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Assessment of Adolescent Problems in Rural and Urban Areas

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The present study assesses the adolescent problems among urban and rural adolescents in and around Mysore city. A total of 631 adolescents of different age groups from 11-20 years were randomly selected. They were administered Problem checklist developed by Joshi and Pandey, which measures the problems of adolescents in 11 areas - health and physical development (HPD), finance, living conditions and employment (FLE), social and recreational activities (SRA), courtship sex and marriage (CSM), social psychological relations (SPR), personal psychological relations (PPR), moral and religion (MR), home and family (HF), The future vocational and educational (FVE), Adjustment to school work (ASW) and curriculum and teaching procedures (CTP). The data collection was done in one setting and MANOVA was applied to see the differences in problem areas between urban and rural adolescents along with the influence of gender. Results revealed that rural adolescents were found to have higher levels of problems in all the areas of problems mentioned. Gender-wise comparison revealed that males had more problems in finance, living conditions and employment, social and recreational activities, social psychological relations, personal psychological relations, moral and religion, home and family, future vocational and educational, curriculum and teaching procedure and in total scores than female adolescents. Male adolescents of the rural areas had higher problems in areas -social and recreational activities, moral and religion, vocational and educational future compared to rest of the groups.

Adolescence is a time of rapid and dramatic change. We can see these changes in the way teenagers behave, express their feelings and in the way they interact with their families. Parents need to adapt their parenting style to suit the changing needs of their children. Knowing about the changes that adolescents experience will help to understand and manage teenager more effectively. The challenges teenagers face are things should be known about physical changes, how teenagers think and feel, the influence of teenager's friends, why family squabbling is inevitable and why they need their parents now more than ever.

Children entering adolescence face three big challenges-Biological, psychological and social Ary, Duncan and Hops (1999) revealed that family conditions were related to poor parental monitoring and association with deviant peers one year later. Poor parental monitoring and associations with deviant peers were strong proximal predictors of engagement in an array of problem behaviors. However, Simons, Crump, Haynie, and Saylor (1999) in their study indicated that that problem behavior was significantly higher among males than females and among students in high grades. Conversely, school bonding, climate and adjustment were significantly higher among females than males, but declined significantly from one grade to the next. The data support the conclusion that school bonding is associated with problem behavior. Capaldi and Stoolmiller,(1999) found out that conduct

problems were associated with a broad range of adjustment problems including continuing problems in peer associations, substance use, self-esteem, relationships with parents, and new problems in non-completion of education, unemployment, driver's license suspensions, and causing pregnancies. DSs predicted particularly to problems in social relationships. Higher levels of both conduct problems and depressive symptoms in early adolescence did not predict to increased difficulties for any one outcome over either problem alone, either due to main or interaction effects.

Psychologists of varying theoretical persuasions have long held that social experiences are critical to normal developmental trajectories and that the lack of such experiences is worthy of compensatory attention. Surprisingly, however, little empirical attention has been directed to the study of the psychological significance of social solitude of adolescence. In the present study an attempt is made to find out the extent of adolescent problems in urban and rural areas in and around Mysore city.

Method

Sample:

A total of 631 adolescents were selected from urban and rural areas in and around Mysore city. Out of which 246 were from urban area and 385 from rural area. The selection was done through stratified random sampling method. Of the 246 adolescents selected from urban area 113 were males and 133 were females. In rural area, there were 192 males and remaining 193 were females.

Tools:

Problem Check-list (PCL): The Indian adaptation of High School Form (H) for adolescents was prepared by Joshi and Pandey in 1964. This form of MPCL covers eleven wide areas of adolescents problems for each area there are 30 items. The eleven areas are as follows; Health and physical development (HPD), Finance, living conditions and employment (FLE), Social and Recreational activities (SRA), Courtship sex and marriage (CSM), Social psychological relations (SPR), Personal psychological relations (PPR), Moral and religion (MR), Home and family (HF), The future vocational and educational (FVE), Adjustment to school work (ASW) and Curriculum and teaching procedures (CTP) . This problem check list is self administering. All the directions needed are on the first page of the check list. The procedure is very simple. The students read through the check list and cross out the serial number of problems which are bothering them on the answer sheet. By means of problem check list observation and interviewing can be made quantitative and previously overlooked areas needing attention can be brought to light. Fifty minutes are found to be sufficient for checking the full list for its American form. In India, the average time taken by the students to check the whole list was found to be nearly one hour. For scoring eleven hand made stencil type of scoring keys for different areas are used. The total number of problems in different areas yields the total problems of the subject. High scores on PCL indicate poor adjustment. The reliability of the total checklist was .95 and individual reliabilities for various areas of PCL varied from 0.85 to 0.94, which were highly significant. For the checklist external validation was done through Saxena's Vyaktitwa Parakh Prashnawali and Asthana Adjustment Inventory.

Results

In all the areas of problem checklist significant differences were existed between adolescents in Urban and rural areas. In areas Health and physical development (HPD), Finance, living conditions and employment (FLE), Social and Recreational activities (SRA), Courtship sex and marriage (CSM), Social psychological relations (SPR),

Personal psychological relations (PPR), Moral and religion (MR), Home and family (HF), The future vocational and educational (FVE), Adjustment to school work (ASW) and Curriculum and teaching procedures (CTP) and in total problems adolescents from rural areas had significantly higher problems than urban areas.

Male and female adolescents differed significantly in most of the problem checklist areas. In areas like Finance, living conditions & employment, social & recreational activities, social psychological relations, personal psychological relations, moral and religion, home and family, future vocational and educational, curriculum and teaching procedure and in total scores, male adolescents had significantly higher problems than female adolescents

The interaction effect between area and gender for social & recreational activities, moral and religion, vocational and educational future and for total scores were found to be significant. Remaining interaction effects were found to be non-significant. From the mean values it is clear that male adolescents of the rural areas had higher problems in these areas social & recreational activities, moral and religion, vocational and educational future compared to rest of the groups.

Discussion

The main findings of the study are rural adolescents were found to have higher levels of problems in all the areas of problems mentioned. Gender-wise comparison revealed that males had more problems in Finance, living conditions & employment, social & recreational activities, social psychological relations, personal psychological relations, moral and religion, home and family, future vocational and educational, curriculum and teaching procedure and in total scores than female adolescents. Male adolescents of the rural areas had higher problems in areas -social and recreational activities, moral and religion, vocational and educational future compared to rest of the groups.

Adolescence is a stage of transition and we do find lots of problems in the age of adolescence. These problems are usually related with the onset of puberty and the accompanied bodily changes, the primary and secondary sexual characteristics on one side at the same time the role identity and the changes in the way an adolescent is treated as a grown up and sometimes as a child. Planning for the future, understanding and planning for ones own life. The interaction with the society, an adolescent who is quite more social do acquire in formations and do adjust quite easily compared to those adolescents who are shy in nature and do not interact with others so much and in turn do not find solutions for their problems do show more problems (Surma, 2009). Adolescence is a critical time for the Health and future development of boys and girls. Experience and behaviour during these formative years can influence lifelong health, as well as put current health at risk (Makwana, Shah & Yadav, 2007). In the present study we find that rural adolescents were experiencing more of problems. Further, male adolescents were more prone to problems compared to female adolescents.

Sharan (2008) indicate that 10%-20% of children and adolescents develop psychiatric disorders; and approximately 5%-12% suffer from functionally impairing conditions. However, for most young people, mental health and substance abuse problems are either unrecognized or inadequately treated. Even in high-income countries, only about 20% of emotionally disturbed children and adolescents receive some kind of mental health care and only a small fraction of them receive evaluation and treatment by child and adolescent psychiatrists. Dill, Anderson, (1999) Joiner, Thomas Coyne and James

explains loneliness as an important interpersonal mediator between causal factors and depressive outcomes. Many of the interpersonal risk factors, such as self-silencing, involuntary subordination, shyness, and the lack-of-connection schema, could contribute to loneliness, which, in turn, heightens depression vulnerability.

Some experts have suggested that sub/super-specialty training in child and adolescent psychiatry should be initiated in developing countries, basing their argument on the need to ensure appropriate standards of care for children and adolescents. Others favor sharing the burdens of care with allied health professionals. Perhaps the two approaches need to be combined to make a real difference in the health of the nations' youth. Medical/psychiatric educators should take the development of the workforce for child and adolescent psychiatry as a mission to provide crucial mental health care and health care advocacy for the country's youngest and most vulnerable citizens (Sharan, 2008).

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