PSYCHOSOCIAL PROBLEMS AMONG SCHOOL ADOLESCENTS IN RUPANDEHI

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ABSTRACT

INTRODUCTION

Adolescence is a crucial period for developing and demanding significant adjustment to the physical and psychological changes. Because of these changes occurring in their body during this developmental stage, they are more vulnerable to develop psychosocial problems. The main objective of this study is to assess the prevalence of psychosocial problems among school adolescents.

MATERIAL AND METHODS

A cross sectional study was conducted to assess psychosocial problems among 217 school going adolescents in Rupandehi by using non-probability purposive sampling technique. Self-administered questionnaire was used to collect the data and collected data were analyzed by using descriptive and inferential statistics with Statistical Package for Social (SPSS) Software Version 20.

RESULTS

The findings of the study revealed that 33.6% of the respondents had psychosocial problems. There was statistically significant association between both parents involvement in occupation, family income and family problems with psychosocial problems.

CONCLUSION

Based on the study findings, it is concluded that one third of the adolescents had psychosocial problems. Family factors were involved for the problems. Early identification and adequate counseling might help to prevent adverse consequences. So, family, school and health care provider combined effort plays an important role.

KEYWORDS

Adolescents, Psychosocial problems, School

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INTRODUCTION

Adolescence is the period of age ranging from 10 to 19 years, is a crucial period for developing and maintaining social and emotional habits important for mental well-being.[1] Mentally healthy adolescents enjoy a positive quality of life; are free of symptoms of psychopathology; and function well at home, in school, and in their communities.[2] In puberty, the prevalence of psychosocial problems increases.[3]

Adolescents currently account for 1.2 billion of the world's population. Eighty-eight percent of them live in developing countries.[4] In Nepal, adolescents comprise more than one fifth (22%) of total population.[5] Psychosocial problems have emerged as a threat in overall development of adolescents.[6]

Psychosocial dysfunction is a state of emotional and behavior disorders synonymous with internalizing and externalizing conditions, respectively. Most common disorders include depression and anxiety (internalizing disorders), and delinquency, aggression, educational difficulties, and truancy (externalizing disorders). Nowadays, because of rapid industrialization and urbanization majority of parents are employed, so unavoidably they get less time to look after their children[7] Psychosocial dysfunction has serious negative consequences for a child's academic achievement and social development that may be caused by a number of factors such as parenting style which is inconsistent or contradictory, family or marital problems, child abuse or neglect, injury or chronic illness, and separation.[8-9]

Certain studies reveals lifetime prevalence of psychosocial problem increases drastically from 1% of the population under age 12 – 17 years to 25% of the population by the end of adolescence, with an increase in cases in age-group of 15–18 years.[10-11] Psychosocial functioning is an important mental health aspect to investigate since adolescents spend their maximum time in school and with peers.[12]

A cross-sectional analytical study conducted in three different schools of Aligarh, in the 13–15 years' age group, showed the prevalence of psychological morbidity found to be 9.75. The prevalence of emotional, conduct, hyperactivity, peer, and prosocial problems was 5.42%, 5.56%, 3.78%, 4.40%, and 4.26%, respectively.[13]

Similarly a study conducted in Dehradun revealed that the overall prevalence of psychosocial problems was 40.5%.[14] Likewise, another cross-sectional study in Dehradun revealed that the overall prevalence of psychosocial problems among the adolescents to be 31.2%.[15]

The 2013 Youth Risk Behavior Survey of adolescents in grades 9 through 12 in the United States indicated that during the 12 months before the survey, 39.1% of girls and 20.8% of boys felt sad or hopeless almost every day for at least 2 weeks in a row, 16.9% of girls and 10.3% of boys had planned a suicide attempt, 10.6% of girls and 5.4% of boys had attempted suicide, and 3.6% of girls and 1.8% of boys had made a suicide attempt that required medical attention.[16]

Knowledge of the prevalence of psychosocial disorders can be used to design effective intervention strategies. Very few studies have been conducted in this context, in Nepal. Among these studies, varying prevalence of mental health problems has been reported, 18% of the NCD burden is due to mental illness in Nepal.[17] Therefore, there is a need for the assessment of psychological health screening to have a preliminary idea of the problem.

MATERIAL AND METHODS

Descriptive cross-sectional study design was conducted to assess psychosocial problems among school going adolescents in Shree Rupandehi Lilaram Neupane Madhyamik Vidhyalaya, Siddharthanagar-Municipality-8, Rupandehi, Lumbini Province, Nepal from 9th Paush 2077 to 8th Magh 2077. Sample size was 217 school going adolescents studying in class 8, 9 and 10 and falls under age group 11 to 19 years which was determined based on the psychosocial prevalence.18 Non- probability purposive sampling technique was used to select the sample.

The research instrument consisted of two parts. Self-administered semi structured questionnaire was used for part I and Standard tool Youth Report of Pediatric Symptom Checklist (Y-PSC) was used for part II.

Pediatric Symptom Checklist (PSC) is a psychosocial screening checklist designed to facilitate the recognition of cognitive, emotional, and behavioral problems. . Two versions of PSCs are available: parent completed version and youth self-report version. For the purpose of this study, Y-PSC was used. The Y-PSC form consists of 35 items, rated as "Never," "Sometimes," or "Often present," and scored 0, 1, and 2, respectively. Item scores was summed so that the total score is calculated by adding together the score for each of the 35 items, with a possible range of scores from 0 to 70. If one to three items were left blank, they were not counted (score=0). If four or more items were left blank, the questionnaire was considered invalid.

For this study, respondents with score ≥30 in the overall score of 70 in the Youth-Pediatrics Checklist (Y-PSC) was considered as having psychosocial dysfunction. Cut-off score of ≥ 30 was taken based on a similar study conducted in the other parts of Nepal.[15]

Research proposal approval was obtained from the research committee of Universal College of Medical Sciences (UCMS). Ethical approval was obtained from Institutional Review Committee with IRC no. 152/20 from Universal College of Medical Sciences. Administrative approval was obtained from concerned authority of UCMS and concerned school. Written informed consent was obtained from each respondent by clarifying the objectives of the study. The collected data was analyzed by using descriptive and inferential statistics with SPSS version 20.

RESULTS

Table 1. Respondents' socio-demographic variables

Variables	Frequency	Percentage
Age in years		
12-15	66	30.41
16-19	151	69.59
Meanage±SD=2.19±0.823		
Sex		
Male	133	61.30
Female	84	38.70
Grade		
8	67	30.90
9	64	29.50
10	86	39.60
Religion		
Hindu	107	49.30
Buddhist	29	13.40
Christain	31	14.30
Muslim	27	12.40
Others	36	16.60
Both parents involvement in occupation		
Yes	34	15.70
No	183	84.30
Family income		
Sufficient	159	73.30
Not sufficient	58	26.70
Staying with		
Parents	200	92.16
Others(relatives, grandparents)	17	7.84
Family problems		
Yes	62	28.60
No	155	71.40

Table 1 represents respondents socio-demographic variables which shows 69.59% belongs to age group 16-19 years, 61.3% were male, 39.6% were from grade 10 and 49.30% were hindu. Similarly, 84.3% parents were not involved in any occupation. Majority of respondents stays with their parents and 71.4% do not have any family problems.

Table 2. Respondents' fathers' socio-demographic variables

Variables	Frequency	Percentage
Education (n=217)		
Illiterate	24	11.10
Literate	193	88.90
Level of education (n=193)		
Primary	45	23.31
Secondary	109	56.47
Above secondary	39	20.22
Types of occupation (n=217)		
Agriculture	79	36.40
Business	56	25.80
Foreign employed	10	4.60
Service holder	23	10.60
Daily wages	49	22.60

Table 2 shows respondents fathers sociodemographic characteristics where 88.9% were literate and among them 56.47% had secondary level of education and 36.4% were involved in agriculture.

Table 3. Respondents' mothers' socio-demographic variables

Variables	Frequency	Percentage
Education (n=217)		
Illiterate	75	34.60
Literate	142	65.40
Level of education (n=193)		
Primary	62	43.66
Secondary	67	47.18
Above secondary	13	9.16
Types of occupation (n=217)		
Homemaker	175	80.60
Business	18	8.30
Service holder	14	6.50
Daily wages	10	4.60

Table 3 represents respondents mothers socio-demographic characteristics where 65.4% were literate and among them 47.18% had secondary level of education and 80.6% were homemaker.

Table 4. Prevalence of psychosocial problems

Variables	Frequency	Percentage
Prevalence (n=217)		
Yes	73	33.60
No	144	66.40

Table 4 represents prevalence of psychosocial problems which shows 33.6% had prevalence of psychosocial problems and 66.4% did not have the prevalence of psychosocial problems.

Table 5 reveals respondents whose both parents were involved in occupation were 4.539 (AOR= 4.539, 95% CI= 1.534-13.438) times more likely to have psychosocial problems than those both parents were not involved in occupation. Likewise, respondents whose family income was sufficient were 3.927 (AOR= 3.927, 95% CI= 2.089-7.382) times more likely to have psychosocial problems than who do not have sufficient income. Respondents who had family problems were 0.372 (AOR= 0.372, 95% CI= 0.202-0.685) times more likely of having psychosocial problems than those without having family problems.

DISCUSSION

This study was conducted to assess psychosocial problems among adolescents. As the psychosocial problems also vary on the basis of the types of problems and screening tools used by the researchers. In the present study, 33.6% of the respondents had psychosocial problem which is consistent with the study[6] conducted in Uttarkhand, India which shows 31.2% of the adolescents had psychosocial problems. Furthermore, the findings of the study is contrast to the study conducted in Hetauda, Nepal shows that 17.03% of the adolescent students had psychosocial dysfunction[18] which might be due to variation in sample size and sampling technique. The present study shows that psychosocial problems are more common in males compared to females which is similar with the study[19] of Uttarakhand, where the psychosocial problems were more in males(40.51%) as compared to females(35.88%).

The present study showed that there is no statistically significant association between religion and psychosocial problems which is not supported by the study[20] of Dharmapuri, Indore, India detected significant association, and stated that Christian adolescence were more likely to develop mental health problems. So, the role of religion on psychosocial dysfunction could further be assessed with large-scale research. Furthermore, the present study's finding is not consistent with the study conducted in Kolkata, India has found the significant association between adolescents' religion with the occurrence of psychosocial problems[21] which might be due to geographical location and religion difference of the area of two different countries.

The study findings revealed that there was no statistically significant association between mother's education, father's education and family income with psychosocial problems which is contrast to the study conducted in Pokhara[22] which shows statistically significant association between mother's education, father's education and family income with psychosocial problem.

Respondents whose both parents were involved in occupation were 4.539 (AOR= 4.539, 95% CI= 1.534-13.438) times more likely to have psychosocial problems than those both parents were not involved in occupation. Likewise, respondents whose family income was sufficient were 3.927 (AOR= 3.927, 95% CI= 2.089-7.382) times more likely to have psychosocial problems than who do not have sufficient income.

The study findings revealed that there was no significant association between with whom respondents stay and psychosocial problem. The finding of the study is not supported by the study conducted in Pokhara[22] which shows that 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.

Respondents who had family problems were 0.372 (AOR= 0.372, 95% CI= 0.202-0.685) times more likely of having psychosocial problems than those without having family problems. This finding goes along with the study conducted in Hetauda, Nepal where due to family dispute adolescent children are more prone to psychosocial dysfunction (AOR= 13.24, 95% CI= 2.27-17.23) compared to families where disputes are rare.[18]

Table 5. Association between socio-demographic variables and psychosocial prevalence

Variables	Prevalence Yes (%)	No (%)	x^2	*p* value	Odd Ratio	95% CI for odd value Lower	Upper
Age in years							
12-15	17 (7.83)	49 (22.58)	2.640	0.104	1.699	0.893	3.232
16-19	56 (25.80)	95 (43.77)					
Sex							
Male	50 (23.04)	83 (38.24)	2.406	0.121	0.626	0.345	1.134
Female	23 (10.59)	61 (28.11)					
Religion							
Hindu	31 (14.28)	76 (35.02)	2.061	0.151	1.514	0.858	2.672
Non- Hindu	42 (23.06)	68 (27.64)					
Fathers' education							
Literate	63 (29.03)	130 (59.90)	0.779	0.378	0.678	0.286	1.612
Illiterate	10 (4.60)	14 (6.45)					
Mothers' Education							
Literate	44 (20.27)	98 (45.16)	1.297	0.255	0.712	0.397	1.279
Illiterate	29 (13.36)	46 (21.19)					
Both parents involved in occupation							
Yes	4 (1.84)	30 (13.82)	8.643	0.003	4.539	1.534	13.438
No	69 (31.79)	114 (52.53)					
Income							
Sufficient	40 (18.43)	119 (54.83)	19.178	0.000	3.927	2.089	7.382
Insufficient	33 (15.20)	25 (11.52)					
Staying with							
Parents	67 (30.87)	133 (61.29)	0.023	0.881	1.083	0.384	3.055
Others	6 (2.76)	11 (5.06)					
Family Problems							
Yes	31 (14.28)	31 (14.28)	10.406	0.001	0.372	0.202	0.685
No	42 (19.35)	113 (52.07)					

CONCLUSION

The study concluded that one third of the respondents have psychosocial problems Parents occupation, income, family problems were found to be significantly associated with psychosocial problems. The finding of this study is very useful for school authority, school health nurses and parents for understanding psychosocial problems prevailing in school adolescents and it is recommended to emphasize on educating parents and school for early identification of the problems to minimize the associated consequences.

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