

# Awareness Regarding School Refusal Among Parents: A Cross-Sectional Descriptive Study

Bimala Adhikari<sup>1</sup>, Mahesh Kumar Shahi<sup>2</sup>, Archana Bagale<sup>3</sup>, Kritima Maharjan<sup>4</sup>

<sup>1</sup>Assistant Professor, PAHS-SONAM, Sanepa, Lalitpur, Nepal

<sup>2</sup>Assistant Professor, Mid-West University, Birendranagar, Surkhet, Nepal

<sup>3</sup>Assistant Professor, PAHS-SONAM, Sanepa, Lalitpur, Nepal

<sup>4</sup>RN Fairfield Nursing Home, Beverly Hills, Sydney, NSW

Corresponding Author: Bimala Adhikari

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## ABSTRACT

**Background:** School refusal is a complex phenomenon characterized by persistent reluctance or refusal to attend school, often associated with anxiety, somatic complaints, or psychosocial difficulties. Parental awareness is critical for early identification and intervention.

**Objective:** To assess the level of awareness regarding school refusal among parents attending the pediatric outpatient department (OPD) of Patan Hospital, Lalitpur, Nepal.

**Methods:** A quantitative cross-sectional descriptive study was conducted among 70 parents using a structured interview schedule. Convenience sampling was employed. Data were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation).

**Results:** Nearly half (47.1%) of respondents demonstrated good awareness, 30.0% had average awareness, and 22.9% had poor awareness. While 94.3% identified traumatic experiences as a cause, only 35.7% understood the meaning of school refusal. Most recognized parental support (82.9%) and teacher communication (80.0%) as management strategies, whereas awareness of preventive measures and broader psychosocial consequences was limited.

**Conclusion:** Although many parents were aware of causes, symptoms, and management of school refusal, significant gaps remained regarding its definition, prevention, and long-term consequences. Educational interventions targeting parents are necessary to improve early detection and support.

**Keywords:** school refusal, parental awareness, school absenteeism, Nepal, child mental health

## INTRODUCTION

School plays a pivotal role in children's emotional, social, and cognitive development. Entering school often represents the first significant step outside the immediate family environment, and the reactions of teachers and caregivers during this transition can substantially influence children's self-esteem (<sup>1</sup>).

In contemporary society, increasing academic and extracurricular demands may foster anxiety, leading some children to develop reluctance toward school attendance (<sup>2</sup>). School refusal, although not a formal diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is recognized as a condition wherein children experience distress about attending school, often manifesting with physical symptoms

such as nausea, headaches, or abdominal pain that diminish once the child remains at home<sup>(3-4)</sup>.

Multiple factors contribute to school refusal, including bullying, separation anxiety, stressful life events, and difficulties with peers or teachers<sup>(5-6)</sup>. It is most prevalent at ages 5–6 and 14–15, with a mean age of onset around 10 years<sup>(7-8)</sup>. Global prevalence estimates suggest that 1–5% of school-aged children are affected, with rates of 4.5% among those aged 7–11 years and 2.4% across school-aged populations<sup>(7-10)</sup>. The consequences of untreated school refusal are profound, ranging from academic underachievement and social withdrawal to long-term psychiatric morbidity, poor employment outcomes, and family conflict<sup>(2)</sup>. Unlike truancy, children with school refusal exhibit genuine emotional distress and do not attempt to hide their absences<sup>(11)</sup>.

Despite its impact, parental awareness of school refusal remains limited. Studies in India and Iraq report insufficient parental recognition of symptoms and causes, with knowledge levels ranging from 35% to 41%<sup>(9)</sup>. Such findings underscore the need for targeted educational interventions.

This study was conducted to assess parental awareness of school refusal at a major teaching hospital in Nepal, providing insights to inform awareness programs, nursing practices, and future research.

## **MATERIALS AND METHODS**

### **Research Design**

A quantitative cross-sectional descriptive design was employed.

### **Research Setting and Population**

The study was conducted at the pediatric OPD of Patan Hospital, Lalitpur, Nepal, which receives approximately 320,000 outpatients annually, including an average of 70 pediatric visits per day.

### **Sample and Sampling Technique**

A total of 70 parents of children attending the pediatric OPD were recruited using non-

probability convenience sampling. Parents who were healthcare professionals were excluded.

### **Instrument**

Data were collected using a structured interview schedule developed after literature review and expert consultation. It comprised two sections:

**Part I:** Socio-demographic data (age, gender, education, occupation, number of children, child's age).

**Part II:** Awareness questions (20 dichotomous items) covering meaning (3), causes (5), signs and symptoms (3), management (3), prevention (3), and consequences (3).

The tool was prepared in English, translated into Nepali, and back-translated to ensure accuracy.

### **Data Collection Procedure**

Data were collected over two weeks (2079/11/29–2079/12/11) through face-to-face interviews in Nepali. Seventy-four parents were approached; four were excluded, leaving 70 participants. Each interview lasted ~20 minutes.

### **Data Analysis**

Data were entered and analyzed using GNU PSPP (Version 1.6.2). Descriptive statistics (frequency, percentage, mean, standard deviation) were used. Results were displayed in tables and figures.

## **RESULTS**

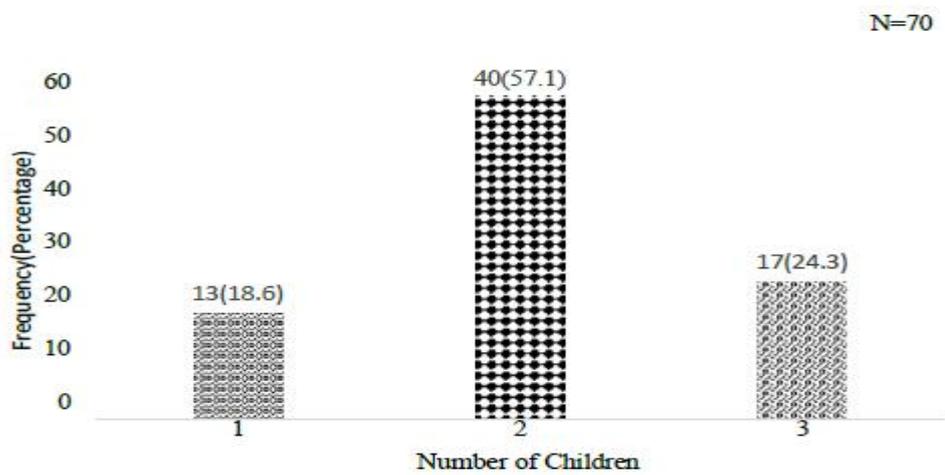
### **Part I: Respondents' Socio-Demographic Information**

Table 1 illustrates age of the respondents and their children where, out of 70 respondents, just more than half were of age group 30-39years. Likewise, more than half 43(61.4%) of the respondents had children of school age group (6-12 years) and 27(38.6%) of the respondents had children of pre-school age group (3-5 years). Additionally, the mean age of the

respondents was 31.16years with standard deviation 4.87.

**Table 1: Respondents' and Their Children's Age. N=70**

Characteristics	Frequency(n)	Percentage (%)
<b>Age of the respondents (in years)</b>		
20-29	29	41.4
30-39	36	51.4
40-49	5	7.2
Mean $\pm$ S.D.=31.16 $\pm$ 4.87		
Min-Max=21-42		
<b>Age of the respondent's child (in completed years)</b>		
3-5	27	38.6
6-12	43	61.4
Mean $\pm$ S.D.= 6.74 $\pm$ 2.91		
Min-Max=3-12		



**Figure 2: Respondents' Number of Children**

Figure 2 illustrates number of children of the respondents where, out of 70 respondents, more than half of the respondents 40 (57.1%) had two children whereas only 13(18.6%) of the respondents had one child.



**Figure 3. Respondents' Gender**

Figure 3 displays the gender of the respondents where, out of 70 respondents, majority 58 (82.9%) of the respondents were female. On the other hand, only 12(17.1%) of the respondents were male.

**Table 2: Respondents’ Educational Level and Occupation. N=70**

Characteristics	Frequency(n)	Percentage (%)
<b>Educational level of the respondents</b>		
No Education	7	10.0
Lower Basic Education (Grade1-5)	4	5.7
Upper Basic Education (Grade6-8)	11	15.7
Lower Secondary (Grade9-10)	23	32.9
Higher Secondary (Grade11-12)	19	27.1
More than Secondary (Above grade 12)	6	8.6
<b>Occupation</b>		
Homemaker	38	54.3
Business	19	27.1
Service	9	12.9
Labor	4	5.7
Agriculture	0	-

Table 2 depicts the respondents’ educational level and occupation. Out of 70 respondents, most of the respondents 23(32.9%) had completed lower secondary education where as 4(5.7%) of the respondents had

completed lower basic education. Similarly, regarding occupation, more than half 38(54.3%) of the respondents were homemaker whereas none of them were involved in agriculture.

**Table 3: Respondents’ Response regarding Meaning of School Refusal. N=70**

Items	Yes		No	
	n	(%)	n	(%)
A child not going to school regularly.	66	(94.3)	4	(5.7)
A child not staying in the school for a Complete day.	52	(74.3)	18	(25.7)
The child not concealing the absence from the parents.	29	(41.4)	41	(58.6)
<b>Overall awareness regarding meaning</b>	<b>25</b>	<b>(35.7)</b>	<b>45</b>	<b>(64.3)</b>

Table 3 shows respondents’ response regarding meaning of school refusal where, among 70 respondents, only 25(35.7%) of

the respondents were aware about the meaning of school refusal.

**Table 4: Respondents’ Response regarding Causes of School Refusal. N=70**

Items	Yes		No	
	N	(%)	n	%
Previous traumatic experience like being teased by friends, getting scolded by teachers in school	66	(94.3)	4	(5.7)
Fear of teachers	64	(91.4)	6	(8.6)
Bullying	55	(78.6)	15	(21.4)
Separation anxiety	51	(72.9)	19	(27.1)
Fear of exams	50	(71.4)	20	(28.6)

Table 4 illustrates respondents’ response regarding causes of school refusal. Among 70 respondents, most of the respondents 66(94.3%) were aware that previous

traumatic experience can be the cause of school refusal and only few 6(8.6%) did not know that fear of teachers leads to school refusal.

**Table 5: Respondents' Response regarding Signs and Symptoms of School Refusal. N=70**

Yes	No	
Items	n (%)	n (%)
A child crying, being agitated before going to school.	65(92.9)	5 (7.1)
A child complaining of abdominal pain, headache before going to school.	57(81.4)	13(18.6)
The symptoms of sickness usually go Away after mid-day or so.	17(24.3)	53(75.7)

Table 5 depicts respondents' responses regarding signs and symptoms of school refusal. Out of 70 respondents, most of the respondents 65(92.9%) were aware that a child crying, or being agitated before going

to school is a sign of school refusal. While, the lowest proportion of the respondents 17(24.3%) were aware that the symptoms of sickness usually go away after midday or so in a child with school refusal.

**Table 6: Respondents' Response regarding Management of School Refusal. N=70**

Yes	No	
Items	N (%)	n (%)
Parents providing adequate support to the child	58(82.9)	12(17.1)
Communication with teachers	56(80.0)	14(20.0)
Providing counseling to the child.	55(78.6)	15(21.4)

Table 6 illustrates respondents' responses regarding the management of school refusal where out of 70 respondents, the majority of the respondents 58(82.9%) knew that

providing adequate support to the child can help to manage school refusal and few 15(21.4%) were unaware that counseling be done for the management of school refusal.

**Table 7: Respondents' Response regarding Prevention of School Refusal. N=70**

Yes	No	
Items	N (%)	n (%)
Separating child from parents sometimes for short duration during early childhood	38(54.3)	32(45.7)
Sharing parent's school experiences	37(52.9)	33(47.1)
Minimal separation of child from Parents	13(18.6)	57(81.4)

Table 7 reveals the respondents' responses on the prevention of school refusal. Majority of the respondents 57(81.4%) did not know that minimal separation of child from parents can help to prevent school refusal

and more than half 38(54.3%) knew that separating child from parents sometimes for short duration during early childhood helps to prevent school refusal.

**Table 8: Respondents' Response regarding Consequences of School Refusal. N=70**

	Yes	No
Items	n (%)	n (%)
Poor educational attainment	69(98.6)	1 (1.4)
Social isolation	42(60.0)	28(40.0)
Mental problems	29(41.4)	41(58.6)

Table 8 reveals respondents' response regarding consequences of school refusal where early all of the respondents 69(98.6%) were aware that school refusal can cause poor educational attainment in a

child while more than one third 28(40.0%) were unknown about the fact that school refusal can cause mental problems and social isolation respectively.

**Table 9 Respondents' Overall Level of Awareness regarding School Refusal. N=70**

Categories	Frequency (n)	Percentage (%)
Poor level (<50%)	16	22.9
Average level (50-75%)	21	30.0
Good level (>75%)	33	47.1

Table 9 represents overall awareness regarding school refusal where nearly half of the respondents 33(47.1%) had good level of awareness and almost one third of the respondents 21(30.0%) had average level of awareness whereas only 16(22.9%) of the respondents had poor level of awareness.

## DISCUSSION

### Socio-Demographic Characteristics

Of 70 respondents, 51.4% were aged 30–39 years, with a mean age of  $31.16 \pm 4.87$  years. The majority were mothers (82.9%). Most children (61.4%) were in the school-age group (6–12 years; mean  $6.74 \pm 2.91$ ). Over half (57.1%) of respondents had two children.

Educationally, 32.9% had completed lower secondary education, 27.1% higher secondary, while 10.0% had no formal education. More than half (54.3%) were homemakers.

### Awareness of School Refusal

- **Meaning:** Only 35.7% of respondents demonstrated correct awareness of the meaning of school refusal.
- **Causes:** Traumatic experiences (94.3%), fear of teachers (91.4%), and bullying (78.6%) were commonly identified.
- **Signs and Symptoms:** Crying or agitation before school (92.9%) and abdominal pain/headache (81.4%) were frequently reported; only 24.3% recognized that symptoms typically subside by midday.
- **Management:** Parental support (82.9%), communication with teachers (80.0%), and counseling (78.6%) were endorsed.
- **Prevention:** More than half (54.3%) recognized the role of early parental separation experiences, though 81.4%

were unaware of its preventive importance.

- **Consequences:** Almost all respondents (98.6%) identified poor educational attainment as a consequence, while fewer recognized social isolation (60.0%) and mental health issues (41.4%).

### Overall Awareness Level

Nearly half of respondents (47.1%) demonstrated good awareness, 30.0% had average awareness and 22.9% had poor awareness.

This study found that nearly half of parents demonstrated good awareness of school refusal, consistent with a study in Wardha, India, where 39% of parents reported good knowledge (15–18). However, findings contrast with a study in Bagalkot, India, where 62% had poor knowledge and only 2% demonstrated good awareness (9). These discrepancies may reflect differences in educational context, population demographics, and study methodology.

Awareness regarding the meaning of school refusal was relatively low (35.7%), notably lower than in Kolkata, India, where 72% of mothers understood the concept (15). Such gaps indicate the need for clearer parental education on the definition and differentiation of school refusal from truancy.

In terms of symptom recognition, most respondents identified behavioral and somatic signs, aligning with Iraqi findings where 35.8% of parents recognized symptoms (4). Greater recognition in the present study may reflect heightened awareness of school-related challenges within Nepalese communities.

Regarding causes, separation anxiety (72.9%) and bullying (78.6%) were commonly cited, consistent with findings from Kerala, India, where 69% identified

separation anxiety and 55.6% bullying (10). Higher rates in this study may be attributed to contextual differences in school environments.

Parents showed relatively strong awareness of management strategies, with high endorsement of supportive and collaborative approaches. These results exceeded those from Kolkata, where only 62% of parents recognized such strategies (15). This indicates growing appreciation of psychosocial interventions among Nepalese parents.

While almost all parents recognized educational consequences, awareness of social and psychological outcomes was limited. International literature emphasizes the long-term psychiatric and social impacts of school refusal (15-17). This highlights the need for education programs to broaden parental understanding of the wider consequences

## CONCLUSION

Nearly half of the parents in this study demonstrated good awareness of school refusal, with relatively strong recognition of its causes, symptoms, and management. However, significant gaps persisted in understanding its definition, preventive strategies, and long-term psychosocial consequences.

Awareness-raising interventions targeting parents are essential to promote early detection, effective management, and prevention of school refusal. Larger, community-based studies using probability sampling are recommended to enhance generalizability.

### Declaration by Authors

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**Conflict of Interest:** The authors declare no conflict of interest.

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