



## Original Research Article

# A STUDY ON PREVALENCE OF PSYCHOSOCIAL PROBLEMS AMONG ADOLESCENT STUDENTS IN HYDERABAD, TELANGANA, INDIA

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### ABSTRACT

**Background:** World's adolescent population is about 1.2 billion. India has the largest adolescent population in the world: 253 million. In India, adolescents (10-19 years) constitute 21.4 percent of the population, comprising one fifth of the total population. The health status of the adolescence is an index of the national investment in the development of its future manpower. Many epidemiological surveys on school going children and adolescents have reported a wide variation (20-33%) in the prevalence of Psychosocial problems. Individual studies illustrated the prevalence of psychosocial problems ranging between 10-40%. Early diagnosis by primary care physicians and prompt referral to the specialist is very important for controlling it. As there are less studies conducted in this area, with this above background there is need for the study. **Aims & Objectives:** 1. To assess the prevalence of psychosocial problems among adolescents using Youth-paediatric symptom check list. 2.To study factors associated with psychosocial problems.

**Materials and Methods:** This Cross sectional study was conducted in hyderabad, Telangana, India, from government and private schools & colleges by using multistage random sampling, required number of students were selected. A Pre designed, pre tested, structured questionnaire, Youth-paediatric symptom check list was used as study tool. Data was entered using Microsoft Excel 2010 version and analyzed using Epi-Info version 7.2.

**Results:** Out of 456, 400 were girls 56 were boys. Among 456 study subjects 103(22.5%) were found to be at risk using YPSC questionnaire. Prevalence of psychosocial problems was 22.5% (103) among those the prevalence among girl students and boys students was 25.3% and 68.9% respectively. Among 10 obese study subjects, 4 were having psychosocial problems, Out of 33 overweight study subjects, 8 were having psychosocial problems. Among 158 underweight study subjects 36 were having study subjects. Among 255 study subjects of normal weight 55 were having psychosocial problems.

**Conclusion:** It was found that present study shows significant association between Psycho social problems and Gender, Socioeconomic class and Parents educational status. However no association has been found between Psycho social problems and No. of siblings, BMI.

**Keywords:** Adolescents, Psychosocial, Youth Pediatric Symptom Checklist.

## INTRODUCTION

World's adolescent population is about 1.2 billion.<sup>[1]</sup> India has the largest adolescent population in the world: 253 million. In India, adolescents (10-19 years) constitute 21.4 percent of the population, comprising one fifth of the total population.<sup>[2]</sup> The health status of the adolescence is an index of the national investment in the development of its future manpower. Adolescence is a period of rapid growth phase of life marked by special attributes including rapid physical growth and development; physical, social and psychological maturity.<sup>[3]</sup> Weakening of social support from kinship, movement of women empowerment, exposure to media, increasing competitive demands of the market economy, and due to rapid industrialization and urbanization majority of young couple are employed and live in unitary setup, so unavoidably they get less time to look after their children.<sup>[4,5]</sup> The term psychosocial reflects both the externalizing or behavioural problems such as conduct disorders, educational difficulties, substance abuse, depression, hyperactivity, delinquency etc., and the, internalizing or emotional problems like anxiety, depression psychosomatic disorders etc.<sup>[4]</sup> Psychosocial health problems are one of the hidden public health problems amongst the adolescents. Under these circumstances, psychosocial (emotional and behavioural) problems and psychiatric problems are on the rise. W.H.O. report revealed that 10 – 20% of all children have one or more mental or behaviour problems.<sup>[6]</sup> Other researchers have reported psychosocial problems are 18% in adolescents by using paediatric symptom check list (PSC).<sup>[7]</sup> Many epidemiological surveys on school going children and adolescents have reported a wide variation (20-33%) in the prevalence of psychosocial problems.<sup>[8]</sup> Individual studies illustrated the prevalence of psychosocial problems ranging between 10-40%.<sup>[9,10,11]</sup> Early diagnosis by primary care physicians and prompt referral to the specialist is very important for controlling it. As there are less studies conducted in this area, with this above background there is need for the study.

### Need for the study

Adolescents are tomorrow's adult population and their health and well-being are crucial. Early detection of the psychosocial problems through regular survey helps in prompt treatment and prevention of serious complications in future. Therefore this study was carried out with the objective to assess the psychosocial problems among adolescents.

As per review literature there are no similar studies conducted in Hyderabad. Hyderabad is a city which is rapidly growing with Multi National Companies which is attracting diverse culture and demography. Hence my study will be helpful in developing baseline data on psychosocial problems among adolescents.

Aim of the study: To assess the prevalence of psychosocial problems among adolescents

### Objectives of the study

1. To assess the prevalence of psychosocial problems among adolescents using Youth-paediatric symptom check list.
2. To study factors associated with psychosocial problems.

## MATERIALS AND METHODS

**Study Design:** Cross sectional study

**Sample Size:**  $n = Z^2pq/l^2$  where n is the sample size  
 $z = 1.96$

$p = 12.5\%$  Prevalence according to the study conducted by **Shankar Bhosale et al**<sup>[12]</sup>

$q = 100 - p; q = 87.5$

$l =$  absolute error ( $l = 3\%$ )

with 95% confidence and allowable error as of 3% we get a sample size of 466 .

**Sampling Technique:** Multistage Random Sampling

**Study Area:** Hyderabad

**Study duration:** July 2018 to September 2018

### Sampling Procedure:

The list of government and private institutions will be collected from higher authorities (which include schools and colleges list). By using multistage random sampling, required number of students will be selected till the sample size is achieved. Primary sampling units will be selected from the list of government and private institutions. Secondary sampling units will be selected according to classes. Tertiary sampling units will be the students.

Informed consent will be obtained from the head of the institute. After obtaining permission from the Head of the institutions identified in the sampling frame, line listing of students will be done. From the identified students the data will be obtained as per the questionnaire prepared. Those students who are less than 18 years age will be asked to accompany by the parent/guardian for responding.

The study subjects will be interviewed using youth paediatric symptoms check list and detailed information will be collected on sociodemographic profile. Informed consent will be obtained from study subjects and confidentiality will be assured.

**Study Tool:** 1. Structured Pretested questionnaire which is designed with the help of Epidemiologist and statistician based upon previous studies.

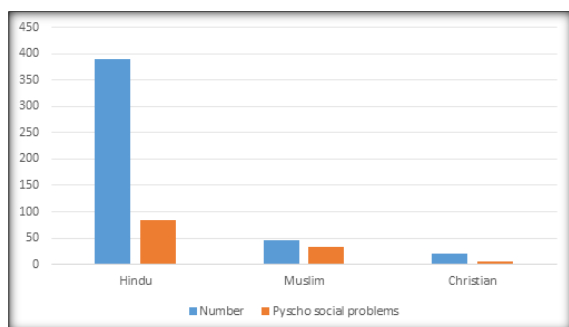
2. Youth-paediatric symptom checklist<sup>7</sup>.

**Analysis:** Data collected will be entered in MS excel 2010 and the results will be analysed using Epi info 7.2 version.

## RESULTS

A total 456 adolescent students were included. Out of 456, 400 were girls 56 were boys. A majority of the study population belongs to Hindu 389(85.3%) followed by Muslims 46(10%) and Christians 21

(4.7%). Among 456 study subjects 103(22.5%) were found to be at risk using YPSC questionnaire. Prevalence of psychosocial problems was 22.5%(103) among those the prevalence among girl students and boys students was 25.3%and 68.9% respectively. [Table 1]



**Figure 1: Distribution of PsychoSocial Problems based on religion**

**Table 1: Religion wise Distribution**

Religion	Number	%
Hindu	389	85.3
Muslim	46	10
Christian	21	4.7
Total	456	200

**Table 2: Distribution of Sociodemographic factors according to YPSC questionnaire<sup>7</sup>**

Socio demographic details	<28(Y PSC)	>28(Y PSC)	Total
<b>Sex</b>			
Male	34	22	400
Female	319	81	56
Total	353	103	456
<b>Mothers Education</b>			
Illiterate	69	17	86
Primary School certificate	28	7	35
Mid School certificate	29	8	37
High School Certificate	101	20	121
Intermediate or Diploma	52	14	66
Graduate	46	24	70
Post Graduate	28	13	41
<b>Fathers Education</b>			
Illiterate	38	14	52
Primary School certificate	20	2	22
Mid School certificate	22	2	24
High School Certificate	80	14	94
Intermediate or Diploma	78	21	99
Graduate	77	39	116
Post Graduate	38	11	49
<b>No of Siblings</b>			
0	0	6	6
1	14	51	65
2	175	28	203
3	106	13	119
4	43	2	45
5	10	1	11
6	4	1	5
7	1	1	2
11	0	1	1
Total	353	103	456
<b>Socio economic status(BG Prasad)</b>			
Lower	17	2	19
Lower Middle	140	33	173
Middle	66	9	75
Upper Middle	63	15	78
Upper	67	44	111

According to Y-PSC7(Youth Pediatric Symptom Checklist) questionnaire, Score >28 signifies the presence of Psycho Social problems while the score <28 indicates no Psychosocial problems. [Table 2] Among 10 obese study subjects, 4 were having psychosocial problems, Out of 33 overweight study subjects, 8 were having psychosocial problems. Among 158 underweight study subjects 36 were having study subjects. Among 255 study subjects of normal weight 55 were having psychosocial problems. [Table 3]

It was found that present study shows significant association between Psycho social problems and Gender, Socio economic class and Parents educational status. However no association has been found between Psycho social problems and No. of siblings, BMI. [Table 4]

Total	353	103	456
<b>Gender</b>			
Female	319	81	400
Male	34	22	56

**Table 3: Distribution of BMI**

	<28	>28	Total
Obesity	6	4	10
Over Weight	25	8	33
Normal	200	55	255
Under Weight	122	36	158

**Table 4: Association of Psycho social problems with Different Study variables**

Study Variable	PSC>28	PSC<28	P value
<b>Socio economic class</b>			
Upper middle and upper class	59	130	P value 0.0003258 <b>(Significant)</b>
Middle and below middle class	44	223	
<b>Gender</b>			
Male	22	34	P value=0.002528 <b>(Significant)</b>
female	81	319	
<b>Mother education status</b>			
School education and illterate	52	227	P value=0.01878 <b>(Significant)</b>
Intermediate and above	51	128	
<b>Father education status</b>			
School education and illterate	32	160	P value=0.01369 <b>(Significant)</b>
Intermediate and above	71	193	
<b>No of siblings</b>			
≤4	100	338	P value=0.9216 <b>(Insignificant)</b>
>4	4	15	
<b>Based on BMI</b>			
Abnormal	48	153	P value=0.6359 <b>(Insignificant)</b>

## DISCUSSION

A study by Shankar Bhosale et al (2015),<sup>[12]</sup> showed that the prevalence of psychosocial problem was 13.3% in age group of 10-14 years and 24.7% in the age group of 15-18 years which is in similar with our study I.e., nearly 15.2% were found to be at risk of psychosocial disorders as per the Y-PSC questionnaire.

A study by Chhabra GS et al (2012),<sup>[15]</sup> on 500 male adolescents of age group 12-18 years, taken equally among rural and urban areas of district Amritsar. Maximum number of family problems (39.5%) were in adolescents in age group 14-16 years in comparison to age group 12-14 years (27.5%). Maximum family problems were in lower socioeconomic status (65.7%) as compared to upper (18.8%) and middle (11.6%) socioeconomic status which is similar with our study that many Socio economic problems are observed with lower socioeconomic status. According to Azmi Ahmed Suhail et al (2007),<sup>[16]</sup> The distribution pattern of psychosocial problem among the adolescent males (10-19 years) is that the Prevalence of psychosocial problem was 17.9% which is in contrast with our study I.e., 69%.

In the current study the Prevalence of psychosocial problems was 22.5 % (103) among those the prevalence among girl students and boys students was 25.3% and 68.9% respectively which was in accordance with study done by Vaibhav Jain et

al,<sup>[14]</sup> stating that the overall prevalence of psychosocial problems among the adolescents was found to be 31.2%. The psychosocial problems were more in males (34.77%) as compared to females (27.6 %) Similarly findings observed with the study done by Savita Malhotra et al,<sup>[13]</sup> for the school based studies the prevalence was found to be 23.33% (95% confidence interval 22.25% - 24.45%).

A study by Anees Ahmad et al (2007),<sup>[16]</sup> Major proportion of the population belonged to early (10-13 yrs) and mid teens (14-15 yrs) of predominantly Hindu religion and lower to middle socioeconomic status. 82 students (38 from rural and 44 from urban) were found positive by screening test (Y-PSC) which is in accordance with our study having statistical significance.

## CONCLUSION

It was found that present study shows significant association between Psycho social problems and Gender, Socio economic class and Parents educational status. However no association has been found between Psycho social problems and No. of siblings, BMI.

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