Psychosocial Maladjustments among Adolescent School Students in Delhi, India

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Abstract

Background: Accumulating evidences are showing that strengthening protective psychosocial factors in adolescents make important contributions in improving developmental outcomes. Hence the present study was conducted to study the psychosocial maladjustments and their determinants among adolescent school students in Delhi, India.

Materials and methods: Questionnaire based cross sectional study was conducted from February 2013 to September 2013 in four schools in South Delhi. All students studying in class 11 and 12 were included. Complete enumeration of the study subjects was done. Pareek's Pre Adolescent Adjustment Scale (PAAS) was used to find psychosocial maladjustments among adolescent school students in five psychosocial domains (Home, School, Teachers, Peers and General). Data were analyzed using SPSS version 21.

Results: The prevalence of home, school, teacher, peer and general psychosocial maladjustment were found to be 12.6%, 13.2%, 13.4%, 18.9% and 31.5% respectively. The risk of psychosocial maladjustment in all psychosocial domains was found to be higher among males, students studying in class twelve and belonging to lower socio-economic class.

Conclusion: The study has revealed that psychosocial maladjustment in different psychosocial domains is present among adolescent school students in Delhi. This demands behavioral interventions in several psychosocial environments like home, school, peers and public places.

Keywords: **Adolescents, school students, psychosocial maladjustments, Delhi.**

Introduction

The world is home to 1.2 billion adolescents aged between 10-19 years who form more than one- fifth of the world's population. [1] India has the largest national population of adolescents (243 million) forming 21.4% of the total population.[2] Like adults, adolescents are also entitled to enjoy basic human rights - economic, political, social and cultural. But their inability to exercise these rights places the onus on the policy makers to implement separate measures to ensure their rights. Moreover, it is necessary to invest in adolescents as they are the future leaders and guardians of future development.[3]

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Adolescents in the age group of 15 to 18 years suffer from identity crisis, integration and maturity. Also, late adolescent years are the peak time for the onset of schizophrenia, mood disorders and bipolar disorders.[4] Many psychosocial factors have an impact on adolescent's mental ability to achieve and sustain a state of well- being. These factors operate at the level of individual, family, peers, school or neighborhood and also at a broader societal level. [5]

Risk factors for mental disorders among adolescents include, but are not limited to poverty, social exclusion, violence, peer rejection, isolation and lack of family support. Protective factors for mental well- being are linked to cohesion at the community level, family well- being, individual behavior and skills, adolescent friendly social services. [6] Technically speaking, we have to immunize our younger generation from the harmful effects of psychological stress, which will stop them from high risk behaviors and substance abuse.

Accumulated evidences show that strengthening the protective factors in schools, homes and local communities as well as improving quality of mental health care for adolescents, can make important contributions to improving developmental outcomes of vulnerable young people. [7] Mental well- being is fundamental to good quality of life. Happy and confident adolescents are most likely to grow into happy and confident adults, who in turn contribute to the health, well- being and development of nations. [8]

Greater public awareness and general social support for adolescents with psychosocial maladjustments are essential to effective prevention and assistance. Safeguarding adolescent mental health begins with parents, families, schools and communities. Educating these critical stakeholders about mental health can help adolescents enhance their social skills, improve their problem solving capacity and gain self- confidence.

The lack of reliable information on the adolescent age group is a major impediment in preparing a profile of adolescents in developing countries like India. The availability of reliable data is a vital precondition for planning and identification of appropriate programs for adolescents. So the present study was conducted to study the psychosocial maladjustments and their determinants among adolescent school students in Delhi, India.

Materials and Methods

Study Design: Questionnaire based cross sectional study was conducted from February 2013 to September 2013 in four government senior secondary schools in South district of Delhi located in the field practice area of the Department of Community Medicine, Vardhman Mahavir Medical College (VMMC) and Safdarjung Hospital, New Delhi. All students studying in classes 11 and 12 who were present on the day of visit and agreed to take part in the study were included. Complete enumeration of the study subjects was done.

Study Tool: Pareek's Pre Adolescent Adjustment Scale (PAAS) was used to find psychosocial maladjustments among adolescent school students in five psychosocial domains (Home, School, Teachers, Peers and General). Even though PAAS is referred to as preadolescent scale, it is widely used in Indian studies in adolescents of all age groups. [9] PAAS contains 40 questions in 'yes' or 'no' pattern in five psychosocial domains - Home (9), School (8), Teachers (8), Peers (8) and General (7). High positive score in a domain indicates good adjustment and scores less than '0' indicate maladjustment in that domain. The scale was pre- tested for its reliability and Cronbach's Alpha was found to be 0.79. Bilingual questionnaire, containing both the English and the Hindi versions was used.

Data Analysis: Data were analyzed using Statistical Package for Social Sciences (SPSS) version 21. Chi-square test was used to draw statistical inferences.

Ethical Issues: The study protocol was approved by the Institutional Ethical Review Board of Vardhman Mahavir Medical College (VMMC) and Safdarjung Hospital, New Delhi. Permission for conducting the study was obtained from the school principals. Informed, written consent was also obtained from the parents or guardians of the students.

Results

Socio- demographic Characteristics

Among 962 study subjects, majority 675 (70.1%) were of either 16 or 17 years of age. The mean age of the study subjects was 16.88 years (SD = 0.984). Majority of the study subjects were males- 524 (54.5%). 661 (68.7%) subjects belonged to joint family and 759 (78.9%) were Hindu by religion. According to revised Kuppuswamy's socio-economic classification 2012, most of the study subjects belonged to lower middle class- 422 (43.9%), followed by 399 (41.5%) subjects belonging to upper middle class (table 1). In case of 497 (51.7%) study subjects, the father was working mostly either as a clerk, shop keeper or farmer, while the mothers of 874 (91%) study subjects were house wives.

S. No.	Socio-demographic profile		Number	Percentage
1	Sex	Male	524	54.5
		Female	438	45.5
2	Class	11	517	53.7
		12	445	46.3
3	Type of family	Joint	661	68.7
		Nuclear	301	31.3
4	Religion	Hindu	759	78.9
		Muslim	203	21.1
		Others*	6	0.6
5	Socio- economic class (Revised Kuppuswamy's classification, 2012)	Upper	42	04.4
		Upper middle	399	41.5
		Lower middle	422	43.9
		Upper lower	87	09.0
		Lower	12	01.2

Table 1.Distribution of study participants according to socio- demographic profile (N=962)

Prevalence of Psychosocial Maladjustments

Of the 962 study subjects, 121 (12.6%) scored less than '0' in PAAS psychosocial domain 'home' and they were found to be maladjusted towards home. Similarly, 127 (13.2%) scored less than '0' in PAAS psychosocial domain 'school' and were found to be maladjusted towards school. 129 (13.4%) scored less than '0' in PAAS psychosocial domain 'teacher' and were found to be maladjusted towards teachers. 182 (18.9%) scored less than '0' in PAAS psychosocial domain 'peers'. They were found to be in peer maladjustment and 303 (31.5%) scored less than '0' in PAAS psychosocial domain 'general' and they were found to be in general psychosocial maladjustment (figure 1).

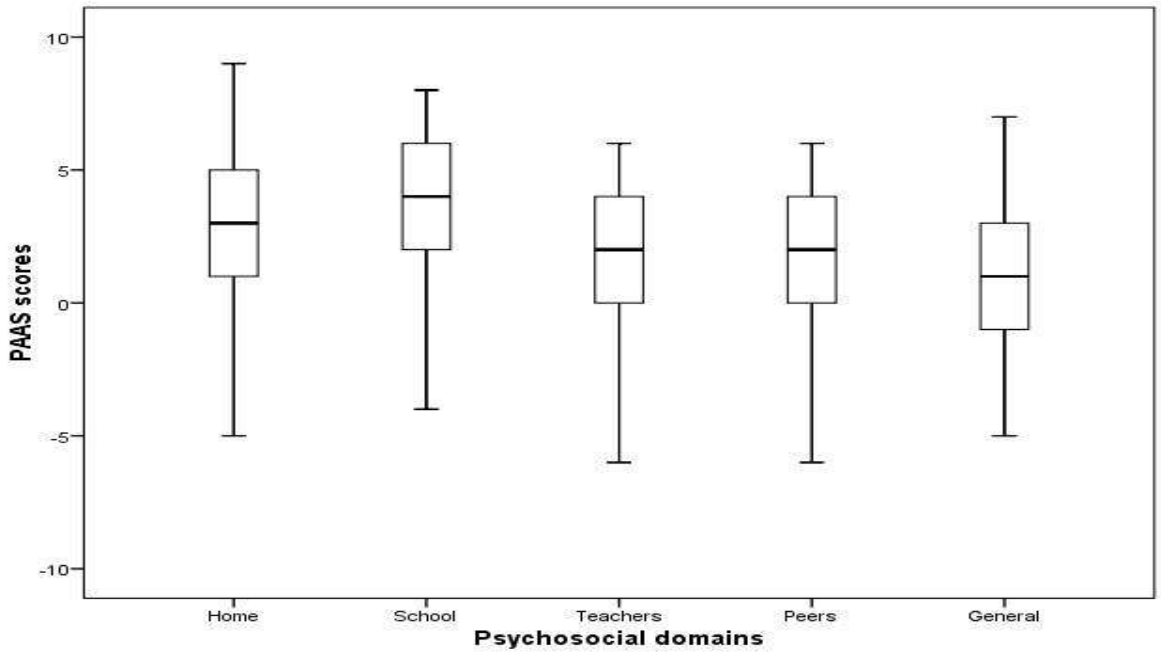

Figure 1.Distribution of PAAS scores in different psychosocial domains (N=962)

Home Maladjustment

The prevalence of home maladjustment was more in the study subjects studying in class XII when compared to those students who were studying in class XI and the difference was found to be statistically significant (p-value= 0.000). Similarly, the prevalence of home maladjustment was found to be more among study subjects whose mothers were employed (p-value= 0.013) and among those whose fathers were unemployed (p-value= 0.072). The

prevalence of home maladjustment was also found to be more in those belonging to lower socio-economic status (upper lower class and lower class) than in those belonging to higher socio- economic status (lower middle, upper middle and upper class) (p-value= 0.015).

School Maladjustment

The prevalence of school maladjustment was found to be more in males as compared to females (p-value= 0.000). Similarly, the proportion of study subjects who were maladjusted towards school were found to be more in those who were studying in class XII when compared to those studying in class XI (p-value= 0.031). It was also found that the prevalence of school maladjustment was low in study subjects whose mothers had been educated till high school or above when compared to those whose mothers had a lower educational status, and the difference was found to be significant (p- value= 0.027). But no such association was found with fathers' educational status (p-value= 0.057).

Teacher Maladjustment

The prevalence of teacher maladjustment was found to be more in males as compared to females (p-value= 0.025). Similarly, the proportion of study subjects who were maladjusted towards teachers were found to be more in those who were studying in class XII in comparison with those who were studying in class XI (p-value= 0.001).

Peer Maladjustment

The prevalence of peer maladjustment was found to be more in those study subjects who were the only child of their family and also in those who had four or more siblings as compared to those who had one to three siblings, and the difference was found to be statistically significant (p-value= 0.001). The prevalence of peer maladjustment was found to be more in study subjects who belonged to low socio-economic status (p-value= 0.02) and whose fathers were unemployed (p-value= 0.001).

General Psychosocial Maladjustment

The prevalence of general psychosocial maladjustment was more in study subjects studying in class XII when compared to those studying in class XI, and the difference was found to be statistically significant (p-value= 0.001). Similarly, general psychosocial maladjustment was more in study participants whose mothers were employed (p-value= 0.04).

Discussion

The prevalence of home maladjustment was found to be more among female adolescent students whereas in the psychosocial domains of schools and teachers, the prevalence of maladjustments was more among male adolescents. Peer and general psychosocial maladjustments were found to be similar in both sexes. The results show that girls feel home environment as unfriendly and hostile as compared to boys who are very well adjusted to their home, but find it difficult to adjust with their teachers and school environment. These observations were similar to a study done by Louis P et al., which also shows that psychosocial problems towards peers were similar in both males and females. [10] However, Var FD et al. found in their study that general psychosocial maladjustment was significantly more in females as compared to males.[11]

In India, students studying in class twelve are put under more pressure to perform well in their final exams as well as for the competitive exams that follow, as these exams decide their entry into preferred course and colleges. The results of the study show that the prevalence of psychosocial maladjustments in all psychosocial domains were higher in those studying in class twelve as compared to those studying in class eleven. Hussain A et al., in their study among high school adolescent students, have also found a significant relationship between academic stress and psychosocial adjustments; as academic stress increases, psychosocial adjustment decreases. [12]

In the present study, the prevalence of maladjustments in all psychosocial domains was found to be significantly lower in study subjects whose mothers had education till high school. The prevalence of psychosocial maladjustment was also low in those whose mothers were housewives. Global School based Student Health Survey (2007) done by Hashumi T et al. among school- going adolescents aged 13 to 15 years also showed similar results. Adolescents, who reported high levels of parental involvement in their lives reported lower levels of psychosocial problems, depression, loneliness, and anxiety.[13] Bhat A et al. also found that adolescents who face rejection at their home have significantly lower problem solving and decision making skills. Coping with emotion, stress and overall psychosocial competence are also affected. [14] These findings reveal the fact that with better parental involvement, understanding and spending quality time with adolescents, all of which could be easily given by educated parents, psychosocial maladjustments can be reduced.

Wang MT et al., in their study, had found that better home environment and positive teacher- student relationships protect adolescents against depression

and psychosocial misconduct and helps adolescents to attain less behaviorally delinquent developmental trajectories over time.[15] Jia Y et al. in their study on adolescent students conducted in two centers (China and United States) have also found a significant negative association between teacher's support and student- student support with adolescent psychological and academic adjustment.[16]

Poverty and economic conditions also have a significant impact on adolescent development, both physical and mental. In the present study, we found all kinds of psychosocial maladjustments to be significantly more in those belonging to lower socio economic status. A study by Ahmed A et al. done among male adolescent students also found the same.[17] Piko BT et al. in their study among high school students aged 14-21 years have also found that lower socio economic status is a risk factor for psychosocial maladjustment among adolescents. [18]

Our study is not without limitations. Since study design was cross sectional, cause and effect relation could not be established. The results of the study cannot be generalized as the study was carried out only in selected government schools of Delhi. Further studies are needed that cover the groups of adolescents who are out of school, as the prevalence of psychosocial maladjustments is likely to be higher among such adolescents.

The results have highlighted the fact that there is an urgent need to take effective steps to tackle this problem among adolescents. This demands behavioral interventions at several psychosocial environments like home, school, peers and public places. Since parental support is protective, family members may be informed about the emotional turbulence of adolescents. School teachers may be sensitized in identifying students who are under psychological distress, and adolescent health counselors can be made available in schools.

Conclusion

The study has revealed that psychosocial maladjustment in different psychosocial domains is present among adolescent school students in Delhi. The risk of psychosocial maladjustment is found to be higher among males, students studying in class twelve and those belonging to lower socio-economic class.

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References

1. United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2008 revision. Available at: www.un.org/esa/population/.../wpp2008/wpp2008_highlights.pdf.
2. The United Nations Children's Fund (UNICEF). Trends in the adolescent population. Available at: www.esa.un.org/unpd/ wpp2008/index.html.
3. Rao M. Promoting children's emotional well-being: A book review. *J Public Health Med* 2001; 23: 168.
4. Morgan A. Mental well-being in school aged children, associations with social cohesion and socio-economic circumstances, Copenhagen. WHO regional office for Europe, 2008: 1-12.
5. Scales PC. Reducing risks and building developmental assets**:** Essential actions for promoting adolescent health. *J Sch Health* 1999; 69: 113-19.
6. World Health Organization (WHO). Prevention of mental disorders: effective interventions and policy options, summary report, Geneva. World Health Organization, 2004:1-8.
7. Kieling C, Baker-Henningham H, Belfer M et al. Child and adolescent mental health. *J Am Acad Child Adolesc Psychiatry* 2011; 378: 1515-25.
8. Gupta SD. Adolescent Reproductive health in India: Status, policies, programmes and issues. *Policy Project*, Jan 2003:1-6.
9. Pareek U, Rao TV, Ramalingaswami P et al. Manual for the battery of pre-adolescence personality test, Rupa Psychological Center, Varanasi, 1977.
10. Louis P, Emerson A. Adolescent adjustment among high school students: A brief report on mid adolescence transitioning. *Education Sci Psychology* 2012; 3: 22-34.
11. Var FD, Paul MA, Kumar P et al. Self-esteem and psychosocial problems among Kashmiri youth. *Delhi psychiatry J* 2011; 14(2): 307-13.
12. Hussain A, Kumar A, Husain A. Academic stress and adjustment among high school students. *J Indian Acad Applied Psychology* 2008; 34: 70-73.
13. Hashumi T. Parental involvement and mental well being of Indian adolescents. *Asian J Multidimensional Research* 2009; 1(3): 36-44.

14. Bhat A, Aminabhavi V. Home environment and psychosocial competence of adolescents. *J Psychology* 2011; 2: 57-63.
15. Wang MT, Brinkworth M, Eccles J. Moderating Effects of Teacher-Student relationship in adolescent trajectories of emotional and behavioral Adjustment. *Dev Psychol* 2013; 49: 690-705.
16. Jia Y, Way N, Ling G et al. The influence of student perceptions of school climate on socio emotional and academic adjustment: a comparison of Chinese and American adolescents. *Child Dev* 2009; 80: 1514-30.
17. Ahmad A, Khalique N, Khan Z et al. Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med* 2007; 32: 219-21.
18. D'Silva J, Aminabhavi VA. Adjustment, Self-efficacy and Psychosocial Competency of Drug Addicted Adolescents. *J Psychology* 2013; 4: 13-18.

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