



Some Psychosocial Problems of Adolescent Students of Chandigarh and Himachal Pradesh, India

Authors

Dr Dinesh Kumar*¹, Dr R.J.Yadav², Prof. Arvind Pandey³, Kanav Goyal⁴

¹Department of Community Medicine, Government Medical College and Hospital, Chandigarh, India

²Scientist-G, National Institute of Medical Statistics (NIMS), Indian Council of Medical Research (ICMR), New Delhi.

³Director, National Institute of Medical Statistics (NIMS), ICMR, New Delhi

⁴UG Student, Government Medical College and Hospital, Chandigarh, India

Corresponding Author

Dr Dinesh Kumar

¹Department of Community Medicine, Government Medical College and Hospital, Chandigarh, India

Email: *dinesh.walia17@gmail.com*, Phone: 91-172-2620193, 91-9646121540

Institution: Government Medical College & Hospital, Chandigarh, India

Source of Support: Department of Health Research (DHR), Ministry of Health and Family Welfare, Govt. of India

ABSTRACT

Adolescents are prone to various health related problems. Adolescent problems are increasing due to rapidly changing life style and increasing stressful conditions continuously faced by them. Psychosocial problems of adolescents have not yet received proper attention in the existing literature in our country. Study was conducted with the objectives of investigating psychosocial problems of adolescent students and to explore their perceived needs regarding Adolescent Friendly Health Initiatives at school levels. A cross-sectional survey among 247 adolescent students of four schools: two in Chandigarh and two in Himachal Pradesh, India selected by stratified multistage random sampling design. Study included 136(55.1%) male and 111(44.9%) female students. Mothers (19.4%) followed by friends (15.0%) were found to be the main discussants for personal problem sharing. Feeling of nervousness reported by 181 (73.3%) students followed by feeling of despair felt by 173 (70.0%) students were two major psychological problems reported by students. About 82.0% students felt need of counseling mainly from friends, family members and mentors. However, only 71(28.7%) students reported that they usually discussed openly with their parents. High prevalence of psychosocial problems and absence of proper guidance and counseling indicate felt need of counseling of students at school levels. Adolescent friendly health initiatives like mentoring should be implemented at school levels to reduce psychosocial problems of adolescents for better possible outcomes of adolescent health programs.

Keywords: *Adolescent Friendly Health Initiatives (AFHI); Mentoring*

INTRODUCTION

Adolescence is a period of rapid physical, emotional, cognitive, and social growth and development. Adolescence is the most critical period of development second only to early childhood. The health condition of adolescents is a key determinant of India's overall health. The foundation of healthy adulthood is laid during adolescence. According to World Health Organization (WHO) definition adolescent comprises individuals between the age group of 10 -19 years¹. The developmental stage of adolescence is characterized by dramatic change and readjustment to new stresses, increased vulnerability to peer pressure; it is a time for consolidating identity and practicing new roles. This is a period of transition from childhood to adulthood characterized by rapid physical, biological and psychological and social changes^{1,2} resulting in psycho-social, behavioral and sexual maturation in an individual. During the period of adolescence, a large number of children suffer from psychosocial problems at one time or the other during their development. Many of these problems are of transient in nature and are often not even noticed.

Adolescents and young youths are highly responsive to environmental challenges. They develop new relationship with individuals not only of their age but also with those in the adult world. They are prone to suffer from reproductive and psychosocial problems, psychological distresses due to various reasons like love affairs, stresses due to exams, conflict of ideas with parents, lack of proper love and care by the family and lack of job opportunities and problems regarding menstrual cycle and masturbation are the main causes for psychological distress. These problems have not yet received proper attention in our country. Psycho-social and behavioral problems account for a considerable proportion of the morbidities among adolescents. Adolescent problems are increasing due to rapidly changing life style and increasing stressful conditions continuously faced by them. Psycho-social and

behavioral problems also account for a considerable proportion of the morbidities. A number of studies³⁻⁷ addressed some important issues related with adolescent health.

An overall prevalence of psycho-social problems was found to be 17.9% among rural and urban male adolescents⁶. Issues related with violence among adolescents and its psycho social dimensions are discussed in a study⁷. In a study conducted in Chandigarh, 60% of the health complaints in adolescents were seen to be psychological in nature⁸.

Addressing the needs of adolescents is a Challenge that goes well beyond the role of health services alone. Psychosocial problems of adolescents have not yet received proper attention in the existing literature in our country. The objectives of the present study are:

OBJECTIVES:

- To investigate psychosocial problems of adolescent students.
- To explore perceived needs of Adolescent Friendly Health Initiatives at schools

MATERIAL AND METHODS

For the purpose of studying problems of adolescent students, four schools: two in Chandigarh and two in Himachal Pradesh (Districts Mandi and Hamirpur), India were randomly selected by stratified multistage random sampling design. A Cross-sectional survey among adolescent students of selected schools was conducted during November 2012 to February 2013. Sample size was decided on the basis of feasibility keeping in view the time constraints of the survey. Only those respondents whose parents gave consent and they were also willing to take part in the study were included. Information was collected on socio-demographic characteristics (age, gender, literacy status of respondents as well as of parents, religion, type of family, family environment, occupation of parents, socio-economic status etc.). Information on some psycho-social aspects, life style related factors,

substance abuse, peer behavior, school performance; lifestyle related factors; substance abuse etc. was also collected. Additional information included attitude towards mentoring, mentor's role, frequency and type of contacts with mentors, elements or activities offered mentees etc. Data were analyzed by simple describing percentages using SPSS-16 software.

OBSERVATIONS

a. Survey of Adolescent Students:

Survey was conducted among 247 adolescent students including 136(55.1%) males and 111(44.9%) females. from four schools located in Chandigarh and Himachal Pradesh. Two schools from each region were selected. There were 153 students from Chandigarh (74 from study centre I and 79 from study centre II) and 94 students from Himachal Pradesh (44 from study centre III and 50 from study centre IV) from four different schools. Selected schools from Chandigarh were Government schools whereas, there was one private institution and one Government institution selected from Himachal Pradesh. All respondents were from coeducational institutions. There were 136 (55.1%) males and 111(44.95) females. Socio-demographic characteristics of selected respondents are shown in Table-1. Respondents represented different economic classes mostly

Hindus from each study center there were 81(32.8%) of Hindi medium and 166(67.2%) from English medium schools.

Table-2 shows psycho- sexual problems and attitude of respondents. Mothers (19.4%): 35 (22.9%) in Chandigarh and 13 (13.8% in Himachal Pradesh followed by friends (15.0%): 50(32.7%) in Chandigarh and 13 (13.8%) in Himachal Pradesh were found to be the main discussants for personal problem sharing. Respondents were asked regarding their opinions about mentoring majority of them at each study centre desired family member (46.6%) as mentor followed by friend (30.8%) career planning was the main element of discussion with mentors.

The most common psycho-social problem perceived by respondents was feeling of nervousness reported by 181 (73.3%) students followed by feeling of despair felt by 173 (70.0%) students. Overall 57(23.1%) respondents were worried about something during past one month. Thoughts regarding running away from home was felt by 49(19.8%) respondents. About 82.0% students felt need of counseling mainly from friends, family members and mentors. However, only 71(28.7%) students reported that they usually discussed openly with their parents

TABLE-1: Socio-Demographic Characteristics of Selected Respondents

Characteristic	Chandigarh		Himachal Pradesh		Total (N=247)
	Study Centre -I (N=74)	Study Centre-II (N=79)	Study Centre-III (N=44)	Study Centre-IV (N=50)	
Age in years					
13-14	0	2 (2.5)	10(22.7)	2(4.0)	14 (5.7)
14-17	48 (64.9)	70 (88.6)	33 (75.0)	33 (66.0)	184 (74.5)
18-19	26 (35.1)	7 (8.9)	1 (2.3)	15 (30.0)	49 (19.8)
Gender					
Male	49(66.2)	45(57.0)	27(61.4)	15(30.0)	136(55.1)

Female	25(33.8)	34(43.0)	17(38.6)	35(70.0)	111(44.9)
Religion					
Hindu	61(82.4)	63(79.7)	44(100.0)	49(98.0)	217(87.9)
Muslim	7(9.5)	1(1.3)	0	1(2.0)	9(3.6)
Sikh	5(6.8)	14(17.7)	0		19(7.7)
Christian	1(1.4)	0	0	0	1(.4)
Others	0	1(1.3)	0	0	1(.4)
Type of Family					
Joint	27(36.5)	23(29.1)	21(47.7)	19(38.0)	90(36.4)
Nuclear	44(59.5)	54(68.4)	20(45.5)	31(62.0)	149
Extended	3(4.1)	2(2.5)	3(6.8)		8(3.2)
Educational status of Father					
Illiterate/Just-literate	8(10.8)	2(2.5)	-	1(2.0)	11(4.5)
Primary	18(24.3)	2(2.5)	-	8(16.0)	28(11.3)
Middle	18(24.3)	14(17.7)	1(2.3)	8(16.0)	41(16.6)
High School	18(24.3)	27(34.2)	10(22.7)	27(54.0)	82(33.2)
Intermediate	9(12.2)	13(16.5)	1(2.3)	-	23(9.3)
Graduate	2(2.7)	9(11.4)	25(56.8)	2(4.0)	38(15.4)
Post Graduate	1(1.4)	9(11.4)	2(4.5)	3(6.0)	15(6.1)
Professional	-	3(3.8)	5(11.4)	1(2.0)	9(3.6)
Educational Status of Mother					
Illiterate/Just-literate	31(41.9)	20(27.8)	4(9.1)	1(2.0)	58(23.5)
Primary	16(26.6)	6(7.6)		10(20.0)	32(13.0)
Middle	14(18.9)	14(17.7)	3(6.8)	20(40.0)	51(20.6)
High School	9(12.2)	17(21.5)	19(43.2)	11(22.0)	56(22.7)
Intermediate	3(4.1)	6(7.6)	1(2.3)	2(4.0)	12(4.9)
Graduate	-	7(8.9)	16(36.4)	3(6.0)	26(10.5)

Post Graduate	-	5(6.3)	1(2.3)	-	6(2.4)
Professional	1(1.4)	2(2.5)	-	3(6.0)	6(2.4)
Occupation of Father					
No Response/ Don't Know	-	5(6.3)	4(9.1)	4(8.0)	13(5.3)
Service	35(47.3)	31(39.2)	21(47.7)	16(32.0)	103(41.7)
Business	15(20.3)	26(32.9)	16(36.4)	6(12.0)	63(25.5)
Labourer	8(10.8)	5(6.3)	-	16(32.0)	29(11.7)
Skilled worker	13(17.6)	2(2.5)	1(2.3)	5(10.0)	21(8.5)
Others	3(4.1)	10(12.7)	2(4.5)-	3(6.0)	18(7.3)
socio-economic status					
Occupation of Mother					
Housewife	65(87.8)	73(92.4)	37(84.1)	40(80.0)	215(87.0)
Service	4(5.4)	3(3.8)	5(11.4)	10(20.0)	22(8.9)
Business	0	1(1.3)	2(4.5)		3(1.2)
Labourer	1(1.4)	1(1.3)			2(.8)
Skilled worker	4(5.4)	0	0	0	4(1.6)
Others	0	1(1.3)	0	0	1(.4)
Medium of Education					
Hindi	27(36.5)	11(13.9)	1(2.3)	42(84.0)	81(32.8)
English	47(63.5)	68(86.1)	43(97.7)	8(16.0)	166(67.2)
Type of school					
Government	74(100)	79(100)		50(100.0)	203(82.1)
Private			44(100)		44(100.0)
Co -educational	74(100)	79(100)	44(100)	50(100)	247(100)

TABLE- 2: Psycho-Social Problems/Attitude of Respondents

PSYCHO-SEXUAL PROBLEMS/ATTITUDE	Chandigarh		Himachal Pradesh		Total (N=247)
	Study Centre -I (N=74)	Study Centre-II (N=79)	Study Centre-III (N=44)	Study Centre-IV (N=50)	
Open Discussion with Parents					
Always	17 (23.0)	26(32.9)	6(13.6)	22(44.0)	71(28.7)
Sometimes	19(25.7)	38(48.1)	31(70.5)	17(34.0)	105(42.5)
Never	32(43.2)	13(16.5)	3(6.8)	6(12.0)	54(21.9)
Not Sure	5(6.8)	1(1.3)	4(9.1)	5(10.0)	15(6.1)
No Response	1(1.4)	1(1.3)	0		2(0.8)
Personal Problems Sharing					
Mother	10(13.5)	25(31.6)	1(2.3)	12(24.0)	48(19.4)
Father	3(4.1)	0	3(6.8)	2(4.0)	8(3.2)
Elder Sister	5(6.8)	14(17.7)	9(20.5)	6(12.0)	34(13.8)
Female Relative	4(5.4)	1(1.3)	1(2.3)	0	6(2.4)
Friends	27 (36.5)	13(16.4)	5(11.4)	8(16.0)	37(15.0)
Any other	9(12.2)	6(7.6)	6(13.6)	5(10.0)	26(10.5)
Restrictive Family Environment	12 (16.2)	3 (3.8)	4(9.1)	1(2.0)	20(8.1)
Perceived Psychological Problem					
Despair	62(83.8)	53(67.1)	39(88.6)	19(38.0)	173(70.0)
Anxiety	65(87.8)	46(58.2)	21(47.7)	23(46.0)	155(62.8)
Nervousness	69(93.2)	61(77.2)	29(65.9)	22(44.0)	181 (73.3)
Depressed	59(79.7)	40(50.6)	11(25.0)	12(24.0)	122 (49.4)
Sleeplessness	30(40.5)	28(35.4)	10(22.7)	27(54.0)	95 (38.5)
Feeling of being hurt	57(77.0)	45(57.0)	29(65.9)	8 (16.0)	139(56.3)
Scared or frightened	54(73.0)	29(36.7)	15(34.1)	7(14.0)	105(42.5)
Shyness	55(74.4)	36 (45.6)	13(29.5)	11(22.0)	114(46.2)
Jealous	40 (54.1)	21(26.6)	15(34.1)	7(14.0)	83(33.6)

Annoyed	50(67.6)	44(55.7)	35(79.5)	14(28.0)	143(57.9)
Helplessness	61(82.4)	25(31.6)	7(15.9)	21(42.0)	114(46.2)
Lack of attention	62(83.8)	46(58.2)	25(56.8)	11(22.0)	139(56.3)
Feeling of guilt	59(79.7)	47(59.5)	36(81.8)	9(18.0)	151(61.1)
Ashamed	57 (77.0)	23(29.1)	17(38.6)	5(10.0)	102(41.3)
Neglected	48 (64.9)	29(36.7)	10(22.7)	8(16.0)	95(38.5)
Siblings rivalry	64 (86.5)	33(41.8)	21(47.7)	5(10.0)	123(49.8)
Felling bored	55 (74.3)	44(55.7)	34(77.3)	8(16.0)	141(57.1)
Lack of attention being paid	54(73.0)	18(22.8)	5(11.4)	4(8.0)	81(32.8)
Over protected	34(45.9)	28(35.4)	10(22.7)	10(20.0)	82(33.3)
Inferiority	50(67.6)	42(53.2)	21(47.7)	6(12.0)	119(48.2)
Insecurity	52(70.3)	37(46.8)	18(40.9)	7(14.0)	114(46.2)
Others	0	1(1.3)	0	0	1(0.4)
Worries About Something During The Past One Month	25(33.8)	22(27.8)	4(9.1)	6(12.0)	57(23.1)
Gambling	1(1.4)	1(1.3)	0	0	2(0.8)
Teasing	19(25.7)	10(12.7)	2(4.5)	6(12.0)	37 (15.0)
Thought seriously about running away from home	25(33.8)	20(25.3)	6(13.6)	0	49(19.8)
Ever consulted a Teacher/ Psychologist for problems	16(21.6)	5(6.3)	2(4.5)	0	47(19.0)
Substance Abuse					
Smoking	6(8.1)	5(6.3)	1(2.3)	7(14.0)	19 (7.7)
Drinking	7(9.5)	8(10.1)	3(6.8)	7(14.0)	25 (10.1)
Felt need of counseling	63(85.1)	63(79.1)	36(81.8)	40(80.0)	202(81.8)
Preferred Source of Counseling					
Mentor	7(9.5)	21(26.6)	3(6.8)	8(16.0)	39 (15.8)

Teachers	11(14.9)	5(6.3)	9(20.5)	7(14.0)	32(13.0)
Friends	31(41.9)	13(16.5)	12(27.3)	12(24.0)	68(27.5)
Family members	13(17.6)	24(30.4)	13(29.5)	21(24.0)	71(28.7)
Any other	2(2.7)	2(2.5)	0	0	4(1.6)
Have Role Model	56(75.7)	70(88.6)	36(81.8)	42(84.0)	204(82.6)
Who should be a Mentor					
Friend	32(43.2)	20(25.3)	15(34.1)	9(18.0)	76(30.8)
Teacher	8(10.6)	7(8.9)	6(13.6)	10(20.0)	31(12.5)
Family Member	26(35.1)	37(46.8)	22(50.0)	30(60.0)	115(46.6)
Relative	6(8.1)	4(5.1)	0	0	10(4.0)
Career Planning as Key Element of Discussion with Mentor	8(10.8)	8 (10.1)	3 (6.8)	18(36.0)	37 (15.0)

DISCUSSION

Psycho-social and behavioral problems account for a considerable proportion of the morbidities among adolescents. Adolescent comprises one-fifth of the total population and unfortunately very few studies have been undertaken to demonstrate the prevalence of psychosocial problems among adolescents in India. Adolescent problems are increasing due to rapidly changing life style and increasing stressful conditions continuously faced by them.

In the present study, different types of reported psychological problems were found to be quite high, being nervousness at the top. However, the degree of problem sharing was found to be quite low. Whereas, in an earlier study conducted in Chandigarh, 60% of the health complaints in adolescents were seen to be psychological in nature⁸. An overall prevalence of psycho-social problems was found to be 17.9% among rural and urban male adolescents⁶. About 10 % students in the present study reported drinking and 8.8 %

were reportedly smoking currently. About 82% felt need of counseling and family members was the main choice for preferred source of counseling. About 82.0% students felt need of counseling mainly from friends, family members and mentors. However, only 71(28.7%) students reported that they usually discussed openly with their parents. About 16% felt need of counseling from mentors mainly for career planning.

CONCLUSIONS AND SUGGESTIONS

Adolescent period is hazardous for adolescent health due to high reported prevalence of psychosocial problems and absence of proper guidance and counseling. There is felt need of counseling of students at school levels. Adolescent friendly health initiatives like mentoring should be implemented at school levels to reduce psychosocial problems of adolescents for better possible outcomes of adolescent health programs.

ACKNOWLEDGEMENTS

The present paper is based upon a part of work conducted during Short Term Fellowship/Training in Indian Institute awarded under HRD Scheme of Department of Health Research (DHR), Ministry of Health and Family Welfare, Govt. of India, availed at National Institute of Medical Statistics (NIMS), Indian Council of Medical Research (ICMR), New Delhi, India. I owe my sincere thanks to the Secretary and Director General ICMR, Department of Health Research, Ministry of Health and Family Welfare, Govt. of India for awarding this Fellowship/Training and to the host Institution NIMS, New Delhi. Authors also acknowledge the assistance in field survey provided by the project staff working in the Department of Community Medicine, Govt. Medical College and Hospital (GMCH), Chandigarh India..

BIBLIOGRAPHY

1. Programming for adolescent health and development: *Report of a WHO/UNFPA/UNICEF study group.*
2. Patton GC, Viner R: Pubertal transitions in health. *Lancet* 2007, 369:1130-1139
3. Kushwaha SS, Mittal A. Perceptions and Practice with Regard to Reproductive Health Among Out-of School Adolescents, *Indian Journal of Community Medicine* (2007);32(2):141-43.
4. Bhatia V, Swami HM. Fertility control methods: Knowledge of Adolescent girls in schools of Chandigarh. *Indian J. Med. Sciences* 1999; 54: 342.
5. V Mala, D Kumar, S Dwivedi, SB Darbal. Psycho-social Behavior Pattern of Unmarried Adolescent Girls in Urban Area of Allahabad, Uttar Pradesh. *Indian Journal of Community Medicine* Vol.32, No.1, January 2007.
6. Anees Ahmad, NazamKhalique, Zulfia Khan, Ali Amir. Evalence of Psychosocial Problems among School Going Male Adolescents. *Indian Journal of Community Medicine* Vol.32, No.3, July 2007.
7. Dhillon S.P.S., Amrit Pal Kaur. Violence in Adolescents and its Psychosocial Dimensions. *Social Medicine* Vol 1 Issue 1 September 2006.
8. Kumar R, Prinja S, Lakshmi PV. Health care seeking behavior of adolescents: Comparative study of two service delivery models. *Indian J Pediatr* 2008;75:895-9.