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Mental health of adolescents in displaced and nondisplaced villages

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Abstract

The present study is an attempt to study the mental health of adolescents living in a displaced village and compare with the mental health of adolescents living in a nondisplaced village. Two hundred and forty-two children in the age group of 13 to 16 years age group studying 8th, 9th and 10th standards constituted the sample. Among the total sample 113 adolescents are from displaced village and 129 adolescents are from nondisplaced village. Mental health inventory is used for data collection. Adolescents of displaced and nondisplaced villages did not differ in any of the components of mental health, except in 'adequate outlook and goals'. Adolescents of a displaced village had lesser adequate outlook and goals compared to their counterparts in a nondisplaced village. Boys of the displaced village scored significantly lower on adequate outlook and goals one of the asset component, and nervous manifestations one of the liabilities component when compared to boys of nondisplaced village. Girls of displaced and nondisplaced villages did not differ in any of the components of mental health except feelings of inadequacy. Girls of displaced village scored significantly lower on feelings of inadequacy when compared to girls of nondisplaced village indicating the occurrence of this liability more in girls of displaced village.

Keywords: Adolescents, displacement, displaced village, nondisplaced village, mental health

Introduction

Development-induced displacement is forcible migration of population from their native village and resettling them in another place for the purpose of setting up of industries or for infrastructure development. The displacement related experiences which include pre displacement, displacement and post displacement create a range of socio psychological challenges and threats to the project displaced families. This effect is mainly regarding decreased employability, less income and high debts due to displacement from the native villages where they were assured of a secured agri based livelihood. Apart from losing their means of livelihoods, they also lost their houses, natural habitat and cultural setting which will create an everlasting influence on their minds.

"While parents struggle with meeting the basic family needs, children are confronted with negotiating a new school environment and integrating into new peer networks. Children and adolescents struggling with identity formation may experience psychological difficulties in the context of dual cultural membership" (Phinney, 1990) [6].

The different factors of displacement might influence all the members, both elders and children of the family. But the growing adolescents are more vulnerable to these changes as adolescence is an age of rapid growth and characterised by developmental challenges. As adolescents seek new experiences, they are likely to be exposed to various potentially problematic or dangerous influences. Appropriate support and guidance are very much needed by the adolescents from parents as well as society. Occurrence of mental health issues is also common in adolescent period.

Objectives

1. To compare the mental health of adolescents of a displaced village with adolescents of a nondisplaced village.
2. To compare the mental health of adolescent boys of a displaced village with adolescent boys of a nondisplaced village.

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- To compare the mental health of adolescent girls of a displaced village with adolescent girls of a nondisplaced village.

Method

Sample

The study is carried out in R&R Colony (displaced village) and Konapapapeta village (nondisplaced village) of U. Kothapalli Mandal of East Godavari district. The sample taken are in the age group of 13 to 16 years studying 8th, 9th and 10th standards in government high schools. The sample comprised of 242 adolescents 113 from displaced village and 129 from nondisplaced village.

Tools

- General questionnaire is used to gather information regarding personal profile of the sample.
- Mental health inventory (Manjuvani, 2000) [8]

Data collection

The principals of selected coeducational government schools

were contacted, and permission was taken for data collection. The mental health inventory is administered on 8th, 9th and 10th class students. Necessary instructions were given regarding the answering of the test items. Scoring was done according to the instructions given in the manual. The data obtained is statistically analysed using X² test and ‘t’ test.

Results and Discussion

Association between the type of village and level of mental health of adolescents

Mental health has been reported as an important factor influencing individual’s various behaviours, activities, happiness and performance. Developmental transition of young people makes them vulnerable to environmental, contextual or surrounding influences. Environmental factors, including family, peer group, school, neighborhood and policies can both support or challenge young people's health and well-being. Table 1 shows the association between the type of village of the adolescents and their level of mental health.

Table 1: Association between the Type of Village and Level of Mental Health

Level of Mental Health	Displaced Village		Nondisplaced Village		X ²
	No.	%	No.	%	
High	18	15.93	34	26.36	6.298*
Average	75	66.37	83	64.34	
Low	20	17.70	12	9.30	

*Significant at 0.05 level

In a nondisplaced village, around 27% of adolescents have a high level of mental health, 64% have an average level of mental health and only 9 % of adolescents have a low level of mental health. In contrast, only 16% of adolescents in displaced village are having a high level of mental health, 66% of them are having average level of mental health and only 18% of them are having a low level of mental health. As the obtained X² value is 6.298 which is more than the table value at 0.05, the result is significant and there is an association between the type of village and level of mental health. The results indicate that more percentage of adolescents of displaced village are having low level of mental health than the adolescents of nondisplaced village.

Comparison of mean scores of adolescents of displaced village and nondisplaced village on components of mental health

Mental health is a crucial psychological factor with respect to human behavior. Adolescent mental health is a very important but rather neglected topic globally. It is important as young people represent the largest part of the global population (half is under the age of 25) and most mental health problems begin during adolescence and continue into adulthood (WHO, 2007). Table 2 shows the mean scores of adolescents of displaced village and nondisplaced village on components of mental health.

Table 2: Mean and SD scores of Adolescents of Displaced village and nondisplaced village on Components of Mental Health

Components	Displaced Village		Nondisplaced Village		t value
	Mean	SD	Mean	SD	
Close Personal Relations	5.64	2.44	6.05	1.39	1.58@
Interpersonal Skills	3.97	1.76	3.90	1.64	0.31@
Social Participation	6.93	1.64	7.07	1.41	0.70@
Satisfying Work and Recreation	3.40	1.63	3.30	1.43	0.52@
Adequate Outlook and Goals	7.42	1.52	7.79	1.25	2.04*
Assets	27.35	3.77	28.14	2.97	1.82@
Behaviour Immaturity	3.48	1.69	3.58	1.35	0.51@
Emotional Instability	6.78	1.33	7.00	1.51	1.20@
Feelings of Inadequacy	4.96	1.60	4.70	1.66	1.23@
Physical Defects	5.79	1.68	5.53	1.46	1.27@
Nervous Manifestations	4.46	1.83	4.86	1.81	1.69@
Liabilities	25.5	3.33	25.7	3.29	0.47@
Mental Health	26.42	3.66	26.92	3.36	1.48@

Table 2 shows the mean mental health scores of adolescents of displaced village and nondisplaced village. It can be seen from table 2 that adolescents of displaced village and nondisplaced village did not differ significantly on 4 components of assets namely close personal relations,

interpersonal skills, social participation and satisfying work & recreation. Whereas adolescents of nondisplaced village scored significantly higher on adequate outlook and goals compared to their peers in displaced village. The first component of assets dimension is close personal

relations. Close personal relations are needed for a feeling of security and development of identity during adolescence. There is no significant difference found between the two types of villages in this component.

The second component is the interpersonal skills. Interpersonal skills are the skills required for dealing effectively with the wider society with fairness, sportsmanship, tactfulness, helpfulness, diplomacy and loyalty. It is evident from the above table that adolescents of nondisplaced village and displaced village did not differ significantly on interpersonal skills. The effect of displacement on the ousted community as studied by Paul and Norvy (2011) [3], suggested contrasting observations. Their study indicated that the interpersonal ties, neighbourhood relationships, family bonds, and associational life had undergone changes as compared to pre-displacement life.

The next component in assets dimension is social participation. The participation of a person in various activities in a society like sharing group responsibilities and enjoying mutual entertainment and joint hobbies. No significant difference is seen between the displaced village and nondisplaced village adolescents regarding their social participation.

Satisfying work and recreation is the fourth component of assets dimension. Active participation in recreational, educational and vocational activities results in self-satisfaction and helps in improving self-image. It can be observed from table 2 that there is no significant difference between the scores of this component among the adolescents of two villages.

The fifth component of assets dimension is adequate outlook and goals. Table 2 clearly indicates the adolescents of displaced village scored significantly lower on adequate outlook and goals component when compared to the adolescents of nondisplaced village. Similar observations were done by George and Priya (2013) [2], study that displacement causes decreased employability and more

financial difficulties to parents which will result in less attention given to the adolescent children. All these factors lead to stress, low scholastic performance and less orientation to goals in children.

The first component on liabilities dimension is behaviour immaturity. This component can be explained as unacceptable or socially disapproved behaviour for chronological age and social maturity. Mean scores of displaced village and nondisplaced village adolescents showed no significant difference in this component.

Emotional instability is the presence of non-adaptive behaviour, extreme mood swings, over sensitivity and unusual fears. The mean scores of adolescents showed no significant difference between the two types of villages.

Feelings of inadequacy is the third component of the liabilities dimension of mental health. Feeling of inferiority and insufficient recognition, lack of courage and failure to cope with daily problems are the items that are covered under this component. The adolescents of both the villages have no significant difference in their scores on this component.

The fourth component of liabilities dimension is physical defects. Adolescence is the age when they become conscious of their physical appearance. This component is characterised by oversensitivity to one's own physical peculiarities and handicaps. The mean score of displaced villages did not differ significantly with the mean score of nondisplaced villages in this component.

The fifth component is nervous manifestation which is symptomatic of underlying emotional stress. These nervous manifestations can be identified by sleep disturbances, nail-biting, dizziness, muscular tenseness and other allied conditions. In the present study, there is no significant difference found between the adolescents of two villages.

Comparison of Mean Scores of Adolescent Boys of Displaced village and nondisplaced village on Components of Mental Health

Table 3: Mean and SD scores of Adolescent Boys of Displaced village and nondisplaced village on Components of Mental Health

Components	Displaced Village		Nondisplaced Village		t value
	Mean	SD	Mean	SD	
Close Personal Relations	5.53	1.65	5.92	1.28	1.30@
Interpersonal Skills	4.23	1.84	4.18	1.71	0.13@
Social Participation	7.2	1.67	7.15	1.55	0.16@
Satisfying Work & Recreation	3.76	1.65	3.38	1.35	1.26@
Adequate Outlook and Goals	7.09	1.66	7.84	0.99	2.68**
Assets	27.81	4.59	28.46	3.10	0.83@
Behaviour Immaturity	3.62	1.77	3.52	1.20	0.32@
Emotional Instability	6.67	1.37	6.77	1.58	0.36@
Feelings of Inadequacy	5.067	1.56	5.15	1.59	0.26@
Physical Defects	5.82	1.56	5.57	1.60	0.80@
Nervous Manifestations	4.44	1.67	5.18	1.66	2.24*
Liabilities	25.62	1.62	26.20	2.91	1.29@
Mental Health	81.04	10.16	83.11	7.22	1.17@

@ No significant difference

*Significant at 0.05 level

**Significant at 0.01 level

The factors affecting adolescent mental health varies between boys and girls. Adolescent boys are more vulnerable to outside influences like their peer pressures, social conformities and expectations and their broader communities. Research indicates that boys are prone to mental health problems like behaviour problems, anxiety and substance usage whereas girls are prone to loneliness, depression and suicidal tendencies. Table 3 shows the comparison of mean

scores of adolescent boys of displaced village and nondisplaced village on components of mental health.

As seen from table 3, no significant difference found between boys of displaced village and nondisplaced village on all components of assets dimension except adequate outlook and goals. Possession of positive and constructive attitudes in developing personal range of plans and goals is one of the important components of the mental health that need to be

developed during adolescent period, which will ensure optimum development and achievement in their career. The adolescents of displaced might have received less orientation from their parents, as they are continuously under stress and uncertainty about their livelihoods. They have limited opportunity to support their adolescent children to overcome their psychological crisis generally faced during this period. Adequate outlook and goals component scores of adolescent boys of displaced village are significantly lower than the scores of their peers of nondisplaced village.

Among liabilities component also significant difference between boys of displaced village and nondisplaced village is observed in nervous manifestations. Nervous manifestation is the behaviour which is symptomatic of underlying emotional stresses. The boys of displaced village showed significantly lower scores when compared to the boys of nondisplaced village in nervous manifestations component. The result is significant at 0.05 level of significance. This indicates the occurrence of nervous manifestations is more in boys of displaced village when compared to the boys of nondisplaced

village. Vardiwale (2007) [5] study findings also suggest that displacement leads to some pathological outcomes like tension, anxiety, helplessness, depression and physical effects such as insomnia, headache, decreased appetite which are likely to add to difficulties of psychological adjustment.

Comparison of Mean Scores of Adolescent Girls of Displaced village and nondisplaced village on Components of Mental Health

Researches show that family and home environment play a major role in adolescence's general wellbeing. If the conditions at home are congenial, then their mental health is high. A secured emotional base is essential for the positive development of young girls. When the family members understand their members of the family girls appropriately and offer support their positive mental health will improve. Lavanya Kumari (2012) study also indicates the influence of home and community is more in girls than in boys. Table 4 shows the mean and SD scores of girls of displaced village and nondisplaced village on dimensions of mental health.

Table 4: Mean and SD Scores of Adolescent Girls of Displaced village and nondisplaced village on Components of Mental Health

Component	Displaced Village		Nondisplaced Village		t value
	Mean	SD	Mean	SD	
Close Personal Relations	5.72	1.51	6.19	1.51	1.81@
Interpersonal Skills	3.79	1.76	3.65	1.56	0.52@
Social Participation	6.76	1.62	7.04	1.30	1.11@
Satisfying Work & Recreation	3.18	1.60	3.25	1.48	0.28@
Adequate Outlook and Goals	7.65	1.41	7.75	1.43	0.42@
Assets	27.10	3.12	27.88	2.83	1.53@
Behaviour Immaturity	3.40	1.66	3.63	1.48	0.87@
Emotional Instability	6.87	1.33	7.24	1.45	1.54@
Feelings of Inadequacy	4.28	1.64	4.90	1.66	2.18*
Physical defects	5.78	1.79	5.49	1.35	1.08@
Nervous Manifestations	4.49	1.97	4.56	1.92	0.22@
Liabilities	25.43	3.10	25.19	3.54	0.41@
Mental Health	79.63	7.55	80.96	7.06	1.06@

As seen from table 4, there is no significant difference observed in all the 5 components of assets between the girls of displaced village and nondisplaced village.

Among the liability component girls of displaced village and nondisplaced village did not differ significantly on behaviour immaturity, emotional instability, physical defects and nervous manifestations. However, a significant difference at 0.05 level is observed in feelings of inadequacy. Girls of displaced village scored lower than girls of nondisplaced village on this component. Lower score in liability component indicate higher occurrence of that liability. Feelings of inadequacy can be characterised by failure to cope adequately with everyday problems, tendencies to underrate oneself because of imagined weakness or inferiorities, feelings that insufficient recognition has been won, lack of courage and felt a need to excuse shortcomings.

Adolescent girls of both the villages are homogenous in their scores of assets and liabilities, except in one component that displaced village girls are having lower scores on feelings of inadequacy component when compared to nondisplaced village girls. Bhatia and Singhal (2011) [1]. Study also indicated that adolescent girls internalize problems, these problems may not be openly expressed but cause greater prevalence of psychiatric disorders.

Conclusion

The results of the present study indicate adolescents of displaced village have lesser adequate outlook & goals and

more nervous manifestations and feelings of inadequacy when compared to adolescents of nondisplaced village. The present results indicate the need to plan focussed interventions to improve the specific components of mental health of adolescents in a displaced village.

The organisations working with children and school authorities need to plan life skill development programs, personality development projects and education/career counselling initiatives etc. for the adolescent age group. A comprehensive rehabilitation approach can be ensured by taking the displacement with its multi-dimensional issues and stakeholders.

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