

STUDY FOR ADOLESCENT PROBLEM AND PSYCHOLOGYAstha Kakkad¹, Monika Trivedi², Gitika Trivedi³, Abhishek Raichandani⁴**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: INTRODUCTION: Adolescence is defined as the age group of 10-19 years. Adolescents suffer from psychosocial problems at one time or other during their development. Due to rapid industrialization and urbanization majority of young couple are employed and get less time to look after their children. Psychosocial problem and drug abuse are quite prevalent in this age group. **AIM AND OBJECTIVE:** To study the prevalence of psychosocial, emotional, behavioral problems, sexual orientation, drug abuse in adolescents (less than 18 years) and compare with college students (18-22years) of age. **MATERIAL AND METHODS:** The permission was taken from the head of the schools and colleges. A questionnaire was made and was distributed and information was collected. Sample 610 collected from school and 700 from college. **RESULT:** 580 and 669 students from schools and colleges respectively answered data correctly. 18% of school and 15% of college students have witnessed domestic violence in their families. Anxiety and stress was more in school going children than college (might be due to exams) i.e.75%: 50% and 46%:41% respectively. Depression rate was almost equal among school and college i.e. 30%. Behavior of our children is influenced by their co-students, on assessing peer pressure it was found that 26-29%(1/3rd) from school and college age group submit to peer pressure. In drug abuse alcohol intake was 12% and 19% in school and college group while prevalence of smoking was 4% and 12% respectively. Total number of students who were active in sexual activity was found to be 7.5% in schools and 14.6% in colleges. **CONCLUSION:** Adolescents constitute 1/5th of our population and prevalence of psychosocial problems along with drug abuse is increasing. With effective counseling by parents and teachers, sex education, stress reduction and improving familial environment, we can ensure a better future and improved adolescent health.

KEYWORDS: Adolescent, Behavior, Drug abuse.

INTRODUCTION: Adolescence is defined by WHO as "the age group of 10-19 years". In India, adolescents (10-19 years) constitute 21.4 percent of the population comprising one fifth of the total population.^[1]

Adolescents suffer from psychosocial problems at one time or the other during their development. Many of these problems are of transient nature and are often not noticed. Further children may exhibit these problems in one setting and not in other (e.g. home, school). Several key transitional periods (moving from early elementary to middle school, moving from middle school to high school or moving from high school to college) can present new challenges for these adolescents and symptoms of dysfunction may occur.

The term psychosocial reflects both the under controlled, externalizing or behavioral problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc. and the over controlled, internalizing or emotional problems like anxiety, depression etc.

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The emotional problems have been relatively neglected compared with behavioral problems because these are not easy to be detected by the parents or teachers.

Nowadays, because of rapid industrialization and urbanization majority of young couple are employed and live in unitary setup, so unavoidably they get less time to look after their children. Under these circumstances, psychosocial (emotional and behavioral) problems and psychiatric problems are on the rise. There is need to raise public awareness about the prevalence of these "hidden" emotional disorder in Indian adolescent.

There are only few studies about adolescent psychosocial problems from India. Most of the epidemiological survey on school going children and adolescents has reported a wide variation (20-33%) in the prevalence of psychosocial problems. Individual studies illustrated the prevalence of psychosocial problems ranging between 10-40%.

AIM: To study the prevalence of psychosocial, emotional, behavioral problems and sexual orientation, drug abuse in adolescent (less than 18 years) and compare it with college (18-22 years) of age group to see the role of transition and stress in their behavior.

OBJECTIVE: To report the prevalence and to find the underlying causes (familial, social pressure):

1. Behavioral problem.
2. Psychosocial problems.
3. Sexual orientation.
4. Drug abuse.
5. Physical problems.

MATERIAL AND METHODS: The permission to conduct the study in these schools was taken from the Heads of the schools well ahead of the data collection. The school teachers actively co-operated during the whole period of the study. All the participants were explained the purpose of the study and were ensured strict confidentiality. Next verbal informed consent was taken from each of them before the survey. The participants were given the choice of not participating in the study if they did not want to and completed once were collected on the same day.

The study was done during January 2014 to March 2014 in schools DPS (kalyanpur branch Kanpur), Wendy School Kanpur, and Scindia Kanya Vidyalaya (Gwalior) for less than 18 year of age and college Rama Medical College Kanpur, Rama Dental College Kanpur, Rama College of engineering Kanpur for age 18-22 years.

Samples 610 from school and 700 samples from college are collected.

A questionnaire was made and distributed and information collected.

580 Number sincerely responded – In school.

669 Number sincerely responded - In college.

Limitation of the Study:

- The study was conducted in public and private schools and colleges and not in Government schools and colleges.
- Even after repeated visits, few absentees could not be covered.
- Follow up of the users could not be done.

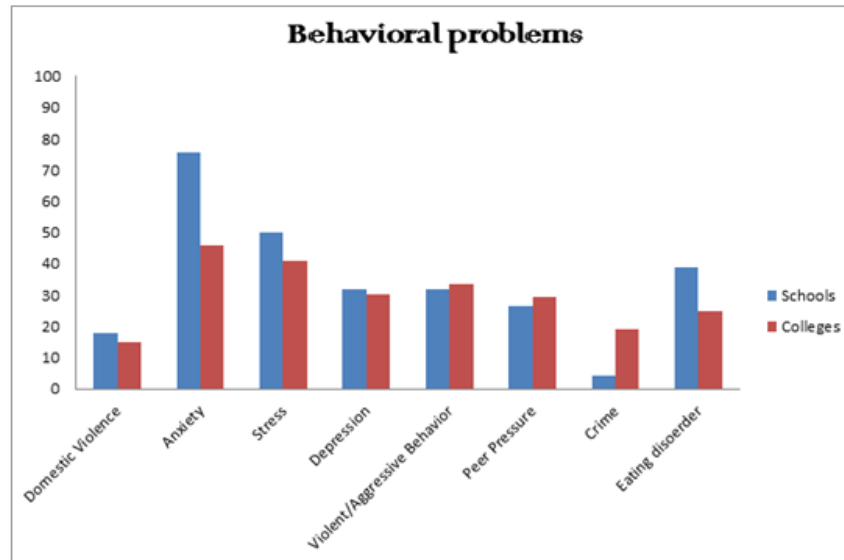
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Exclusion Criteria: Any student on Antipsychotic/ antidepressant medication- NIL

Statistical Analysis: The data collected were thoroughly cleaned and entered into Excel spread sheets and analysis was carried out. The procedures involved were preliminary data inspection, content analysis, and interpretation.

RESULT:

Tables and charts:



In our study the Incidence of Domestic violence was 18% in families of school going children almost equivalent to 15 % in college age group. Anxiety was obviously more in school age group 75% as compared to 46% in college group. The reason being might be the study was done at the time of exams of children and hence increased stress factor. Stress was 50 % in school going children as compared to 41 % in college students. The percentage was almost equal and the slight difference seen might be due to the fact that study was done at the time of exams of school children.

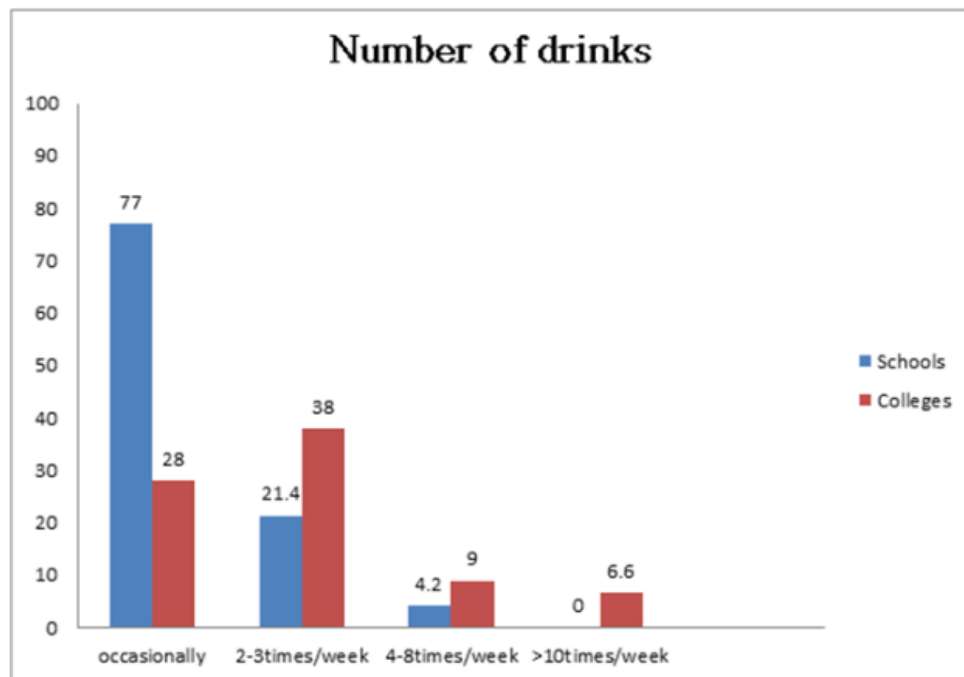
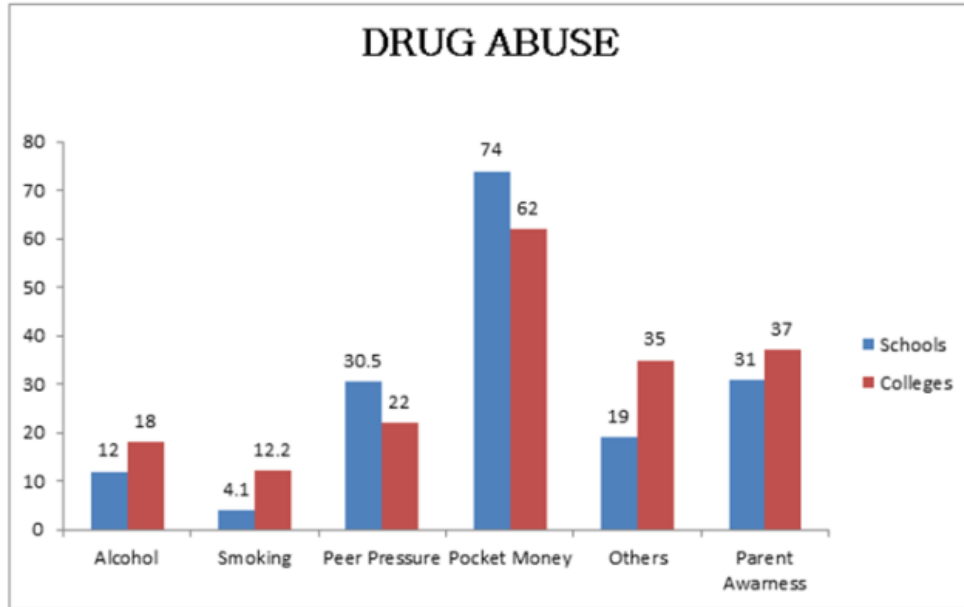
Depression rate was almost equal among school and college going children approx. 30%. One third students both of school going and college age group (approx. 30%) were aggressive and violent. It was seen that the Incidence of aggression and violence was more in children with family history of domestic violence (50%) in school going age group while in college students with history of crime 35% (one third) had history of domestic violence in family.

Behavior of our children is influenced by their co-students hence on assessing the peer pressure factor it was found that 26-29% of school and college age group children submit to peer pressure which is around one third of adolescent's decisions are influenced by the fact of what their co students think. Hence it's absolutely right of parents being concerned about their children company.

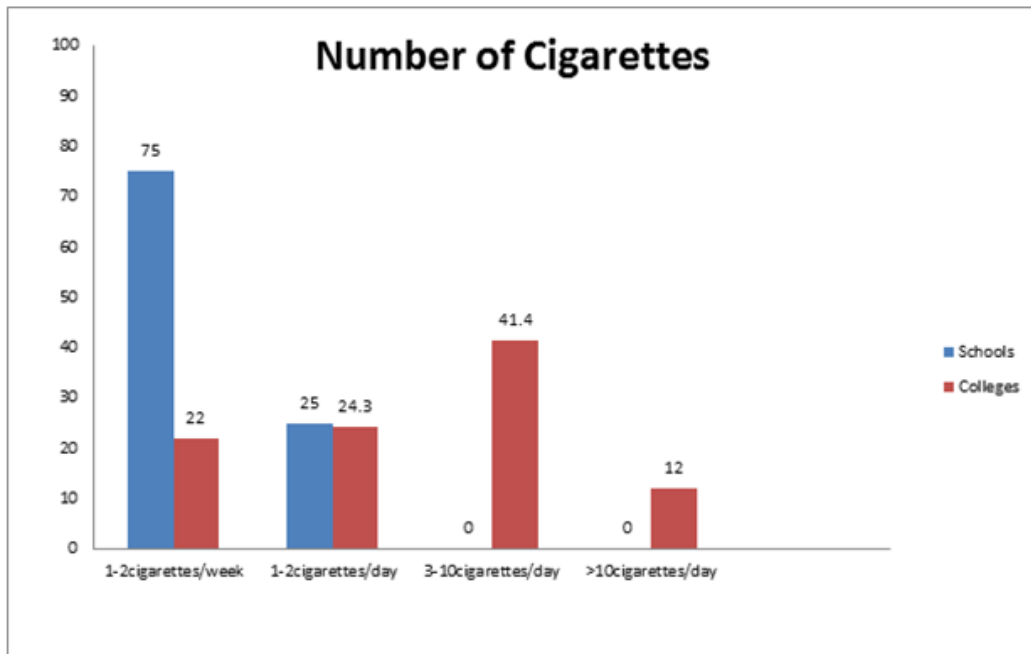
Crime rate was 2.5% in school age group while in college it was 11.8%, marked difference. Out of them 1.5% in school and 7.1% in college were convicted of crime only.

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12 & 18% of school and college going students respectively had taken alcohol and the most common age group in school going children for onset of alcohol was 14-16 year of age(73 %), while college age group students the onset was mainly between 17-19years of age(43%). Smoking was less popular among adolescents 4% as compared to 12.2% in college group.



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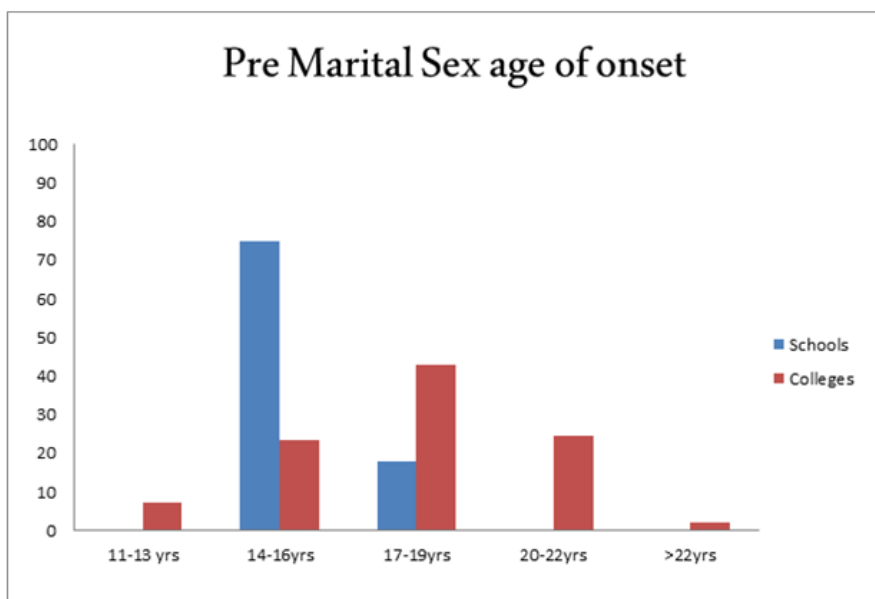


75% of students take around 1-2 cigarettes per week as highly contradictory to college age group students where 41% take 3-10 cigarettes per day. Peer pressure was the contributory factor in one third cases and around 75% of school children and 62% college students utilized their pocket money for finances for drug abuse.

Stealing and other means were more common among college age children. In only one third cases the parents are aware about this fact. Smoking and alcohol did affect their life as it resulted in failure in work and relationships in 11-13% cases of school and college age group children respectively and one third did choose to continue despite their habits causing problems with their loved ones.

FACTORS		SCHOOL		COLLEGE	
NUMBER	CODE	AMOUNT	%	AMOUNT	%
1-3	1	43	100%	88	89.7%
4-6	2			10	10.2%
7-9					
>10					
PREMARITAL SEX NUMBER OF PARTNERS					

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On questioning about Premarital Sex 43/580 in school & 98/669 in college going children were exposed to premarital sex and 100% school children had 1-3 partners over 12 months of period as compared to college students had 89% with 1-3 partners in 12 months and 10% had 4-6 partners in 12 months.

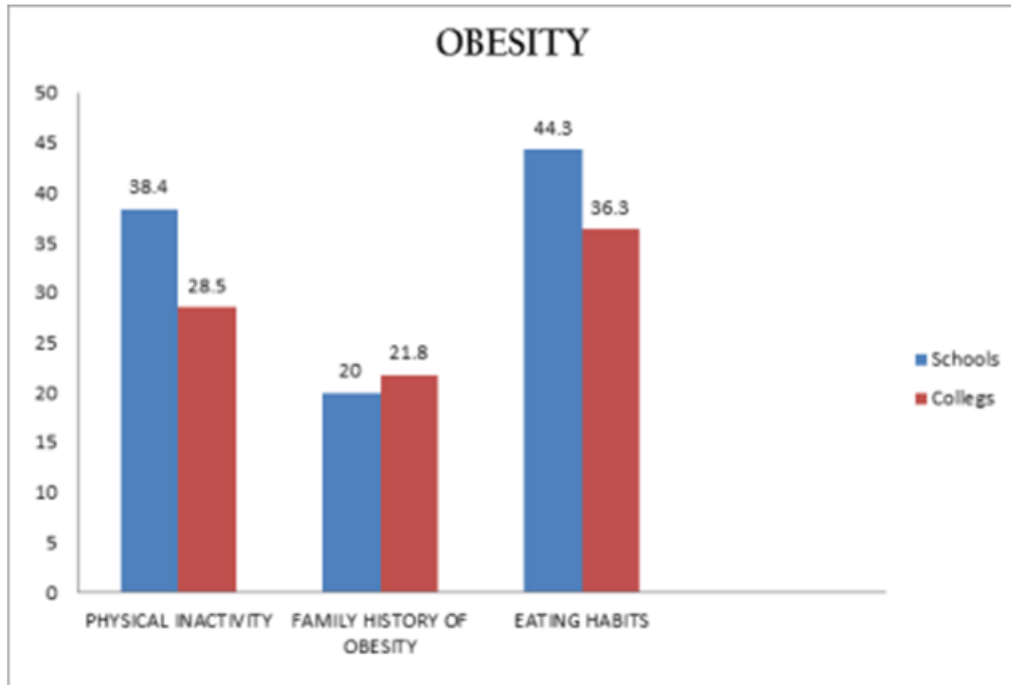
Most common age of onset of premarital sexual activity is 14-16yrs age for school going children as compared to 17-19yrs of age group for college students.

Most common reason for premarital sex was voluntary and rest did not comment on reason and 70% of school going children used contraceptive and condom was the most common means used. Awareness was much less in college students. Reason being the school survey was done in private public schools.

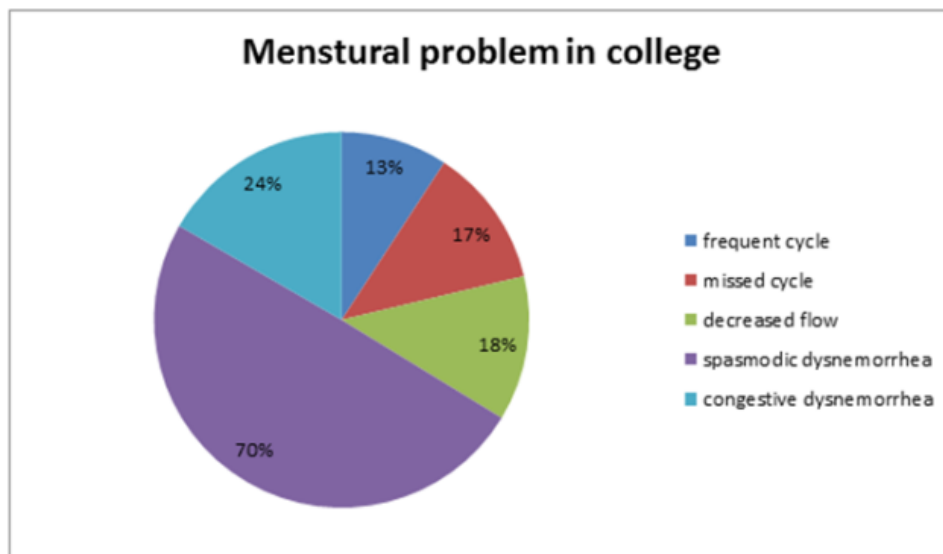
Today most of the girls are aware with the menstrual cycle pattern of mother signifies familial and maternal involvement in education. Sex education was given to 94% of children in school while only 59% college children were exposed here, hence lack of sex education contributed to decreased awareness for contraceptive usage in college group.

FACTORS	SCHOOL	COLLEGE
REASON		
1. FORCE		
2. PEER PREASURE		
3. VOLUNTARY	56%	25.5%
CONTRACEPTIVE USED	70%	38.7%
KNOWLEDGE ABOUT MENSTRUAL CYCLE	94%	66.3%
SEX EDUCATION RECEIVED IN SCHOOL	94%	59.1%
FACTORS FOR PREMARITAL SEX		

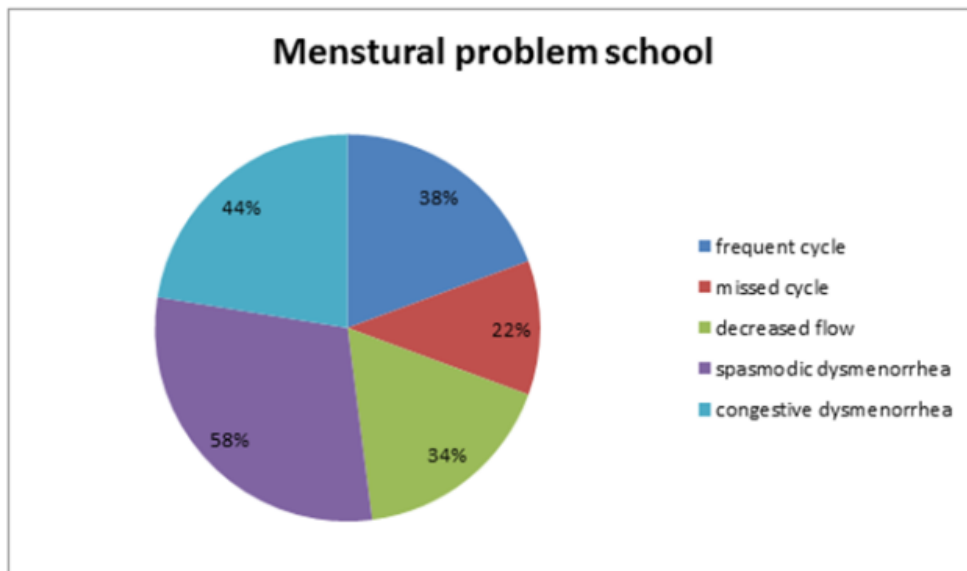
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Incidence of obesity in school going children was approximately 40% and in college group the incidence was 30%. eating habits and physical inactivity both leads to obesity. Out of school going children 38% had physical inactivity while in college group physical inactivity contributed to 28%. 20% in both groups had family history of obesity. Abnormal eating habits contributed to obesity in 44.3% as compared to 36 % in college group.



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On questioning girls about menstrual cycle abnormalities polymenorrhoea (38%) followed by hypomenorrhoea (34%) was the most common abnormality in school going girls and they improved as age improved. Menstrual problems in college girls were reduced to only 17% hypomenorrhoea and 17% oligomenorrhoea. Around 32-34% girls (both groups) were aware of their mother's menstrual cycle pattern and because of school education 91% school going girls were aware of menstrual cycles as compared to 81% college girls. 44% girls had congestive dysmenorrhoea as compared to 23% college girls. Most common menstrual abnormality is spasmodic dysmenorrhoea 70% college girls as compared to 58% school girls.

One girl in school and one girl in college age group underwent termination which was done legally with no regret rate & no history of abuse in their relationship.

DISCUSSION: 40% women had experienced at least one form of physical violence in their married life.

As per national family health survey 3, 1/3 of married women that is 35% or 1/10 women have experienced domestic violence. In our study the incidence quoted was 18% and 15% in families of school and college going children respectively. The quoted rate is less, might be due to the fact that our study was done only in private schools and colleges, secondly under reporting of problem. It was seen that 50% of children with conduct disorder in our study had history of domestic violence in family.^[2]

Behavioral and externalizing – behavioral affects 7% of those aged 9-15years. Conduct disorder, a severe form of externalizing behavior is the most common psychiatric disorder among adolescents.

Conduct disorder causes physical impairment and often presents with other disorder such as depression and anxiety. Evidence suggests that prevalence of adolescent conduct problem has been increasing over past 30 years.

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Adolescent conduct disorder was strongly linked to the presence of symptoms of depression and anxiety later in adulthood. Antisocial behavior in early childhood is associated with the formation of delinquent peer group and later conduct disorder in adolescence.

In turn Conduct disorder in adolescence is associated with further affiliation with delinquent peer group and involvement in criminal activities. Conduct problems in adolescence are associated with leaving school earlier or with fewer qualifications, becoming a parent at a young age, unemployment, divorce or separation, substance abuse, other psychiatric disorders including depression and anxiety, and suicidal behavior.^[3-6]

Our study correlates with other studies as per the incidence of drug abuse in adolescent. Study by Maduand Matla prevalence of drug use is 19.8% as compared to ours 12% -18% (school and college going children). Smoke and alcohol in our study was bit less in school going children (4% vs. 10% and 12% vs. 39% ours and Madu and Matla study respectively).

Their main reason was at parties and weekends while our children mainly resorted in view of peer pressure. 14years was the age at which maximum school going children took to drug abuse either alcohol or cigarattes in our study. A majority of the users reported trying to end the habit and most of the users expressed a desire to quit the habit.^[6-9]

The human resource development ministry's (HRD) Adult Education Programme (AEP). Launched in 2005 and backed by the National Aids Control Organization (NACO), the AEP's focus is safer sex, as well as the physical and mental development of 14-18 year olds. The Committee on Petitions headed by the BJP's Venkaiah Naidu is a cross party group up of nine Rajya Sabha members said that they were "highly embarrassed" by the HRD ministry's curriculum and insisted that premarital sex, together with sex outside marriage, is "immoral, unethical and unhealthy".

It also said that consensual sex before the age of 16 "amounts to rape". But Mehra is one of many who point to the facts. Child marriage means huge numbers of adolescent Indians indulge in "legal" sexual activity. The IIPS says that 47.4% of all women aged 20 to 24 are married by the time they are 18. About 18% are married by the time they are 15. Hence sex education is important not only to prevent early pregnancy but AIDS as well.^[10,11]

In our study premarital sex initiation was maximum at 14 years of age in school going children but the good fact is that they contraceptive use was high in the school going children reflecting the awareness regarding disadvantages of unsafe sex.

There is some more positive news concerning adolescent behavior. In most countries half or more of 15years old who are sexually active report using condoms the last time they had sex(although this still means a large number of adolescent do not use condom), and cigarette smoking is decreasing among younger adolescent in many high income countries.

New data presented in health for worlds adolescent show, in countries with survey data that fewer ¼ adolescent meet recommended guidelines for physical activity, as many as 1 in every 3 obese in some countries. In our study 40% had obesity due to physical inactivity.

Mental health is another emerging public health priority. Mental health problems take a particularly big toll in the second decades. Globally suicide rank 3 among causes of death during adolescent and depression is the top cause of illness and disability.^[12]

The new adolescent health strategy in India takes these new public health concerns into consideration, going beyond sexual and reproductive health to focus additionally on mental health, nutrition, substance use, violence including gender based violence and non-communicable diseases.

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This is the aim of millennium development goals 4, 5, 6 and public health strategies.

Further lowering rates of adolescent pregnancy will be central to reducing maternal mortality and to improving child survival, since the younger the mother, the higher the mortality rates among newborns. This has been one of the important achievements in adolescent health of the past 2 decade significant reductions in adolescent pregnancy rates in a number of countries.

Overall there was an estimated 1.3million adolescent death in 2012, the most of them from causes that could have been prevented or treated. Mortality is higher in boys than in girls and in older adolescent (15-19years) than in younger group (10-14years).

Violence is a particular problem in boys and maternal in girls. HIV is now the number 2 causes of death among adolescent.^[12]

Adolescent constitute 1/5th of our population and prevalence of psychosocial problems along with drug abuse is increasing. With effective counseling by parents and teachers, sex education, stress reduction and improving familial environment, we can ensure a better future and improved adolescent health.

Steps to improve:

1. Adolescent need to be involved in decision and actions. To ensure that programmers and policies meet their needs, adolescents must be heard and must contribute to planning, implementation, monitoring and evaluation of services.
2. Positive steps to be taken for de addiction and home environment need to be discussed in parent meetings in schools.
3. In order to Prevent health compromising behaviour (eg.-tobacco, alcohol and drugs, unsafe sex) awareness regarding their harms to be publicized at an early stage in school so that peer pressure doesn't come into play.
4. Universal health coverage for adolescent. Health services need to move beyond adolescent pregnancy and HIV to address the full rank of adolescent health and development needs.
5. Issues specific health policies.^[12]
6. School curriculum should include chapters on unsafe sex, drug abuse, violence, obesity, adolescent pregnancy, HIV infection.

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