

## Psychological Morbidity among Hostel Students and Day Scholars

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Adolescence is the period of transition between childhood and adulthood. Adolescents go through many changes, both physically and mentally. Dwelling in the hostel is one of the important factors which affects the psychological health of students. Home provides emotional warmth and support, which influences the mental health of individuals. The aim of the present study was to assess the presence of psychological morbidity among hostel students and day scholars. It was hypothesized that there would be no significant difference in psychological morbidity among hostel students and day scholars. Data was collected from 100 students (50 Hostel students and 50 Day scholars) between the age group of 19-22 years. Statistical analysis was done using the Independent Sample 't' test. The findings revealed that psychological morbidity was present among both groups, and no significant difference was found in psychological morbidity among hostel students and day scholars.

**Keywords:** Psychological morbidity, Hostel students, Day scholars

Adolescence is a crucial period in the life span of individuals. It is a critical period that affects adolescents' socialization, learning, experience, and related aspects, significantly influencing their personalities. This period involves higher disturbances and distractions compared to the other stages of development. This may be because of hormonal changes, emotional and intellectual changes, identity crises, confusion, inability to make appropriate decisions, etc. Reasons for this may be environmental factors, family, siblings, peer group, socio-economic status, and so on. Dwelling in the hostel is one of those important factors that affect the psychological health of students as they may feel homesick, experience adjustment problems with friends and significant others, and may feel isolated in the new place. Home gives a cozy feeling to any person. Residing in one's home gives immense confidence and support. Psychological morbidity is the escape from a state of physical or psychological well-being which results from

death, illness, injury, or sickness, especially where the affected individual is aware of his/her condition. According to the World Health Organization, morbidity can be caused by the number of persons who were ill, illnesses these persons experienced or the duration of this illness. As these adolescents navigate the changes, it is critical that they receive the guidance, support, and encouragement that foster healthy development. At this juncture, understanding their psychological health status is crucial. Therefore, it is important to clearly identify the domains of their psychological health and provide help when necessary.

T. Kramer and M. E. Garralda (2018) conducted a study on Psychiatric disorders in adolescents in primary care. Results indicated that Psychiatric disorders were significantly associated with high levels and intensity of physical symptoms and with increased health risks. Lindsay T Hoyt et.al (2011) conducted a study on Positive youth, healthy adults: does positive well-being in

adolescence predict better perceived health and fewer risky health behaviors in young adulthood? The results revealed that positive well-being during adolescence was significantly associated with reporting better perceived general health during young adulthood. Karen C. Swallen et.al (2005) conducted a longitudinal study on overweight, obesity, and health related quality of life among adolescents. Findings revealed a statistically significant relationship between Body Mass Index and general and physical health with no psychosocial outcomes.

Shireen Jawed et.al (2021) studied the frequency of the emotional disturbances, anxiety and depression among the medical hostelites and day scholars. They found that greater number of hostelites were suffering from emotional disturbances as compared to day scholars. A. Munir et.al (2016) investigated the prevalence and comparison of psychological problems among hostelites and day scholars of University of Gujarath. Comparative analysis of psychological problems showed a significant difference among hostelites and day scholars of university with respect to impulsivity only. However, they did not significantly differ on the variables of anxiety, dependency, guilt and aggression.

#### **Objective:**

- To study the difference in psychological morbidity between hostel students and day scholars.

#### **Hypothesis:**

- There will be no significant difference in psychological morbidity between hostel students and day scholars.

### **Method**

#### **Sample**

A purposive sampling technique was used, and a total of 100 students (50 hostel students and 50-day scholars) between the

age group of 19-22 years were chosen as the sample.

#### **Tools:**

- **General Health Questionnaire:** Modified version GHQ-28 by Goldberg and Hiller (1972) was used. It consists of four subscales:

*Somatic Symptoms:* anemia, bleeding disorder, bleeding gums, diabetes, cholesterol, etc.

*Anxiety and Insomnia:* includes somatic/affective and cognitive/behavioral symptoms Somatic symptoms such as being tensed, unable to relax, unsteady, nausea, diarrhea etc. Cognitive symptoms include confusion, trembling of hands, stuttering, fear of being rejected, worry about possible danger, etc.

*Social Dysfunction:* decreased self-confidence, low self-efficacy, extreme shyness, avoiding conversation, etc.

*Severe Depression:* loss of interest, fatigue, insomnia, decreased appetite, diminished ability to think, feelings of hopelessness, etc.

An individual with a raw score of 5 and above is considered a possible case of psychological morbidity. Reliability: Split-half coefficient:  $r = 0.92$  and Test-retest coefficient:  $r = 0.85$ . Validity: 0.70 to 0.83.

#### **Procedure**

The hostel students and day scholars aged between 19-22 years were approached for consent to be participants in the present study. The demographic data sheet was administered to obtain the required demographic details of the sample. Based on the demographic details obtained by the sample, they were categorized into two groups: Hostel students and Day scholars. The sample was also screened keeping in view the inclusion and exclusion criteria. Rapport was established with the sample before the administration of the

questionnaire. Subsequently, the General Health Questionnaire, which consists of 28 items, was administered to them with appropriate instructions. After the completion of the task, the questionnaire was collected from the sample and the obtained data was statistically analyzed considering the objective of the study. To arrive at the key findings of the study, an independent sample 't' test was used.

### Results and Discussion:

Adolescence is a transition period that comes with new changes, responsibilities, and confusion. Around 18% of the world's population is in this life stage-adolescence (United Nations Children's Fund [UNICEF], 2012), characterized by physical, cognitive, and socio-emotional changes that are often perceived as stressful (Frydenberg, 1997) and having potential negative consequences in terms of psychosocial adjustment. Deviant behavior, poor scholastic achievement, drug abuse, and social maladjustment are among the most frequent problems detected in adolescence, having far-reaching implications for adult development (Cicchetti & Cohen, 2006). The present study highlights the importance of screening the psychological health of hostel students and day scholars. In specific, this study tried to examine whether staying in the hostel or at home would determine the psychological health of the students. A statistical analysis of the study is presented below.

The present study attempted to understand the psychological morbidity of hostel students and day scholars. The objective was to study the difference in psychological morbidity between hostel students and day scholars. The above table shows that both the hostel students and day scholars show symptoms of psychological morbidity. The mean score for hostel students is 8.31, and for day scholars, it is 5.24, which indicates that psychological morbidity is seen

in both groups and that hostel students have higher psychological morbidity than day scholars. The obtained 't' value is 0.48, which is not significant. Hence, the study accepts the null hypothesis: "There will be no significant difference in psychological morbidity between hostel students and day scholars."

Table1. Descriptive statistics and 't' score for the psychological morbidity of hostel students and day scholars.

Subscales of Psychological Morbidity	College students				't'
	Hostel Students (50)		Day Scholars (50)		
	Mean	SD	Mean	SD	
Somatic Symptoms	1.71	1.87	1.28	1.38	0.29
Anxiety and Insomnia	2.61	2.11	1.33	1.62	0.25
Social Dysfunction	2.33	1.95	1.87	1.74	0.33
Severe Depression	1.66	2.22	0.76	1.01	0.25
Total Score on GHQ	8.31	8.15	5.24	5.75	0.48 NS

NS- Not Significant.

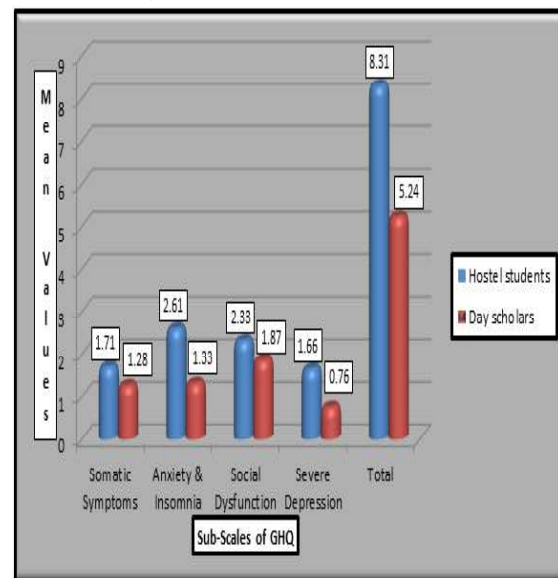


Figure 1. Level of psychological morbidity between hostel students and day-scholars.

The graphical representation of mean values for psychological morbidity of hostel students and day scholars indicates that both groups have psychological morbidity and that compared to day scholars, hostel students have high psychological morbidity. Shireen Jawed et al. (2021) studied the frequency of emotional disturbances, anxiety, and depression among medical hostelites and day scholars. They found that a greater number of hostelites were suffering from emotional disturbances than day scholars. This study supports the results of the present study. Many studies have found associations between these problems and youth's mental health (UNICEF, 2011). There is thus great concern among nations worldwide about the incidence of mental illness in adolescence: It is estimated that around 20% of the world's youngsters have a mental health problem, with anxiety disorders and depression largely contributing to the global burden of disease for people aged 12–18 (Costello et al., 2005). According to the International Consortium in Psychiatric Epidemiology (ICPE, 2000), the median age of the first onset of any anxiety, substance, and mood disorders is between 15 and 26 across several countries in Europe, North America, and Latin America. High levels of stress are also detected in this life stage, which in turn are associated with psychopathology (Grant et al., 2006). Research findings cast a new light on adolescence, stressing not only the need to analyze youths' risks of developing maladjustment and psychopathology but also to explore youths' potential and resources for thriving in life.

### Conclusion

The present study's result revealed no significant difference in psychological

morbidity between hostel students and day scholars. However, psychological morbidity is seen in both the groups wherein hostel students have high psychological morbidity compared to day scholars.

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