Psychosocial problems among adolescents in Urban Slums: A study (with special reference to Tiruchirappalli district, Tamil Nadu)

Dr. G. Sathiyan
Assistant Professor, Department of Lifelong Learning, Bharathidasan University, Tiruchirappalli, Tamil Nadu

Abstract---The adolescent psychosocial development is the process through which the dependent child becomes a self reliant adult. A large number of adolescents suffer from psychosocial problems and many of these problems are of transient in nature and are often not even noticed. The objective of the study was to find out the prevalence of psychosocial problems among adolescents. A cross-sectional study was conducted in MGR Nagar, Tiruchirappalli, Tamil Nadu. The study group comprised of 50 adolescents, selected by multistage stratified random sampling. Data was collected on a pre-designed and pre-tested questionnaire by interviewing the adolescents and was subsequently analyzed by using suitable statistical package. Anxiety was maximum in adolescent boys whereas conduct disorder was found to be maximum in adolescent girls. Majority of late adolescent boys were attributed to substance abuse. Anxiety was found to be the commonest problem among adolescent males in all religions. Educational difficulties were maximum among Muslim adolescents. The problems per subject (with psycho-social problems) were more in adolescent boys and girls having joint family. None of the class I adolescent girls claimed to have any educational difficulties. A holistic approach to underlying causes of psycho-social problems of adolescents should be undertaken. There is need of strengthening the existing “package” of services for adolescents in various initiatives and programmes.

Keywords---psycho-social problems, conduct disorders, educational difficulties, anxiety, depression, substance abuse.

Introduction

Puberty is the unique stage of growth and development associated with the social and psychological changes referred to as adolescence. WHO defines adolescence both in terms of the age (spanning the ages between 10 and 19 years) and in...
terms of a phase of life marked by special attributes. These attributes include rapid physical growth and development; physical, social and psychological maturity, but not all at the same time; sexual maturity and the onset of sexual activity; experimentation; development of adult mental process and adult identity; transition from total socio-economic dependence to relative independence. We need to study the health problems of adolescents because they face significant problems and risk related to their healthy development. Adolescents have very special and distinct needs, which can no longer be overlooked. It is also essential to invest in adolescents, as they are the future of the country. The adolescent psychosocial development is the process through which the dependent child becomes a self reliant adult. During the period of adolescence, a large number of children suffer from psychosocial problems at one time or the other during their development. Many of these problems are of transient in nature and are often not even noticed.

Studies on children of school age have tended to focus on nutritional and other health problems related to communicable diseases. School-age children may also suffer a variety of physical disabilities and psychosocial problems (emotional and behavioural), as well as learning disorders. The report on Work Force Need in India (2001) documented that throughout the 20th century, many reports addressed the magnitude of the emotional, behavioral and developmental problems in the nation's children, adolescents and their families. All these psychosocial problems include conduct disorders, educational difficulties, depression, anxiety, substance abuse, psychosomatic disorders, delinquency, truancy, insomnia, fatigue, antisocial behaviours and low self esteem. As the psychosocial problems encompass a wide variety of disorders, prevalence of psychosocial problems also vary on the basis of the types of problems and screening tools used by the researchers.

Methods and Materials

The present cross sectional study was conducted in MGR Nagar area of Tiruchirappalli, Tamil Nadu comprised of adolescent girls and boys (10-19 years). The ward is having many slum areas. Total population of MGR Nagar is 8465 as per 2011 census. Total male population is 4207 and female population is 4258. Worldwide more than 1.2 billion are adolescents; this indicates that roughly one in every six persons is an adolescent. About 21% of Indian population is adolescents (about 243 million). Thus the total populations of adolescent in the MGR Nagar are roughly 500.

The study was carried out for a period of one year (15th March 2021 to 14th March 2021). An adequate sample (25 adolescent boys and 25 adolescent girls) was drawn to carry out the present study. House to House survey was done and the requisite sample of 50 adolescents was drawn on the basis of proportionate probability sampling technique (PPS). The sample of 50 adolescents was selected by the standard 5 cluster systematic random sampling technique (10 adolescents in each cluster). The instrument for data collection was self administered questionnaire which was divided in two parts. Part-I related to socio-demographic information, Part-II was the standard tool to measure psychosocial problem. The tool was pre-tested among 30 adolescents who met the similar characteristics of
study samples and they were not included in the main study. 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 respondent. 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. For the active support and participation, it was imperative to explain the aim of the study to the head of the families and the targets and consent was taken for the same. For the purpose of this study detailed information was collected on a pre-designed and pre-tested questionnaires. All the data were tabulated in Microsoft Excel 2007 and analyzed by using Statistical Package for the Social Sciences (SPSS) version 20 software for proportions and chi-square tests as test of significance and binomial logistic regression analysis.

Data Analysis and Interpretation

<table>
<thead>
<tr>
<th>Particulars</th>
<th>No.of respondents (n=50)</th>
<th>Percentage (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Parents occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td>Not working</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Family monthly Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Rs.5000</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Above Rs.5000</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Level of psychosocial problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>High</td>
<td>19</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: Primary data

Percentage analysis indicates that more than half (58 per cent) of the respondents were male and remaining 42 per cent were female. Majority (74 per cent) of the respondents were working parents and remaining 26 per cent were not working. Majority (62 per cent) of family monthly income above Rs.5000 and remaining 38 per cent were below Rs.5000. More than half (62 per cent) of the respondents were low level of psychological problems and remaining 38 per cent were high level.

Suggestions and Conclusion

The present study revealed that there is no association of school grade, religion, ethnicity, types of family of respondents, father’s educational status, mother’s educational status, father’s occupational status, and mother’s occupational status, with psychosocial problems among respondents. Contradictory finding was revealed by a cross-sectional study in Tiruchirappalli which showed that statistically significant difference was observed as per class of student and similar
finding was also revealed by this study that no significant difference was observed as per the type of family. Te considerably such prevalence of psychosocial problems among adolescents suggests the vulnerability of school going adolescents. Therefore, these findings indicate a need for national survey and launch awareness programme for preventing psychosocial problems.

The prevalence of psychosocial problems is evident among school going adolescent. Adolescents’ age group and parent’s marital status are associated with psychosocial problems. Therefore, health care policy maker and school authority should create awareness program on psychosocial problems among adolescents, develop strategies for health promotion of adolescents, and plan for prevention of psychosocial problems among adolescents. There are significant psychosocial problems amongst the adolescents. Thus it is recommended that a holistic approach to underlying causes of psycho-social problems of adolescents should be undertaken. There is need of strengthening the existing “package” of services for adolescents in various initiatives and programmes.

References


