

## PREVALENCE OF PSYCHOLOGICAL AND BEHAVIOURAL PROBLEMS IN SCHOOL GOING ADOLESCENTS OF GWALIOR TOWNSHIP.

Dr. Piyush Datt Swami<sup>1</sup>, \*Dr. Shubhanshu Gupta<sup>2</sup>, Dr. Sanjeev Kumar<sup>2</sup>, Dr. Pooja Bhandari<sup>3</sup>

<sup>1</sup>Demonstrator, Department of Community Medicine, Government Medical College, Datia (MP)

<sup>2</sup>Assistant Professor, Department of Community Medicine, Government Medical College, Datia (MP)

<sup>3</sup>Postgraduate, Department of Community Medicine, Government Medical College, Rewa (MP)

**Article Info:** Received 20 August 2019; Accepted 28 September. 2019

**DOI:** <https://doi.org/10.32553/ijmbs.v3i9.581>

**Corresponding author:** Dr. Shubhanshu Gupta

**Conflict of interest:** No conflict of interest.

### Abstract

**Background:** According to WHO One in six people are aged 10–19 year. Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years. Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated. The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

**Objectives:** This study aimed to estimate the prevalence and patterns of psychological and behavioural problems in school going adolescents of Gwalior township.

**Methodology:** This Study is screening based on self-reported symptoms by school going adolescents. Adolescents are selected by the simple random sampling, and data is collected by the semi-structured, self-administered questionnaire.

**Results:** About 60%-80% adolescents have some behavioural problem and about 47% have psychological problem.

**Conclusion:** Most of the problems required counseling thus the counseling is the integral part for management of these problems. ARSH clinic are established at some places is a good initiative. Finally, we have to create a healthy and supportive environment around adolescents.

**Keywords:** Adolescent, Psychological, Behavioural

### Introduction

According to WHO One in six people are aged 10–19 year. Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years. Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated. The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.<sup>1</sup> WHO estimate shows that up to 20% adolescent have one or more mental or behavioural problems<sup>2</sup>. Studies conducted in different parts of the world show that prevalence of behavioural and emotional problems in adolescents ranges from 16.5%<sup>3</sup> to 40.8%<sup>4</sup> and in India it is in the range of 13.7%<sup>5</sup> to 50%<sup>6</sup>. Adolescents are vulnerable to psychosocial dysfunction when they suffer from physical injuries, psychological trauma, or major changes in their environments especially in the absent of strong support system<sup>7</sup>. Another cross

sectional study in Dehradun revealed that the overall prevalence of psychosocial problems among the adolescents was found to be 31.2%<sup>8</sup>. Most of the adolescent's problems are psychosocial and behavioural in nature rather than medical disorders. Psychological problems of adolescents are in need of information and counselling which must be recognized as a major component of the health service for adolescents. Friends and peers constitute the major source of help for adolescents in need of information on psychological problems.<sup>9</sup> The *Global Strategy for Women's, Children's and Adolescents' Health 2016–2030* emphasizes that every adolescent has a right to attain physical and mental well-being and identifies adolescents as central to achieving the Sustainable Development Goals 2015-2030.<sup>1</sup>

### Aims & Objectives:

This study aimed to estimate the prevalence and patterns of psychological and behavioural problems in school going adolescents of Gwalior township. This

Study is screening based on self-reported symptoms by school going adolescents.

## Materials & Methods

Present study is cross sectional observational study conducted among adolescents of schools of Gwalior Township from 1<sup>st</sup> Jan. 2016 to 31<sup>st</sup> Dec. 2016, including 400 adolescents (299 Male and 101 Female), to know the prevalence of psychological and behavioural problems among school going adolescents of Gwalior township.

**Study Design** - Cross sectional study

**Study Period**- One years (01.01.2016 to 31<sup>st</sup> Dec. 2016)

**Study population**- Adolescents of Gwalior township.

**Sampling Method**- Simple random sampling

### Sampling:

For the study purpose the whole Gwalior township was divided into three zones namely Lashkar, Gwalior and Morar. From each zone – two schools was selected randomly. From each school study participants (i.e. adolescents) was selected randomly.

### Sampling frame

- 1) Adolescents from two schools (one private and one government school) from zone Lashkar.
- 2) Adolescents from two schools (one private and one government school) from zone Morar.
- 3) Adolescents from two schools (one private and one government school) from zone Gwalior.

**Sample Size** - 400 adolescents of Gwalior township.

### Criteria for Selection -

#### Inclusion Criteria -

- Only those who were within the age group of 10-19 years.
- Those who give their willingness to participate in the study.

#### Exclusion Criteria -

- Those who was less than 10 yrs. & more than 19 yrs.
- Those who was not given their consent

## Methodology

The present study was a cross sectional study carried out among the adolescents of schools of Gwalior Township. First of all list of various government and private (non government) schools of Gwalior was taken from district education office. 6 schools, three government and three private from the list were selected randomly than 67 adolescents from each school were selected randomly. Verbal consent from the Head/ Principle of the respective school was taken after explaining the type and purpose of the study. The informed consent from each of the participant was taken before asking the questions of the questionnaire. They were assured that in the confidentiality of the study participants and concerned school would be strictly maintained.

### Ethical Consideration:

- Ethical Approval for the study was taken from the Ethical Committee of G.R.Medical College, Gwalior before beginning the study (Annexure I).
- The study does not require any invasive or non-invasive diagnostic procedure.
- The study does not require withholding of any drug prescribed by treating doctor or starting any new drug.
- The study doesn't interfere with any diagnostic or treatment procedure adopted by treating physician.
- The study does not involve any investigative procedure nor was the subject exposed to any hazardous investigation during the course of the study.

### Results:

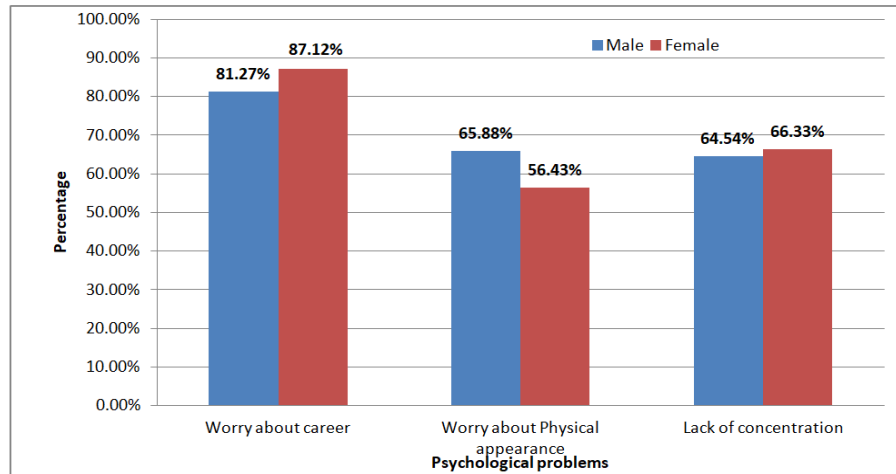
#### (I) Psychological Morbidity

**Table 1: Distribution of adolescents according to Psychological Problems they felt**

| S. No. | Psychological Problems          | Male (n=299) N(%) | Female (n=101) N(%) | (n=400) N(%) |
|--------|---------------------------------|-------------------|---------------------|--------------|
| 1.     | Worry about career              | 243 (81.27)       | 88 (87.12)          | 331(82.75)   |
| 2.     | Worry about Physical appearance | 197 (65.88)       | 57 (56.43)          | 254 (63.5)   |
| 3.     | Lack of concentration           | 193 (64.54)       | 67 (66.33)          | 260 (65)     |

$\chi^2$  : 1.41, DF : 2, p-value : 0.494992

Above table is showing that 82.75% adolescents have worry about career, 81.27% males and 87.12% females have worry about career. 63.5% adolescents have worry about physical appearance, 65.88% males and 56.43% females have worry about physical appearance. 65% adolescents have lack of concentration, 64.54% males and 66.33% females have lack of concentration.



Graph 01: Distribution of adolescents according to Psychological Problems they felt

## (II) BEHAVIOURAL MORBIDITY

Table 2 A: Distribution of Adolescent according to presence of behavioural problem they felt.

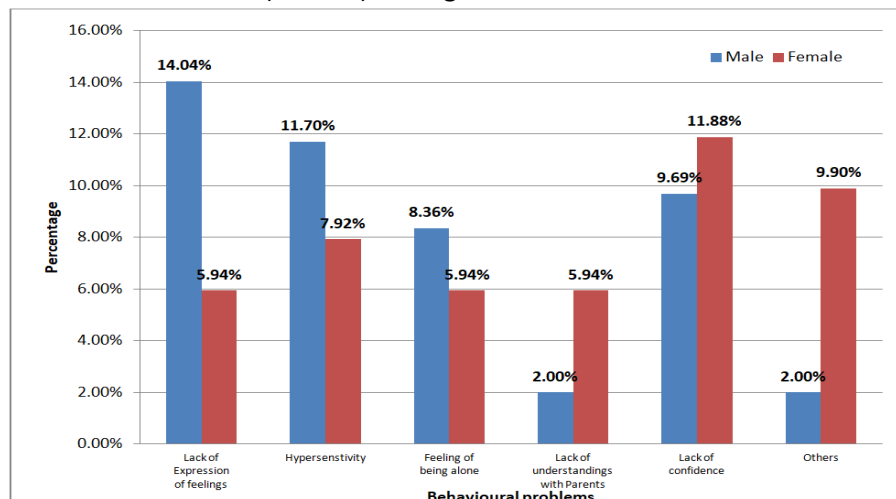
| S. No. | Behavioural Problems felt | Males (n= 299) N (%) | Females (n=101) N (%) | Total (N=400) N (%) |
|--------|---------------------------|----------------------|-----------------------|---------------------|
| 1      | Yes                       | 154 (51.51)          | 40 (39.60)            | 194 (48.50)         |
| 2      | No                        | 145 (48.49)          | 61 (60.40)            | 206 (51.50)         |

Table 2 B: Distribution of adolescents according to the pattern of Behavioural Problems they felt

| S. No. | Behavioral Problems felt            | Male (n=299) N (%) | Female (n=101) N (%) | Total n=400 N (%) |
|--------|-------------------------------------|--------------------|----------------------|-------------------|
| 1.     | Lack of Expression of feelings      | 42(14.04)          | 6 (5.94)             | 48(12)            |
| 2.     | Hypersensitivity                    | 35 (11.70)         | 8 (7.92)             | 43(10.75)         |
| 3.     | Feeling of being alone              | 25 (8.36)          | 6 (5.94)             | 31(7.75)          |
| 4.     | Lack of understandings with Parents | 6 (2.00)           | 6 (5.94)             | 12(3.00)          |
| 5.     | Lack of confidence                  | 29 (9.69)          | 12 (11.88)           | 41(10.25)         |
| 6.     | Others/ Multiple Responses          | 17 (5.69)          | 2 (1.98)             | 19 (4.75)         |

$\chi^2 : 17.85, p : 0.003$

Above table is showing that 47.5% adolescents felt some behavioral problem in their life. Among these most common felt behavioral problems is lack of expression of feelings (12%) followed by hypersensitivity(10.75%),lack of confidence(10.25%), feeling of being alone(7.75%) and least common is lack of understandings with Parents(3%).Among males most common felt behavioral problem is lack of Expression of feelings(14.04%) and lack of confidence (11.88%) among females.



Graph 02: Distribution of adolescents according to Behavioral Problems they felt

## Discussion:

### (i) Psychological Morbidity

Regarding Psychological morbidity 82.75% adolescents worried about career, among them 81.27% were males and 87.12% were females. 63.5% adolescents have worry about physical appearance, among them 65.88% were males and 56.43% were females. 65% adolescents have lack of concentration, out of them 64.54% were males and 66.33% were females.

In a previous study conducted by **R. Kumar et al**<sup>9</sup> it was reported that nearly 38% of the boys and girls admitted having “psychological” problems, i.e., tension about career, studies, weight, height, and physical appearance.

**Ahmad et al**<sup>10</sup> 2007 Aligarh, Uttar Pradesh reported that prevalence of overall psychosocial problems among the males aged 10-19 yr was 17.9 per cent (17.4% had educational difficulties, 9.2 % had conduct disorders, 3.1 % had depression and 3.8 % had anxiety).

Bansal and Barman found the prevalence of any psychological abnormality to be 20.12% using Childhood Psychopathology Measurement Scale for screening.<sup>11</sup> whereas Pathak *et al.* found it to be 29.5%.<sup>12</sup> Dhoundiyal and Venkatesh found the prevalence to be 30.8% among girls of 12–18 years.<sup>13</sup>

In our study Psychological problems are 60%-80% as compared to other studies 20%-40%, this difference is because we have taken only those variables which are encountered in day to day school going students' life rather than more psychopathological variable. Thus, a wide variance has been seen in the studies reported because of the difference in diagnostic tools and types of psychological variables considered in different researches.

### (II) Behavioural Morbidity

As per the study findings 47.5% adolescents felt some behavioural problem in their life. Among these most commonly felt behavioural problems is lack of expression of feelings (12%) followed by hypersensitivity (10.75%), lack of confidence (10.25%), feeling of being alone (7.75%) and least common is lack of understanding with parents (3%). Among males most commonly felt behavioural problem is lack of expression of feelings (14.04%) and lack of confidence (11.88%) among females. Similar findings were also observed by **R. Kumar et al**<sup>9</sup> who reported that

significantly higher percentage of girls (28.1%) than boys (16.4%) reported “behavioural” problems. In a study on school-going adolescents of Delhi, **50% of the students** were found to have problems of emotional maladjustment<sup>14</sup>. The rise in emotional and behavioural problems from 12 years up to 17 years is reported in previous studies.<sup>15</sup> Prevalence of behavioural and emotional problems in adolescents was found to be 30%, 75% of students feeling that they lag behind in their studies (23% of study subjects), have emotional and behavioural problems.<sup>16</sup>

**Limitation Of study:** Since it is urban school based study the results cannot be generalized specially over rural adolescents population. Female adolescent's population is less than male adolescents population are the major limitation of this study. There are various psychological and behavioral variables, we have selected only those which are encountered commonly.

## Conclusion

Adolescent's stage is a growth phase and characterized by various physical mental and emotional changes. Teenagers are vulnerable for various psychological and behavioral problems and if due care is not given; its consequences in form of mental health disorder. So they should be dealt at earliest stage. In present study 60% - 80% adolescents have psychological problems and about 47% have behavioural problems. To prevent these problems adolescents required support at every stage, this support may be by a family member or by a school teacher. Most of these problems required counseling thus the counseling is the integral part for management of these problems. ARSH clinic are established at some places is a good initiative.

## References

1. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. The World Health Report 2001, Mental Health: New Understanding, New Hope. Geneva, World Health Organization; 2001:39-44
3. Robert E R, Attkinson C, Rosenblatt A. Prevalence of psychopathology among children and adolescents. *Am J Psychiatry* 1998; 155(6): 715-724.
4. Jenson PS, Watanabe HK, Richters JE, Cortes R, Roper M, Liu S. Prevalence of mental disorder in military children and adolescents: finding from a two stage community survey. *J Am Acad Child Adolesc Psychiatry* 1995; 34:1514-1524.

5. Mishra A, Sharma AK. A clinico-social study of psychiatric disorders in 12-18 years school going girls in urban Delhi. *Indian J Community Med* 2001; 26(2): 71-75.
6. Belfer ML. Child and adolescent mental health around the world: Challenges for progress. *J. Indian Assoc. Child Adolesc. Ment. Health* 2005;1 : 31-6.
7. H. D. Pratt, "Principles of psychosocial assessment of adolescents," *Indian Journal of Pediatrics*, vol. 70, no. 10, pp. 775-780, 2003.
8. K. Muzammil, S. Kishore, and J. Semwal, "Prevalence of psychosocial problems among adolescents in district Dehradun," *Indian Journal of Public Health*, vol. 53, pp. 18-21, 2009, <http://www.ncbi.nlm.nih.gov/>.
9. Rajesh Kumar, Shankar Prinja and P.V.M. Lakshmi ; Health Care Seeking Behaviour of Adolescents : Comparative Study of Two Service Delivery Models. *Indian journal of pediatrics*. September 2008; 75, page No. 895-899.
10. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med* 2007; 32 : 219.
11. Bansal PD, Barman R. Psychopathology of school going children in the age group of 10-15 years. *Int J Appl Basic Med Res* 2011;1:43-7.
12. Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK, Goel N. Behavioural and emotional problems in school going adolescents. *Australas Med J* 2011;4:15-21.
13. Dhoundiyal M, Venkatesh R. The psychological world of adolescence: A comparative evaluation between rural and urban girls. *Indian J Psychol Med* 2009;31:35-8.
14. International Institute for population sciences (IIPS) and Macrointernational. 2007. National Family Health Survey (NFHS-3), 2005-06: Volume I. Mumbai: IIPS.
15. Mishra A, Sharma AK. A clinico-social study of psychiatric disorders in 12-18 years school going girls in urban Delhi. *Indian J Community Med* 2001; 26(2): 71-75.
16. Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK, Goel NK. Behavioural and emotional problems in school going adolescents. *AMJ* 2011, 4, 1, 15-21