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A COMPARISON OF SOCIAL, FAMILY AND INTER-PERSONAL EXPERIENCES OF PRIMARY AND SECONDARY SCHOOL CHILDREN IN MALAYSIA

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ABSTRACT

In this study, 307 primary and secondary school children were surveyed to ascertain the differences in their inter-personal experiences that may vary according to their ages. Group comparison analyses of the data indicated that comparatively the secondary school children used more coping strategies such as avoidance, distraction, emotion orientation and task orientation. The secondary school children also reported that their parents used less harsh discipline on them, and that they received less social support from their parents and teachers.

Key words: Children, adolescents, mental health, age differences.

INTRODUCTION

Rapid socioeconomic development over the past few decades has significantly transformed the physical, psychological and familial environment of urban society in Malaysia. An area in which the impact has perhaps been most significant is the experience of growing up in a rapidly changing urban society brimming with new ideas, attitudes, possibilities and role models. The purpose of this paper is to investigate the impact of such major changes on children's attitudes, beliefs and actions about self and society, and most of all, on their mental health.

Many studies have indicated that there is a noticeable amount of mental health problems among children in contemporary societies. A large-scale survey has demonstrated that the prevailing rate of mental health problems experienced by Malaysian children was similar to those of other countries. In Malaysia, the prevalence of mental health problems was found to be 13%, of which 10.5% was in urban areas and 15.5% in rural areas (Toh et al., 1997). Teoh (2003) has recently reported that the prevalence of mental health problems in Malaysian children currently ranges from 5% (aggression) to 30.9% (somatic complaints); the overall prevalence of mental depression in female children is 20.6%.

The most common mental health problems cited in mental health surveys can broadly be categorized into two: learning disabilities and affective disorders (Toh et al., 1997). These include not being able to sleep, the feeling of fear or nervousness for no good reason, being slow at learning, and often not playing with other children.

When age or age group is taken into consideration, the prevalence of mental health problems in children, however, differs. In Malaysia, the age group reported to have the most acute problems was the 10–12 year group (15.5%), followed by the 13–15 year group

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(13.4%) (Toh et al., 1997). The one with the least reported psychiatric problems was the 5–6 year group (9.7%). In a recent Malaysian sample of 307 Malaysian children, some differences were observed in the prevalence of mental health problems between primary and secondary school children. Secondary school children reported higher rates of depression, while primary school children reported higher rates of social problems (Teoh and Peng, 2001). In Australian samples, younger children (4–11 years old) were reported by their parents to have more delinquency problems, while older children (12–16 years old) were found to have more "thought" problems (Zubrick et al., 1995). Older children were found to have more attention related, socio-somatic, aggression, anxiety/depression, and withdrawal problems. Given the differences in mental health problems across age groups, this author questioned if it was age or interpersonal and family influences that accounted more significantly for the differences in mental health problems.

INTERPERSONAL AND FAMILY FACTORS

There is abundant research literature that documents the effects of various interpersonal and family factors on children's mental health. The interpersonal factors include the child's temperament, the social support he or she receives, and the individual coping style. Family factors include the disciplining style adopted by parents, parent-child relationships, inter-parental conflict, parents' mental health, parents' social support levels and negative life events. Further, important school factors are discipline within the school and the extent to which the children feel they belong in the school. When viewed in perspective, however, the factors that may potentially differ according to the child's age would be his/her level of social support, coping level, relationship with parents, and the disciplining style.

Children's social support is described as the information that leads a person to believe that he or she is cared for and loved, esteemed and valued, or that he or she belongs to a network of communication with mutual obligations (Cobb, 1976). The literature indicates that lower levels of social support are indicative of mental health problems in children (Bouchard & Drapeau, 1991; Cowen et al., 1990). Low social support from classmates is associated with higher levels of depression and anxiety, and of attention problems, thought problems, socio-somatic complaints and feelings of low self-esteem. When greater social support is provided by non-family members, such as peers and other adults, the children report fewer externalising compared to internalising behaviour problems (Wolchik et al., 1989).

Several methods have been used to identify coping style. Self-report questionnaires have been used for standardised assessment. They are largely based on Lazarus and Folkman's (1984) Model of Coping and both positive and negative strategies have been identified. Compass (1987) identified positive coping strategies that adolescents use, such as problem-focused coping (attempts to deal with the problem) and emotion-focused coping strategies (attempts to deal with their emotional reaction to the problem) to deal with interpersonal and academic stressors. Generally, adolescents who are less adept at problem-focused coping experience more adjustment problems. In Malaysia, similar patterns of coping were observed among adolescents. Peng and Teoh (1998) observed that only task-oriented and emotion-oriented styles of coping indicated self-esteem among Malaysian lower-secondary schoolgirls. Where mental health outcome was concerned, coping style

was probably the most descriptive indicator of how problems are handled. The Malaysian studies cited above, however, concerned only lower-secondary school children. What of the coping styles of primary, upper-secondary school children and tertiary students? Furthermore, what is the relationship between different styles of coping and how do they interact with other indicators of children's mental health? Answers to these and other related questions will perhaps provide a basis for understanding the mental health processes of Malaysian children.

During childhood, parents are the most significant individuals in a child's life. The child seeks to develop a loving and comforting relationship with parents. Parent-child relationships can be conceptualised as relationships with varying dimensions of warmth, power and conflict (Furman & Buhrmester, 1985b). Regardless of gender and age, the relationship between parent and child affects the latter's self-concept and self-esteem. Alternatively, changes in the quality of the relationship between parent and child can exert profound influence on the child's mental health. Several studies have demonstrated that adolescent self-concept was best indicated by mother's love, father's love, mother's rejection and father's attention (Dunlop, 1993; Harper & Ryder, 1986). With younger children aged 9-12 years, Cooper, Holman and Braithwaite (1983) reported that family cohesion and happiness were important in determining children's self-esteem and that children who felt isolated experienced lower self-esteem.

The manner in which parents seek to control undesirable behaviour and encourage desirable behaviour in their children also impacts significantly on their children's mental health. Positive parenting techniques such as reinforcement, rewards and praise, play and goal setting have been found to reduce conduct disorders (Herbert, 1980; Webster-Stratton, 1994) and developmental disorders such as enuresis and encopresis (Herbert & Iwaniec, 1981), child abuse and failure to thrive (Iwaniec et al., 1985). On the other hand, harsh and coercive disciplining techniques have been reported to result in a greater number of children's problems such as anxiety, mental depression and conduct problems (Arieti & Bemporad, 1980; Patterson, 1986).

Given that differences exist in mental health problems across children of differing ages, and that various interpersonal and familial factors have been found to influence children's adjustment, this study attempted to find out if children's level of social support, coping strategies, disciplining style, and their relationships varied according to age group.

METHODOLOGY

The aim of this study was to estimate the differences in interpersonal and family experiences among children of two different school-going groups. To answer the research questions, a single survey was designed. Criteria for subject selection and choice of questionnaires were based on issues identified in the literature review.

Sample

The respondents of this study were 307 Malaysian children and their parents. The children (see Table 1) were aged between 11–16 years (mean age = 13 years 7 months, 155 females, 152 males). Out of these, 152 children were from primary schools (mean age = 11

years 8 months, 58 females, 94 males, Standards 4–6), and 155 children were from secondary schools (mean age = 15 years 6 months, 97 females, 58 males, Forms 1–3). Eight years of age was viewed as the lowest age limit for accurate self-reports (Wolchik et al., 1989).

Table 1. Number Of Subjects According To Age Group

Age Group/ Gender	N*
Primary school	
Males	94
Females	58
Sub-total	*152*
Secondary school	
Males	58
Females	97
Sub-total	*155*
Total	307

* N = number of subjects

Table 2. Demographic Data for the Primary, Secondary and Total Sample

Description	Primary	%	Secondary	%	Total	%
Marital Status:						
Single-parent	27	17.8	18	11.6	45	14.7
Married	104	68.4	117	75.5	221	72.0
Widow or widower	0	0	5	4	5	1.6
Divorced	3	2.0	3	1.9	6	2.0
Staying together	11	7.2	7	4.5	18	5.9
Unknown	7	4.6	5	4	12	3.9
Religion:						
Muslim	102	67.1	152	98.1	254	82.7
Christian	8	5.3	0	0	8	2.6
Buddhist	25	16.4	0	0	25	8.1
Hindu	15	9.9	4 (3)	1.9	18	5.9
Others	2	1.3	0	0	2	0.7
Unknown	0	0	0	0	0	0
Race:						
Malay	101	66.4	152	98.1	253	82.4
Chinese	30	19.7	0	0	30	9.8
Indian	20	14	3	1.9	23	7.5
Bumiputera (other than Malay)	0	0	0	0	0	0
Others	1	0.7	0	0	1	0.3
Unknown	0	0	0	0	0	0

Table 2 shows the demographic data of the sample. These data indicated that of the 307 children, 253 (82.4%) were Malay, 30 (9.8%) Chinese, 24 (7.5%) Indian, and 1 (0.3%) constituted of other races. Further, out of these, 254 (82.7%) were Muslim, 8 (2.6%) Christian, 25 (8.1%) Buddhist, 18 (5.9%) Hindu and 2 (0.7%) reported other religions. The marital status of the parents was 45 (14.7%) single , 221 (72%) married, 5 (1.6%) widowed, 6 (2%) divorced, and 18 (5.9%) living together. The sample was an urban one made up of children in schools selected from the Klang Valley (Selangor and Wilayah Persekutuan).

Measurement Instruments

The measurement instruments consisted of five questionnaires. The questionnaires were translated from English into Bahasa Malaysia by a Clinical Psychologist and scrutinised by another Clinical Psychologist and three Clinical Psychology interns, all five of whom spoke both languages fluently. The questionnaires are:

The Harsh Discipline Scale (*HDS*) (Simons et al., 1991) consists of four items that examine the discipline style of parents. Children were asked to respond to each item according to a 5-point scale, with 1 = never, 3 = about half the time, and 5 = always. Higher scores indicate harsher parenting styles. Coefficient alpha was 0.74 for reports about fathers' parenting and 0.70 for reports about mothers' parenting (Simons et al., 1991).

The Discipline Beliefs Scale (*DBS*) (Simons et al., 1993) consists of six questions that focus on the commitment of the parents to reinforcement and inductive explanations—rather than corporal punishment—as an approach to child management. This scale was required to be completed by the parents. High scores indicated a belief in a reinforcement/inductive approach whereas low scores signified commitment to more punitive strategies. Adequate internal consistency was achieved and coefficient alpha for mothers completing the scale was 0.65 and for fathers 0.59 (Simons et al., 1993).

The Social Support Scale for Children (*SSS-C*) (Harter, 1985) measures perceived support and regard across the four domains of parental, classmate, teacher and close-friend support. The scale consists of 23 items that children respond to on a four-point scale. The internal consistency for each of the four sub-domains ranges from 0.72 to 0.82 (Harter, 1985). The scale yields four separate sub-domain mean scores. The higher a score, the greater the indication of perceived support.

The Network of Relationships Inventory (*NRI*) (Furman & Buhrmester, 1985a) was designed to assess the different kinds of relationships in children's social networks. The inventory yields 10 sub-scales of which two sub-scales, intimacy and affection, were used in the study. The intimacy score measures how often the children confide in their parents and the affection score measures the amount of physical affection parents show the child. Children were required to answer six questions. Higher scores indicate a better relationship between child and parent. Internal consistency of the overall scale is 0.80 (Furman & Buhrmester, 1985a).

Coping Inventory for Stressful Situations (*CISS*) (Endler & Parker, 1990) consists of 48 self-rated questions on various aspects of coping. Responses are via a 5-point Likert scale ranging from "not at all" to "very much." Five sub-tests that describe types of coping strategy may be derived upon scoring. They are task-oriented, emotion-oriented, avoidance,

distraction and social-diversion. The scale has a reliability of 0.77–0.92 for North American early adolescents and has a test-retest reliability of between 0.6–0.7 over a period of six weeks (Endler & Parker, 1990). Higher scores indicate greater usage of the coping strategy of the respective coping sub-scale.

Procedure

A single survey was used to obtain information from the respondents. Permission was first obtained from the Ministry of Education and from the respective Heads of Schools to include their schools in the survey. Children were asked to complete the questionnaires in their respective schools in groups of 40 to 50 students. All parents and students were required to sign a consent form.

In class, one Clinical Psychologist and six Master of Clinical Psychology interns administered the questionnaires. Children were required to complete questionnaires on measures of social support, their perceptions of child-parent relationship and their coping style. The questionnaire administrators read out the questions to the children.

The questionnaires for parents and a letter describing the purpose of the study were sent to the parents via the children. Parents were required to complete questionnaires on the child's disciplining style. Questionnaires that the parents completed were returned by post to the researcher.

RESULTS

This section examines the role that age plays in the differing interpersonal and family experiences that children have. The mean score for children's social support, disciplining style, child-parent relationships and coping style was computed. The descriptive statistics are in Tables 3 and 4. The differences between primary and secondary school children were analyzed using univariate Analysis of Variance. The results are shown in Table 5.

Table 3. Descriptive Statistics of Parent and Child Variables for Primary School Children

Variables	Mean	SD*	Minimum	Maximum
Child Coping—Avoidance	2.81	0.35	1.667	3.833
Child Coping—Distraction	2.92	0.52	1.500	4.000
Child Coping—Emotion oriented	3.11	0.47	1.333	4.000
Child Coping—Social diversion	3.13	0.51	1.667	4.000
Child Coping—Task oriented	5.02	0.89	1.857	7.000
Parent's reports of discipline	11.06	3.24	7.000	23.000
Child's reports of discipline	11.59	3.04	3.000	15.000
Level of affection between parent and child	18.80	3.63	8.000	28.000
Level of intimacy between parent and child	19.51	3.91	12.000	28.000
Children's social support from classmates	49.29	7.49	29.000	67.000
Children's social support from friends	49.98	8.62	29.000	73.000
Children's social support from parents	51.16	6.76	33.000	67.000

Children's social support from teachers	52.14	8.25	32.000	72.000

* SD = standard deviation.

Table 4. Descriptive Statistics of Parent and Child Variables for Secondary School Children

Variables	Mean	SD*	Minimum	Maximum
Child Coping—Avoidance	2.76	0.50	1.333	4.000
Child Coping—Distraction	2.83	0.69	1.000	4.000
Child Coping—Emotion oriented	2.91	0.62	1.500	4.000
Child Coping—Social diversion	2.99	0.52	1.833	4.000
Child Coping—Task oriented	4.80	0.94	2.000	7.000
Parent's reports of discipline	11.48	3.41	7.000	23.000
Child's reports of discipline	11.81	2.64	5.000	18.000
Level of affection between parent and child	19.72	3.45	9.000	28.000
Level of intimacy between parent and child	20.55	3.47	11.000	32.000
Children's social support from classmates	51.64	7.66	32.000	74.000
Children's social support from friends	52.03	7.59	34.000	72.000
Children's social support from parents	54.19	6.65	34.000	74.000
Children's social support from teachers	58.12	7.90	40.000	75.000

* SD = standard deviation.

Table 5. Comparison Social Environment and Interpersonal Coping Across Age Groups

Variables	Primary	Secondary	F-value
Child Coping—Avoidance	49.28	51.64	7.37**
Child Coping—Distraction	51.16	54.19	15.6**
Child Coping—Emotion oriented	49.98	52.02	4.87*
Child Coping—Social diversion	45.85	47.30	2.35
Child Coping—Task oriented	52.14	58.12	42.07**
Parent's reports of discipline	23.47	23.14	0.82
Child's reports of discipline	8.41	7.46	10.61**
Level of affection between parent and child	11.58	12.19	3.2
Level of intimacy between parent and child	7.37	6.84	3.05
Children's social support from classmates	2.81	2.76	0.96
Children's social support from parents	3.13	2.83	18.63**
Children's social support from friends	2.91	2.91	0.01
Children's social support from teachers	3.11	2.99	4.11*

* $p < .05$, ** $p < .01$.

The dependent variables were children's social support, disciplining style, child-parent relationships and coping style, and the independent variables were the two groups (i.e., primary versus secondary school). Significant differences were reported on measures of children's use of coping styles such as avoidance [F (1, 305) = 7.37, $p < .01$], distraction [F (1, 305) = 15.6, $p < .01$], emotion orientation[F (1, 305) = 4.87, $p < .05$] and task orientation, [F (1, 305) = 42.07, $p < .01$], and children's reports of parental discipline [F (1, 305) = 10.61, $p < .01$], social support from parents [F (1, 305) = 18.63, $p < .01$] and friends

[F (1, 305) = 4.11, $p < .05$] (see Table 5). Thus, secondary school children, when compared with primary school children, used more coping strategies such as avoidance, distraction, emotion orientation and task orientation. In addition, they reported that their parents used less harsh discipline on them, and that they received less social support from their parents and teachers.

DISCUSSION

This study was designed to observe the differences in children's interpersonal and family experiences that might change according to their age. To summarise, the results of this study indicate that there are various differences in how children cope in their levels of social support, and in how they are disciplined.

Firstly, where comparisons across age groups are concerned, this study indicates that secondary school children tend to use a larger repertoire of coping strategies when compared with primary school children. Secondary school children tend to avoid problems, distract themselves from problems, and deal emotionally with problems. However, by the same token, they also tend to be more task-oriented when solving problems.

At home, the disciplining styles of parents differ according to age. Parents tend to use harsher disciplining methods with the primary school children, as compared with secondary school children. These methods include more shouting, spanking and caning for the primary school child. Parental social support also differs, with the parents of primary school children, as compared with the parents of secondary school children, reporting that they, as parents, have more social support from family and friends.

Children's social support also differs according to age group. Primary school children reported being more satisfied with social support from their parents and teachers, whereas secondary school children reported being less satisfied with both groups of adults.

The distinction between the types of variables that indicate mental health problems in primary and secondary school children highlights the differences in influence of the family in these children's lives. With primary school children, one of the most important indicators is disciplining style, followed by social support from parents and teachers. On the other hand, with secondary school children, these effects are less strong when compared with primary school children.

While many studies strongly indicate that children's mental health problems are predicted by child coping style and parental social support, these effects do not always appear to be very large. There is a possibility that they could be indirect indicators of mental health problems, in that they interact with other variables of children's mental health problems which then subsequently directly affect children's mental health problems.

While this study provides useful insights into children's experiences according to age, it is still subject to several limitations. First, the age range of this sample is rather limited and there is no information about the lower-primary and upper-secondary age groups of children. Some authorities would classify the age range covered in this study as an adolescent sample, despite the distinction between primary and secondary school. Future studies would do well to expand the sample to include a broader population. The respondents of this study were limited to children and their parents. This study was limited to urban children, but what of rural children? The Malaysian National Morbidity survey

reports that mental health problems may be slightly higher in rural areas. Despite being urban-based, this study was limited to a small number of schools. Perhaps future studies may include a larger number of schools across a wider socioeconomic base in the city. Finally, for this study to be able to confidently state that it is representative of the population, it must be racially and socioeconomically proportionally representative of the population. Given that the study was a voluntary study, the distribution is rather biased, as the majority of the subjects are Malay, with Indians and Chinese being poorly represented. Future sampling methodology might benefit from collaboration with the Department of Statistics in the selection of the sample based on the National Census and Enumeration Blocks.

To conclude, ever increasing urbanisation brings about additional emotional demands on the individual. These affect the individual at work, at home and at play. With these pressures, it is time to recognise that social and emotional well-being needs to be a prime concern when developing health care policies. For too long, the area of mental health has largely been neglected in Malaysia's pursuit of monetary growth. This study adds to our growing understanding of the experiences of children.

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