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Original Research Article

Impact of psychosocial problems on scholastic and co-scholastic performance among the school-going adolescents of Aligarh, India

Sayeed Ahmad[1]*, Ammar I. Anwar[1], Abdul A. Khan[1], Anees Ahmad[2]

[1]Department of Tahaffuzi-wa-Samaji Tib, Ajmal Khan Tibbiya College, Faculty of Unani Medicine, Aligarh Muslim University, Aligarh, India.
[2]Department of Community Medicine, Jawaharlal Nehru Medical College, Faculty of Medicine, Aligarh Muslim University, Aligarh, India

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***Correspondence:**
Dr. Sayeed Ahmad,
E-mail: sayeedahmad8500@gmail.com

ABSTRACT

Background: Adolescence is a critical developmental period during which psychosocial factors significantly impact academic functioning. Scholastic performance is not only an indicator of educational achievement but also reflects adolescents' psychosocial well-being. Objective of the study was to assess scholastic and co-scholastic performance and its relation with psychosocial problems among school-going adolescents.
Methods: A school-based cross-sectional study was conducted among school going adolescents using a structured demographic proforma, school based scholastic and co-scholastic performance grades assigned by teachers, and a standardized psychosocial problem assessment scale (Y-PSC scale). Descriptive and analytical statistics were used to examine associations.
Results: Psychosocial problems were significantly associated with poorer scholastic performance. Adolescents with greater psychosocial problems demonstrated reduced academic functioning. Co-scholastic factors, including regularity and discipline also showed a significant relationship with adolescent psychosocial problems and their academic performance.
Conclusions: Psychosocial problems are closely related to both scholastic and co-scholastic performance among school-going adolescents. Researchers usually understand Academic difficulties within a broader psychosocial framework rather than as isolated educational issues.

Keywords: Adolescents, Psychosocial problems, Scholastic performance, Co-scholastic factors, Academic stress

INTRODUCTION

Adolescence represents a sensitive developmental phase characterized by rapid psychological, emotional, and social changes that significantly influence educational functioning. Scholastic achievement has become increasingly regarded as a crucial indicator of a child's prospects in the contemporary competitive educational environment. Much research consistently demonstrates a strong association between adolescents' mental and psychosocial health and their academic performance during the school years.[1-5] A growing body of evidence indicates that psychosocial challenges significantly affect the academic pursuit of school-going adolescents. Youth experiencing psychosocial or psychiatric disorders tend to perform poorly in school and attain lower levels of education than their peers. Emotional vulnerability, cumulative stress, and psychosocial burden during adolescence interfere with concentration, learning capacity, and school functioning, thereby impairing scholastic performance.[5-8] In addition to individual psychological factors, adolescents often come across intense academic pressure stemming from examinations, performance expectations, and socioeconomic competition. Such pressures increase anxiety, reduce perceived competence, and negatively influence scholastic

outcomes. Urban adolescents, in particular, experience heightened psychosocial stress due to rapid socioeconomic changes combined with competitive academic demands.[9-12] Furthermore, poor scholastic performance itself has important psychosocial implications. Unrecognized or unresolved academic difficulties during childhood and adolescence can have a detrimental impact on emotional development, self-esteem, interpersonal relationships, and overall psychosocial potential, thereby reinforcing a cycle of academic and psychosocial vulnerability.[2,13,14] Understanding the relationship between scholastic and co-scholastic performance and psychosocial problems is therefore essential for a comprehensive approach to adolescent academic difficulties.

Psychosocial problems and scholastic performance

Psychosocial problems, including emotional, social, and behavioral difficulties, are known to cause functional impairment in multiple areas of adolescents' lives, particularly school performance and educational attainment. Emotional symptoms and psychosocial distress are negatively associated with academic grades, whereas better psychological well-being is positively associated with scholastic achievement.[3,4,15] Adolescents experiencing multiple psychosocial problems demonstrate significantly poorer scholastic outcomes compared to those with fewer difficulties. Emotional problems, such as anxiety, sadness, and stress, interfere with attention, cognitive functioning, and classroom participation, thereby negatively influencing academic performance, independent of academic aptitude.[3,5,8]

Scholastic stress and psychosocial difficulties

Academic workload, examination pressure, and expectations from teachers and parents contribute substantially to stress and emotional difficulties among adolescents. Excessive pressure to achieve high grades has an association with undesirable psychological consequences, including heightened anxiety and emotional distress.[9,12] Students in higher grades experience greater scholastic stress due to increased academic responsibility, board examinations, and concerns regarding future education and career prospects. Competitive school environments intensify scholastic stress, which contributes to psychosocial problems and negatively affects academic performance across different cultural contexts.[9-11]

Co-scholastic activities and psychosocial well-being

Co-scholastic (or co-curricular) activities are educational activities beyond the formal academic curriculum. It contributes to students' intellectual, emotional, social, and moral development, thereby supplementing classroom instruction. Both scholastic and co-scholastic activities support the development of different domains of learning in children. According to Lakshmi et al, the school curriculum includes three domains (cognitive, affective, and psychomotor) which are considered major developmental domains of the child. Academic subjects such as language, mathematics, science, and social studies primarily contribute to cognitive development. In contrast, activities such as games, sports, art, music, and crafts help to develop students' affective and psychomotor domains. In contemporary school evaluation systems, the co-scholastic domain extends beyond extracurricular participation and includes behavioral indicators such as discipline, regularity, attendance, sincerity, and cleanliness. This extracurricular participation reflects students' adjustment to the school environment and their ability to maintain harmony between emotions and social interactions. Research suggests that irregular attendance, conduct problems, and lack of classroom discipline generally mimic psychosocial difficulties among school-going adolescents.[16] Finally, these behavioral patterns make co-scholastic performance an observable indicator of psychosocial functioning.[17] Discipline in the school setting plays a key role in promoting academic success and maintaining an effective learning atmosphere. Lack of discipline can lead to poor time management, irregular attendance, and reduced academic engagement.[18] Similarly, frequent absenteeism of students from school has also been associated with low academic achievement, increased risk behaviors, substance use, and mental health problems.[19] It is a common phenomenon that disciplined students usually show punctuality, consistent attendance, timely completion of assignments, and focused engagement in learning activities.[20] The negative disciplinary experiences in school environment may lead to psychosocial consequences for school-going adolescents. Research indicates that students who perceive disciplinary actions as unfair often report persistent feelings of sadness or hopelessness, and some may even experience serious mental health risks, including suicidal thoughts.[21]

The school environment of which (discipline, regularity, and cleanliness) are integral aspects plays a crucial co-scholastic role in the psychosocial development and academic functioning of adolescents. Studies suggest that the mode of instruction, classroom teaching atmosphere, and interpersonal behaviour in school fraternity exert a great effect on the scholastic performance of students and their emotional balance.[13,22,24] It means that supportive and safe school environments and discipline enhance school connectedness, emotional well-being, and learning outcomes. Conversely, an unsupportive school atmosphere reduces students' school attachment and contributes to psychosocial stress and academic difficulties. Negative teacher–student interactions do harm adolescents' self-esteem, psychosocial health, and scholastic performance.[9,22,23]

Objectives

The objectives of the study were: to assess scholastic and co-scholastic performance of school-going adolescents, and to correlate scholastic and co-scholastic performance

with psychosocial problems among school-going adolescents.

METHODS

This study employed an observational cross-sectional non-interventional design to examine psychosocial problems among school-going adolescents in Aligarh and to explore how these issues relate to both scholastic achievement and co-scholastic engagement. The research was carried out in the field practice area of Ajmal Khan Tibbiya College, Faculty of Unani Medicine, Aligarh Muslim University (AMU). Initially, roughly twenty nearby schools were contacted for participation. Despite multiple attempts, formal permission for data collection was ultimately granted by only four institutions—AMU ABK Union Boys High School, AMU ABK Union Girls High School, AMU City High School, and Spring Bell Public School—offering a mix of AMU-run and private educational environments that reflect the socio-economic diversity of the area.

The target group included students aged 10 to 18 years enrolled from class VI to class XII. Adolescents outside this age bracket or absent on survey days, as well as those who did not provide consent, were excluded. Data collection extended over twelve months (April 2019–March 2020). Care was taken to avoid periods known to temporarily heighten stress levels—such as examinations, major vacation breaks, and the holy month of Ramadan—so that psychosocial responses more accurately reflected routine school life rather than transient external pressures. Sample size estimation was based on a presumed prevalence of psychosocial problems of 33% with a permissible error of 10%, using the standard epidemiological formula given, yielding 812 as the minimum required sample.

$$Sample\ size = 4pq/L^2$$

To account for potential non-response and attrition, the sample was increased to 850. A probability proportionate to size (PPS) strategy was then used to distribute the sample across participating schools, and further across classes and sections, ensuring that recruitment remained proportional to actual enrolment and avoided over-representation of any subgroup. Ethical approval for the study was granted by the Institutional Ethics Committee of Ajmal Khan Tibbiya College. Written consent from parents and assent from students were obtained, and confidentiality was assured throughout. Data were collected using a structured, pre-tested proforma that captured demographic characteristics, scholastic performance (taken from official annual school records), and co-scholastic performance assessed across nine behavioral and activity-based domains. Psychosocial screening was conducted using the validated youth-pediatric symptom checklist (Y-PSC), which is based on 35 items that are rated as “never”, “sometimes” or “often” present and scored 0, 1 and 2, respectively. Items scores are summed up so that the total score is calculated by adding together the score for each of 35 items, with a possible range of scores from 0-70 items left blank scored as 0.If four or more items are left blank the questionnaire is considered invalid which as not observed in our study. The cutoff score for the Y-PSC is 30 or higher and is considered as positive and if the cutoff score is below 30 it is considered as negative. Prior to launching full data collection, the instrument was piloted on a small group of adolescents to gauge clarity and comprehension, after which minor refinements in wording were made. Field administration took place during non-instructional school hours, such as physical training periods, free periods, teacher absence periods, or lunch breaks. Research assistants briefed the student’s beforehand and supervised questionnaire completion to avoid disruptions and to clarify doubts when necessary. Students whose scores crossed Y-PSC cut-off thresholds or who demonstrated noticeable distress were discreetly referred to school authorities and parents for counseling or further evaluation, ensuring ethical care and avoiding any punitive or stigmatizing consequences.

The study sample was 850, and the scholastic domains or variables (A1, A2, B1, B2, C1, C2, D, E) were uniform across all schools, enabling the screening and analysis of the entire dataset for 850 students on psychosocial problems. However, in the academic domain, variables are not uniform. In some schools, Cho scholastic domains or variables are regularity, cleanliness, games, and discipline. At the same time, work, education, elementary Urdu/Hindi, theology (Sunni/Shia), health and physical education, and art education are academic domains in other schools. Due to this variation, it is not possible to construct a uniform table and analyze the entire dataset of 850 students on psychosocial problems. Therefore, based on the Cho scholastic domain (regularity, cleanliness, games, and discipline) and psychosocial problems, only 484 students out of 850 were selected for psychosocial screening and data analysis, and the remaining sample was excluded to avoid an insignificant and irrelevant lengthy discussion and analysis.

RESULTS

Overall psychosocial problems were observed as 21.8% in female adolescents as compared to 19.8% in male adolescents. The results describe the relationship after screening by “Y-PSC” scale between scholastic and co-scholastic performance and psychosocial issues among school-going adolescents. Co-scholastic analysis was conducted only for 448 students because the co-scholastic domains varied across schools.

Annual scholastic performance of adolescents

The distribution of adolescents according to annual scholastic performance, based on school academic records, is presented in Table 1. Adolescents were distributed across different scholastic grades.

Table 1: Distribution of adolescents according to annual progress report.

Annual scholastic performance grade	No. of adolescents	Percentage adolescents
A1	117	13.8
A2	149	17.5
B1	115	13.5
B2	157	18.5
C1	155	18.2
C2	108	12.7
D	38	4.5
E	11	1.3
Total	850	100.0

Association between scholastic performance and psychosocial problems

The association between annual scholastic performance and overall psychosocial problems is shown in Table 2. A statistically significant association was observed between scholastic performance and psychosocial problems (χ^2 test, $p<0.05$).

Co-scholastic performance of adolescents

The distribution of adolescents according to co-scholastic performance across various domains is presented in Table 3.

Association between co-scholastic performance and psychosocial problems

The relationship between co-scholastic performance and overall psychosocial problems is shown in Table 4.

Statistically significant associations were observed in selected co-scholastic performance domains (χ^2 test, $p<0.05$).

Table 2: Distribution of adolescents according to progress report (annual scholastic performance) and its relation with overall psychosocial problems.

Annual scholastic performance (grade)	Y-PSC score (35 items)				Total
	Present	Percentage	Absent	Percentage	
A1	15	12.8	102	87.2	117
A2	28	18.8	121	81.2	149
B1	23	20.0	92	80.0	115
B2	32	20.4	125	79.6	157
C1	36	23.2	119	76.8	155
C2	25	22.9	84	77.1	109
D	11	28.9	27	71.1	38
E	3	30.0	7	70.0	10
Total	173	20.4	677	79.6	850

Table 3: Distribution of adolescents according to co-scholastic performance.

Co-scholastic performance	No. of adolescents			Total
	Grade			
	A	B	C	
Regularity	337	130	17	484
Cleanliness	398	80	6	484
Games	348	87	49	484
Discipline	358	96	30	484

$\chi^2=60.2$, $p<0.001$ highly significant

Table 4: Distribution of adolescents according to annual co-scholastic performance grades and its relation with overall psychosocial problems.

Annual co-scholastic performance	Overall PSP (Y-PSC score)				Total (n=484)
	Yes	Percentage	No	Percentage	
Regularity					
A	58	17.2	279	82.8	337
B	34	26.2	96	73.8	130
C	5	29.4	12	70.6	17
$\chi^2=7.2$, $p<0.05$ significant					
Cleanliness					

Continued.

Annual co-scholastic performance	Overall PSP (Y-PSC score)				Total (n=484)
	Yes	Percentage	No	Percentage	
A	72	18.1	326	81.9	398
B	19	23.8	61	76.2	80
C	3	50.0	3	50.0	6
χ^2=2.5, p>0.05 insignificant					
Games					
A	60	17.2	288	82.8	348
B	24	27.6	63	72 .4	87
C	11	22.4	38	77.6	49
χ^2=4.9, p>0.05 insignificant					
Discipline					
A	60	16.8	298	83.2	358
B	23	24.0	73	76.0	96
C	13	43.3	17	56.7	30
χ^2=13.4, p<0.05 significant					

DISCUSSION

In the present study, annual scholastic performance showed a significant inverse association with psychosocial problems (χ^2 test, p<0.05). Adolescents with lower academic grades (D and E) demonstrated a markedly higher prevalence of psychosocial morbidity compared to those with higher grades (A1 and A2) (Tables 1 and 2). This suggests that the psychosocial problems in the students decrease their scholastic performance in school. It is dangerous since the co-occurrence of these produce a vicious cycle and lead to increased scholastic failure. International findings are also consistent with this study. Pagerols et al demonstrated that psychosocial symptoms were independently associated with poorer academic performance.[5] McLeod et al further observed that these associations persisted independent of baseline academic aptitude. Possible mechanisms include reduced motivation, school disengagement, absenteeism, and impaired self-regulation under psychosocial stress.[3] Hashmi and Fayyaz highlighted that psychosocial instability increases academic stress, whereas academic expectations remain constant, thereby reinforcing distress. Overall, these findings suggest scholastic performance may serve as a practical behavioral indicator of psychosocial well-being of school going adolescents and justify integrating psychosocial screening within academic monitoring frameworks. Co-scholastic performance domains like regularity and discipline also demonstrated association with psychosocial problems, as statistically significant relationships (χ^2 test, p<0.05) (Tables 3 and 4). Adolescents with poorer regularity and lower discipline grades exhibited higher psychosocial morbidity, indicating that behavioral engagement and adherence to school norms may be sensitive markers of psychosocial distress. These observations align with Indian evidence demonstrating that absenteeism, low engagement, and behavioral dysregulation co-occur with emotional and social difficulties in adolescents.[13,24] Our study also consistent with the studies conducted by Kearney et al and Devi et al.[17,25] They observed in their studies a crucial relationship between emotional disorders and attendance issues indicating that emotional problems in the students can lead to great risk for school irregularity and also they observed that co-scholastic performance is essential tool for overall development of students. Global reports also match this pattern. Forsberg and Schultz demonstrated that psychosocial interventions improved school functioning and discipline, reinforcing a bidirectional relationship between behavior and psychosocial well-being. The results suggest that co-scholastic indicators complement scholastic grades by capturing broader aspects of school adjustment. Significant variables such as regularity and discipline may serve as practical school-based screening points for identifying psychosocial vulnerability. Detailed studies may be required to include other co- scholastic variables as indicators to initiate early psychosocial screening at school level.[7]

CONCLUSION

The findings of this study indicate that scholastic and co-scholastic performance are closely related to psychosocial well-being among school-going adolescents. Lower academic grades and poorer ratings in behavioral domains such as regularity and discipline were associated with a higher burden of psychosocial problems. These results underscore the importance of viewing academic and behavioral indicators not only as measures of educational performance but also as valuable signals of underlying psychological distress. Schools therefore represent an important setting for early recognition and support for adolescents at risk. Strengthening school-based mental-health awareness, counseling, and supportive educational practices may contribute to better academic engagement and healthier developmental outcomes.

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