A Comparative Study on Psychosocial Problems of Adolescents between Selected Urban and Rural Schools at Udaipur

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Abstract

Background: Adolescence is a transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. Adolescents are facing multitude of problems throughout the world. Adolescents suffer from psychosocial problems at 1 time or the other during their development. Childhood behavioral disorders are the second leading cause of disease burden in young adolescents aged 10–14 years and the 11th leading cause among older adolescents aged 15–19 years.

Materials and Methods: The research approach adopted for the present study was descriptive survey approach used to assess the level of psychosocial problems of adolescents between selected urban and rural schools at Udaipur. Chi–square is used to find the association between the level of psychosocial problems score of the respondents and selected baseline variables.

Results: There was a significant association between the level of psychosocial problems score with selected baseline variables. In rural group such as age in year ($\chi^2 = 12.10$), family type ($\chi^2 = 13.13$), monthly family income ($\chi^2 = 8.42$), father educational status ($\chi^2 = 18.35$), father occupational status ($\chi^2 = 14.25$), mother occupational status ($\chi^2 = 17.14$), and living with ($\chi^2 = 9.15$) was significant at 0.05 level and there was no significant association between gender, mother educational status, birth order, and any previous history of head injury or mental problems at 0.05 level.

Conclusion: The focus of this study was to compare psychosocial problems of adolescents between selected urban or rural schools at Udaipur.

Keywords: Compartive study, Physological Problem, Adolescent

Introduction

Multiple factors determine mental health outcomes. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include a desire for greater autonomy, pressure to conform with peers, exploration of sexual identity, and increased access to and use of technology. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (including harsh parenting and bullying) and socioeconomic problems are recognized risks to mental health. Children and adolescents are especially vulnerable to sexual violence, which has a clear association with detrimental mental health. Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early and/or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.

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Adolescents with mental health conditions are, in turn, particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviors, physical ill-health, and human rights violations. From neurobiological perspective also adolescents can be viewed as "works in progress," with academic, interpersonal, and emotional challenges, and exploring new territories using their talents, and experimenting with social identities.[1] On one hand, it is a phase of tremendous growth in preparation of adults roles and skills to sustain pressures and challenges, whereas on the other, it is transition phase that can increase risk of various psychological disorders, adjustment problems, and suicide.[2] Positive and promotive mental health in this period ensures a smooth progress to later adult life.[3]

The WHO estimate shows that up to 20% of adolescent have one or more mental or behavioral problems. Adolescents are facing multitude of problems throughout the world. Adolescents suffer from psychosocial problems at 1 time or the other during their development. Psychiatric epidemiological studies from high income countries indicate that more than a quarter of children and adolescents meet lifetime criteria for a mental disorder and about 10% have distress or impairment that is severe to warrant intervention. Community studies on emotional/behavioral disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6–35.6%).[4] Perpetration of violence is a risk-taking behavior that can increase the likelihood of low educational attainment, injury, involvement with crime, or death. Interpersonal violence was ranked the second leading cause of death of older adolescent boys in 2016.[5] Adolescence is a period when rapid physiological changes and demands for new social roles take place. The adolescents, due to these changes, often face a number of crises and dilemmas. Emotional development is at peak and there is no emotional stability in general. It is a period demanding significant adjustment to the physical and social changes which distinguish childhood behavior from adult behavior.[6] According to the Population Reference Bureau 2013 data sheet; there are 1.8 billion youth (10–24 years) in the world and they form 25% of the world population. In India, there are 362 million youth, forming 28% of the national population.[7] Over the next decade, the number of adolescents will increase and by the year 2025, they will represent about 27% of the total population in developing countries.[8] The emotional problems have been relatively neglected compared to behavioral problems because these are not easy to be detected by the parents or teachers.[9] Worldwide, it is estimated that 10–20% of adolescents experience mental health conditions, yet the majority of times, it remains under diagnosed and undertreated. Signs of poor mental health are overlooked for several reasons, such as a lack of knowledge or awareness of mental health among health workers and also the stigma that prevent from seeking help.[10]

MATERIALS AND METHODS

In the present study, the descriptive and comparative research design was selected for the study.

Sample

In the present study, samples are adolescents (age 12–19 years) studying in 8th–12th standards in selected urban and rural school at Udaipur.

Sample size

In the present study, sample size comprise to 60 adolescents (30 from urban and 30 from rural school) studying in 8th–12th standards in selected school at Udaipur.

Sampling technique

In the present study, 60 adolescents (30 from urban and 30 from rural school) were selected by using non-probability purposive sampling technique from selected urban and rural school at Udaipur.

Tool

The self-administered knowledge questionnaire used in this study consists of two parts:

Part A: Baseline variables

It consists of selected baseline variables such as age in years, gender, family type, monthly family income, father educational status, mother educational status, father occupational status, mother occupational status, birth order, living with, and any previous history of head injury or mental problems. This section consists of 11 baseline variables.

Part B: Self-report scale on psychosocial problems of adolescents

Self-reported scale on psychosocial problems consisted of 60 statements with three options as "never," "sometimes," and "often." All the statements were negatively stated. The self-reported scale covered the following content areas:

RESULTS

The descriptive survey approach was adopted to compare psychosocial problems of adolescents between selected urban or rural schools at Udaipur. The findings organized and presented in four sections as shown:

- Section I: Description of baseline variables of adolescents of urban or rural school
- Section II: Assessment of level of psychosocial problems among adolescent of urban or rural school
- Section III: Comparison of psychosocial problem scores among adolescent of urban or rural school
- Section IV: Association between the psychosocial problem scores among adolescent of urban or rural school with their selected baseline variable
  - Part-A: Association between the psychosocial problem scores among adolescent of urban school with their selected baseline variable
  - Part-B: Association between the psychosocial

Table 1: Distribution of respondents by baseline variable (*n*=30)

S. No	Baseline variables	Urban group		Rural group	
		Frequency (30)	Percentage	Frequency (30)	Percentage
1	Age in years				
a	3–14 years	11	36.67	8	26.67
b	15–16 years	10	33.33	9	30.00
c	17 years or above	9	30.00	13	43.33
Total		30	100.00	30	100.00
2	Gender				
a	Male	14	46.67	19	63.33
b	Female	16	53.33	11	36.67
Total		30	100.00	30	100.00
3	Family type				
a	Nuclear	12	40.00	16	53.33
b	Joint and Extended	18	60.00	14	46.67
Total		30	100.00	30	100.00
4	Monthly family income				
a	<10,000 Rs/-	11	36.67	12	40.00
b	10,001–20,000 Rs/-	9	30.00	11	36.67
c	>20,001 Rs/-	10	33.33	7	23.33
Total		30	100.00	30	100.00
5	Father educational status				
a	Illiterate	9	30.00	7	23.33
b	Primary education	8	26.67	5	16.67
c	Sec. or Sr. Sec. education	6	20.00	8	26.67
d	Graduation and above	7	23.33	10	33.33
Total		30	100.00	30	100.00
6	Mother educational status				
a	Illiterate	10	33.33	5	16.67
b	Primary education	7	23.33	6	20.00
c	Sec. or sr. Sec. education	8	26.67	9	30.00
d	Graduation and above	5	16.67	10	33.33
Total		30	100.00	30	100.00
7	Father occupational status				
a	Unemployed	5	16.67	8	26.67
b	Daily wages	7	23.33	12	40.00
c	Agriculture	5	16.67	3	10.00
d	Professional	7	23.33	6	20.00
e	Unprofessional	1	3.33	1	3.33
f	Self-employed	5	16.67	0	0.00
Total		30	100.00	30	100.00
8	Mother occupational status				
a	Unemployed	4	13.33	7	23.33
b	Daily wages	9	30.00	4	13.33
c	Agriculture	5	16.67	5	16.67
d	Professional	5	16.67	6	20.00
e	Unprofessional	4	13.33	5	16.67
f	Self-employed	3	10.00	3	10.00
Total		30	100.00	30	100.00
9	Birth order				
a	First	9	30.00	11	36.67
b	Second	13	43.33	10	33.33
c	Third and above	8	26.67	9	30.00
Total		30	100.00	30	100.00
10	Living with				
a	Both Parents	20	66.67	9	30.00
b	Single Parent	6	20.00	13	43.33
c	Boarding/Hostel	4	13.33	8	26.67
Total		30	100.00	30	100.00
11	Any previous history of head injury or mental problems				
a	Yes	4	13.33	2	6.67
b	No	26	86.67	28	93.33
Total		30	100.00	30	100.00

problem scores among adolescent of rural school with their selected baseline variable

- Section IV.

Reliability of the tool

Reliability of research instrument is defined as the degree of consistency or dependability with which an

Table 2: Association between level of psychosocial problems with age in years (N=30)

Baseline variables	Below median	Above median	Total	df	Chi square (χ²)	P Value (0.05)	Inference
Age in years							
13–14	4	7	11	2	10.00	5.99	S
15–16	7	3	10				
17 and above	0	9	9				
Total	11	19	30				
Male	2	12	14	1	5.66	3.84	S
Female	9	7	16				
Total	11	19	30				
Family Type							
Nuclear	10	2	12	1	18.76	3.84	S
Joint/Extended	1	17	18				
Total	11	19	30				
Monthly family income							
<10000	5	6	11	2	0.60	5.99	NS
10001–20000	3	6	9				
>20001	3	7	10				
Total	11	19	30				
Father Educational Status							
Illiterate	4	5	9	3	6.61	7.84	NS
Primary education	3	5	8				
Sec. Or Sr. Sec. Education	4	2	6				
Graduation and above	0	7	7				
Total	11	19	30				
Mother Educational Status							
Illiterate	5	5	10	3	5.39	7.84	NS
Primary education	4	3	7				
Sec. Or Sr. Sec. Education	2	6	8				
Graduation and above	0	5	5				
Total	11	19	30				
Father Occupational Status							
Unemployed	1	4	5	5	3.92	11.07	NS
Daily wages	2	5	7				
Agriculture	3	2	5				
Professional	2	5	7				
Unprofessional	1	0	1				
Self-employed	2	3	5				
Total	11	19	30				
Mother Occupational Status							
Unemployed	0	4	4	5	17.94	11.07	S
Daily wages	3	6	9				
Agriculture	1	4	5				
Professional	0	5	5				
Unprofessional	4	0	4				
Self-employed	3	0	3				
Total	11	19	30				
Birth Order							
First	4	5	9	2	0.72	5.99	NS
Second	5	8	13				
Third and above	2	6	8				
Total	11	19	30				
Living With							
Both Parents	5	15	20	2	7.03	5.99	S
Single Parent	5	1	6				
Boarding/Hostel	1	3	4				
Total	11	19	30				
Any previous history of head injury or mental problems							
Yes	4	0	4	1	7.97	3.84	S
No	7	19	26				
Total	11	19	30				

instrument measures an attributes.[11] The reliability of the self-reported scale was obtained by split-half method. The tool was administered to 12 adolescents (six from urban school or six from rural school) of X standard. Karl Pearson's product moment correlation coefficient and the Spearman-Brown Prophecy formula were used to find the reliability. The reliability quotient obtained for the tool was 0.757.

Table 1 showed that the majority of the respondents in urban group, that is, 36.67% were belong to 13–14 years of age group, whereas 33.33% were belong to 15–16 years of age group, and 30% were belong to 17 years and above age group, while in rural group, majority of the respondents, that is, 43.33% were belong to 17 years and above age group, whereas 30% were belong to 15–16 years of age group, and 26.67% were belong to 13–14 years of age group.

Association between the psychosocial problem scores among adolescent of urban or rural school with their selected baseline variable

This section deals with analysis and interpretation of the data collected to find out the association between the level of psychosocial problems score with selected baseline variables such as age in years, gender, family type, monthly family income, father educational status, mother educational status, father occupational status, mother occupational status, birth order, living with, and any previous history of head injury or mental problems.

The parametric Chi-square test was used to describe the association between level of psychosocial problems score with selected baseline variables.

Part-A: Association between the psychosocial problem scores among adolescent of urban school with their selected baseline variable.

Table 2 showed that in urban group the obtained, χ^2 value of age in years, that is, 10.00, was greater than the *P*-value which indicates that there was significant association between the level of psychosocial problems score with age in years at df of 2 ($P > 0.05$ level).

Part-B: Association between the psychosocial problems scores among adolescent of rural school with their selected baseline variable. It showed that in urban group the obtained, χ^2 value of age in years, that is, 12.10, was greater than the *P*-value which indicates that there was significant association between the level of psychosocial problems score with age in years at df of 2 ($P > 0.05$ level).

DISCUSSION

As per the study conducted – This descriptive and cross-sectional study was conducted to assess the prevalence of psychosocial problem and its associated factors among 360 adolescents studying in public schools of Pokhara Lekhnath Metropolitan City. Data were collected using self-administered questionnaire. The data were analyzed in SPSS version 16 applying both descriptive and inferential statistics. Findings of the study revealed that 21.7% of adolescents had psychosocial problem. Adolescents who are facing physical/verbal abuse ($P = 0.000$, OR: 13.54), who do not feel good about home environment ($P = 0.000$, OR: 5.01), have high academic/school relates stress ($P = 0.000$, OR:5.304), who do not stay with their parents ($P = 0.000$, OR: 4.49), belonged to hardly sufficient family income ($P = 0.000$, OR: 3.29), those from joint family ($P = 0.004$, OR: 2.12), whose mothers are

illiterate ($P = 0.027$, OR: 1.96), and having disrupted marital status of parents ($P = 0.040$, OR: 1.78) were more likely to have psychosocial problem. Hence, the combined effort of family and school team is essential to protect adolescents from developing psychosocial problem.[12]

As per the study conducted by one-fifth (17.03%) adolescent students suffered with psychosocial dysfunction. Male students (9.50%) were more affected, compared to female students (7.80%). The proportion of psychosocial dysfunction rose with the rise in age group and grade. Frequency of family dispute was significantly associated with psychosocial dysfunction OR = 13.24 (95% CI: 2.27–17.23).[11]

CONCLUSION

The focus of this study was to compare psychosocial problems of adolescents between selected urban or rural schools at Udaipur.

The study involved selection of 60 adolescents (30 from urban school and 30 from rural school) samples by the purposive sampling technique and data were collected by self-reported scale. Descriptive comparative research design and descriptive survey approach was adopted to conduct the study. Data were analyzed and interpreted using descriptive and inferential statistics tools. The following conclusions of the study were drawn which includes:

CONFLICTS OF INTEREST

The authors declare that they have no conflicts interests.

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