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Psychological and social problems in school adolescents of urban area of Aligarh district of Uttar Pradesh

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Abstract

Adolescence has been identified as a period in which young people develop thinking abilities, become more aware of their sexuality, develop a clearer sense of psychological identity and increase their independence from parents. Adolescence is a period of immense psychological, social changes and challenges. The proportion of different psychological and social problems as perceived among adolescents and to find the psychological and social problems, sexual orientation, drug abuse and physical problems among them. This was a community-based mixed method study conducted in schools situated in the field practice area of different type of School of urban area of Aligarh District of Uttar Pradesh. The Study population consisted of high and higher secondary school adolescents of class 10th to 12th including those who were present on the day of study. The study was undertaken from the month of August 2015 to October 2015 for a period of three months. The mean age of all the respondents was 16 year which ranging from 15 to 17 years. Most of the adolescent males perceived stress followed by depression to be the major mental problems their routine life, while the females faced loneliness followed by anxiety as major psychological problem. The adolescents prefer education (29.81%) as their first priority followed by making career (29.62%) ranked as two. The male respondents admitted body built (38.71%) and beard problems (30.97%) major physical and sexual concern. The Female respondents admitted body built and breast size to be major physical and sexual concern. The various challenges faced by the adolescents include peer pressure (41.18%) which appeared to be the top most challenges faced by them. Among the adolescents, conflicted relationship with parents and generation gap were the biggest reason for problems in their family.

Keywords: Psychological, social problems, mental health, perceived stress, school adolescents

Introduction

World Health Organization (WHO) defines adolescence as the period of life between the ages of 10 to 19 years. It has been identified as a period in which young people develop thinking abilities, become more aware of their sexuality, develop a clearer sense of psychological identity and increase their independence from parents. Adolescence is a period of immense psychological, social changes and challenges ^[1]. The adolescent struggles to develop his individuality while still confirming to societal norms and faces a number of challenges with regards to their physical growth, emotional- psychological need, sexual and reproductive health. In India adolescents (10-19 years) constitute 21.8% (about 243 million) of the population, comprising one fifth of the total population. The psychological problems include both the under-controlled, externalizing problems such as conduct disorders, educational difficulties, substance abuse, and hyperactivity ^[2]. Many adolescents today have these problems and are getting into trouble.

Multiple behaviors and conditions often coexist in the same individual adding a cumulative risk for their poor health. Nowadays, because of rapid urbanization majority of parents are employed and live in unitary setup, so unavoidably they get less time to look after their children. Under these circumstances, psychological problems are on the rise. Many epidemiological surveys on school-going children and adolescents have reported a wide variation (20-33%) in the prevalence of psychological and social problems ^[3]. Individual studies illustrated the prevalence of psychological problems ranging between 10 and 40% ^[4, 5]. Healthy adulthood depends upon successful resolution of these emotional and behavioral problems. The psychological and social problems in adolescents are a matter of concern as the

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Consequences can seriously impair their ability to become useful. Their psychological wellbeing is the responsibility of all including parents, teachers, health workers and policy makers. In view of the present investigation and personal experience, the researcher felt the need to conduct this study in order to assess the psychological and social problems which will help in early detection of psychological and social problems among adolescents. This study was planned with the aim to explore the psychological and social problems among school going children by assessing their priority in life, their physical and sexual problems, challenges faced by them and various family problems among adolescents. The research finding will help in determining the burden of psychological and social problems that are useful in early diagnosis and management. Recently the creativity of the adolescents in relation to the parental pressure^[6] and academic achievement of the adolescents in relation to parental pressure^[7] was carried out on the study of academic interest for achievements in school adolescents.

Materials and Methods

This investigation was a community based mixed method conducted in School situated in the field practice area of different types of School and Colleges of urban area of Aligarh District of Uttar Pradesh. This was an open ended questionnaire and key notes based assessment. Keeping in mind age, behavior and privacy of adolescents, the contents for the questionnaire key notes were identified and designed after a series of brain storming session among investigators and assessing content was further refined by known clinicians and public health experts.

Study area:

The study population consisted of high and higher secondary school children of different School and Colleges of urban area of Aligarh District of Uttar Pradesh. Study was undertaken from the month of August 2015 to October 2015 for a period of three months. All students of class 10th, 11th and 12th included who were present on the days of study. Those who were absent on the day of visit and all those not willing to participate in the study.

Sample size and technique:

Two Government Schools and two Private Schools from urban area of Aligarh District of Uttar Pradesh were randomly selected and enrolled for the study. Each standard is further divided into sections depending on the number of students. Two to three sections were randomly selected in all standards on the basis of number of students. The total population of the adolescents (10-19 years) for selected school was 620 out of which a sample of 525 was selected using convenient sampling.

Data collection and procedure

Due clearance was obtained and after taking permission from the school authority, the class teachers were explained the purpose of the study and report was built up with students and verbal consent was obtained from them. Briefing was done to the students regarding the questionnaire provided to them. Care was taken to ensure privacy and confidentiality. The participants were made comfortable by maintaining anonymity in the content administered to them. At the end of the study, all their queries were answered satisfactorily and the students dealing with trouble were helped and guided by the research workers. Data were entered into MS excel and analysis was done with the help of Epi-Info-7 software. The

procedures involved were preliminary data inspection, content analysis, interpretation. Frequency and percentage were calculated.

Results and Discussion

Most of the adolescents were males (8.49%) and mean age of all the respondents was 16 year and ranging from 15th to 17th years. The adolescents prefer education (29.81%) as their first priority followed by making career (29.62%) ranked as two and making friends (26.61%) ranked three, which shows positive attitude towards life. love, sex and making friends ranked very low as the priority amongst them. Most of the adolescent males perceived stress followed by depression to be the major mental problem in their routine life, while the females faced loneliness followed by anxiety as major psychological problem. The male respondents admitted body built (38.71%) and beard problems (30.97%) followed by spontaneous erection and nocturnal emission to be their major physical and sexual concern. The female respondents admitted body built and breast size followed by hip size and vaginal discharge to be their major physical and sexual concern.

The various challenges faced by the adolescents include peer pressure (41.18%) which appeared to be the top most challenge faced by them followed by delayed puberty 24.34% which was a second major concern amongst them. Challenge related to obesity and underweight, various addictions was also considered as other priority. Among the adolescents conflicted relationship with parents and generation gap were the biggest reason for problems in their family.

Although adolescence is generally considered healthy time of life, several important public health and social behaviors and problems either start or peak during these years. Developmental transition of young people makes them vulnerable particularly to environmental contextual or surrounding influences^[8]. In the current study, we found that the family and community was still influential for education and career choice among adolescents, 29.81% of them make choice for higher education and 29.62% for making good career. In our study, most of them were not certain of their future goals and the career choice that adolescents make a decision that is influenced not only by their development but also by the context in which they live^[9]. This finding points to the importance of extending career educational efforts beyond adolescents to the family and community. Approximately 20% of the adolescents have some type of psychological and social problems that impair their ability to function^[10-12]. In our study of 525 adolescents female adolescents had experience loneliness and depression more as compare to males our study supports the results found in other surveys^[13, 14]. In our study, 2.07% females and 1.7% males expressed suicidal ideation which are in agreement to other Indian studies^[15, 16]. The cause for this may be attributed to emotional, lacking, failure in examination, social deprivation rising expectation and responsibilities that may create pressures leading to suicidal ideation in School adolescents. The outward manifestations of physical maturity in both boys and girls are areas of serious concern. In our present study 96% males and 84% females are in a state of limited awareness to their physical and sexual knowledge. Disturbances of body image are less seen in males than females. Adolescents can experience many concerns or worries about growth and puberty^[17]. They rarely consult a physician and during a medical visit for other conditions and they do not always feel comfortable bringing up these issues.

They need support of proper counseling and sex education [18]. The attitudes towards smoking, alcohols used, watching porn and involving in premarital sex appear to be favorable among the majority. However, more than 60% of adolescents were of the perception that these things could be stopped at any time if the person wants, indicating their unawareness of the addictive and anti-social nature of these activities, similar findings are observed in other studies [19]. In our present study findings the most of adolescents (41.12%) were under peer pressure and curiosity which are in agreement with other studies [20]. Our results found a significant parents, adolescent disagreement in terms of conflicted relationship with parents (35%), generation gap (31%) in idealization and broken family (19%) which affect adolescents social and psychological development, similar findings are seen in other studies [21].

Conclusions

The study includes that the psychological and social problems in adolescents are common. As per modern concepts, school health service is an economical and powerful means of raising health awareness in terms of promoting and emotional learning that should be based on concept of orientation towards family. It should be practices that increase positive engagement in learning at school and that enhance personal responsibility, integrity, self-regulation, a work ethic, diverse talents and positive feeling about self and others. A need for social redefinition is must for these; one of the most stereotyped groups in society, adolescents bear the pressure of scores in the examination societal pressure or pressure of modernization to compete with others and because of these pressures their psychological deterioration occurs. We have to tell these adolescents that life is beautiful and it is all right to fail or delay but not correct to give up. We will always have plenty of chances and opportunities to perform well and to prove our potential but we have one gifted life for it. As parents, teachers and responsible adults it is our duty to become the support of our children. It is our responsibility to make them believe that they are much more than just an underscore mark sheet. They should be loved and respected for who they are and they play their role in society. Tell them that there would be innumerable, problems or exams in life in the form of studies, relations, career and so on. We will fail in some and pass in the others but that should only help us in learning new lessons.

References

1. Due P, Holstien BE, Lynch J. Bullying and symptoms among school aged children: international comparative cross sectional study in 28 countries. *The European Journal of Public Health*. 2005; 15:128-132.
2. Murray R. *The Essentials of postgraduate psychiatry*. Cambridge University Press, 1997.
3. Gaur A, Vohra AK, Subash S. Prevalence of psychiatric morbidity among 6 to 14 yrs old children. *Indian J Community Med*. 2003; 28:133-137.
4. Jellinek MS, Murphy JM, Robinson J. Pediatric symptom checklist: Screening school-age children for psychosocial dysfunction. *J Pediatr*. 1988; 112:201-219.
5. Gupta SC, Dabral SB, Nandan D. Psychological behavioral problems in urban primary school children. *Indian J Commun Health*. 1997; 9:18-21.
6. Gautam Mridula, Creativity of the Adolescents in relation to parental pressure, *Annals of Education*. 2016; 2(4):40-43.
7. Gautam Mridula, Vineeta, Academics Achievement of the adolescents in relation to parental pressure, *Asian Journal of Educational Research and Technology*. 2017; 7(1):41-44.
8. Mulye TP, Park MJ, Nelson CD. Trends in adolescents and young adult health in the united states, *J Adolesc Health*. 2009; 45:08-24.
9. Chen CP. Career Projection: Narrative in context, *Journal of Vocational Behavior*. 1997; 54:279-295.
10. Srinath S, Girimaji SC, Gururaj G. Epidemiological study of child and adolescents psychiatric disorders in urban & rural areas of Bangalore, India. *Indian J Med Res*. 2005; 122:67-79.
11. Malhotra S, Kohli A, Kapoor M. Incidence of childhood psychiatric disorders in India. *Indian J Psychiatry*. 2009; 51:101-117.
12. Ahmad A, Khalique N, Khan Z. Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med*. 2007; 32:291-294.
13. Nair MKC, Paul MK, John R. Prevalence of depression among adolescents. *Indian J Pediatr*. 2004; 71:523-524.
14. Greene JW, Walker LS. Psychosomatic Problems and stress in adolescent, *Pediatr. Clin. North. Am*. 1997; 44:1557-1572.
15. Sharma R, Grover VL, Chaturvedi S. Suicidal behavior amongst adolescent students in South Delhi, *Indian J Psychiatry*. 2008; 50(1):30-33.
16. Lalwani S, Sharma G, Kabra SK. Suicide among children and adolescents in South Delhi (1991-2000). *Indian J Pediatr*. 2004; 71:701-703.
17. Goldstein MA, Male puberty physical, psychological and emotional issues. *Adolsec Med*. 2003; 14:541-553.
18. Ismail S, Shajahan A, Sathyanarayan, Rao TS, Adolescents sex education in India: current perspective. *Indian J Psychiatry*. 2015; 57(4):333-337.
19. Wiils TA, Sandy JM, Yaeger AM. Coping Dimensions, Life stress and adolescents substance use: A Latent growth analysis *J Abnorm Psychol*. 2001; 110:309-323.
20. Sarangi L, Acharya HP, Panigrahi OP. Substance abuse among adolescents in urban slims of Sambalpur, *Indian J Community Med*. 2008; 33:265-267.
21. Verhulst FC, Vander Ende J. Agreement between parents reports and adolescents self-reports of problems behavior. *J Child Psychol Psychiatry*. 1992; 33:1011-1023.