Janapriya Journal of Interdisciplinary Studies, Vol. 6 (December 2017)

Research Article

Psychosocial Problem among School-going Adolescents in Pokhara, Western Nepal

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Abstract

Adolescence the second decade of life is the crucial period demanding significant adjustment to the physical and social changes. During this transitional period, if adequate care and attention is not given adolescents are prone to develop various psychosocial problems with long standing impact. This descriptive cross-sectional study was conducted to assess the prevalence of psychosocial problem and its associated factors among 360 adolescents studying in public schools of Pokhara Lekhnath Metropolitan City. Data was collected by using self-administered questionnaire. The data was analyzed in SPSS version 16 applying both descriptive and inferential statistics. Findings of the study revealed that 21.7 percent of adolescents had psychosocial problem. Adolescents who are facing physical/verbal abuse (p=0.000, OR: 13.54),who do not feel good about home environment (p=0.000, OR: 5.01), have high academic/school relates stress (p=0.000, OR:5.304), who do not stay with their parents (p=0.000, OR: 4.49), belonged to hardly sufficient family income (p=0.000, OR: 3.29), those from joint family (p=0.004, OR: 2.12), whose mothers are illiterate (p=0.027, OR: 1.96) and having disrupted marital status of parents (p=0.040, OR: 1.78) were more likely to have psychosocial problem. Hence, the combined effort of family and school team is essential to protect adolescents from developing psychosocial problem

Keywords: Adolescent, Abuse, Family, Psychosocial problem, School

Introduction

Adolescence is the transitional period in the life span that occurs after childhood and before adulthood. In this period of rapid growth and

development adolescents experience physical and sexual maturation, along with movement toward socio-economic independence and development of identity (Shrestha, 2013). During this transition between childhood to adulthood, adolescents often face a number of crises and dilemmas; lack of adequate care and attention poses the risk of developing various psychosocial problems with long standing impact (Sharma, Gupta, Luthra & Mishra, 2014) and major impact on their psychosocial adjustment and academic performance in school (Haynes, 2002). So that early identification of mental health problems may lead to decreases in long-term disability rates (Hacker, et. al., 2006). Lack in prompt identification and proper management of these problems may have detrimental effect in their potential adult life (Rimal & Pokharel, 2013).

Adolescents currently account for 1.2 billion of the world's population. Eighty-eight percent of them live in developing countries (UNICEF, 2011). Adolescents in Nepal cover 23.62 percent of the total population i.e. nearly a quarter of the population (Ministry of Health and Population, 2011). Mental and behavioural disorders are estimated to account for 12% of the global burden of disease and these disorders of childhood and adolescence are very costly to society in both human and financial terms (WHO, 2001). Various Studies conducted in different parts of the world shows that prevalence of psychosocial problems among adolescents ranges from 13% to 45% (Ahmad, Khalique, Khan, & Amir, 2007; Syed, Hussein, & Haidry, 2009; Suhail, Anees, Najam, Zulfia & Ali, 2012; Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011; Saleem & Mahmood, 2013; and Sharma, et. al., 2014). In the context of Nepal, studies conducted by Bista, Thapa, Sapkota, Singh and Pokhrel, (2016) reported 17% prevalence of psychosocial problem among school children in Hetauda and Sharma, (2014) had found it as 30% in Pokhara. The environment in which some adolescents live, learn and grow can undermine their physical, psychosocial and emotional development, for example, where adolescents lack parental guidance and support, face food shortages, or are surrounded by violence, exploitation and abuse (WHO, 2017). In this backdrop the study was

executed to assess the prevalence and associated factors of psychosocial problems among school-going adolescents in Pokhara.

Data and Methods

Descriptive cross-sectional study design and non-probability purposive sampling technique was adopted for the study. The study was conducted in public schools of Pokhara Leknath Metropolitan city. Four public schools were selected purposively because they represent adolescents from low socio-economic group among whom psychosocial problem is common (Rao & Raju, 2012) and keeping in mind to find out the factors which are more likely to cause the problem among these adolescents. From the selected schools, students of class 7, 8 and 9 with the age range of 11-16 years were included in the study. Sample size was calculated considering the prevalence of Psychosocial Problem as 30% (Sharma, 2014; Banstola, 2015) with allowable error 5% and Z value 1.96, using the formula $n = (z^2 p q)/e^2$ (kothari, 2011). The calculated sample size was 323 and after adding the non-response rate of 10%, the final sample size was 355 but due to the practical problem 5 extra students who were present in the class during data collection time were also included, so that finally data was collected among 360 respondents.

The instrument for data collection was self-administered questionnaire which was divided in three parts. Part I related to socio-demographic information, part II consisted of questions regarding family and school related factors and part III was the standard tool to measure psychosocial problem (Paediatric Symptom Checklist – Youth Report). The tool was pretested among 35 respondents who met the similar characteristics of study samples and they were not included in the main study. The Pediatric Symptom Checklist (Y-PSC) is a brief screening questionnaire that can be administered to adolescents ages 11 and up by health professionals (doctors, registered nurses). The PSC consists of 35 items that are rated as "Never," "Sometimes," or "Often" present and scored 0, 1, and 2, respectively. The total score is calculated by adding together the score for

each of the 35 items. For children and adolescents ages 6 through 16, a cutoff score of 28 or higher indicates psychological impairment. This scale showed high internal reliability (Cronbach's alpha-0.89 and 0.75) when used with Nepalese adolescents studying in various school and non-school settings (Banstola, 2015; Bista, et. al., 2016). The PSC could be used without explicit permission for educational and professional research.

Data was collected after getting approval from the Institutional research committee, department of sociology, Prithvi Narayan Campus, Pokhara. Formal permission was obtained from the selected schools. The purpose of the study was explained to the respondents. Informed written consent was taken from each respondent prior to data collection. Precautions were taken throughout the study in every step to safeguard the right and welfare of all respondents. The respondents were given full authority to withdraw their participation without any fear or clarification at any time during the investigation. Confidentiality had maintained throughout the study. Obtained data was used for research purpose only. Time taken for data collection was 25-30 minutes from each respondents. The questions were clearly read out and explained by the researcher to make it clear and easy for the respondents as well as for the completeness.

Collected data was checked, reviewed, organized daily for completeness and accuracy. Data was analyzed in Statistical Package for Social Science (SPSS) version 16. Descriptive statistics (i.e frequency, percentage, mean and standard deviation) was used to describe the findings and inferential statistics (chi-square test and odds ratio) were computed to see the association between variables. The result was considered significant at 95% confidence interval with p value ≤ 0.05.

Results and Discussion

Among 360 respondents, majority (65.4%) of the respondents were in the age group 14-16 years with mean age 14.2. Proportion of females (56.1%) was slightly higher than males (43.9%). Most (81.7%) of the respondents

were Hindus. Almost equal representation found among Brahmin/Chhetri (40.3%) and Mongolian (41.1%) ethnic groups. Seventy percent of the respondents were staying with their parents and rests were not. The rest were staying with their relatives, friends and brother/sister etc. Regarding family dynamics, 78 percent of them had both parents live and staying together but rest were not together i.e. separated or divorced or widow or widower. Sixty eight percent of the respondents were from nuclear family, more than four members in their family (61.7%) and (21.1%) had hardly sufficient economic status of the family. (Table 1)

The overall prevalence of psychosocial problem was 21.7 percent. Taking into account of subscales 23 percent of the adolescents had internalizing problem, which was more than the externalizing and attention problem. This finding is supported by Pathak, et al. (2011) that also found overall prevalence of 30.0 percent and Internalizing syndrome was the most common (28.6%) psychiatric problem. The other studies also corroborates with this finding (Sojan & Baby, 2015; Sharma, 2014; Rimal & Pokhrel 2013; Syed, et. al., 2009; Ahmad, et. al., 2007; Al-Gamal, et. al., 2013; Joshi, et. al., 2012; Hamdan-Mansour, et. al., 2013; & Uddin, et. al., 2009). (Table 2)

The study has found the significant association between adolescents' religion with the occurrence of psychosocial problem. Similar to this Ahmad, et. al. (2007) also found the prevalence of psychosocial problem higher in Hindus than others; it might be due to the higher percentage of the respondents belonged to Hinduism in this study. There was significant association between with whom the adolescent stay and psychosocial problem. Adolescent who do not stay with their parents are 4 times more likely to suffer from psychosocial problem. Findings of Sojan and Baby (2015) also supports this finding which reported that family issues as important factor for their distress, 78.94% distressed children complained of inadequate time spent with parents whereas only 29.03% non-distressed group complained about the same. Shiferaw, Fantahun, and Bekele (2006)

also reported living with both biological parents and good parent-teen connectedness are related to better psychosocial health (table 3).

Table 1
Socio-demographic Background Characteristics of the Respondents (n=360)

Characteristics	Frequency	Percentage
Age		
11-13 years	90	25.0
14-16 years	270	75.0
Sex		
Female	202	56.1
Male	158	43.9
Ethnicity		
Brahmin/ Chhetri	145	40.3
Janajati	148	41.1
Dalit	67	18.6
Religion		
Hindu	294	81.7
Buddhist	40	11.1
Muslim	24	6.7
Christian	2	6.0
Staying With		
Parents	253	70.3
Others	107	29.7
Type of Family		
Single	243	67.5
Joint	117	32.5
Family Size		
Up to five member	222	61.7
More than five member	138	38.3
Family Dynamic		
Both parent live and staying together	276	76.7
Separated/divorced, widow, widower, both not live	84	24.3
Economic status		
Hardly Sufficient	76	21.1
Sufficient	200	55.6
Surplus	84	23.3

Source: Field Survey, 2017

Table 2

Prevalence of Psychosocial Problem (n=360)

Psychosocial Problem	Frequency	Percentage
Problem not present	282	78.3
Problem present	78	21.7
Subscales		
Internalizing Problem	83	23.1
Externalizing Problem	30	8.3
Attention Problem	10	2.8

Source: Field Survey, 2017

Table 3

Association of Socio-demographic Characteristics with Psychosocial Problem (n=360)

Characteristics	Psychosocial Problem		#*p* value	OR(95% CI)
	No (%)	Yes (%)		
Age				
11-13 years	70(76.7)	22(23.3)	0.564	0.845
14-16 years	212(79.4)	56(20.55)		(0.477-1.498)
Sex				
Male	125(79.1)	33(20.9)	0.751	1.086
Female	157(77.7)	45(22.3)		(0.654-1.802)
Religion				
Non-Hindu	45(68.2)	21(31.8)	0.027*	0.515
Hindu	237(80.6)	57(19.4)		(0.285-0.933)
Ethnicity				
Brahmin/Chhetri	112(77.2)	33(22.8)		
Mongolian	120(81.1)	28(18.9)	0.521	
Dalit	50(74.6)	17(25.4)		
Staying with				
Parents	219(86.6)	34(13.4)	0.000*	4.499
Others(relatives, employer)	63(58.9)	44(41.1)		(2.653-7.628)

Source: Field Survey, 2017#: Pearson's Chi square test,); **p* –value significant at ≤ 0.05, OR: Odds Ratio, CI: Confidence Interval

The statistically significant association found between family type, mother's education, family income, parental marital status, verbal/physical abuse at home, home environment and school/academic related stress with psychosocial problem. Adolescents living in joint family were twice more likely to have psychosocial problem. There might be the less parental attention, time, focus and guidance towards the adolescents in the joint family system. Adolescents whose mothers are illiterate (1.9 times), whose family income is hardly sufficient (3.2 times) and adolescents whose parents are not together i.e. either separated or divorced or widow/widower are (1.7 times), those facing verbal/physical abuse at home (13.5 times), who do not feel the home environment is good (5 times) and having high stress at school (5.3 times) more likely to have psychosocial problem. However, there was no statistically significant association found with family size and number of siblings with psychosocial problem. (Table, 4)

In affirm to these findings, Rahi, Kumavat, Garg and Singh (2005), has observed that prevalence of psychopathological disorders was highest in children of low socio-economic status, living in overcrowded dwellings and children of illiterate mothers ($P < 0.05$). Chhabra and Sodhi, (2012) reported psychosocial problems were significantly higher in adolescents of large extended families (>8members) and in lower socioeconomic status. Ahmed, et al. (2007) also reported the higher prevalence of psychosocial problems in lower social class. According to Apollo Hospital Report (2016),poor economic condition is a risk factor for the problem.

Pathak, et al. (2011) had also found family environment and parental marital discord were statistically significant with psychosocial problem of adolescents in India. Similarly, Kouros, Merrilees and Cummings, (2008) found the association between parental marital conflict and emotional problem among children. Childhood abuse is a contributor for psychosocial problem (Apollo Hospital, 2016). There is also a higher rate of antisocial and violent behavior among adolescents who have experienced neglect (Moran, 2015). Moreover, Owoaje, et al (2011) found significant association of child physical punishment and family trauma with adolescent mental health problem. The exposure to conditions of abuse and neglect

during childhood has been associated with an increased risk of psychological, social and behavioral impairment (Pacheco, Irigaray, Nunes, & Argimon, 2014).

Table 4
Association of Family, Home and School Related Characteristics with Psychosocial Problem (n=360)

Characteristics	Psychosocial Problem		#*p* value	OR(95% CI)
	No(%)	Yes (%)		
Family type				
Nuclear	201(82.7)	42(17.3)	0.004*	2.127
Joint	81(69.2)	36(30.8)		(1.272-3.558)
Family size				
Up to 4	94(81.0)	22(19.0)	0.391	1.273
More than 4	188(77.0)	56(23.0)		(0.733-2.210)
Number of sibling				
No sibling	5(83.3)	1(16.7)	0.764	1.390
	277(78.2)	77(21.8)		(0.160-12.07)
Father's education				
Literate	255(80.0)	64(20.0)	0.081	2.109
Illiterate	17(65.4)	9(34.6)		(0.899-4.951)
Mother's education				
Literate	229(81.2)	53(18.8)	0.027*	1.964
Illiterate	44(68.8)	20(31.2)		(1.070-3.604)
Family Income				
Sufficient/Surplus	237(83.2)	48(16.8)	0.000*	3.292
Hardly Sufficient	45(60.0)	30(40.0)		(1.887-5.742)
Parental marital status				
Staying together	223(80.8)	53(19.2)	0.040*	1.783
Separated/Widow/Widower	59(70.2)	25(29.8)		(1.023-3.107)
Abuse at home				
Not present	275(82.6)	58(17.4)	0.000*	13.54
Present	7(25.9)	20(74.1)		(5.474-33.52)
Home environment				
Feel good	246(84.5)	45(15.5)	0.000*	5.011
Feel not good	36(52.2)	33(47.8)		(2.836-8.855)
School/Academic Stress				
Low	198(89.2)	24(10.8)	0.000*	5.304
High	84(60.9)	54(39.1)		(3.077-9.141)

Source: Field Survey, 2017 #: Pearson's Chi square test,); **p* –value significant at ≤ 0.05, OR: Odds Ratio, CI: Confidence Interval

Conclusion

On basis of findings it is concluded that, a sizeable population (about one fourth of the school going adolescents) were suffered from psychosocial problem and the internalizing problem was most commonly found. Furthermore, adolescents who were facing abuse at home, followed by do not feel good about their home environment, have high academic/school stress, not staying with their parents, hardly sufficient family income, who are from joint family, adolescents whose mothers are illiterate and having disrupted marital status of parents were more likely to develop psychosocial problem. Thus these factors sought for the special concern and need to be addressed. School based mental health services can handle the problem in most effective way by screening and providing help to the sufferers at earliest. It also seems imperative to have a post of psychosocial counsellor in schools. These results have policy implications in respect of the creation of a cordial school environment as well as encouraging a healthy interpersonal relationship between adolescents and their family and friends with the aim of reducing these risk factors.

Acknowledgment

The researcher is indebted to the public schools of Pokhara (Shree Amarsingh HSS, Shree Mahendra HSS, Shree Shiva Shakti HSS and Shree Kalika HSS) and all the participants.

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