

Parental Socio-Economic Status and Somatic Symptom Disorder among Adolescents in Secondary Schools Delta State

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Abstract

Socio-economic status of parental is a major determinant of so many factors in the lives of individuals, of which the adolescent's health status is not an exemption. Somatic symptom disorder has been a major challenge among adolescents in secondary school. This study therefore, investigated the relationship between parental socio-economic status and somatic symptoms disorder among adolescence in secondary schools in Delta State. One research question and one null hypothesis are raised to guide the study. It is delimited to Ika North Local Government Area of Delta State. The study employed a cross-sectional survey research design. From the population 10,560 students of 2019/2020 academic session. which consist of all students in junior and senior secondary class II (JS II & SS II) from the fifty-two secondary schools, using the multi-stage sampling technique, a sample size of 600 students comprising three hundred (300) males and three (300) females was selected from 10 schools. The research instruments for this study was the Adolescents Somatic Symptom Scale (ASSS) which was originally designed by Egbigbo (1981) and modified in 2016 by Egbigbo et al., (2016). Using Cronbach Alpha statistical tool, the instrument yielded a reliability coefficient of 0.70. The Chi square statistical tool was used to test the null hypotheses at 0.05 level of significance. Findings showed that there is no significant relationship between parental socio-economic status and somatic symptom disorder, which means that somatic symptoms disorder is excluded to only one class but occurs in all adolescents irrespective of parental socio-economic status. As such it is recommended that all medical practitioners and helping service providers like counsellors handle the challenges of somatic symptom disorder through multidisciplinary approaches. Counsellors and medical

professionals should educate parents of all socio-economic status of the occurrence and management approaches of somatic symptoms disorder.

Keywords: Somatic Symptom Disorder, Parental Socio-Economic Status, Adolescents

Introduction

Students in the secondary schools come from diverse social backgrounds. Their parental socio-economic status is varied in terms of family income, parental level of education and the nature of occupation. According to the Vice Chancellor's Committee Report (2000), the social 'clusters' based on socio-economic 'status of the students creates frustration' among student as they compare themselves and. The students from low social-economic status tend to isolate from those higher social-economic status thus affecting their overall welfare.

While parents from high social-economic status has the resources to cater for their children in all ramification, children from low social-economic status suffer deprivation which in turn leads to various health challenges, some explainable medical and psychologically, while others unexplainable. Students often express health concerns that seem to have no medical basis. Principals, teachers, nurses, and parents are often worried about these students who always report that they are sick and frequently visit the school clinic. This might likely be one of the root causes of somatic symptom disorder as reported among adolescence in secondary schools, hence this study seeks to find out if a relationship exist between parental socio-economic status and somatic symptoms disorders among secondary school students.

Literature Review

Socio-economic status (SES) is probably one of the most widely used contextual variables in education research. Although SES has been at the core of a very active field of research, there seems to be an ongoing dispute about its conceptual meaning and empirical measurement in studies conducted with children and adolescents (Bornstein & Bradley, 2003). While there is disagreement about the conceptual meaning of SES, there seems to be an agreement on Duncan, Featherman, and Duncan's cited in Ogunshola and Adewale (2012) definition of the tripartite nature of SES that incorporates parental income, parental education, and parental occupation as the three main indicators of Socio-Economic Status. Socio-economic Status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. A person's socio-economic status is their classification based on the amount of wealth, education and social status an individual possesses. Igbo, Okafor, Rita and Eze (2014) view it as the social and economic position of individual or family in any given society which is determined by

such factors as the level of education, occupation and income. Socio-economic status (SES) is the economic and sociological combined total measure of a person's work experience, economic and social position in relation to others, based on income, education, and occupation. The term socio-economic as defined by Selma and Jane (2017) is used to depict "various objective indicators of economic capital such as one's income, education and occupation". A person's socio-economic status is typically referred to as one of the following, low-class, middle-class, high-class, or upper-class. According to Diane et al (2004), family socio-economic status is based on family parental occupation, income, and society values in the community irrespective of their educational or social standing.

The major responsibility of training a child and his/her welfare always lies in the hand of the parents. In Nigeria today, it is a well-known factor that parental socio-economic status influences their perception and importance attached to their children's welfare (education, health, among others). Parents can only provide for their wards and family within their financial capacity. Although they have responsibility towards their wards but are limited or restricted based on their level of income and level of education.

Adolescence stage is the last stage before adulthood, and it offers, to both parents and teachers the last opportunity to educate a child for his adult responsibilities. Adolescence is a period during which the growing person makes the transition from childhood to adulthood. While it is not linked to any precise span of years, adolescence may be viewed as beginning roughly when young people start to show signs of puberty and continuing until they are sexually mature, have reached their maximum growth in height, and have approximately reached their mental growth as measured by intelligence tests. The period covered in this includes the years from about the age of twelve to the early twenties. Developmental researchers usually divide adolescence into three periods: early adolescence (typically ages 10–13 years), middle adolescence (ages 14–17), and late adolescence (18 until the early twenties). According to Hurlock (1968) the adolescence period could be broadly categorised into- pre-adolescence (10-12 years), early adolescence (13-16 years), and late adolescence (17-21 years). Adolescence as one of the most important period of life, is critical age of young people's development. In this period of life, a person is expected to mature into a healthy person and to take its place in society as its useful member (Jevtic, 2011).

Adolescents' reporting of somatic symptom disorder could also be influenced by parental socio-economic status. Its disparities have great impacts on the child's health which may be linked to negative emotional and social problems. Parents with high or average socio-economic status may be unable to pay proper attention to their children due to their busy

schedules; thus, they are likely to crave for parental attention and may not be well adjusted. Also, low socio-economic status may likely be associated with high risk of lifestyle-related illnesses such as anxiety, depression, stress and somatic disorder as indicators of child health problems due to deprivation of basic needs. Eden (2009) posited that family socio-economic status can affect the outcome of somatic symptom disorder among adolescents: low family socioeconomic status can lead to the disorder transmitted by parent-child interaction patterns while high family socioeconomic class can serve as a protective factor that improves resiliency in youth.

Research has shown that people of low socio-economic status are estimated to be two to three times likely to have a mental disorder than are those of high socio-economic class. It has been explained that stress responses result from demand-resource imbalance because individuals with low SES face greater demands from exposures that threatens health and survival but are endowed with fewer resources to cope with such challenges (Meyer et al., 2014). Kelly et al., (2010) carried out a study on Psychosomatic Symptoms among School children to determine the weekly prevalence of somatic and psychological symptoms among school children in Ireland and to explore the influence of family material affluence on reported symptoms. Girls from less affluent backgrounds were greatly more likely to report frequent symptoms (55.5% -50.7%).

In a Nigerian study by Uleanya et al., (2018) suggests that affective and neurotic disorders seem greater in the upper socio-economic classes. The prevalence rates of the disorders were found to be almost similar though among all the socio-economic classes in an Indian study (Muntaner et al., 2004). Also, Vila et al., (2009) carried out a study on the Assessment of Somatic Symptoms among Secondary School Children, from a total of 1,173 students attending a co-educational secondary school in Southeast, completed the CSI and self-reported psychopathology measures. They comprised students of ages 11 to 16 and three 17 years old with a mean age of 13.5 (SD=1.5). Cross sectional survey design was adapted and descriptive statistics were used to analyze the data. More than half of the sample (54%) were from professional occupation families with highest rated occupation. The study showed that male and female reported somatic symptoms alike.

A study was carried out at psychiatric department of university of Calabar by Okafor, Udofia and Ekpe, (2017) on the Psychiatric Diagnoses of Patients Presenting with Functional Somatic Symptoms in a Primary Care facility at a University Teaching Hospital in Nigeria. The study population was an average of 650 patients attending clinic every week comprising of adult patients (18 years and above), A cross-sectional study of a sample of 100 randomly selected patients with 41 males and 59 females. The findings

revealed that more females 13.6% than males 4.9% were diagnosed with somatic disorder. In addition, socio-economic status had a significant influence on somatizing patients.

Chinawa et al., (2016) found in their study that students from middle and higher socio-economic class had a greater proportion of having psychosomatic disorders when compared to those in the lower class. Also, another study carried out by IHEME et al., (2014) on effect of somatization disorder on social and workplace functioning among upper socio-economic class adults attending outpatient clinic in national hospital, Abuja, Nigeria. Being a descriptive cross-sectional survey study, adopting systematic random sampling technique, 190 participants were studied from upper socio-economic class who attended the general out-patient clinic of the hospital during the study period (July to September 2010). The results of the study showed that the prevalence rate of somatization in the study participants was 5.6% and also showed significant findings among the upper-class patients presenting with multiple non-specific somatic complaints. This is a risk factor for ability to work, manage homes, carry out private leisure activities, form and maintain close relationship with others while it enhances ability for social leisure activities.

However, this study seeks to establish generally if parental socio-economic status has a significant relationship with somatic symptoms disorder among secondary school students.

Purpose of the Study

The purpose of this study is to establish if there is a relationship between parental socio-economic status and somatic symptom disorder among adolescents in secondary schools in Delta State.

Hypotheses

1. There is no significant relationship between socioeconomic status and somatic symptom disorder among adolescents in secondary schools in Delta State?

Methodology

The study employed a correctional survey research design to investigate if a relationship exists between parental socio-economic status and somatic symptom disorder among adolescents in secondary schools in Ika North Local Government Area of Delta State. The population for this study is 10,560 students. This consist of all students in junior and senior secondary class II (JS II & SS II) in the 2019/2020 academic session, from the fifty-two secondary schools in Ika North Local Government Area of Delta state, from where a sample size of 600 students comprising three hundred (300) males and three (300) females

were selected from 10 schools using the multi-stage sampling technique. The research instrument for this study was the Adolescents Somatic Symptom Scale (ASSS) which was originally designed by Egbigbo (1981) and modified by Egbigbo et al., (2016). The researcher adapted and modified it for the study. The instrument was administered to twenty (20) adolescents within the population under study but outside the sample of the study for the collection of data for reliability test. The data was analyzed with Cronbach Alpha statistical tool and yielded a reliability coefficient of 0.70 which shows that the instrument is reliable.

The researcher was also assisted by two research assistants who were trained and assigned some duties. They administered six hundred (600) questionnaires to the respondents under supervised conditions at the schools and collected them back when they were completed. A total of five hundred and eighty-seven (587) questionnaires were retrieved with a 98% retrieval value. The hypothesis was tested using Chi square statistical tool at 0.05 level of significance.

Presentation of Results

Hypothesis: There is no significant relationship between Parental Socio-economic Status and Somatic Symptom Disorder among Adolescents in Secondary Schools in Delta State.

Table 1: Chi-Square Test of Relationship between Parental Socio-economic Status and Somatic Symptom Disorder among Adolescents in Secondary Schools in Delta State.

Frequency			SES			Total
			Low	Middle	High	
Somatic Disorder	No disorder	Observed	2	28	4	34
		Expected Observed	2.0	22.3	9.7	34.0
	Middle Disorder	Observed	24	271	136	431
		Expected Observed	25.0	282.7	123.4	431.0
	Moderate Disorder	Observed	8	86	28	122
		Expected Observed	7.1	80.0	34.9	122.0
Total		Observed	34	385	168	587
		Expected Observed	34.0	385.0	168.0	587.0

$\chi^2 = 8.590, \alpha = 0.05, df = 4, p\text{-value} = .072; \text{Not Significant.}$

Results in table above shows a Chi-Square test for significant relationship between Socio-Economic Status (SES) and Somatic Symptom Disorder among Secondary School Students in Delta State. The $\chi^2 = 8.590$, having a degree of freedom = 4, and a p-value = .072. Testing at 0.05 alpha (α) level of significance, the p-value is greater than the alpha value. Therefore, the hypothesis that there is no significant relationship between SES and Somatic Symptom Disorder among Adolescents in Secondary Schools in Delta State is retained.

Discussion of Result

The finding from the above analysis of data in testing the null hypothesis revealed there is no significant relationship between Parental Socio-economic and Somatic Symptom Disorder among adolescents in Secondary Schools in Ika North Local Government Area of Delta State. So, these students are most likely to experience similar tensions in school despite the difference in parental socio-economic status because, it has no collaboration with the dependent variable. The result indicates that 34 students have parents of low socio-economic status, 385 students have parents of middle socioeconomic status, and 168 students have parents of high socio-economic status. The finding implies that a good number of students have parents of high and middle socio-economic status who probably do not adequately meet their needs or are not properly emotionally attached to their children. Therefore, these students may encounter the same stress as their counterpart having parents of low socio-economic status. This agrees with the finding of Chinawa et. al. (2016) who reported no significant relationship between parental socio-economic status and somatic symptom disorder even though students from middle and high socio-economic class had higher proportion when compared to those with lower class. However, the study is at variance with the finding of Iheme et. al. (2014) who noted a higher episode of somatic disorder among the high socio- economic class. The reason for this may be differences in ethno-cultural construct and geographical location.

Conclusion

From the basic assumption that parental socio-economic status affects every area of the child welfare as the parents are care givers to the child, this study sets out to investigate if a relationship exists between parental socio-economic status and somatic symptom disorder among adolescents in secondary school. However, it was found from the data obtained that somatic symptom affects adolescents from all socio-economic status. This, therefore, is a call for attention to the fact that somatic health problems in adolescents should be managed in a multidisciplinary manner particularly taking into consideration the possible risk factors which co-exist in the school environment.

Recommendations

From the above finding, it is hereby recommended

1. Since counsellors are saddled with the responsibility of assessing and managing students with somatic disorder therefore, it is pertinent for the state government to ensure that they are well trained especially on how to handle students with somatic symptoms and other related mental health problems.
2. That all medical practitioners and helping service providers like counsellors handle the challenges of somatic symptom disorder through multidisciplinary approaches without concentrating more on adolescents from one class of the divide of parental socio-economic status.
3. Counsellors and medical professionals should educate parents of all socio-economic status of the occurrence and management approaches of somatic symptoms disorder.

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