



Hurried Childhood Syndrome: Causes, Effects and Implications for Education and Cognitive Development of Nigerian Children

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ABSTRACT

This study examined the factors contributing to HCS, its effects on children's mental health and well-being, and its implications for their educational experiences and academic performance. The population for the study consists of all early childhood education lecturers in public tertiary institutions in Enugu State. 47 lecturers from universities (University of Nigeria Nsukka and Enugu State University of Science and Technology) and 75 lecturers from colleges of education (Federal College of Education, Eha-Amufu and Enugu State College of Education Technical, Enugu. Due to the manageable size of the population, the entire population was studied. Three research questions and two null hypotheses (tested at 0.05 level of significance) guided this study. A structured 29-item questionnaire was used to collect relevant data for the study. Cronbach alpha was used to determine the reliability of the instrument which yielded 0.76 coefficients. The data were analysed using mean while t-test statistic was used to test the hypotheses. Findings indicated that high expectations for academic excellence, excessive technology use, societal pressures, and socioeconomic disparities were key contributors to HCS. It also revealed that hurried children experienced increased stress, anxiety, burnout, and diminished well-being, leading to challenges in concentration, poor academic performance, and holistic development. This study also revealed that there were no significant differences in perceptions among early childhood education lecturers regarding the impacts of HCS. It is recommended, among others that parent and caregivers should ensure balanced screen time and outdoor activities to mitigate excessive technology use and promote children's physical and mental health.

Keywords: Hurried Childhood Syndrome, Nigerian children, Mental health, Education

Introduction

The rate at which Hurried Childhood Syndrome (HCS) traverses the length and breadth of Nigeria and the contemporary society is alarming. Children are forced to think and act like adults at home, in the school and elsewhere. Parents, teachers and the wider society take pride in having underage graduate children. In some cases, children are made to skip classes in school so as to make them finish school very early in life, without regards to established principles and theories of learning and cognitive development. The situation is often complicated by addiction to modern technologies. While advancements in technology have undoubtedly brought about numerous benefits, including access to information and connectivity, they have also introduced unprecedented challenges for children (Ani & Ede, 2022). Nigerian children are increasingly immersed in digital devices, spending excessive amounts of time on screens at the expense of physical activity, social interaction, and sleep (Ugwu & Okoye, 2017). This overreliance on technology not only contributes to sedentary lifestyles and poor health outcomes but also hinders children's cognitive and socio-emotional development (Nwokolo & Ezema, 2020). Huang *et al* (2020) noted that children are navigating a landscape characterized by accelerated expectations, heightened competition and increased stress which are antithetical to the principles of healthy child development.

In Nigeria, standard examination regulatory bodies like the Joint Admissions and Matriculation Board (JAMB) attempted to curb this trend by stipulating that under aged candidates would not be allowed to register for its unified tertiary matriculation examination (UTME) but met strict criticisms and opposition from the whole society. Enugu State, like many other states in Nigeria, grapples with socio-economic disparities, inadequate infrastructure, and limited access to essential services, all of which exacerbate the challenges faced by children (Uchendu & Agu, 2019). This work therefore sets out to examine the root causes, manifestations, and consequences of HCS, with a view to presenting researchers with evidence-based strategies for promoting healthier childhood experiences. It will further explore the prevalence and impact of Hurried Childhood Syndrome on the mental health and educational attainment of Nigerian children using Enugu State as a focus point.

Purpose of the Study

This study aims to explore the impact of Hurried Childhood Syndrome on the mental health and educational attainment of Nigerian children. Specifically, the study seeks to determine the:

1. Primary factors contributing to Hurried Childhood Syndrome in Enugu State.
2. Effects of Hurried Childhood Syndrome on the mental health and well-being of children in Enugu State.
3. Implications of Hurried Childhood Syndrome for the educational experiences and academic performance of children in Enugu State.

Research Questions

1. What are the primary factors contributing to Hurried Childhood Syndrome among children in Enugu State?
2. What are the ways Hurried Childhood Syndrome affects the mental health and well-being of children in Enugu State?
3. What are the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of children in Enugu State?

Hypotheses

The following hypotheses guided the study.

1. There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State.
2. There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and those in Colleges of Education on the effects of Hurried Childhood Syndrome on the mental health and well-being of children in Enugu State.
3. There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and those in Colleges of Education on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State

Methodology

A descriptive survey research design was employed to investigate the prevalence and impact of Hurried Childhood Syndrome on the mental health and educational experiences of Nigerian children in Enugu State. This design was deemed suitable for the study as it involved the use of structured questionnaires to elicit responses from the respondents, focusing on their perceptions and experiences related to HCS. The research was conducted in Enugu State, Nigeria, chosen for its significance as a representative region facing the challenges of Hurried Childhood Syndrome. The population for the study was 122 early childhood education lecturers in Government owned tertiary institutions in the area consisting of 47 from universities (University of Nigeria, Nsukka and Enugu State University of Science and Technology) and 75 from colleges of education (Federal College of Education, Eha-Amufu and Enugu State College of Education Technical, Enugu). Due to the manageable size of the population, the entire population was studied. Hence, there was no need for sampling or sampling technique.

A structured questionnaire consisting of 29 items divided into three sections was used for data collection. The questionnaire was designed to assess respondents' perceptions and experiences related to HCS, focusing on its impact on the mental health and educational outcomes of Nigerian children in Enugu State. Each item was rated on a scale of 1 to 4, with corresponding options of Strongly Disagree (SD), Disagree (D), Agree (A) and Strongly Agree (SA) respectively. The questionnaire underwent face validation by five experts in early childhood to ensure its relevance and clarity. Cronbach alpha was used to determine the reliability of the instrument which yielded 0.76 coefficients. The questionnaire was administered to the identified respondents with the help of four research assistants. A total of 122 questionnaires were distributed, and a return rate of 91% was achieved, resulting in 111 completed instruments. Out of the 111 instruments, 45 were retrieved from university lecturers while 66 were retrieved from Colleges of Education Lecturers. Mean statistics were utilized to analyze responses to the research questions, providing insights into the perceived prevalence and impact of HCS on the mental health and educational experiences of children in Enugu State. Additionally, t-test statistics were employed to test the formulated null hypotheses at a significance level of 0.05. Real limit of numbers was applied to interpret mean statistics, categorizing responses based on predetermined thresholds thus: 1.00-1.49 –SD, 1.50-2.49 –D, 2.50-3.49 –A and 3.50-4.00- SA. Standard deviations (SD) of the items were also analyzed, with values above 1.96 indicating significant variance in responses. The acceptance or rejection of the null hypotheses was based on whether the calculated level of significance was greater than 0.05.

Results

Research Question 1: What are the primary factors contributing to Hurried Childhood Syndrome among children in Enugu State?

Hypothesis 1: There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State

Table 1: Mean ratings and t-test analysis of respondents on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State**N= 111 (45 Uni Lecturers &66COE Lecturers)**

s/n	Items	$G \bar{X}$	SD	\bar{X}_1	SD ₁	\bar{X}_2	SD ₂	Sig	Dec	
1	High expectations from parents, teachers, and society for academic excellence, leading to stress and anxiety among children.	3.42	0.88	3.54	0.79	3.20	0.98	0.74	NS	A
2	Excessive use of digital devices and social media, diminishing face-to-face interactions and recreational activities.	3.48	0.70	3.56	0.60	3.35	0.85	0.17	NS	A
3	Intense competition among peers in academic, extracurricular, and social spheres, fostering a sense of urgency and comparison.	3.64	0.64	3.68	0.60	3.59	0.70	0.52	NS	SA
4	Participation in numerous extracurricular activities and academic programs, leaving little time for relaxation and free play.	3.40	0.71	3.42	0.72	3.35	0.69	0.65	NS	A
5	Pressure from parents to excel academically and achieve predetermined milestones, creating a sense of inadequacy and performance anxiety.	3.57	0.65	3.51	0.65	3.68	0.64	0.23	NS	SA
6	Financial constraints and disparities limiting access to resources, opportunities, and support systems for holistic child development.	3.15	0.83	3.19	0.71	3.09	1.02	0.59	NS	A
7	Exposure to unrealistic portrayals of success, beauty, and achievement through media channels, shaping children's perceptions and aspirations.	3.00	0.90	2.97	0.87	2.88	0.95	0.63	NS	A
8	Emphasis on rote memorization, standardized testing, and rigid curricula, neglecting individual learning styles and holistic development.	3.33	0.74	3.36	0.74	3.30	0.76	0.70	NS	A
9	Rapid urbanization leading to increased academic and social demands, detachment from nature, and loss of community support structures.	3.03	0.84	3.00	0.85	3.09	0.83	0.63	NS	A
10	Demands of parents' professional careers, resulting in limited quality time with children and reliance on external caregivers or technology for supervision.	3.38	0.86	3.27	0.91	3.56	0.75	0.12	NS	A

Key: N= Population, $G \bar{X}$ = Grand mean, \bar{X}_1 = mean of Uni lecturers, \bar{X}_2 = Mean of COE Lecturers, SD₁ = standard Deviation of Uni lecturers, SD₂ = standard deviation of COE Lecturers, S = Significant, NS= Not significant, SA = Strongly Agree, A = Agree

In Table 1, it is revealed that 2 out of the 10 items had mean values of 3.64 and 3.57. The values were within the real limit of 3.50-4.00 indicating that the 2 items were in the category of strongly agreed. The remaining 8 items had their mean values ranged from 3.00-3.48. Each of the values of the 8 items was within the real limit of 2.50-3.49; indicating that the 8 items were agrees. Generally, all the 10 items were the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State. The standard deviation of all the 10 items ranged from 0.64-0.90. Each of the values was below 1.96 indicating that the respondents were near to the mean and to each other in their responses.

Furthermore, data presented in Table 1 showed that the calculated level of significance of the 10 items ranged from 0.16-0.99. Each of the significant level was greater than 0.05 indicating that there is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State on the identified 10 items. Therefore, the null hypothesis of no significance was upheld for the 10 items.

Research Question 2: What are the effects of Hurried Childhood Syndrome on the mental health and well-being of children in Enugu State?

Hypothesis 2: There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the ways Hurried Childhood Syndrome affect the mental health and well-being of children in Enugu State.

Table 2: Mean ratings and t-test analysis of the Respondents on the effects of Hurried Childhood Syndrome on the mental health and well-being of children in Enugu State

N= 111 (45 Uni Lecturers &66COE Lecturers)

s/n	Items	$G \bar{X}$	SD	\bar{X}_1	SD ₁	\bar{X}_2	SD ₂	Sig	Dec
1	Hurried Childhood Syndrome causes children to feel more stressed and anxious because of school pressure, societal expectations, and busy lifestyles.	3.43	0.77	3.58	0.65	3.18	0.90	0.01	S A
2	Not getting enough exercise, having unhealthy habits, and feeling stressed can make children sick more often and not feel their best	3.63	0.57	3.56	0.62	3.76	0.43	0.93	NS SA
3	Children can feel burned out from too much schoolwork, activities, and pressure, making them lose interest in learning and exploring.	3.52	0.69	3.57	0.59	3.41	0.82	0.27	NS SA
4	Children's self-esteem can drop because they often compare themselves to others, feel pressure to meet high standards, and worry about failing.	3.51	0.80	3.58	0.77	3.38	0.85	0.26	NS SA
5	Spending too much time on screens, being busy with school, and having too many activities can make children feel lonely and left out.	3.54	0.65	3.52	0.65	3.58	0.66	0.66	NS SA
6	Children find it hard to control their feelings because they're overwhelmed by everything they have to do, leading to mood swings and outbursts.	3.53	0.67	3.59	0.62	3.44	0.75	0.29	NS SA
7	Dealing with constant stress and high expectations without enough support makes children less able to handle tough situations, making them more likely to struggle emotionally.	3.51	0.69	3.60	0.65	3.38	0.74	0.15	NS SA
8	The focus on tests and grades makes children								

	less interested in learning for the sake of learning, making them feel bored and uninterested in school.	3.43	0.76	3.41	0.79	3.47	0.71	0.70	NS	A
9	Too much technology, stress from school, and busy schedules can make it hard for children to sleep well, leaving them tired and unable to think clearly.	3.51	0.72	3.71	0.56	3.14	0.82	0.00	S	SA

Data in Table 2 revealed that 7 out of the 9 items had mean values ranged from 3.51- 3.63. The values were within the real limit of 3.50-4.00 indicating that the 7 items were in the category of strongly agreed. The remaining 2 items had their mean values as 3.43. The values of the 2 items were within the real limit of 2.50-3.49; indicating that the 2 items were in the category of agrees. Generally, all the 9 items were the ways Hurried Childhood Syndrome affects the mental health and well-being of children in Enugu State. The standard deviation of all the 9 items ranged from 0.57-0.77. Each of the values was below 1.96 indicating that the respondents were near to the mean and to each other in their responses.

Furthermore, data presented in Table 2 showed that the calculated level of significance of 7 out of the 9 items ranged from 0.15-0.93. Each of the significant level was greater than 0.05 indicating that there is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the ways Hurried Childhood Syndrome affect the mental health and well-being of children in Enugu State on the identified 7 items. Therefore, the null hypothesis of no significance was upheld for the 7 items. However, the significant level of the 2 items (1 and 9) was 0.01 and 0.00 respectively which is less than 0.05. The values indicated that there was significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the ways Hurried Childhood Syndrome affect the mental health and well-being of children in Enugu State on items 1 and 9. Hence, the null hypothesis of no significant difference was not upheld for items 1 and 9.

Research Question 3: What are the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State?

Hypothesis 3: There is no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Universities on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State

Table 3: Mean ratings and t-test analysis of the respondents on the implications of HCS for the educational experiences and academic performance of Nigerian children

N= 111 (45 Uni Lecturers & 66 COE Lecturers)

s/n	Items	\bar{X}_G	SD	\bar{X}_1	SD ₁	\bar{X}_2	SD ₂	Sig	Dec
1	HCS can lead to decreased concentration in class and difficulty focusing on schoolwork.	3.26	1.09	3.08	1.09	3.49	0.32	0.07	NS A
2	Children affected by HCS may struggle to meet academic deadlines and complete assignments on time.	3.29	0.91	3.14	0.91	3.84	0.37	0.08	NS A
3	Academic performance may suffer due to increased stress and anxiety caused by HCS.	3.24	0.92	3.10	0.92	3.74	0.45	0.05	NS A
4	HCS can hinder participation in extracurricular activities, impacting holistic development.	3.26	0.78	3.15	0.78	3.68	0.58	0.06	NS A
5	Children may exhibit a lack of motivation and interest in learning due to HCS-related pressures.	3.10	0.88	3.03	0.88	3.37	0.76	0.13	NS A

6	Teachers may observe a decline in classroom engagement and enthusiasm among children affected by HCS.	2.80	1.01	2.67	1.01	3.26	0.81	0.22	NS	A
7	HCS may result in lower grades and academic achievement among Nigerian children.	2.73	1.09	2.62	1.09	3.16	0.60	0.04	S	A
8	Children affected by HCS may experience difficulties in retaining information and learning new concepts.	3.03	0.86	2.99	0.86	3.25	0.54	0.28	NS	A
9	HCS-related stressors may lead to absenteeism and school avoidance among affected children.	3.32	0.89	3.25	0.89	3.58	0.61	0.13	NS	A
10	Academic potential may remain unrealized as HCS undermines opportunities for comprehensive learning and growth.	2.87	1.09	2.74	1.09	3.37	0.60	0.02	S	A

In Table 3, it is revealed all 10 items had mean values ranged 2.73-3.32. The values were within the real limit of 2.50-3.49; indicating that the 10 items were in the category of agrees. Generally, all the 10 items were the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State. The standard deviation of all the 10 items ranged from 0.78 – 1.09. Each of the values was below 1.96 indicating that the respondents were near to the mean and to each other in their responses.

Furthermore, data presented in Table 3 showed that the calculated level of significance of 8 out of the 10 items ranged from 0.05-0.28. Each of the significant level was greater than 0.05 indicating that there was no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Universities on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State on the identified 8 items. Therefore, the null hypothesis of no significance was upheld for the 8 items. However, the significant level of the remaining two items (7 and 10) was 0.04 and 0.02 respectively which is less than 0.05. The values indicated that there was significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State on items 7 and 10. Hence, the null hypothesis of no significant difference was not upheld for items 7 and 10.

Discussion of the Findings

The findings of the study on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State revealed that the primary factors include: High expectations from parents, teachers, and society for academic excellence, leading to stress and anxiety among children; excessive use of digital devices and social media, diminishing face-to-face interactions and recreational activities; intense competition among peers in academic, extracurricular, and social spheres, fostering a sense of urgency and comparison; participation in numerous extracurricular activities and academic programs, leaving little time for relaxation and free play; pressure from parents to excel academically and achieve predetermined milestones, creating a sense of inadequacy and performance anxiety; financial constraints and disparities limiting access to resources, opportunities, and support systems for holistic child development; exposure to unrealistic portrayals of success, beauty, and achievement through media channels, shaping children's perceptions and aspirations; emphasis on rote memorization, standardized testing, and rigid curricula, neglecting individual learning styles and holistic development; rapid urbanization leading to increased academic and social demands, detachment from nature, and loss of community support structures; and demands of parents' professional careers, resulting in limited quality time with children and reliance on external caregivers or technology for supervision. The findings also revealed that there was no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the primary factors contributing to Hurried Childhood Syndrome among Nigerian children in Enugu State. The findings of the study align closely with existing literature on the primary factors contributing to Hurried Childhood Syndrome (HCS) among Nigerian children in Enugu State.

The findings are in line with McGowan (2019) who found that high expectations from parents, teachers, and society for academic excellence have been consistently identified as a significant stressor for children. This pressure can lead to heightened levels of stress and anxiety, as well as feelings of inadequacy and performance anxiety, which are consistent with the findings of the study. Similarly, the excessive use of digital devices and social media has been widely recognized as a contributing factor to HCS, with research highlighting its detrimental effects on face-to-face interactions, recreational activities, and overall well-being (Ugwu & Okoye, 2017). The study's findings regarding the impact of technology on children's lives

reflect these concerns, underscoring the need for balanced screen time and healthy digital habits. The study also identified intense competition among peers, participation in numerous extracurricular activities, and pressure from parents as significant contributors to HCS. These findings are supported by literature emphasizing the detrimental effects of over-scheduling and the pressure to excel in multiple domains on children's well-being and development (Pace & Zappulla, 2017). Regarding the absence of a significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the primary factors contributing to HCS, the findings may suggest a shared understanding among educators regarding the challenges faced by children in Enugu State.

The findings of this study revealed that Hurried Childhood Syndrome affects the mental health and well-being of children in Enugu State in the following ways:

- (i) it causes children to feel more stressed and anxious because of school pressure, societal expectations, and busy lifestyles
- (ii) children do not get enough exercise, have unhealthy habits, and feel stressed thereby making them sick more often and feel burned out from too much schoolwork, activities, and pressure. This consequently makes them lose interest in learning and exploring.
- (iii). children's self-esteem can drop because they often compare themselves to others, feel pressure to meet high standards and worry about failing.
- (iv). children find it hard to control their feelings because they are overwhelmed by everything they have to do. This leads to mood swings and outbursts making them more likely to struggle emotionally.
- (v). the focus on tests and grades makes children less interested in learning for the sake of learning thereby making them feel bored and uninterested in school;
- (vi). too much screen time, stress from school, and busy schedules can make it hard for children to sleep well, leaving them tired and unable to think clearly.
- (vii) The findings also revealed that there was no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education on the ways Hurried Childhood Syndrome affect the mental health and well-being of children in Enugu State on the identified on a majority of the items.
- (viii). The findings of the study regarding the ways Hurried Childhood Syndrome (HCS) affects the mental health and well-being of children in Enugu State agree with existing literature on the subject. The study identified various factors contributing to the heightened stress, anxiety, and emotional struggles experienced by children affected by HCS.

Firstly, the study highlighted the impact of school pressure, societal expectations, and busy lifestyles on children's mental health. This aligns with previous research emphasizing the detrimental effects of academic stress and societal pressures on children's well-being (Huang et al., 2020). The findings underscore the need to address these external pressures to alleviate the burden on children. Secondly, the study identified lifestyle factors such as lack of exercise, unhealthy habits, and stress as contributors to poor physical and mental health outcomes among children affected by HCS. This corroborates existing literature linking sedentary lifestyles, poor nutrition, and stress to adverse health outcomes in children (Ugwu & Okoye, 2017). Addressing these lifestyle factors is essential for promoting overall well-being among children. Moreover, the study highlighted the psychological consequences of HCS, including burnout, decreased self-esteem, loneliness, and difficulty regulating emotions. These findings align with research emphasizing the negative impact of HCS on children's emotional and psychological development (Pace & Zappulla, 2017). They underscore the importance of providing support and resources to help children cope with stress and build resilience. Regarding the absence of a significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education, this finding may suggest a shared understanding among educators regarding the ways HCS affects children's mental health and well-being.

The findings of the study on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State revealed that the implications include: HCS can lead to decreased concentration in class and difficulty focusing on schoolwork; children affected by HCS may struggle to meet academic deadlines and complete assignments on time; academic performance may suffer due to increased stress and anxiety caused by HCS; HCS can hinder participation in extracurricular activities, impacting holistic development; children may exhibit a lack of motivation and interest in learning due to HCS-related pressures; teachers may observe a decline in classroom engagement and enthusiasm among children affected by HCS; HCS may result in lower grades and academic achievement among Nigerian children; children affected by HCS may experience difficulties in retaining information and learning new concepts; HCS-related stressors may lead to absenteeism and school avoidance among affected children; and academic potential may remain unrealized as HCS undermines opportunities for comprehensive learning and growth. The findings also revealed that there was no significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Universities on the implications of Hurried Childhood Syndrome for the educational experiences and academic performance of Nigerian children in Enugu State on a majority of the findings. The findings of the study shed light on the significant implications of Hurried Childhood Syndrome (HCS) for the educational experiences and academic performance of Nigerian children in Enugu State. These implications align with existing literature on the subject, highlighting the multifaceted challenges faced by children affected by HCS.

Firstly, the study identified decreased concentration in class and difficulty focusing on schoolwork as key implications of HCS. This finding resonates with previous research emphasizing the negative impact of stress and anxiety on children's ability to concentrate and engage in learning activities (Ikegbunam & Okonkwo, 2018). It underscores the need for interventions to support children in managing HCS-related stressors and improving their

focus in the classroom. Additionally, the study highlighted the challenges faced by children affected by HCS in meeting academic deadlines, completing assignments on time, and retaining information. These findings correspond with literature on the detrimental effects of stress and anxiety on academic performance, including difficulties in time management and information processing (Onukwufor & Ibe, 2020). They underscore the importance of providing support and resources to help children cope with academic pressures and excel academically. Moreover, the study underscored the impact of HCS on children's motivation, engagement, and holistic development. This aligns with research highlighting the link between stress, burnout, and decreased motivation in educational settings (Pace & Zappulla, 2017). It emphasizes the need for a balanced approach to education that fosters intrinsic motivation and well-rounded development. Regarding the absence of a significant difference between the mean responses of Early Childhood Education Lecturers in Universities and Early Childhood Education Lecturers in Colleges of Education, this finding may suggest a shared understanding among educators regarding the implications of HCS for children's educational experiences and academic performance.

Conclusion

Hurried Childhood Syndrome (HCS) poses significant challenges to the mental health and educational experiences of Nigerian children in Enugu State. The findings of this study shed light on the primary factors contributing to HCS, the ways it affects children's mental health and well-being, and its implications for their educational experiences and academic performance. High expectations for academic excellence, excessive use of digital devices, societal pressures, and socioeconomic disparities were identified as key contributors to HCS. These factors create a hypercompetitive environment where children face stress, anxiety, burnout, and diminished well-being. The study also revealed the detrimental effects of HCS on children's mental health, including increased stress, anxiety, poor self-esteem, loneliness, and difficulty regulating emotions. Moreover, HCS hinders children's ability to concentrate, meet academic deadlines, engage in extracurricular activities, and realize their academic potential. These findings underscore the urgent need for interventions to address HCS and promote healthier childhood experiences in Enugu State.

By recognizing the multifaceted nature of HCS and its impact on children's lives, policymakers, educators, healthcare professionals, and community stakeholders can work together to implement systemic changes that prioritize children's holistic development. This may involve re-evaluating educational practices, promoting balanced lifestyles, providing support systems for children and families, and addressing systemic inequalities. Through collaborative efforts, Enugu State can create an environment where children are nurtured, supported, and empowered to thrive despite the challenges posed by HCS. Overall, this study contributes to the growing body of literature on HCS and highlights the importance of addressing this phenomenon to ensure the well-being and future success of Nigerian children in Enugu State. Further research and intervention efforts are warranted to build upon these findings and create a more equitable and supportive environment for all children.

Recommendations

Based on the findings of the study, the following were recommended.

1. Educators and policy makers should implement holistic curriculum reforms that prioritize students' well-being alongside academic achievement to foster a balanced educational experience, benefiting children by promoting their holistic development.
2. Parents and caregivers should advocate for balanced screen time limits and encourage outdoor activities to mitigate the adverse effects of excessive technology use, promoting children's physical and mental health.
3. Community leaders and NGOs should establish support programs and mentorship initiatives for children from marginalized communities to address socioeconomic disparities and provide equal opportunities for holistic development, benefiting marginalized children by enhancing their access to resources and support networks.
4. Healthcare professionals should conduct regular mental health screenings and provide counselling services in schools to support children struggling with stress, anxiety, and other mental health challenges, promoting early intervention and improving overall well-being.
5. School administrators should implement flexible scheduling and workload adjustments to accommodate students' diverse needs and reduce academic pressure, fostering a supportive learning environment conducive to optimal academic performance and well-being.

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