



Original Research Article

EFFECTIVENESS OF A STRUCTURED INTERVENTION ON SCHOOL PHOBIA AMONG SCHOOL CHILDREN IN A RURAL AREA OF DAMANA, BHUBANESWAR: A QUASI-EXPERIMENTAL STUDY

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ABSTRACT

Background

School phobia, commonly discussed within the broader concept of school refusal, refers to difficulty attending or remaining in school because of emotional distress, fear, anxiety, or related psychological factors. School refusal has been associated with anxiety, separation difficulties, social concerns, family factors, and school-related stressors. Previous literature has reported a close relationship between anxiety and school refusal among children and adolescents. Indian literature has also indicated that school refusal may remain under-recognized, particularly in socioeconomically disadvantaged settings.

Aim

The present study was conducted to assess the effectiveness of a structured intervention on the level of school phobia among school children in a rural area of Damana, Bhubaneswar.

Methods

A quantitative research approach with a quasi-experimental pre-test and post-test control-group design was adopted. Fifty school children who fulfilled the predetermined selection criteria were included in the study. Twenty-five children were assigned to the experimental group and 25 to the control group. A structured school-phobia assessment scale was administered before and after the intervention. The experimental group received a structured intervention, whereas the control group continued with routine activities.

Results

The mean school-phobia score in the experimental group decreased from 42.16 ± 5.71 in the pre-test to 25.32 ± 5.18 in the post-test, representing a mean reduction of 16.84 points. In the control group, the mean score decreased from 41.72 ± 6.02 to 39.88 ± 6.11 , representing a mean reduction of 1.84 points. The paired *t* test demonstrated a statistically significant difference between pre-test and post-test scores in the experimental group ($t = 16.80, p < 0.001$). The independent *t* test showed a statistically significant difference in post-test scores between the experimental and control groups ($t = 9.09, p < 0.001$).

Conclusion

The findings indicated that the structured intervention was effective in reducing school-phobia scores among school children in the experimental group. Early identification and supportive intervention may contribute to improved school attendance, emotional adjustment, and participation in the school environment.

(Key Word:- school phobia; school refusal; anxiety; school children; quasi-experimental study; rural children; structured intervention)

INTRODUCTION

Regular school attendance plays an important role in children's academic achievement, social interaction,

emotional development, and psychological well-being. Occasional reluctance to attend school may occur during childhood; however, persistent avoidance associated with fear, anxiety, or emotional distress may indicate school

refusal and can adversely affect educational and psychosocial functioning.

School refusal refers to difficulty attending or remaining in school primarily because of emotional distress rather than deliberate truancy. It may be associated with separation anxiety, social anxiety, school-related anxiety, and other emotional or behavioural difficulties. Evidence indicates a strong relationship between anxiety and school refusal. [1] School refusal may also arise from interacting child, family, school, and environmental factors. [2]

Persistent school avoidance can negatively influence academic progress, peer relationships, emotional adjustment, and family functioning. The association between anxiety and poor school attendance further emphasizes the importance of early recognition and appropriate support. [3] Children with school refusal may also experience other psychological and behavioural difficulties, highlighting the need for timely assessment and intervention. [4]

In India, school refusal may be underrecognized, with attendance difficulties sometimes interpreted as disobedience or lack of interest. Sahoo et al. emphasized the importance of awareness, early identification, and coordinated management of school refusal in the Indian context. [5]

Management may involve psychosocial and behavioural strategies, parental involvement, gradual encouragement of school attendance, reinforcement of positive behaviour, and anxiety-management techniques. [6] Appropriate intervention should consider the individual factors contributing to the child's attendance difficulty and may require collaboration among children, parents, teachers, nurses, and mental-health professionals. [7-10]

Despite the importance of early intervention, school-related anxiety may remain insufficiently addressed, particularly in settings where access to specialized mental-health services is limited. Therefore, the present study was undertaken to assess the effectiveness of a structured intervention in reducing school phobia among school children in a rural area of Damana, Bhubaneswar.

NEED OF THE STUDY

School phobia can interfere with children's academic participation, emotional well-being, peer relationships, and family functioning. When school avoidance persists, children may experience reduced educational opportunities and increasing anxiety regarding school attendance. The documented association between anxiety and school attendance difficulties emphasizes the need for early identification and appropriate support. [3]

The multifactorial nature of school refusal further indicates that intervention should address the child's emotional needs while also considering family and school-related factors. [2,4] Early intervention may

therefore help reduce school-related distress and prevent attendance difficulties from becoming persistent.

The issue is particularly relevant in rural communities, where access to specialized psychological and mental-health services may be limited. Simple, structured, and feasible interventions that can be implemented with support from parents, teachers, nurses, and community-based services may provide a practical approach to addressing school-related fear and anxiety.

Evidence supporting psychosocial and behavioural interventions provides a rationale for using structured approaches to help children manage anxiety, develop positive coping responses, and gradually improve school participation. [6,8,9] Such interventions may be particularly valuable when delivered through accessible school or community-based settings.

Hence, the present study was undertaken to evaluate the effectiveness of a structured intervention in reducing school phobia among school children in a rural area of Damana, Bhubaneswar.

OBJECTIVES

- I. To assess the level of school phobia among school children in the experimental and control groups.
- II. To determine the effectiveness of the structured intervention in reducing school phobia among school children.
- III. To determine the association between the pre-test level of school phobia and selected socio-demographic variables among school children.

MATERIALS AND METHODS

3.1 Research Approach

A quantitative research approach was adopted for the study. This approach was considered appropriate because the study involved systematic measurement of school-phobia levels before and after the intervention and comparison of outcomes between the experimental and control groups.

3.2 Research Design

A quasi-experimental pre-test and post-test control-group design was employed to evaluate the effectiveness of the structured intervention on school phobia among school children.

A purposive sampling technique was adopted to recruit 50 children who fulfilled the specified eligibility criteria. After selection, the participants were divided equally between the experimental group (n=25) and the control group (n=25) using a lottery method for group allocation. A pre-test assessment was conducted for both groups before the intervention. The structured intervention was subsequently administered to the experimental group,

while the control group continued with routine activities. A post-test assessment was conducted for both groups following the intervention.

3.3 Setting

The study was conducted among school children in a rural area of Damana, Bhubaneswar, Odisha,.

3.4 Population

The target population consisted of school-going children who were experiencing varying degrees of school-related fear or avoidance.

3.5 Sample

A total of 50 children were included in the study:

- Experimental group: 25 children
- Control group: 25 children

3.6 Sampling Technique

A purposive sampling technique was employed to identify and recruit eligible school-going children who met the predefined selection criteria. A total of 50 children were selected for the study. The selected participants were equally allocated to the experimental group (n=25) and control group (n=25) using the lottery method.

Inclusion Criteria

Children were included if they:

- were school-going children;
- fulfilled the predetermined age criteria;
- demonstrated symptoms suggestive of school phobia;
- were available during the data-collection period; and
- had parental or guardian consent.

Exclusion Criteria

Children were excluded if they:

- had a diagnosed severe psychiatric or neurological condition requiring specialized treatment;
- were absent during the assessment period; or
- were already receiving a structured psychological intervention for school refusal.

3.7 Description of the Tool

The data-collection instrument consisted of two sections.

Section A: Demographic Information

Information was obtained regarding age, sex, class, type of family, birth order, parental education, occupation of parents, and selected family characteristics.

Section B: School-Phobia Assessment Scale

A structured assessment scale was used to measure symptoms related to school phobia. The items assessed selected emotional, behavioural, physical, and school-related manifestations of school avoidance. Higher scores indicated a greater degree of school-phobia symptoms.

Intervention

The experimental group received a structured, age-appropriate intervention aimed at reducing school-related fear and anxiety. The intervention consisted of explanation and reassurance, relaxation activities, positive reinforcement, gradual encouragement for school attendance, communication with parents, and supportive interaction. The intervention was administered according to a predetermined schedule, with each session lasting approximately 30 minutes and conducted once daily for 7 consecutive days. The control group continued with their usual routine activities and did not receive the structured intervention during the study period.

The intervention was delivered according to a planned schedule. The control group continued with routine activities during the intervention period.

3.8 Data-Collection Procedure

Permission was obtained from the concerned authorities before commencement of data collection. The purpose of the study was explained to the parents or guardians and eligible children. Consent was obtained before participation.

A pre-test assessment was conducted for both groups. The structured intervention was subsequently provided to the experimental group. Following completion of the intervention period, a post-test assessment was conducted in both groups. The collected information was coded and entered for statistical analysis.

3.9 Ethical Considerations

Participation in the study was voluntary. Confidentiality of participant information was maintained throughout the study. Parental or guardian consent was obtained before participation. The study procedures were designed to minimize discomfort and protect the dignity, privacy, and well-being of the participating children.

RESULTS

4.1 Distribution of Participants According to Selected Socio-demographic Characteristics

Table 1. Distribution of Participants According to Selected Socio-demographic Characteristics in the Experimental and Control Groups (N = 50)

S. No.	Socio-demographic characteristic	Category	Experimental group n (%)	Control group n (%)
1	Age (years)	8–10	10 (40.0)	9 (36.0)
		11–13	15 (60.0)	16 (64.0)
2	Sex	Male	13 (52.0)	14 (56.0)
		Female	12 (48.0)	11 (44.0)
3	Class	III–V	11 (44.0)	12 (48.0)
		VI–VIII	14 (56.0)	13 (52.0)
4	Type of family	Nuclear	16 (64.0)	15 (60.0)
		Joint	9 (36.0)	10 (40.0)
5	Birth order	First	12 (48.0)	11 (44.0)
		Second	9 (36.0)	10 (40.0)
		Third or above	4 (16.0)	4 (16.0)
6	Father's education	Primary	6 (24.0)	7 (28.0)
		Secondary	11 (44.0)	10 (40.0)
		Higher secondary and above	8 (32.0)	8 (32.0)
7	Mother's education	Primary	8 (32.0)	7 (28.0)
		Secondary	10 (40.0)	11 (44.0)
		Higher secondary and above	7 (28.0)	7 (28.0)
8	Father's occupation	Government/service	5 (20.0)	4 (16.0)
		Private/service	7 (28.0)	8 (32.0)

S. No.	Socio-demographic characteristic	Category	Experimental group n (%)	Control group n (%)
		Self-employed/business	5 (20.0)	5 (20.0)
		Agriculture/labour	8 (32.0)	8 (32.0)
9	Mother's occupation	Homemaker	17 (68.0)	16 (64.0)
		Employed	5 (20.0)	6 (24.0)
		Self-employed/agriculture/labour	3 (12.0)	3 (12.0)
10	Family support	Adequate	17 (68.0)	16 (64.0)
		Moderate	6 (24.0)	7 (28.0)
		Limited	2 (8.0)	2 (8.0)

Table 1 shows the distribution of participants according to selected socio-demographic characteristics. In the experimental group, the majority of participants were aged 11–13 years (60.0%), while 64.0% of participants in the control group belonged to the same age category. Male participants constituted 52.0% of the experimental group and 56.0% of the control group.

More than half of the participants in both groups belonged to classes VI–VIII and nuclear families. First-born children constituted the largest proportion in both the experimental group (48.0%) and control group (44.0%).

Regarding parental education, secondary education represented the largest category for both fathers and mothers. Agriculture/labour was the most common category of paternal occupation, while most mothers were homemakers. Adequate family support was reported for 68.0% of participants in the experimental group and 64.0% in the control group.

4.2 Pre-Test and Post-Test School-Phobia Scores

Table 2. Pre-Test and Post-Test School-Phobia Scores of the Experimental and Control Groups

Group	Assessment	Mean	SD	Mean difference
Experimental (n = 25)	Pre-test	42.16	5.71	—
	Post-test	25.32	5.18	16.84

Group	Assessment	Mean	SD	Mean difference
Control (n = 25)	Pre-test	41.72	6.02	—
	Post-test	39.88	6.11	1.84

The mean school-phobia score in the experimental group decreased from 42.16 ± 5.71 in the pre-test to 25.32 ± 5.18 in the post-test, showing a mean reduction of 16.84 points. In the control group, the mean score decreased from 41.72 ± 6.02 to 39.88 ± 6.11 , showing a mean reduction of 1.84 points. Thus, a substantially greater reduction in school-phobia scores was observed in the experimental group following the structured intervention.

4.3 Comparison of Pre-Test and Post-Test Scores in the Experimental Group

Table 3. Paired Comparison of Pre-Test and Post-Test School-Phobia Scores in the Experimental Group

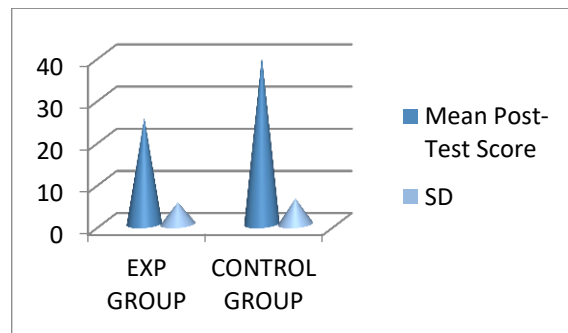
Group	Mean difference	SD of difference	Paired <i>t</i> value	<i>p</i> value
Experimental (n = 25)	16.84	5.01	16.80	<0.001

The experimental group demonstrated a mean reduction of 16.84 points in school-phobia scores following the intervention. The paired *t* test showed a statistically significant difference between the pre-test and post-test scores ($t = 16.80, p < 0.001$). Therefore, the school-phobia scores were significantly reduced following the structured intervention.

4.4 Comparison of Post-Test Scores between the Experimental and Control Groups

Table 4. Comparison of Post-Test School-Phobia Scores between the Experimental and Control Groups

Group	Mean post-test score	SD	Independent <i>t</i> value	<i>p</i> value
Experimental (n = 25)	25.32	5.18	9.09	<0.001
Control (n = 25)	39.88	6.11	—	—



The experimental group had a lower post-test mean school-phobia score (25.32 ± 5.18) than the control group (39.88 ± 6.11). The independent *t* test demonstrated a statistically significant difference between the two groups ($t = 9.09, p < 0.001$). These findings indicate that the reduction in school-phobia scores was significantly greater in the experimental group than in the control group.

Overall, the findings demonstrate that the structured intervention was effective in reducing school-phobia scores among the children in the experimental group.

4.5 Association between Pre-test Level of School Phobia and Selected Socio-demographic Variables among School Children (N=50)

Table 5. Association between Pre-test Level of School Phobia and Selected Socio-demographic Variables among School Children (N=50)

Socio-demographic variable	χ^2	df	P-value	Association
Age	6.842	2	0.033	Significant
Sex	1.724	2	0.422	Not significant
Class	7.916	2	0.019	Significant
Type of family	0.864	2	0.649	Not significant
Birth order	1.382	4	0.847	Not significant
Father's education	2.416	4	0.660	Not significant
Mother's education	1.947	4	0.745	Not significant
Father's occupation	2.107	6	0.909	Not significant
Mother's occupation	1.286	2	0.526	Not significant
Family support	8.421	2	0.015	Significant

A statistically significant association was observed between pre-test school phobia and age, class, and family

DISCUSSION

The findings of the present study demonstrated a marked reduction in school-phobia scores among children who received the structured intervention. In the experimental group, the mean score decreased from 42.16 at pre-test to 25.32 at post-test. In contrast, the control group demonstrated only a modest reduction in mean scores, from 41.72 to 39.88. The greater reduction observed in the experimental group indicates a favourable change following implementation of the structured intervention.

The statistically significant improvement observed among children in the experimental group suggests that the structured intervention may have been effective in reducing school-related fear and anxiety. The intervention included reassurance, relaxation activities, positive reinforcement, gradual encouragement to attend school, and supportive communication with parents. These components may have assisted children in coping with emotional distress, strengthening their sense of security, and developing more positive attitudes and responses toward school attendance. The combination of emotional support and gradual behavioural encouragement may have been particularly beneficial in helping children overcome apprehension associated with returning to or attending school.

The present findings are consistent with previous literature highlighting the close relationship between anxiety and school refusal. Tekin and Aydın identified anxiety as a prominent factor associated with school refusal and reported associations with social anxiety, school anxiety, separation anxiety, and other anxiety-related conditions [1]. The reduction in school-phobia scores observed following the intervention in the present study further emphasizes the relevance of addressing anxiety-related factors when supporting children who experience difficulties with school attendance.

The findings are also in agreement with Indian literature that emphasizes the importance of early identification and coordinated management of school refusal. Sahoo et al. reported that school refusal may remain unrecognized in India, particularly among children from socioeconomically disadvantaged backgrounds, and stressed the need for early identification and coordinated support [2]. The improvement observed in the present study reinforces the potential value of timely intervention before school-related fears and anxiety become more persistent and interfere substantially with the child's educational and psychosocial functioning.

The findings further highlight the importance of collaborative, school- and community-based approaches in addressing emotional difficulties related to school attendance. Effective management may require

support. No significant association was observed with the other selected socio-demographic variables

coordinated involvement of nurses, teachers, parents, and mental-health professionals. Through early identification, supportive communication, appropriate behavioural strategies, and continued monitoring, these professionals can contribute to reducing school-related anxiety and promoting regular school attendance. Overall, the findings suggest that a structured, supportive intervention may serve as a useful approach for addressing school phobia among children and may have practical implications for nursing and school-based mental-health practice.

IMPLICATIONS

Nursing Practice

Nurses can play an important role in the early identification of children experiencing school-related anxiety and school refusal. Nurses can provide supportive counselling, reassurance, relaxation activities, health education, and appropriate referral to mental-health professionals when required.

Nursing Education

Student nurses can be educated regarding the identification of school refusal, common anxiety symptoms, communication strategies, psychological first-line support, and appropriate referral procedures for children experiencing school-related emotional difficulties.

Nursing Administration

School and community health administrators can facilitate collaboration among nurses, teachers, parents, counsellors, and mental-health professionals. Appropriate systems can be developed for early identification, referral, follow-up, and support of children with school-related anxiety.

Nursing Research

Further nursing research can evaluate structured interventions using larger samples, standardized assessment instruments, longer follow-up periods, and randomized controlled designs.

LIMITATIONS

- The sample size was limited to 50 children.
- The study was conducted in a limited geographical setting.
- The intervention period was relatively short.
- Self-reported or observer-reported responses may have introduced response bias.
- The quasi-experimental design limits the ability to establish causality as strongly as a randomized controlled trial.

- The study findings may have limited generalizability because of the purposive sampling technique and single geographical setting.

RECOMMENDATIONS

- with a larger sample size;
- across multiple schools and geographical areas;
- using standardized and validated school-refusal or school-anxiety assessment instruments;
- with longer follow-up periods;
- using randomized controlled designs;
- involving parents, teachers, nurses, counsellors, and mental-health professionals; and
- Evaluating the long-term effect of structured interventions on school attendance and emotional adjustment.

CONCLUSION

The present study was conducted to assess the effectiveness of a structured intervention on school phobia among school children in a rural area of Damana, Bhubaneswar.

The findings demonstrated a greater reduction in school-phobia scores among children in the experimental group compared with those in the control group. The statistically significant difference between the groups indicated that the structured intervention was effective in reducing school-phobia symptoms among the participating children.

Early identification of school-related anxiety and the provision of structured, supportive interventions may help improve children's emotional adjustment, school attendance, and participation in the school environment

DECLARATIONS

Ethics approval and consent to participate

Ethical and administrative permissions were reportedly obtained before data collection. Written informed consent was obtained from all participants, and anonymity and confidentiality were maintained.

Consent for publication

Not applicable.

Availability of data and materials

The data supporting the findings of this study are available from the corresponding author on reasonable

request, subject to applicable ethical and institutional restrictions.

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Author Contribution

The author was responsible for the conception and design of the study, data collection, intervention, data analysis, interpretation of findings, manuscript preparation, and final approval of the manuscript.

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