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Mental Health Status of Adolescents from Resettlement and Rehabilitation Village

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Abstract: ***A study was conducted on mental health status of adolescents from Resettlement and rehabilitation village in special economic zone project, East Godavari district, Andhra Pradesh. A sample of 136 adolescents in the age range of 13-17yrs was selected and mental health inventory by Manjuvani (2000) adapted version of mental health analysis developed by Thorpe and Clark (1959) was administered. The results of the study show that majority of the selected adolescence scored low on assets and high on liabilities. The mental health of boys and girls did not differ much except in satisfying work and recreation dimension and close personal relations, adequate outlook and goals dimensions of assets, which showed a highly significant gender differences. In liabilities part of the mental health no significant differences between boys and girls was found.***

1. Introduction

Adolescence describes the teenage years between 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen or "tween" years (ages 9 through 12). Adolescence can be a time of both disorientation and discovery. The transitional period can bring up issues of independence and self-identity; many adolescents and their peers face tough choices regarding schoolwork, sexuality, drugs, alcohol, and social life. Peer groups, romantic interests, and external appearance tend to naturally increase in importance for some time during a teen's journey toward adulthood.Young people undergo many different changes as they go through adolescence and increasingly take on adult roles and responsibilities. These changes include physical changes, as well as changes to their thought processes and emotions (cognitive and emotional changes), sense of identity and values (psychological changes), relationships (social changes), and realistic aspirations for the future. All young people are unique and therefore the degree, rate and pace of specific physical, emotional and social changes varies with each young person.Problems that teenagers are faced with today are multifarious but interrelated in many cases. One problem invites another, then to more problems. Parents, teachers and other guardians should be well aware of the problems that today's teenagers are facing and be prepared to eliminate the problems to their best abilities.

Development-induced displacement is a social problem affecting multiple levels of human organization, from tribal and village communities to well-developed urban areas. It is a subset of forced migration. It has been historically associated with the construction of dams for hydroelectric power and irrigation purposes but also appears due to many other activities, such as mining and the creation of military installations, airports, industrial plants, weapon testing grounds, railways, road developments, urbanization, conservation projects, forestry, etc.Mental health of displaced adolescents is often affected by pre-migration and post-migration stressors. Displaced adolescents are more likely to have serious problems associated with malnutrition, disease, physical injuries, brain damage and sexual or physical abuse. These problems may affect the child's cognitive, social and emotional development, leading to serious deficiencies/illnesses including anxiety and depression. Adolescent tend to feel the most helpless and vulnerable during times of conflict, and may experience feelings of shame and loss of self-confidence in their ability to control their own lives. Poverty is an important pre-migration factor to consider when characterizing mental illnesses in displaced children because it is intrinsically alienating and distressing. Poverty affects the development and maintenance of emotional, behavioral, and psychiatric problems. Economic disparity can be a determinant and a consequence of poor mental health.

2. Objective of the Study

The present study was taken up to analyze the mental health status of adolescence from rehabilitated and resettled villages.

3. Methodology

Based on the nature of the problem and objectives, ex-post facto research design was adopted for conducting this study.The present study was carried out in Resettlement and rehabilitation colony in special economic zone project, East Godavari district, Andhra Pradesh. Purposive sampling procedure was used to select sample for the present study. Samples of 136 adolescents in the age range of 13-17yrs were selected and Mental health inventory by Manjuvani (2000) adapted version of Mental health analysis developed by Thorpe and Clark (1959) was administered.

4. Results and Discussion

Table 1: Profile of respondents

Dimensions	R&R village	
Age in years	N	%
13-14	56	41.1
15-16	67	49.2
17	13	9.7
Gender		

Male	69	50.7
Female	67	49.2

The profile of respondents was presented in the table 1, from which it could be said that 41.1% of the respondents were in age group of 13-14years, 49.2% in 15-16years and 9.7% in 17 years age group. The gender representation includes male 50.7% i.e 69 and 49.2% i.e 67 females

Table 2: Mental health of adolescents from R&R village

S.no	Mental Health Dimensions					
1.	Assets	Close Personal Relations	Interpersonal Skills	Social Participation	Satisfying Work and Recreation	Adequate Outlook and Goals
	High	60 (44.11%)	29(21.32%)	26(19.11%)	9(6.6%)	100(73.5%)
	Low	76(55.88%)	107(78.6%)	110(80.8%)	127(93.3%)	36(26.4%)
2.	Liabilities	Behaviour Immaturity	Emotional Instability	Feelings of Inadequacy	Physical Defects	Nervous Manifestation
	Low	30 (22.05%)	97(71.3%)	41(30.1%)	65(47.7%)	29 (21.3%)
	High	106(77.9%)	39(28.67%)	95(69.8%)	71(52.2%)	107(78.6%)

The mental health status of the adolescents from Rehabilitated and resettled villages was depicted in the table 2. The mental health scale administered had two main components that are assets and liabilities. From the analysis of the data it could be interpreted that in assets subscale, the dimension close personal relations 44.1% showed high close personal relations while 55.8% were low in close personal relations. The study further reveals that 21.3% showed high interpersonal skills while 78.6% had low interpersonal skills. The adolescents from R&R villages 19.11% were found to have high social participations while 80.8% had low social participation. From the respondents 6.6% of them had satisfying work and recreation while 89.3 % had low satisfying work and recreation. The close personal relations aspect was high in 73.5% of the sample and low in 26.4%.

The liabilities of the mental health scale for R&R villages pointed out that in Behaviour immaturity, 22.05% showed low and 77.9% high behavior immaturity. The study reveals that 71.3% had low emotional instability while 28.67% had high emotional instability. Feelings of inadequacy were found to be low in 30.1% and high in 69.8%. Physical defects liability of mental health was low in 47.7% and high in 52.2% of the sample. Nervous manifestation was low in 21.3% of the sample and high in 78.6% of the sample.

Table 3: Gender differences in mental health dimensions of adolescents from R&R village

S.no	Mental health dimensions	Boys		Girls		t- value	P- value
1.	Assets	Mean	SD	Mean	SD		
	Close personal relations	5.46	1.58	5.74	1.53	1.04	0.29
	Interpersonal skills	4.29	1.76	3.85	1.74	1.46	0.14
	social participation	7.17	1.69	6.81	1.59	1.27	0.2
	satisfying work and recreation	3.89	1.64	3.1	1.56	2.87	0.004**
	Close personal relations	6.94	1.7	7.67	1.35	2.76	0.0064**
2.	Liabilities						
	Behaviour immaturity	3.64	1.8	3.4	1.61	0.81	0.41
	Emotional instability	6.61	1.3	6.87	1.33	1.07	0.28
	Feelings of inadequacy	5.1	1.59	4.89	1.6	0.789	0.43
	Physical defects	5.82	1.42	5.78	1.81	0.143	0.88
	Nervous manifestations	4.33	1.5	4.54	1.98	0.698	0.4861

The gender differences in mental health of adolescents from R&R villages was presented in table3, from which it could be inferred that in Assets sub scale, the mean score of 5.46 was obtained by boys in close personal relations while average girls score was 5.74 with t=1.04 and p-=0.9 no significant differences between the two groups were found. When the mean score of boys (4.29) and girls (3.85)was compared in inter personal skills dimension, no significant gender difference was found as the p obtained value was more than the level of significance. In social participation the mean score of boys was 7.17 and girls average score 6.81 showed no significant differences between the two groups. In satisfying work and recreation dimension of assets in mental health revealed that mean score of boys (3.89) and mean score of girls(2.87) showed a significant gender differences with t=2,87 and p=0.004. The analysis point out that in close personal relations category, boys with 6.9 mean and girls 7.67 mean showed a significant gender differences with t=2.76 and p=0.0064

In liabilities of mental health, when the average score of boys and girls were examined in all dimensions, no significant difference were found in behavior immaturity, emotional instability, feelings of inadequacy, physical defects and nervous manifestations. The average score obtained by both genders was almost equal and with low t calculated vale and p value >0.05, no significant differences among the group were found.

5. Major Findings

Development induced displacement a very common phenomenon in developing countries. These families which are displaced were resettled in other villages. The mental health status of the adolescents from these R&R village

reveal that in Assets subscale the maximum number of the sample scored low in dimensions like close personal relations, inter personal skills, social participation, satisfying work and recreation . The respondents scored more / high on liability sub scale. The study concludes that in mental health status of R& R adolescents, majority of the respondents were found to have less assets and more liabilities. The study on gender differences reveal that in assets there was no significant difference between boys and girls except in satisfying work and recreation and close personal relations dimensions of mental health. In liabilities subscale no significant gender differences was found in all the liabilities dimensions.

6. Conclusion

The study concludes that mental health status of the Adolescents was poor with low assets and high liabilities. In present day context mental health issues are on raise and need to be attended immediately. Psychological interventions showed be planned to improve the mental health status of adolescents.

References

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