

## Psychosocial Problems among School going Urban Adolescent Girls - A Study

Smt. P. Jayasree \*

Prof. G. Venkata Ramana \*\*

### Abstract

*Adolescence is transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. The characteristics which emerge during adolescence involve: a tendency to experiment and seek novel experiences, a heightened sense of vulnerability, a low risk perception, an intense desire for independence, and an inner search for self-identity which gradually shape up their personality throughout the developing years. It is a critical period characterised by neurobiological and physical maturation leading to enhanced psychological awareness and higher levels of social and emotional interactions with peers and adults. It is a period when boys and girls are kindled into a new sense of self. This period can be difficult as it is full of anxiety and new emotions and especially in females it signifies the transition from girlhood to womanhood. During this phase as a result of production of sex hormones overt changes are also associated with some behavioural changes. In females, this transition period is marked with the onset of menarche.*

*Psychological and social problems, particularly involving behaviour and school issues are more common during adolescence than at any other time during childhood. Adolescents are much more independent and mobile and are often out of the direct control of adults. When misbehaviour becomes severe and frequent, adolescents should be evaluated for a psychosocial disorder by a mental health professional.*

---

\*Research Scholar,

\*\*Professor, Head, Chairman, Board of Studies, Dept. Of Sociology, S.K. University, Anantapuramu-515 003

*Thus the present study is conducted to assess the prevalence of psychosocial problems among adolescent girls.*

**Key words:** *Psychosocial problems, adolescent, mental health professional, Depression, Delinquency*

### **Introduction**

*“Adolescence is like having only enough light to see the step directly in front of you”*

*- Sarah Addison Allen*

Adolescence is the transitional stage of development between childhood and adulthood, representing the period of time during which a person experiences a variety of biological and emotional changes. Hall described this period as “Storm and Stress” and states “conflict at this developmental stage is normal”. During this period, adolescents suffer from various forms of problems/dysfunctions and conflicts, which ultimately impair normal psychosocial development aggravating psychosocial dysfunction. The term adolescence meaning “to emerge” or achieve identity is a relatively new concept, especially in development of thinking the origin of the term is derived from the Latin word “adolescere” meaning “to grow to maturity” indicate the defining features of adolescence.

The world health organization (WHO) defines the adolescence as a progression from appearance of secondary sex characteristics to sexual and reproductive maturity. Adolescence is divided into the early (10-13 years), middle (14-16 years) and the late (17-20 years) stages.

Psychosocial dysfunction is a state of emotional and behaviour disorders. Most common disorders include depression, anxiety, educational difficulties, truancy, and delinquency. Adolescence is mainly affected by home and school environments. Worldwide, it is estimated that 10%-20% of adolescents experience mental health conditions, yet the majority of times, remains under diagnosed and undertreated. According to the 2011 census, around one-fourth of the Indian population is adolescent (253 million). As per the National Mental Health Survey of India (2015-2016), the prevalence of psychiatric disorders among adolescents (13-17 years) is reported around 7.3%. Yet, very little attention has been paid to the mental health issues of

this age group.

For girls, adolescence is a period of extreme stress and strain; menarche and menstruation are bound to elicit tremendous psychosocial response in them. The girl child especially adolescent girl in Indian social setup lives in a very peculiar socio-cultural milieu. She is being protected more carefully than the boys. This outlook makes them feel more confused to use opportunities within fixed frame. Many girls feel a sense of rejection at their home environment because of either authoritarian or permissive attitude of the parents or the lack of the closeness between the parent and child.

Adolescent girls often suffer from mild psychosocial problems such as anxiousness about school or friendship or experience a period of depression following the death of a close friend or family member. Many of these problems are transient and are often not noticed. Several key transitional periods (moving from early elementary to middle school, from middle to high school, or from high school to college) can present new challenges for adolescents and symptoms of dysfunction may occur. Heavy academic and social pressure may result in negative emotional states among adolescent girls.

Many of the adolescent girls assume adult roles in the family even before the onset of puberty, taking responsibilities for household and childcare tasks. These girls experience the joys and pains of growing up. These may vary depending on geographic location economic circumstances and most significantly, the social and cultural environment in which they find themselves.

Healthy development of adolescent girls depend on several complex factors; socio economic circumstances, the environment they live and grow, the quality of relationship with their families, communities, peer groups and the opportunities for education and employment.

Poor awareness about the symptoms of psychiatric disorders, myths, and stigma related to it, the lack of knowledge of treatment availability and benefits from treatment compound the problems. Promoting positive mental health among adolescents can nip some of these problems in the bud itself. For adolescents who already have mental health disorders, screening, early

intervention, and treatment can help lessen the impact of the disease on their lives.

Therefore, this study aimed to assess the prevalence of psychosocial problems and socio-demographic and behavioural determinants of school going adolescent girls in urban area.

### **Review of Literature**

Elian Fink et al., (2015) conducted a comparison of two cross-sectional samples of adolescents to examine the changes in mental health difficulties in adolescence between 2009 and 2014 in England. IT was found that notable exceptions were a significant increase in emotional problems in girls and a decrease in total difficulties in boys in 2014 compared to 2009.

Bista et al., (2016) conducted a cross sectional study to assess the prevalence of psychosocial dysfunction and its association with family related factors among 787 Nepal adolescent students. The results showed that 17.03% suffered with psychosocial dysfunction. Frequency of family dispute was significantly associated with psychosocial dysfunction (OR=13.24; 95% CI: 2.27-17.23).

NafisFaizi et al., (2016) conducted a cross sectional analytical study to estimate the prevalence of psychological morbidity among 1456 school going adolescents of Aligarh. The results showed that the prevalence of psychological morbidity was found to be 9.75%. The prevalence of emotional, conduct, hyperactivity, peer and pro-social problems was 5.42%, 5.56%, 3.78%, 4.40% and 4.26% respectively.

Eman T. Aslaman et al., (2017) conducted a cross sectional descriptive study to estimate the prevalence of mood and anxiety disorders among 1103 adolescent students in Jordan. The prevalence of any mental disorders was 28.6%, mood and anxiety disorders was 22.4% and 16.3% respectively. Significant associations were found between mental disorders and female gender (OR=2.4; 95% CI: 1.77-3.25,  $P < 0.0001$ ) or mental health status of parents (OR=4.67; 95% CI: 2.85-7.65,  $P < 0.0001$ ).

Kuiper et al., (2018) conducted a school based cross sectional study of 96,617 adolescents in Dutch, to examine the association between

physical exercise and psychosocial problems. Adolescents who are inactive had 12% more psychosocial problems, more emotional problems and more peer problems ( $p < 0.001$ ).

Nabeel Al-Yateem et al., (2019) conducted a population based cross sectional study in United Arab Emirates to study the prevalence of anxiety disorders in 968 adolescents. The overall prevalence of anxiety disorders was 28% and significantly higher in girls (33.6%) than boys (17.2%) ( $p < 0.0001$ ). There is high prevalence among those from middle and low economic backgrounds than high economic backgrounds ( $p < 0.05$ ).

Reza Dastjerdi et al., (2019) conducted a cross sectional descriptive correlation study to evaluate the prevalence of psychiatric disorders among 1029 children and adolescents in Iran. The prevalence rates for separation anxiety, obsessive compulsive disorders, oppositional defiant disorder, depression, attention deficit hyperactivity disorders, agoraphobia and social phobia were 5.2%, 3.5%, 2.4%, 1.6%, 1.6%, 1.0% and 0.8% respectively.

Zouini B et al., (2019) conducted a study in Morocco, to describe the mental health profile of 375 high school adolescents. The results showed that female adolescents, those from urban region had memory problems, concentration difficulties, fear, and inadequacy during interpersonal interactions ( $p < 0.001$ ). The adolescents reporting parental alcohol use problems and experience of physical or psychological abuse showed significantly higher levels of psychological distress ( $p=0.02$ ), especially symptoms of somatisation ( $p < 0.001$ ), hostility ( $p=0,005$ ) and anxiety ( $p=0.01$ ).

Jayu Li et al., (2020) conducted a cross sectional study to investigate the mental health status and associated school interpersonal relationships among 10,131 adolescents in China. The results showed that 36% reported positive for mental health problems. The most dimensional symptom was obsessive-compulsive (43.3%) followed by interpersonal sensitivity (35.7%) and hostility (32.1%).

### **Objectives**

- \* To assess the prevalence of psychosocial dysfunction among the school going urban adolescent girls.
- \* To know the risk factors for psychosocial problems in school going urban adolescent girls.
- \* To identify the preventive strategies followed by urban school going adolescent girls towards psychosocial problems.

## Methodology

The study was descriptive in nature. A sample of 50 urban school going adolescent girls were selected by convenient sampling technique. The sample was assessed based on socio demographic data and prevalence of psychosocial dysfunction was identified by using Youth-report of Paediatric Symptom Checklist (Y-PSC). The Y-PSC consisted 35 items with four dimensions; somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. Each item rated as “never, sometimes, often present” and scored “0, 1, and 2” respectively with a possible range of scores from 0 to 70. The total score is re-coded into a dichotomous variable with cut-off score of 30, indicating presence of psychosocial dysfunction or not.

## Results and Discussion

The results of the study were discussed as follows:

*Table: 1 Frequency and percentage distribution of respondents regarding socio demographic variables*

Variable	Frequency	Percentage
<b>Age in years</b>		
* 12 - 14	14	28
* 15 - 17	36	72
<b>Education</b>		
* 8 <sup>th</sup> Standard	8	16
* 9 <sup>th</sup> Standard	6	12
* 10 <sup>th</sup> Standard	7	14
* Intermediate	29	58
<b>Type of the family</b>		
* Nuclear	12	24
* Joint	38	76
<b>Education of Mother</b>		
* Illiteracy	6	12
* Primary	13	26
* Secondary	17	34

* Intermediate & above	14	28
<b>Education of Father.</b>		
* Illiteracy	8	16
* Primary	7	14
* Secondary	13	26
* Intermediate & above	22	44
<b>Maternal Occupational status.</b>		
* Working	38	76
* Non-working	12	24
<b>Parental Occupational status</b>		
* Working	50	100
* Non-working	-	-
<b>Type of Educational Institution</b>		
* Public	3	6
* Private	47	94
<b>Medium of Education</b>		
* Regional	3	6
* English	47	94

Table: 1 shows the frequency and percentage distribution of respondents based on their socio-demographic variables. Majority of the respondents 72% belonged to 15-17 years age group, followed by 58% studying intermediate, 76% belonged to nuclear family, 34% mothers had secondary education, 44% fathers had intermediate and above education, 76% mothers and all 100% fathers had any type of working status, 94% of the respondents were from private and English medium schools.

*Fig: 1 Percentage Distribution of adolescent girls regarding overall prevalence of psychosocial dysfunction*

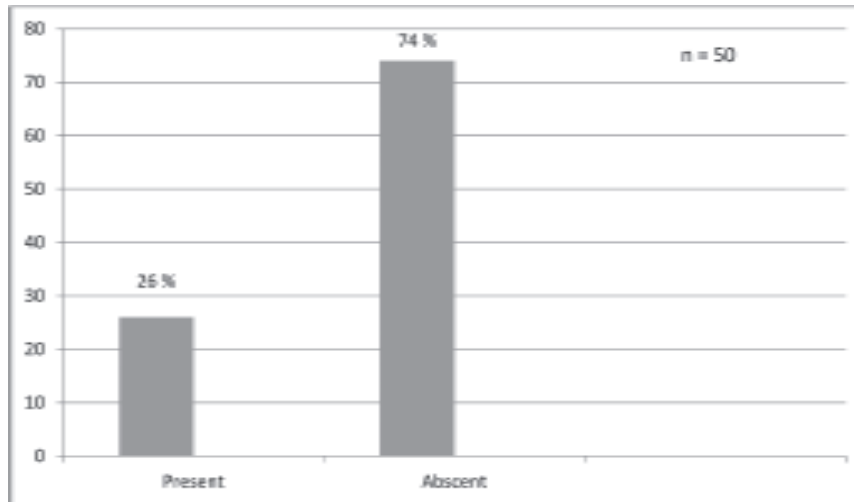


Fig: 1 shows the percentage distribution of respondents regarding the overall prevalence of psychosocial dysfunction. It was found that 26% of the sample had positive score for presence of the psychosocial problems.

*Table: 2 Age wise Frequency and Percentage Distribution of Respondents regarding the prevalence of psychosocial dysfunction*

Age in Years	Frequency	Frequency of Prevalence	Percentage
12 - 14	14	2	14.28
15 - 17	36	11	30.55

Table: 2 show the age-wise frequency and percentage distribution of respondents regarding the prevalence of psychosocial dysfunction. It was found that the prevalence was more (30.55%) among 15-17 years aged sample than 12-14 years age (14.28%).



*Fig: 2 Percentage Distribution of respondents regarding the risk factors for psychosocial problems*

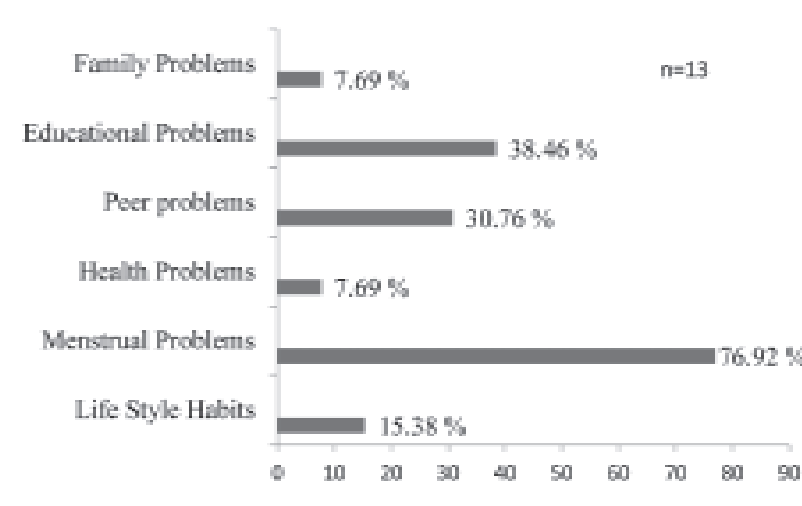


Fig: 2 show the percentage distribution of sample regarding the risk factors for psychosocial dysfunction. It was found that 76.92%, 38.46%, 30.76%, 15.38% and 7.69% respondents had the risk factors in the areas of menstruation, education, peer, life style habits, family and health respectively.

*Table: 3 Age wise Frequency and percentage distribution of respondents regarding the preventive strategies towards psychosocial problems*

Strategies	12 - 14 years ( n=14)		15 - 17 years (n=36)	
	N	%	n	%
Share with parents	11	78.57	13	36.11
Share with peers	8	57.14	29	80.55
Share with teachers	6	42.85	7	19.44
Engage in other activities	9	64.28	9	25.00

Table: 3 shows age wise frequency and percentage distribution of respondents regarding the preventive strategies followed towards psychosocial problems. It was found that most of the 12-14 years aged respondents

(78.57%) share with parents followed by 64.28% engaged in other activities, 57.14% shared with peers and 42.85% with teachers. Among 15-17 years aged respondents, 80.55% shared with peers, followed by 36.11% with parents, 25% engaged in other activities and 19.44% shared with teachers.

### **Conclusion**

Adolescence is a unique and formative time. Multiple physical, emotional and social changes, including exposure to poverty, abuse or violence can make adolescents vulnerable to psychosocial problems. Promoting psycho social well-being and protecting adolescents from adverse experiences and risk factors that may impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood. Hence there is a need to urgent interventions to tackle the risk factors of psychosocial problems among this vulnerable age group and promote psychosocial well-being.

### **References**

1. Bista et al., (2016) "Psychosocial problems among students of Nepal", *Frontiers in Public Health*; 4: 1-7.
2. Danielle E.M.C. Jansen et al., (2013) "Need for mental health care in adolescents and its determinants; *European Journal of Public Health*; 23(2):236-241.
3. Eman T Aslaman et al., (2017) "Mood and Anxiety disorders among adolescent students in Jordan; *EMHS*; 23(9): 604-610.
4. Elian Fink et al., (2015) "Mental health difficulties in early adolescence"; *Journal of Adolescent Health*; 56: 502-507.
5. Guttman et al., (2019) "Mental health problems of children and adolescents; *Child Adolesc Psychiatry Mental Health*; 13:35.
6. Jayu Li et al., (2020) "Mental health problems and associated school interpersonal relationships among adolescents in China; *Child Adolesc Psychiatry Mental Health*"; 14 (12): 1-10.
7. Kuiper et al., (2018) "Association between physical exercise and psychosocial problems in Dutch adolescents; *Evr J Public Health*; 28(3):468-473.
8. Nabeel Al-Yateem et al., (2019)" Prevalence of anxiety disorders in adolescence", *BMC Paediatrics*; DOI: 10.21203/rs.2.17690/v1.

9. NafisFaiziet al.,(2016) “Assessment of psychological problems in school going adolescents of Aligarh, Ind. Psychiatry J; 25 (2):184-188.
10. Reza Dastjerdi et al., (2019) “The prevalence of psychiatric disorders among children and adolescents in Iran; Modern Care Journal; 16 (2): e90937.
11. Zouini B et al., (2019),” Mental Health profile and its relation with parental alcohol use problems”, Ann Gen Psychiatry; 19: 18-27.