

## ASSESSMENT OF PSYCHOSOCIAL PROBLEMS AMONG ADOLESCENTS

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### Abstract

“Looking after one’s mind is as important as looking after one’s body”. Adolescence is a period of transition between childhood and adulthood. Psychosocial problems are widespread but reliable data about management are sparse. An overall view is missing and there is a need for a wider framework to include the data available in health care and welfare practice.<sup>1</sup> The study undertaken was “A descriptive study to assess psychosocial problems among adolescents in selected school, Bangalore.” The objectives of the study were: to assess the psychosocial problems among adolescents and to find the association between psychosocial problems and selected socio demographic variables. A simple descriptive design was used for the study. Non-probability convenient sampling technique was used to obtain 200 adolescents, from Bapu high school, Bengaluru. Data was collected by using Pediatric symptom checklist-youth self-reported (Y-PSC). The study findings showed that majority of the adolescents are free from psychosocial problems whereas 17% adolescents among 200 adolescents were found to have psychosocial problems. The most common problem found among adolescent was internalizing problem. This study also found that there is a significant association between psychosocial problem with age ( $P=0.014$ ) education level of father ( $P=0.007$ ), and number of siblings( $P=0.028$ ). The study concluded that the adolescents who were screened positively required further investigation by the mental health expert.

**Keywords:** - Adolescents, psychosocial problems.

### Introduction: -

Adolescence is a period of transition between childhood and adulthood. WHO defines adolescence both in terms of the age (spanning the ages between 10&19 years). In terms of a phase of life marked by special attributes. These attributes include: rapid physical growth and development; physical, social & psychological maturity. The term psycho-social refers to one's psychological development in and interaction with a social environment. Adolescents suffer from psychosocial problems at one time or the other

during their development.<sup>2</sup>

The term psychosocial problems reflect both the under controlled, externalizing or behavioral problems such as conduct disorders, (Oppositional Defiant Disorder) educational difficulties, substance abuse, attention problems and the over controlled, internalizing or emotional problems like anxiety, depression. The emotional problems have been relatively neglected compared with behavioral problems because these are not easy to be detected by the parents or teachers.<sup>3</sup>

The causes of psychosocial problems include poverty, cultural values, societal roles, physical and learning disabilities and peer rejection and family dynamics such as presence of step mother, divorce of parents, death or loss of parent, sibling problems, abuse or neglect from the family members, health status of parents, lack of strong bonds to societal institutions (church, school, work) stress full conditions such as exam, conflict of ideas.<sup>4</sup> Psychosocial problems are widespread but reliable data about management are sparse. An overall view is missing and there is a need for a wider framework to include the data available in health care and welfare practice, databases and research output. The treatment and management of psychosocial problems include good parenting style and interaction, group play therapy, art therapy, parental play therapy pro-social peer interaction, social skill training.<sup>5</sup>

### **Need for the Study: -**

In India, adolescents (10-19 years) constitute 21.4% of the population, comprising one fifth of the total population. Adolescence is the transitional stage of development between childhood and adulthood, representing the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues.

According to WHO report (2013) it is estimated that 10 – 20% of the adolescents in India have one or more mental or behavioral problem. 30% females and 20% males reported depressive symptoms and 10% required medical treatment. Adolescents are the citizen of tomorrow on whom the future of the nation stands. It is a challenge to meet their health needs; because 18-20% India constitutes the age group of between 10-20years.<sup>1</sup>

A cross sectional study was conducted to assess the prevalence of psychosocial problems among 210 adolescents in a rural area of District Muzaffarnagar, Uttar Pradesh, India. (2014).

The subjects were selected using multistage random sampling technique. The subjects were interviewed & detailed information was collected by structured questionnaire. The overall prevalence of psychosocial problems among adolescent was found to be 41.43%. Most of them had conduct disorder (40.51% males & 35.88% females) followed by depression (30.38% males & 26.72% females) and mid adolescent boys and late adolescent girls had more educational difficulties as compared to other groups (40.0 and 25.4 percent respectively).

The study concluded that there is a significant psychosocial problem among adolescents and psychosocial problems have emerged as a threat in them overall development. So, enough emphasis should be given to this component of adolescent health.

### **Methodology:**

**Research Design:** - Descriptive research design was used for this study.

**Objectives:** - The objectives of the study are to assess the psychosocial problems among adolescents and to find the association between psychosocial problems and selected socio demographic variables.

**Hypothesis:** There is significant association between psychosocial problems and selected socio demographic variables.

**Setting of the study:**-The setting of the study is Bapu Educational centre, Yeshwanthpur, Bengaluru.

**Population:** Adolescents in the age group 12-16 years.

**Sample:** -Total 200 adolescents (7-10 standard) from the age group of 12-16 years were selected.

**Sampling technique:** - Total 200 adolescents (7-10 standard) from the age group of 12-16 years were selected using convenient sampling technique.

**Inclusion criteria:** Adolescent who are studying in 7th, 8th, 9th and 10th standard present at the time of study.

**Exclusion criteria:** Adolescents who are not available during the study.

**Data collection method:** Self-responding questionnaires.

**Description of the tool:** -The tool consists of the following sections:

### Section A-

Age, gender, standard of the study, religion, residential status, marital status of the parents, educational level of father, educational level of mother, occupation of father, occupation of mother, monthly family income, type of family, number of friends of the child, birth order in the family of the child, number of siblings of the child, academic scores in the last final exam, physical or chronic illness of child, history of chronic physical illness among parents.

### Section B

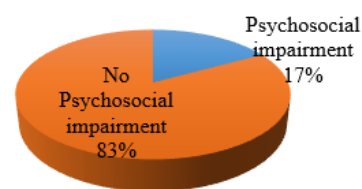
A standardized tool “Paediatric symptom checklist –Youth Self-Report (Y-PSC)” was used to assess psychosocial problem among adolescents. It is a self-reported scale consists of 35 items with three options as ‘never’, ‘sometimes’ and ‘often’. All the items are negatively framed and it takes 15 minutes to complete the scale by the adolescents. The adolescents are instructed to recall the last

6 months’ data and response based on that. The maximum score is 70 and the lowest score is 0. Responses are scored as 0 for ‘never’, 1 for ‘sometimes’ and 2 for ‘often’. Items are left blank by children are simply ignored (scored 0). If four or more items are left blank, the questionnaire is considered as invalid. Item scores are summed and the total score is recoded into dichotomous variable. The cut off score for psychosocial impairment is 30 (for 11-18 years). The tool consists of three subscales which include internalizing problems, attention problems, and externalizing problems. The cut of scores for those subscales are: - Attention problem ( $\geq 7$ ), Internalization problem ( $\geq 5$ ) and Externalizing problem ( $\geq 7$ ).

Pre-testing of the tool was carried out by administering the tool for 20 adolescents. It was found that the adolescents were facing difficulty in comprehending few items and the total time taken by the samples to complete the tool was 20 minutes and on the basis of the findings 5 items were simplified. The reliability of the tool established by the researcher using Cronbach’s alpha,  $\alpha = 0.752$  was found to be reliable.

### Data analysis: -

The data analysed by means of descriptive and inferential statistics. Frequency percentage distribution, mean, standard deviation, were described the sample characteristics. Chi-square test was used to find the association between psychosocial problems and selected socio demographic variable.



■ Psychosocial impairment ■ No Psychosocial impairment

**Figure 1: - Depicts that, majority 34% subjects are having psychosocial impairment and 83% subjects are free from psychosocial impairment.**

**Table1: -Frequency and percentage distribution of attention problem, internalizing problems and externalizing problems.**

| Sl no | Subscales  | Frequency (f) | Percentage (%) |
|-------|--|---------------|----------------|
| 1.    | Internalizing, attention, and externalizing problems | 4             | 11.8           |
| 2.    | Attention and internalizing problems                 | 3             | 8.9            |
| 3.    | Attention and Externalizing problems                 | 3             | 8.9            |
| 4.    | Attention and Externalizing problems                 | 4             | 11.8           |
| 5.    | Internalizing problems                               | 12            | 35.3           |
| 6.    | Attention problems                                   | 3             | 8.9            |
| 7.    | Externalizing problems                               | 5             | 11.8           |

**Table 1** shows that majority (35.3%) of the subjects are having internalizing problems whereas 8.9% are having attention problems

**Table 1.1: - Association between psychosocial problems and age, gender of the child, standard of study.**

| SL NO | Demo-graphic Variables     | Psychosocial problems   |                            | Chi-Square $\chi^2$ | P-value    |
|-------|----------------------------|-------------------------|----------------------------|---------------------|------------|
|       |                            | Psychosocial impairment | No psychosocial impairment |                     |            |
| 1     | <b>Age (years)</b>         |                         |                            | 6.090<br>df=1       | 0.014<br>S |
|       | 12-14                      | 19                      | 127                        |                     |            |
|       | 15-16                      | 15                      | 39                         |                     |            |
| 2     | <b>Gender of The Child</b> |                         |                            | 1.429<br>df=1       | 232        |
|       | Male                       | 24                      | 99                         |                     |            |
|       | Female                     | 10                      | 67                         |                     |            |
| 3     | <b>Standard of Study</b>   |                         |                            | 7.715<br>df=3       | 0.052      |
|       | 7 <sup>th</sup>            | 5                       | 26                         |                     |            |
|       | 8 <sup>th</sup>            | 7                       | 70                         |                     |            |
|       | 9 <sup>th</sup>            | 13                      | 49                         |                     |            |
|       | 10 <sup>th</sup>           | 9                       | 21                         |                     |            |

**Table1.1** shows that there is association exist between age and psychosocial problems at the level of significance P=0.05 whereas no association found between gender, standard of study with psychosocial problem.

**Table 1.2: Association between psychosocial problems and religion, marital status, educational level of father.**

| SLNo | Demo-graphic Variables            | Psychosocial problems   |                            | Chi-Square $\chi^2$ | p-value  |
|------|-----------------------------------|-------------------------|----------------------------|---------------------|----------|
|      |                                   | Psychosocial impairment | No psychosocial impairment |                     |          |
| 4    | <b>Religion</b>                   |                         |                            |                     |          |
|      | Hindu                             | 29                      | 143                        | 0.776<br>df=2       | 0.678    |
|      | Muslim                            | 3                       | 18                         |                     |          |
|      | Christian                         | 2                       | 5                          |                     |          |
| 5    | <b>Marital status</b>             |                         |                            |                     |          |
|      | Single                            | 2                       | 7                          | 0.584<br>df=2       | 0.747    |
|      | Divorced                          | 0                       | 2                          |                     |          |
|      | Married                           | 32                      | 157                        |                     |          |
| 6    | <b>Education level for father</b> |                         |                            |                     |          |
|      | Upto secondary                    | 23                      | 70                         | 7.364               | 0.007    |
|      | Above secondary                   | 11                      | 96                         | df=1                | <b>S</b> |

**Table 1.2** shows that there is association exist between education level for father and psychosocial problems at the level of significance  $p=0.05$

**Table 1.3: Association between psychosocial problems and academic score in last final exam, chronic illness of child and no of siblings.**

**n=200**

| Sl no | Demo-graphic Variables                        | Psychosocial problems   |                            | Chi-Square $\chi^2$ | p-value            |
|-------|---|-------------------------|----------------------------|---------------------|--------------------|
|       |   | Psychosocial impairment | No psychosocial impairment |                     |                    |
| 14    | <b>Academic scores in the last final exam</b> |                         |                            |                     |                    |
|       | lessthan50%                                   | 1                       | 8                          | 1.010<br>df=4       | 0.908<br><b>NS</b> |
|       | 50-60%  | 5                       | 17                         |                     |                    |
|       | 61-70%  | 5                       | 20                         |                     |                    |
|       | 71-80%  | 9                       | 46                         |                     |                    |
|       | Morethan80%                                   | 14                      | 75                         |                     |                    |
| 15.   | <b>Do you have any chronic illness</b>        |                         |                            |                     |                    |
|       | Yes   | 34                      | 163                        | 0.624<br>df=1       | 0.430<br><b>NS</b> |
|       | No  | 0                       | 3                          |                     |                    |
| 16.   | <b>Number of siblings</b>                     |                         |                            |                     |                    |
|       | 3 and less                                    | 10                      | 23                         | 4.801<br>df=1       | 0.028<br><b>S</b>  |
|       | Above3  | 24                      | 141                        |                     |                    |

**Table 1.3:** shows that that there is association exist between no of siblings and psychosocial problems at the level of significance  $p=0.05$  whereas no association found between academic scores, chronic illness of child with psychosocial problems.

**Result and Discussion: -**

The study found that 34 (17.5%) children were having psychosocial problems and 166 children were free from the problems. 22 (64.7%) students were found to have internalizing problems, 12 (35.3%) students with attention problems and 16 (47.05%) students were having externalizing problems. Similarly, Anees Ahmad et. al reported that 17.9% of the adolescents were having psychosocial problems. In the same study the prevalence of internalizing problems was 57% and externalizing problems were 29.2%. The study found that the greater prevalence of psychosocial problems in the age group of 12 to 14 years due to number of adolescents are in that age group in present study.

In the present study, there is significant association between psychosocial problems among adolescents with age, educational level of father, mother and number of siblings. Hence research hypothesis is accepted for age, educational level of father, mother and number of siblings of the child. A similar study conducted on psychosocial problems of adolescents, influence of age, sex and area of residence in Dehradun. by Muzammil K, Kishore S, Semwal J (2014) The study showed that significant association found between psychosocial problems with age and sex.

Similarly, an exploratory study conducted on psychosocial problems among adolescents in the central region of Nepal by Diksha Sakopa SBS in 2017 which showed the significant association between psychosocial problems with educational status of father and mother.

**Conclusion: -**

The study findings showed that majority of the adolescents are free from psychosocial problems whereas 17% adolescents among 200 adolescents were found to have psychosocial problems. The most common problem found among adolescent was internalizing problem. The study concluded that the adolescents who were screened positively require further investigation by the mental health expert.

The findings of the study have implications not only in the field of child health nursing but also in the field of mental health nursing and also school health. The study also has certain important implications for the nursing profession-service, education, administration and nursing research. Psychosocial problems are very common among adolescents now-a-days.

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