

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

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Abstract: A cross sectional, descriptive comparative study was conducted in selected rural and urban secondary schools of Mangalore using stratified random sampling technique among 120 adolescents. The data were obtained using baseline characteristics performa and self reported scale regarding psychosocial problems with the reliability of $r = 0.757$. Data was analyzed using SPSS.16. The mean \pm SD of psychosocial problem score of the adolescents of rural schools was 28.8 ± 12.90 and the mean \pm SD of psychosocial problem score of the adolescents of urban schools was 23.22 ± 8.39 . Mean psychosocial problem score was comparatively higher in the adolescents of the rural schools than the urban schools ($t_{118} = 2.81$, $p < 0.05$). Most of the both rural and urban adolescents had internalizing psychosocial problems (27.15%, 22.27%) including anxiety (31.74%, 24.93%), depression (20.14%, 17.57%) and intrapersonal distress (29.58%, 24.31%) whereas least percentage of both rural and urban adolescents had problem of substance abuse (0.58%, 0.12%). Significant association was found between mother's educational status and psychosocial problems among urban adolescents ($\chi^2 = 4.949$). Psychosocial problems are more prevalent among rural adolescents as compared to urban adolescents. Further internalizing problems are most common among both rural and urban adolescents.

Keywords: Psychosocial problems, Adolescents, Rural, Urban

1. Introduction

World Health organization (WHO) defines adolescence both in terms of age (10-19 years) and in terms of phase of life marked by physical, physiological, social and emotional development.^[1] In India, adolescents constitute 21.4% of the total population^[2] which accounts to more than one fifth of the population.^[3] Adolescence period is usually referred to as best years of one's life. But this assertion is only a part of the picture. For many adolescents, this period represent a painful tug of war filled with mixed messages and conflicting demands from parents, teachers, friends, family, and oneself. G. Stanly Hall indicated this period as that of "storm and stress" and conflict at this developmental stage is but normal.^[4]

The term psychosocial reflects both the undercontrolled, externalizing or behavioral problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc and the overcontrolled, internalizing or emotional problems like anxiety, depression etc. Psychosocial problems are of transient nature and often go unnoticed. Further, adolescents may be overwhelmed with several transition (moving from middle school to high school, or high school to college) during this period and the symptoms of dysfunction may occur.^[5]

Prevalence of mental illness and maladaptive behaviours among adolescents is on a rise. According to WHO, upto 20% adolescents had one or more mental or behavioural problems⁵. Most of the studies on psychosocial problems among school going adolescents in India have revealed inconsistent point prevalence estimates from 20-33%.^[6,7] A population based survey was done to estimate the prevalence and correlates of mental disorders in adolescents

in Goa among 2048 adolescents. Results revealed that the current prevalence of any DSM-IV diagnosis was 1.81%; 95% CI 1.27–2.48. The most common diagnoses were anxiety disorders (1.0%), depressive disorder (0.5%), behavioural disorder (0.4%) and attention-deficit hyperactivity disorder (0.2%). Adolescents from urban areas and girls who faced gender discrimination had higher prevalence.^[8]

Adolescents are the future of the nation. Their psychological well being is a responsibility of all including parents, teachers, health workers and policy makers. There is dearth of comparative studies regarding psychosocial problems of adolescents. Adolescents may be facing different problems in terms of their area of residence. Thus, this study attempts to assess and compare the psychosocial problems between rural and urban school adolescents.

2. Methodology of the Study

- **Study design:** Cross sectional descriptive comparative study design was adopted for the study.
- **Setting:** Study was conducted in two rural and two urban secondary schools in Mangalore.
- **Sampling technique and sample size:** Stratified random sampling was used to select 120 adolescents.
- **Inclusion criteria:** Both male and female students studying in 8th, 9th and 10th standard.
- **Statistical analysis:** Data was analyzed using SPSS.16. Data is expressed in tables and figures.
- **Data Collection:** The investigator obtained written permission from the higher authority of selected secondary schools. A structured self reported scale was developed by the investigator after extensive literature review and consultation with the experts. Then, the tool

was modified according to the recommendations and suggestions from the experts. The tool was pretested and the reliability quotient was 0.757.

3. Results

The socio demographic characteristics of the respondents were as follows:

Table 1: Demographic characteristics of the adolescents

Variable	Category	Rural	Urban
		Percent	Percent
Age in years	12-15	80	61.7
	15-18	20	38.3
Religion	Hindu	65	90
	Muslim	26.7	6.7
	Christian	8.3	3.3
Type of family	Nuclear	61.7	76.7
	Joint	38.3	23.3
Father's education	Primary	13.3	1.7
	High School	31.7	18.3
	Pre University College	23.3	15
	Graduate or above	31.7	65
Mother's education	No formal education	0	1.7
	Primary	18.3	3.3
	High School	26.7	33.3
	Pre University College	31.7	21.7
	Graduate or above	23.3	40
Father's occupation	Unemployed	3.3	0
	Employed	96.7	100
Mother's occupation	Unemployed	73.3	70
	Employed	26.7	30

Grade of psychosocial problem scores: Majority of both the rural and urban adolescents were well adjusted. Among rural adolescents 21.7% had mild psychosocial problems whereas only 3.3% urban adolescents had mild psychosocial problems. No adolescents had moderate or severe psychosocial problems.

Table 2: Distribution of adolescents according to the grading of psychosocial problem score

Level of psychosocial problems	Grading	Rural		Urban	
		Frequency	Percent	Frequency	Percent
0-35	Well adjusted	47	78.3	58	96.7
36-70	Mild	13	21.7	2	3.3
71-105	Moderate	-	-	-	-
106-140	Severe	-	-	-	-

Psychosocial problem scores of the adolescents of rural schools was computed as 27.15%, 19.03% and 0.58% in regard to internalizing disorders, externalizing disorders and substance abuse respectively. Likewise, psychosocial problem scores of the adolescents of urban schools was computed as 22.27%, 14.90% and 0.17% in regard to internalizing disorders, externalizing disorders and substance abuse respectively.

Table 3: Area wise comparison of psychosocial problem scores of adolescents between selected rural and urban schools

Area	Rural		Urban		't' value
	Mean	S.D.	Mean	S.D.	
Internalizing disorders	19.55	8.25	27.15	16.03	5.81
Anxiety	7.62	3.40	31.74	5.98	2.32
Depression	4.83	2.9	20.14	4.22	2.54
Intrapersonal distress	7.10	3.84	29.58	5.83	2.66
Externalizing disorders	9.13	5.87	19.03	7.15	4.56
Delinquency	4.22	4.03	21.08	3.30	2.09
Academic and peer problems	2.95	2.13	16.39	2.03	2.03
Impulse control disorder	1.97	1.28	19.67	1.82	1.42
Substance abuse	0.12	0.58	0.58	0.03	0.18

$t(118)=1.98, p<0.05$

*Significant

In order to find the difference between the psychosocial problem scores of the adolescents of rural and urban schools, 't' value was computed and found to be 2.81 which was statistically significant ($t_{(118)}=2.81, p<0.05$, table value 1.98)

Table 3: Significance of difference in level of psychosocial problems between adolescents of rural and urban adolescents

Variable	Group	Mean	Standard deviation	't' value
Psychosocial problems	Rural	28.80	12.90	2.81*
	Urban	23.22	8.393	

$T_{118} = 1.98; p<0.05$ significant

Sociodemographic characteristics and their association with psychosocial problems

There was no significant association between sociodemographic characteristics of rural adolescents and psychosocial problems. However, education of mother was significantly associated with psychosocial problems among urban adolescents ($\chi^2= 4.949$).

4. Discussion

Assessment of psychosocial problems of the adolescents revealed that 20% of the rural adolescents had mild psychosocial problems whereas only 3.33% of urban adolescents had mild psychosocial problems. Study by Ahmad et al^[2] found overall prevalence of 17.9 % among male adolescents with insignificant rural and urban difference.

There was significant difference between the mean psychosocial problems score of adolescents of rural and urban schools. These findings are in consistent with the study findings by RamaSwamy C and Kumar GV^[9] which reported that rural adolescents were found to have higher levels of problems in the areas of psychological relations, personal relations, home, family, adjustment to school work etc. However, a study conducted in Goa revealed that psychosocial problems are more common among urban

adolescents which are contradictory to findings of this study.
[8]

The comparison of area wise mean percentage scores of psychosocial problems showed that most of the both rural and urban adolescents had internalizing psychosocial problems whereas least percentage of both rural and urban adolescents had problem of substance abuse.

This is consistent with the findings by Mishra A and Sharma AK [10] which reported anxiety and depression as the commonest problem among 12-18 yrs old female adolescents in Delhi. Similar findings was reported by Pathak et al [11] where internalizing syndrome was the most common (28.6%) psychiatric syndrome among school going adolescents in Chandigarh.

This study showed significant association between mother's educational status and psychosocial problems among adolescents. This is contradictory to the finding of Pathak et al [11] which showed no association.

5. Conclusion

The mean psychosocial problem score was comparatively higher in the rural adolescents than in urban adolescents. Significant difference was found between psychosocial problem scores of rural and urban adolescents. Comparison of areawise mean percentage scores of psychosocial problems showed that internalizing problems including anxiety, depression, and intrapersonal distress were the most common problems in both the groups whereas substance abuse was the least one. Significant association was found between psychosocial problem score of urban adolescents and their mother's educational status.

6. Limitation

The present study measured the psychosocial problems only from the perspectives of the adolescents themselves. Findings would have been more valid if different measures were used such as parents report, teacher's report etc.

7. Implication

The present study would help the nurses to develop understanding about the psychosocial problems of adolescents. Knowledge of psychosocial problems allows the nurse to understand adolescent's problems, identify these problems in early phases and take appropriate actions including promotive, preventive, and curative approaches. The nurses working in field of mental health can collaborate with school authorities for early recognition of psychosocial problems and its management.

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