

An Insight into Adolescent Transition from Rural to Urban Centres

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Abstract

A cooperative research project between the Health Promotion Unit of the Health Department and the university is tracking the adjustment of adolescents leaving country towns to seek educational or employment opportunities in urban centres. Over 400 Queensland families willingly participated in the project, their enthusiasm reflecting the widespread concern in Australian country towns about the out-migration of their youth, their apparent failure to return and a sense of hopelessness about how to stem the flow. The project collects data on three occasions over a twelve month period during which time a proportion of the adolescents move to the city. Additional data are contributed by the family or caregiver and the school teacher. Only Time 1 data are available for this study which investigates how parent and child expectations and preferences are implicated in one of the key adolescent transitions, that of leaving a rural home and school to enrol in an urban boarding school. Data show some unexpected discrepancies and the discussion reviews some key features that could be important components for future health promotion intervention programs designed to prepare and support adolescents in transition.

Introduction

The aim of this longitudinal project is to examine a number of factors that may influence adolescent adjustment in the transition from rural to urban centres. It is intended that this information will better inform our understanding of net rural population decline and the precursors to a range of potential adjustment difficulties faced by rural youth.

Prevalence of adolescent emotional problems

Research reports from many countries of the world show high rates of emotional disorders during adolescence. For example, the prevalence of self-reported anxiety amongst a rural sample of 466 adolescents was 43% for social phobia, 35% for general anxiety, 23% for separation anxiety, and 10% for both school phobia and somatic/panic anxiety (Puskar, Sereika, & Haller, 2003). These authors found gender differences to be significant with females reporting higher scores in each type of anxiety, somatic complaints and depressive symptoms. Grade level and age also revealed significant differences with 11th and 12th graders experiencing higher levels of anxiety and depressive symptoms compared to other grades.

In Australia the picture appears equally problematic. Mould (2003) surveyed a sample of 1137 students from

grades 7, 9, and 11, from 11 Catholic schools in Western Sydney. Results indicated that females from single sex schools were more anxious than students in all male schools and co-educational schools. Students in grade 11 were found to report more anxiety than those in grades seven and nine, while those in grade nine were more anxious than those in grade seven. Grade seven and nine students in co-educational and all female schools reported higher levels of anxiety than those in all male schools. Grade 11 students from all female schools also reported considerably higher anxiety scores than those by those in co-educational and all male schools. Anger scores were highest in grade seven co-educational students and by grade 11 all male school students. Respondents with higher anger levels reported experiencing less classroom support. Correlational analyses revealed that students with higher anxiety levels also experienced higher levels of anger and respondents with higher levels of self-esteem reported less anxiety whilst experiencing greater classroom support.

Self-esteem seems to be one of the more influential protective factors against emotional disorders in adolescents. Reports by 111 female and 108 male French speaking Swiss adolescents between the ages of 12 and 14 in a longitudinal study revealed that self-esteem developed variably across different ages (Bolognini, Plancherel, Bettschart & Halfon, 1996). In this study appearance and social competence decreased whilst scholastic competence increased with age during adolescence. Self-esteem was lower in females compared to males in the athletic subscale, however this decreased over time for both genders. Males had a higher global self-worth than females and for both depressive mood and anxiety, females reported higher scores than males. The results revealed that "peer self-esteem" (subscales of appearance, social competence and athletics) had more of an influence on global self-esteem and depressive mood than "family self-esteem" (subscales of scholastic competence and behaviour). The results also indicated that global self-esteem was inversely related to depressive mood, particularly for females. In summary, the results emphasise the notion that the adolescent developmental period consists of its own transitions, change and adjustments seemingly independent of many other variables and that self-esteem is an important moderating factor in mental health outcomes.

A substantial body of research into adolescent depression and suicide paints a similarly worrying



picture. Clearly, in most western nations mental health problems are high during this risky developmental period. Adding transition to the mix could well make for a deadly cocktail.

Transition and Adolescence

Transitions can be defined as environmental, social, educational and behavioural changes in a person's life (Dornbusch, 2000). They can provide the opportunity for growth and maturation as new roles develop and are typically characterised by change in the individual, relationship adjustments, new routines, different assumptions about self and the world.

The effects of adolescent migration were assessed by Pribesh and Downey (1999) by investigating residential only moves, school only moves, both residential and school moves, and school performance. Using a longitudinal research design, the analyses were based on 14,292 students, with data provided by the National Education Longitudinal Study (NELS) in 1988 (eighth graders) and 1992. The results indicated that all three kinds of moves were related to a deterioration in most forms of social capital, with combined school and residential move resulting in a greater negative effect. As anticipated, student - school capital was more negatively affected by school only moves and moving was related to a deterioration in educational performance that was partially a function of loss of social capital. However, after controlling for family characteristics (e.g. family income, family structure), the moving effect was reduced, that is, a considerable proportion of the moving effect was due to inherent differences between movers and non-movers that were present prior to any move occurring. Pribesh and Downey suggested that the "kinds of families" that move are more likely to have other disadvantages such as lower socioeconomic status and the absence of both biological parents. It was also suggested that families with minimal social capital are more likely to move due to minimal integration into the community.

Migration during childhood and adolescence is often viewed as disruptive and detrimental both during the moving period and after this during social integration in adulthood (Myers, 1999). Having access to social contacts such as friends, relatives or other ties have been identified as protective factors against the stress and disruption that accompany migration (Boyd, 1989). Myers' research goal was to assess the relationship between child migration and social integration in which family context was controlled for. This research utilized a national United States sample of 2,033 married persons, younger than age 55, who were interviewed repeatedly between 1980 and 1997. Children of the couples were also included in categories of younger than 10, 10-15 years and 16 years and older. Results indicated that migration during adolescence was significantly associated with less friends in adulthood for both sexes. This result remained after controlling for the general family context (e.g., quality of home life, family structure). Staying in close contact with relatives

was significantly higher for female adults if migration occurred during adolescence, after controlling for family structure (e.g., divorce, remarriage) and family capital (e.g., number of siblings, mother support, quality of home life).

In assessing connection to the community, the results of the study by Myers (1999) revealed that adult females reported more community attachment if raised in households by parents who reported greater adult ties and more involvement in church. Conversely, adult males reported less connection to the community if migration occurred in adolescence or post-adolescence. It was suggested by Myers that well-balanced families are integrated more so into the community and therefore provide their children with the necessary life skills to integrate in adulthood. This research highlighted the positive effects of not moving and the detrimental effects of moving during adolescent years. Myers suggested that adolescence is a period of development in which changes occur across many domains including biological, cognitive, school contexts, family and peer relationships, and therefore, migration during this period may disrupt individual and social development with lasting consequences for adult social integration.

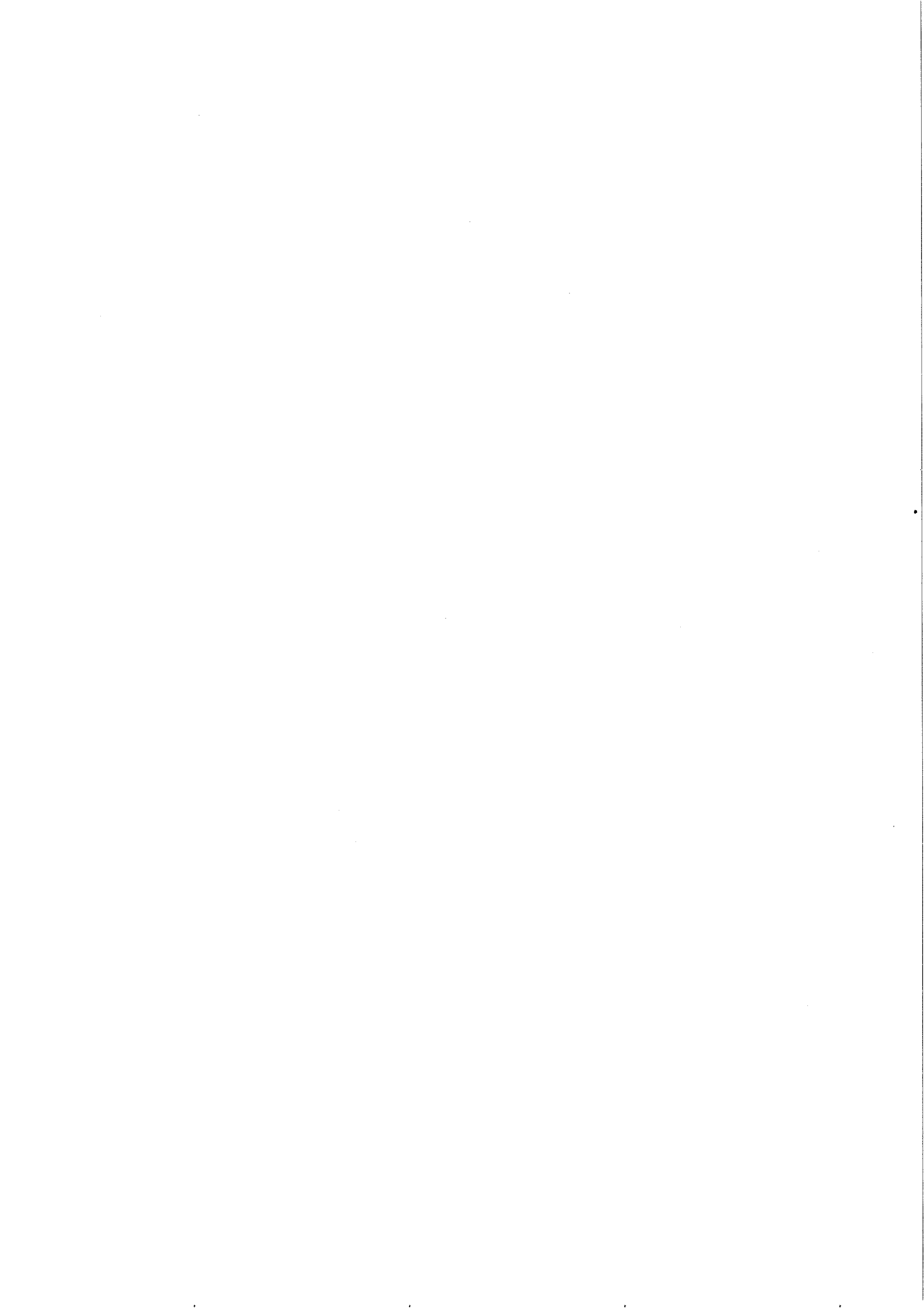
Rationale for the proposed research

Times of transition are clearly difficult and this seems to be especially so during a sensitive time such as adolescence. Research shows that failure to negotiate transitions can readily lead to emotional health issues such as anxiety and depression, hence further investigation of protective personal and community factors associated with transition is vital. In this longitudinal project we hypothesise that adolescents migrating from rural areas to urban centres in SE Queensland will experience disruption and a period of readjustment that may result in stress, depression or anxiety. The current study examines parent and child expectations and preferences regarding the transition from their home town to boarding school in the city. We anticipate that the results will assist in identifying at risk families while also providing useful components for health promotion activities related to successful adolescent migration.

Method

Participants

A stratified convenience sample of 425 students from three groups was sampled: ages 11 and 12 years ($n=105$ and 153 respectively), 15 years ($n=110$), and 17 years ($n=57$). 48.4% of the students were male, and 51.6% were female. The participants were drawn from the rural areas of southwest Queensland, Australia. Data were also collected from the mother or carer of the students who participated and also from schoolteachers, identified as knowing the student well.



Measures

A number of psychological measures were administered and collected by the Darling Downs Public Health Service. For the students these include relationships and wellbeing. For the mother/carer, the measures they were asked to complete included strengths and difficulties, and relationships. The Teachers were asked to complete a questionnaire on strengths and difficulties of the adolescent. A copy of the students' academic results was also collected from the mothers/carers of the students.

Procedure

The Director General of Education was approached to obtain approval, and following this, various school principals were contacted requesting them to mail out information sheets to parents including a consent form. By the end of 2004, three time points will have been gathered, but at the time of writing this initial report only the time 1 data were available. For the purposes of this preliminary report, only a selection of variables, pertinent to child expectations and possible adjustment to boarding school will be examined using descriptive statistic techniques. Schools selected were those that were located within rural areas across southern Queensland. A separate questionnaire was administered to teachers and students' mother/carer. Mothers/carers were provided with a self-addressed envelope in order to return their completed questionnaires.

The questionnaires were administered during class time for the students in the presence of a Health Promotion Officer in order to explain the process of completing the questionnaires and answer any questions. A mental health professional (i.e. a school based youth health nurse, school counsellor or mental health worker) was also present during all research sessions in order to address any distress triggered by the questionnaires. Due to mothers completing their questionnaires at home in the absence of a health promotion officer and mental health worker, they were provided with a contact phone number for mental health workers and asked to contact these professional if they experienced any distress. Participants of the study were advised that a summary of the primary findings would be mailed out if desired.

Results

Descriptive statistics were performed to demonstrate the level of parent/child accord in relation to boarding school attendance, the desire of child in this regard, and how confident parents were in relation to their child's ability to cope with boarding school. Additional statistics in relation to other possible vulnerabilities is also presented.

Rather than overly complicate the tabular presentation with column-wise, row-wise, and total percentages, we have elected to mark frequencies in superscript and refer to percentages in various subgroups specifically as indicated.

Table 1 illustrates that the parents of 93.4% of those students who did not believe that they were going to boarding school (a+e+h), were either not certain (e), or that they would attend (h).

Table 1: Parent's vs. child's belief that they will be attending boarding school.

Parent - Will your child be attending boarding school?	Child - Will you be attending boarding school?		
	Yes	No	Not Sure
Yes	52 ^a	16 ^b	6 ^c
No	2 ^d	13 ^e	3 ^f
Not Sure	12 ^g	167 ^h	30 ⁱ

Table 2 illustrates that 21.3% of students who believed that they would be going to boarding school (a+b+c) either did not want to (b), or were unsure of their preference (c). Of those students who did want to go to boarding school (a+d+g), only 66.3% seemed certain that they would get that opportunity (a).

Table 2: Desire to, and anticipation of attend boarding school.

Child - Will you be attending boarding school?	Child - Do you want to attend boarding school?		
	Yes	No	Not Sure
Yes	63 ^a	4 ^b	14 ^c
No	21 ^d	195 ^e	29 ^f
Not Sure	21 ^g	14 ^h	20 ⁱ

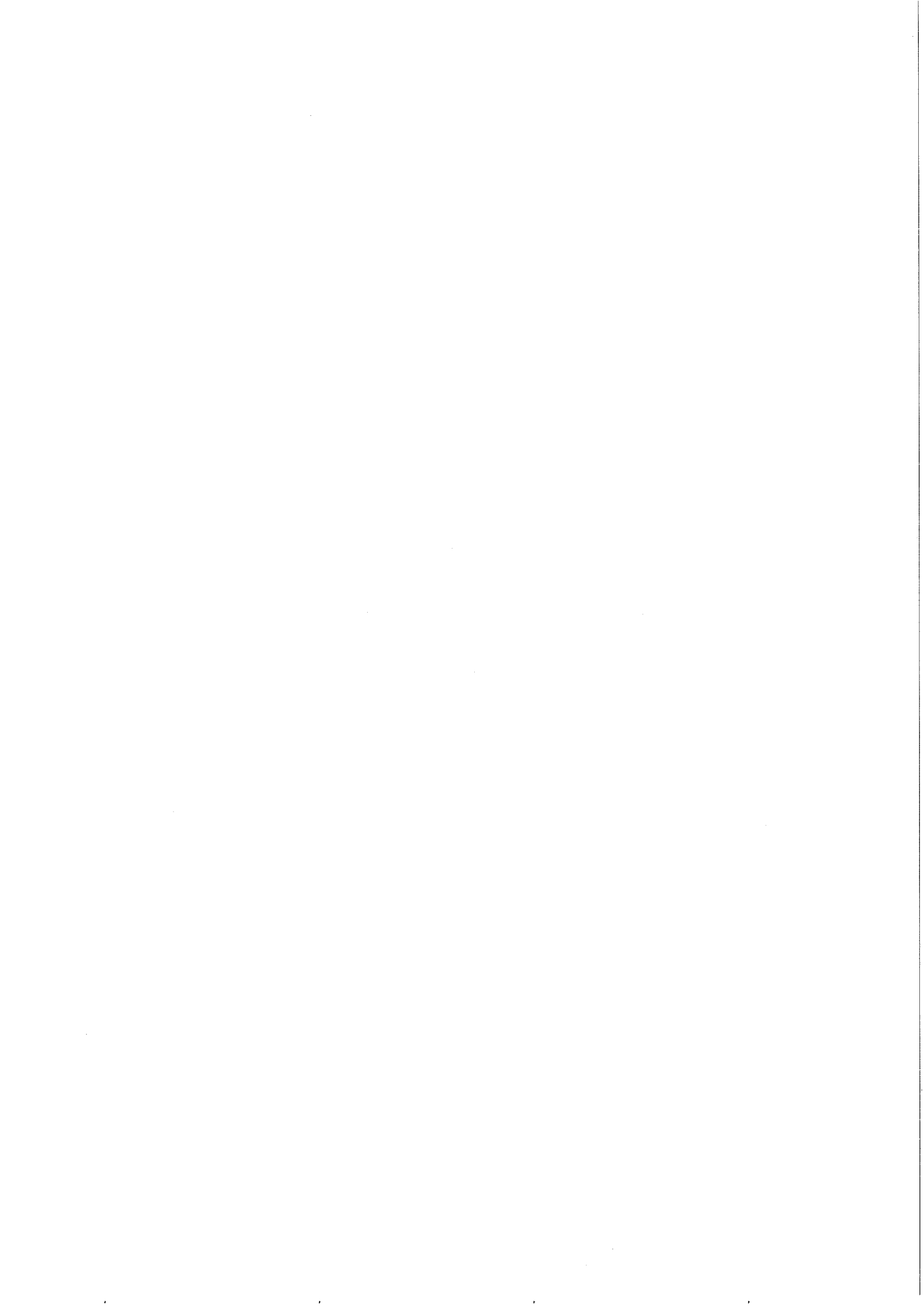
Table 3 illustrates that of those students who did want to go to boarding school (a+d+g), parents were not certain that 20.8% of them were well prepared for the move (d+g). Of the students that were considered well prepared by their parents (a+b+c), 35.4% either did not want to go (b), or were unsure of their preference (c).

Table 3: Parent confidence, and child's desire to attend boarding school.

Parent - Is you child well prepared for the move?	Child - Do you want to attend boarding school?		
	Yes	No	Not Sure
Yes	42 ^a	11 ^b	12 ^c
No	1 ^d	3 ^e	2 ^f
Not Sure	10 ^g	5 ^h	2 ⁱ

The teachers of students who believed that they were going to go to boarding school rated 19.0% of them with "minor" difficulties in their schooling and socialisation, and a further 8.6% with "definite" difficulties. However, teachers only believed that 6.9% of students were distressed either "a lot", or "a great deal" by their difficulties.

Finally, while the health of the child was not the focus of this study, a general self-report of satisfaction with health was taken as at least one other possible



indication of preparedness for transition. In this case, 15.1% of students who believed that they were going to go to boarding school rated their satisfaction with their general health as low or very low.

Discussion

Preparation for transition, expectations and desire to make the change were the focus of this snapshot of several hundred rural families, many of whom considered boarding school an option for their son or daughter. In some respects, our findings are reassuring: Most children who believe they face the transition between rural schooling and urban boarding school actually want to go, and most of those that remain are happy not to go. Further, most parents believe that their child is adequately prepared for the transition.

The corollary of these positive findings is of some concern in that those students who clearly do not intend going to boarding school have not always either communicated their decision, or convinced their parents. Table 1 indicated that 93.4% of parents of those students not expecting to go were still at least open to the possibility that their child may be sent off to school. Conversely, parents appeared to be a little better at communicating their desire for their child to attend boarding school with 21.6% of children still opposed to their wishes. Table 2 also showed a further area for possible parent/child discord - 40.0% of children who said that they wanted to go to boarding school were either unsure (20.0%), or did not believe they were going (20.0%). Indeed, 20.8% of the parents of children who want to move said that they were at least uncertain about the level of their child's preparedness. While health was not the focus of this study, this latter result may also be associated with the fact that 15.1% of students were dissatisfied with their general level of health. Clearly, these results are not yet linked to poor adjustment, but they do set a backdrop to possible parent/child discord, and an apparent lack of readiness in some adolescents.

The low concordance found between some parent and adolescent expectations over boarding school attendance was unexpected. Communication on this topic within the family is apparently less than frank and open which may be related to the considerable financial pressure imposed by boarding school attendance. Many parents feel bad about frankly discussing financial pressures with their children and their uncertainty detected in this study may well reflect the vagaries of the weather and market prices. Uncertain income and a reluctance to tell their children that they can't afford the education they would really like to offer them probably explains a fair proportion of our results. Be this as it may, the consequence of such uncertainty and differences in expectations is likely to negatively impact on those adolescents who need to adjust to the move.

These findings are not confined to the home. Teachers too, point to possible adjustment problems with about a quarter (27.6%) of students who believed

that they were going to boarding school. Yet teachers did not believe that this distressed most students (92.1%). Some students may not have even been aware of these attitudes, but clearly many were.

Clearly, follow-up data are needed to determine the actual level of adjustment in order to confirm the value of these pre-transition factors. Longitudinal follow-ups will be completed as a part of the wider project. In addition, a number of psychological measures will be administered and collected by the Darling Downs Public Health Service. For the students these include social support, coping, self-esteem, locus of control, relationships, depression, anxiety, problem solving, sense of place, parental authority, eating attitudes, loneliness, life events, and affect. For the mother/carer, the measures will include strengths and difficulties, relationships, parental authority, sense of place, well being, depression, anxiety, and affect. The teachers also be asked to complete a questionnaire on strengths and difficulties of the adolescent. Ultimately, a copy of the students' academic results will also be collected from the mothers/carers of the students. It will therefore be possible to model the relationships between all these factors across time.

For now, the available data points to possible parent/child discord, and subjective assessment from both parents and teachers that about one quarter of students may not be well prepared for the rigors of rural/urban adjustment.

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References

- Bolognini, M., Plancherel, B., Laget, J., Stephan, P., & Halfon, O. (2003). Adolescents' self-mutilation-Relationship with dependent behaviour. *Swiss Journal of Psychology*, 62, 241-249.
- Boyd, M. (1989). Family and personal networks in international migration: Recent developments and new agendas. *International Migration Review*, 23, 638-670.
- Dornbusch, S. (2000). Transitions from adolescence: A discussion of seven articles. *Journal of Adolescent Research*, 15, 173-177.
- Moulds, J. D. (2003). Stress manifestation in high school students: An Australian sample. *Psychology in the Schools*, 40, 391-402.
- Myers, S.M. (1999). Childhood migration and social integration in adulthood. *Journal of Marriage and the Family*, 61, 774-789.

- Pribesh, S., & Downey, D.B. (1999). Why are residential and school moves associated with poor school performance? *Demography*, 36, 521-534.
- Puskar, K.R., Sereika, S.M., Lamb, J., Tusaie-Mumford, K., & McGuinness, T. (1999). Optimism and its relationship to depression, coping, anger, and life events in rural adolescents. *Issues in Mental Health Nursing*, 20, 115-130.

