RELATIONSHIP OF PSYCHOSOCIAL STRESSORS WITH EMOTIONAL AND BEHAVIORAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS

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ABSTRACT

Every adolescent needs a caring and conducive environment to grow in to a potentially healthy human being in every perspective. Family, neighborhood, school and the society altogether play a vital role in contributing to the maximum growth and development of an individual. Healthy adulthood depends upon successful resolution of the emotional and behavioral problems. The aim of this pilot study to assess the prevalence of emotional and behavioral problems and its relationship with psychosocial stressors of school going adolescents the study conducted at Govt. Higher secondary school for boys and girls at Guduvancheri in Kanchipuram District, Chennai. Quantitative explorative - analytical survey design was used. The data was collected from 8th to 12th standard students' age between 13-17 years. The stratified random sampling technique was used to collect data from 100 samples with CBCL YSR 11-18year and adolescent life event stressors scale (ALESS)-40 items. The result revealed that in comparing the CBCL score between the male and female adolescents having significant difference in rule breaking behaviour $p<0.003$ and thought problems $p<0.001$. Karl Pearson correlation analysis revealed that positive relationship between Life event stressors and emotional and behavioural problems.

KEYWORDS: Emotional and behavioral problems, psychosocial stressors, adolescent.

INTRODUCTION

Adolescence is a most crucial period in a person's life because rapid changes occur in physical, psychological and emotional spheres. Hormonal and sexual spurts further complicate the issue. Unfortunately it is also the period of maximum stress as for the professional and educational spheres are concerned. Due to the immaturity and emotional turmoil the adolescent undergoes in this period a safe, nurturing environment is essential for them to grow up in to a well adjusted person.

Safe and secure environment, free of physical, emotional and other kind of trauma gives the individual a feeling of wellbeing, which enhance the growth and development. But for many this is more of a myth than a reality.

More than one third of Indian's population below the age of 16 years and approximately 40 present of the Indian population is adolescents', making India the country with the highest number of adolescent population in the world, around 440 million. Information about their mental health needs is a national imperative.

BACKGROUND

This recent scenario, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life.

World health .organization (2015) reported about Child and Adolescent mental health that Children below 16 years of age constitute over 40% of India's population. As the age group of 10-19 years. In India, adolescents (10-19 years) constitute 21.4 percent of the population, comprising one fifth of the total population.

One in six (17.0%) children and adolescents aged 4-17 years had used services for emotional or behavioural problems. One in thirteen (7.7%) adolescent's aged11-17 years has major depressive disorder; about one in thirteen (7.5%) 12-17 year olds had seriously considered attempting suicide. Around one in ten 12-17 year-olds (10.9%) reported having ever self-harmed that reported by Australian Child and Adolescent Survey of Mental Health and Wellbeing (2015).

The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. On at least 1 day during their life drink alcohol 66.2%and drank alcohol before age 13 years for the first time other than a few sips18.6 %.[3]

Indian Express reported Juvenile in the age group of 16 – 18 years accounted for about 75 per cent of the total number of crimes against minors in the year 2014.[4]

RambhaPathak et, al (2011) studied 1150 adolescents in the age group of 12 to 18 year in Chandigarh and reported the Prevalence of behavioural and emotional problems in adolescents was found to be 30%, with girls exceeding boys in all age groups. Internalizing syndrome was the most common (28.6%) psychiatric problem.[5]

This study finds out the prevalence of emotional and behavioral problems and its relationship with the psychosocial stressors of adolescent.

MATERIAL METHODS

It is a pilot study conducted at Govt. higher secondary school for boys and girls at Guduvancheri in Kanchipuram District, Chennai. Quantitative explorative - analytical survey design was used. The data was collected from 8th to 12th standard student's age between 13-17 years. The stratified random sampling technique was used to collect the 100 samples. The study was conducted after obtaining written permission from the director of chief education officer (CEO), kanchipuram dtistrict and the principal of the school and child assent consent taken from the student before collected the data. Approval of ethical committee of the SRM IST, kattankulathur, was obtained before conducting the study.

A structured questionnaire used to collect the demographic and background variables, a standard tool that is an adolescent life event stressors scale (ALESS)-40 items used to find out the psychosocial stressor and the emotional and behavioral problems assessed with child behaviour check list (CBCL) YSR11-18years of the adolescent studying in schools. A planned schedule was developed and systematically collects the data used with questionnaire method. followed by a power point presentation on Adolescent Mental Health, it comprises of Development of adolescent mental health, life challenges and stressors faced by adolescents, clinical features i.e emotional and behaviour problems, how do overcome emotional and behaviour problems and strategies to maintain quality of life of adolescent for 30 minutes to the students with their teachers. The completed Youth Self Report questionnaires (112 questions) were scored according to the Manual for the ASEBA School-Age Forms and Profiles (2001) to identify emotional and behavioural problems. The scores (0 for not true, 1 for sometimes true and 2 for always true).The collected data was tabulated and analyzed using SPSS package 16 version to assess the prevalence and the Pearson correlation used to assess the relationship of psychosocial stressors.

Study Findings
Table 1: Prevalence of emotional and behavioural problems n=100.

Component	Emotional and Behavioural Problems	Range of Problems	Count	Percentage (%)
Internalizing Problems	I Anxious Depressed	Normal	77	77.0
		Borderline	14	14.0
		Clinical	**9**	**9.0**
	II Withdrawn depressed	Normal	83	83.0
		Borderline	12	12.0
		Clinical	**5**	**5.0**
	III Somatic Complaints	Normal	87	87.0
		Borderline	2	2.0
		Clinical	**11**	**11.0**
Neither Internalizing Nor Externalizing	IV Social Problems	Normal	74	74.0
		Borderline	10	10.0
		Clinical	**16**	**16.0**
	V Thought Problems	Normal	90	90.0
		Borderline	4	4.0

		Clinical	**6**	**6.0**
	VI Attention Problems	Normal	87	87.0
		Borderline	8	8.0
		Clinical	**5**	**5.0**
Externalizing Problems	VII Rule Breaking Behaviour	Normal	92	92.0
		Borderline	2	2.0
		Clinical	**6**	**6.0**
	VIII Aggressive Behaviour	Normal	85	85.0
		Borderline	5	5.0
		Clinical	**10**	**10.0**

Independent t - test was performed to find the difference in scores between males and females. 5% alpha level was considered as significant.

Null hypothesis: There is no statistically significant difference in scores between males and females.

Alternate hypothesis: There is statistically significant difference in scores between males and females.

Table 2: Comparing the CBCL scores between males and females.

Emotional and Behavioural Problems	Gender	N	Mean	Std. Deviation	t -test	p value
I Anxious Depressed	Male	50	6.12	4.46	-1.422	0.158
	Female	50	7.28	3.65		
II Withdrawn depressed	Male	50	4.46	2.68	0.563	0.575
	Female	50	4.18	2.27		
III Somatic Complaints	Male	50	3.44	3.13	-0.802	0.425
	Female	50	3.90	2.58		
IV Social Problems	Male	50	5.72	4.10	0.817	0.416
	Female	50	5.10	3.46		
V Thought Problems	Male	50	5.08	4.50	**3.089**	**0.003***
	Female	50	2.82	2.55		
VI Attention Problems	Male	50	5.36	3.76	1.087	0.28
	Female	50	4.60	3.21		
VII Rule Breaking Behaviour	Male	50	5.60	5.12	**4.241**	**<0.001***
	Female	50	2.26	2.19		
VIII Aggressive Behaviour	Male	50	9.36	6.04	1.337	0.184
	Female	50	7.98	4.10		
Other problems	Male	50	4.06	3.27	-0.684	0.495
	Female	50	4.46	2.53		

*Significant at 5% alpha level

The p value for thought problems and rule breaking behaviour is less than 0.05 (0.003 and <0.001 respectively). Hence the null hypothesis is not accepted. (i.e.,) there is statistically significant difference in thought problems and rule breaking behaviour scores between males and females.

However, There is no difference between males and females in other domains as the p value is greater than 0.05.

Karl Pearson correlation analysis was done to find the relationship between Life event stress scale and CBCL components.

Table 3: Correlation between Life event stress scale and CBCL components.

Emotional and Behavioural Problems	Life Event Stress Scale	
	Pearson Correlation	P value
I Anxious Depressed	0.327**	0.001
II Withdrawn Depressed	0.376**	<0.001
III somatic Complaints	0.340**	0.001
IV social Problems	0.306**	0.002
V Thought problems	0.363**	<0.001
VI Attention problems	0.325**	0.001
VII Rule breaking behaviours	0.198*	0.049
VIII Aggressive behaviour	0.357**	<0.001

Other problems	0.270[**]	0.007
Internalising problems	0.409[**]	<0.001
Externalising problems	0.300[**]	0.002
Nor Internalizing Neither Externalizing	0.377[**]	<0.001

All the variables are related with life event stress scores. There exists positive relationship between the variables. It indicates that the scores increases, life event stress score also increases.

DISCUSSION

In the present study, the prevalence of behavioural and emotional problems among 13 to 17years school- going adolescents was found to be internalizing problems such as anxious depressed in the level of borderline are 14% and clinical cases are 9%; withdrawn depressed in level of borderline are12% and clinical cases are 5% and Somatic Complaints in borderline level are 2% and clinical cases are 11%.

Adolescent who has Social Problems in borderline state 10% and clinical cases are 16%; Thought problems in borderline cases are 4% and clinical cases are 6% and Attention problems in borderline cases are 8% and clinical cases are 5%.

The adolescents was found to be externalizing problems such as Rule breaking behaviours in borderline cases are 2% and clinical cases are 6% and Aggressive behaviour in borderline 5% and clinical cases are 10%.

Rambha pathak et.al reported that the prevalence of behavioural and emotional problems among 13 to 17years school- going adolescents was found to be 30.4% in Chandigarh.[6]

Roberts, et. al in a meta-analysis of 52 studies done in 20 countries of the world found that prevalence of psychopathology among adolescents (12 to 18 years) varies from 6% to 41%[6]. In a study on school-going adolescents of Delhi, 50% of the students were found to have problems of emotional maladjustment [9]. Similar study done in adolescents of Bangalore city reported that 20 % of the children had psychiatric problems.[13]

The Comparison of the CBCL scores between males and females there is no significant variation of Independent t-test values of anxious depressed, withdrawn depressed, somatic Complaints, social Problems, Attention problems and aggressive behaviours but there is significant variation in thought problems $p < 0.003*$ and Rule breaking behaviours $p<0.001*$ at 5% alpha level.

Rambha pathak et.al reported that the Problem of rule braking or delinquency was twice more in boys as compared to girls. A higher prevalence of behavioural/ emotional problems (33.7%) was observed in adolescent girls as compared to boys (27.5%).

Relationship between adolescent Life event stressors and Emotional and behavioural problems of adolescents analyzed with Pearson correlation. It shows strong positive correlation of all components of emotional and behavioural problems with life event stressors. The statistical values reveals that if increase the life event stressors it lead to increase the emotional and behavioural problems. This proved that the causal relationship between the Life event stressors and Emotional and behavioural Problems. Shilpa agarwal et.al reported that the CBCL scores were concerned, a strong positive correlation was found with the scores on the adolescent stressful life event scale. (Pearson's coefficient= 0.565, $P = 0.004$).

CONCLUSION

Adolescents are facing many life challenges such as changing relationships with peers, new demands at school, family tensions, and safety issues in their communities. The ways in which teens cope with these stressors can have significant short-and long-term consequences on their physical and emotional health. Long-term stressful situations, like coping with a parent's divorce or being bullied at school, can produce a lasting, low-level stress that can wear out the body's reserves, weaken the immune system, and make an adolescent feel depleted or beleaguered. This study find out that the adolescents have thought problems and rule breaking behavior and the statistical values reveals that if increase the life event stressors it lead to increase the emotional and behavioural problems. It is alarming the adolescence mental health problems. This study recommended that action must be taken through the health care policies; should be appointed a trained mental health professionals. It must be properly implemented and monitored by the governmental health agencies.

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