.615
Diarrhoeal disease	9 (27.3)	32 (47.8)	19 (19)	0.139
Epilepsy	0 (0)	2 (3)	2 (2)	0.575
Under-nourished	15 (45.5)	18 (26.9)	33 (33)	0.151

DISCUSSION

The current study reports school dropouts to

be 53%. Khokhar et al in Delhi, found 50-60% of school dropouts³. While the study conducted by Subodh .V, in Sunday times reported overall dropout to be 61.92% and 50% dropouts by primary⁴, this study reports 67% (Table 1) school dropouts in primary itself. While literacy in Indian females is 55%⁴, current study has found 67% of school dropouts in females. But no significant difference is seen according to age group in male and female population. There are more Hindu dropouts, almost 4 times the Muslim school dropouts. Higher proportion of Hindu girls, 88.8% dropped out while school dropout is seen more in Muslim boys 36.4% (Table 1). The high proportion of Hindu girls drops the school probably because the Hindu traditions and norms do not allow a female child to go out of the house but are supposed to learn the culture of household work, care of family members and looking after siblings. Contradictorily, Muslim boys are seen to dropout more than Muslim girls. It was observed that the Muslim community prefers to educate the boys in their religion. Many boys were seen to attend Madarassa.

The current study showed the higher proportion of school dropouts in children whose fathers were illiterate. In general high number of school dropouts seen with father's unemployment and unskilled labour. This indicates poverty as the reason for incomplete schooling. High number of school dropouts in both male and female dropouts seen with illiterate mothers, about 87% and 7 times the dropouts in literate mothers. High proportion of school dropouts were observed in non-working mothers. This may be due to high illiteracy of mothers and their unawareness of importance of education. The high proportion of school dropouts in illiterate mothers indicates that a female's literacy is of high value in the education of the family (Table 2).

While high number of school dropouts is seen in boys whose mothers are working, and high number of girls amongst non working mothers. High prevalence of school dropouts is observed in nuclear family. This may be due to both the parents working and the child being left at home to do the household work. Most of the girls who never enrolled in school are about 4 times the number of boys. This study reveals that the main bulk of school dropouts are in the primary section (48%) which is less than the study by Pratinidhi et al who found 60% of dropouts in primary⁶.

Large numbers of children were found to have behavioural problems like verbal (38%) and physical violence (27%). Also they are involved in

theft, threatening others, destruction of others property (Table 3). Students, who engaged with school, feel more academically competent, more connected to the institution, and elicit more positive reactions from their teachers and parents. In contrast, disengaged may have more academic difficulties, receive less positive support from teachers, and are more likely to associate with disengaged peers. Early behavioural and emotional engagement in school can buffer against participation in problem behaviour. Educational interventions for students that aim to improve school engagement may decrease delinquency and substance use, and prevent adolescents from dropping out of high school⁷.

Anaemia has been found to be 95% in Indian girls⁸. This study reports 85% of anaemia in girls, overall anaemia in girls and boys to be 81% and anaemia in boys to be 72% in the school dropouts (Table 4). Acute respiratory tract infection was found to be 46% and diarrhoeal disease as 19%. Homlong L et al reported 27.1% girls and 37.9% boys dropped the school due to asthma whereas 25.9% girls and 34.4% boys dropped due to allergies⁹. Handicap was found to be in 17% dropouts. The National Transitional study estimated as much as 36.4% of disabled quit the school before completing the course¹⁰ which is very much higher than the current study. Other health problems were related as skin infections like dermatitis, fungal infections, boils, others conditions like mottling of teeth, caries, dry scaly skin was found to be insignificant. The study reveals that 33% of the children were undernourished¹¹ of which 26.9% females were found to be undernourished and 45.5% males were undernourished.

CONCLUSION

The prevalence of school dropouts was high in the urban slums. This prevalence was significantly higher in females than males and in general more in the age group of 10-15. The consequence of school dropout is anti-social activities, drug addiction, behavioural problems and lack of awareness of their own health needs. The morbidity health profile shows high no. of children suffering from anaemia, acute respiratory tract infection and diarrhoeal diseases along with skin infection and undernourishment. This picture can change but will show very gradual improvement with a change in the overall family background.

RECOMMENDATIONS

1. School should carryout tracking of student attendance, test scores, grades, behavior

referrals, participation in activities, school attitudes and family participation in school events can provide information to identify students most at risk for later dropping out.

2. Prevention activities for dropout might include incentives and supports to improve attendance; programs to encourage parent involvement; early intervention for academic difficulties; community and school-based mentorships.
3. A high proportion of girls were found to have dropped out from school. Parents should be educated regarding the importance of education of both male and female child, its importance in health and standard of living. Till 14 years of age, education is free for girls and parents should be encouraged to avail of this benefit.
4. Once students have dropped out, it is still possible to re-engage them in the school process through programs specifically designed to help them transition back to a school environment.
5. Individual teachers and support staff can help encourage school involvement for students at risk for dropping out:
6. Encourage the student to attend school regularly and to be involved in at least one extra-curricular activity at school or with groups of students who are currently in school. These activities make the student feel part of the group, important to the school and more motivated to perform in order to participate. They must have something positive to look forward to that will meet the kinship/companionship needs of being a teenager. If they aren't able to meet these needs in the school setting, they often find ways to meet these needs in less desirable settings and groups.
7. School personnel should consult with parents to determine if the student might have a specific learning or behaviour problem interfering with learning. Low achievement, retention in grade and behavioural difficulties are highly predictive of dropping out of school.
8. It should be emphasized on such poverty stricken communities to limit their families so that they can improve their standard of living.
9. As the defaulters are not attending school they are missing a number of school health check-up facilities e.g. periodic health

examinations, mid day meals which are vital in providing the children with supplementary food. This can lead to various health problems which go unabated. To reduce the problems of anaemia, under nutrition and other health problems, the children should be convinced along with their parents the importance of education and attending school.

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