



ISSN: 2277- 7695

TPI 2016; 5(7): 125-128

© 2016 TPI

[www.thepharmajournal.com](http://www.thepharmajournal.com)

Received: 26-05-2016

Accepted: 30-06-2016

**Dr. G Sai Krishna Kumar**

Assistant Professor, Department of Psychiatry, GSL Medical College, Andhra Pradesh, India

**Dr. K Jyothi**

Assistant Professor, Department of Obstetrics and Gynaecology, Mahavir Institute of Medical Sciences, Vikarabad, Telangana, India

## Psychosocial issues among tribal zone adolescent girls attending a social welfare resident school: A research evaluation

**Dr. G Sai Krishna Kumar and Dr. K Jyothi**

### Abstract

**Background and Objectives:** Adolescence is a time when a person's biological, psychological, and social aspects change and they go through a lot of mental ups and downs. A lot of different psychological problems happen to teenagers at some point in their growth. A lot of these issues are short-term and are often forgotten. The goal of this study is to find out how common mental disorders are among secondary school kids from tribal groups.

**Methods:** At Department of Obstetrics and Gynaecology, Mahavir Institute of Medical Sciences, Vikarabad, Telangana, India, 120 female students participated in a descriptive study. The study included the months of May 2015 to April 2016. The hostel guardian has signed a clearance form. The municipal authorities granted the permit. The ethics committee gave the institution the green light. Sign up for a lifetime the semi-structured proforma was utilized to collect sociodemographic data. Included in the details were the following: name, age, school, religion, race, and family type. In addition to marital status, the survey inquired about the parents' level of education and occupation.

**Results:** A study found that mental health problems are more common in rural places than in cities. It's possible that this is because the tribal charity hostel is in a remote area. Twenty-four teenage girls in this study were found to have a mental illness. Most of these girls were 14.3 years old. The chi-square number that was found was 12.751, and the p value that went with it was 0.0005. This result is statistically significant. Around eighteen of the girls were between the ages of 13 and 15. From these results, it looks like psychosocial disorders are more common in kids and adults between the ages of 13 and 15. The study came to the same conclusions, which suggests that stress may be one reason why the number of people with psychiatric illnesses in this age group is rising.

**Conclusion:** The research we did showed that 16% of the teenage girls living in tribal welfare homes had mental health problems. The girls were mostly in the eighth grade and ranged in age from 13 to.

**Keywords:** Tribal, teenage school-age children, psychosocial issues, frequency

### Introduction

Physical, social, and psychological maturity, as well as fast physical growth and development, are some of these traits. Erikson's "Life Cycle Crises of Psycho-Social Development" says that during adolescence, people first have to deal with the problem of "Identity vs. Confusion" and then move on to the stage of "Intimacy vs. Isolation<sup>[1-3]</sup>." Adolescence is the time between childhood and adulthood when people are changing. The World Health Organization says that adolescence is a separate stage of growth that lasts from 10 to 19 years and is marked by certain traits. Teenage years can be broken down into three main stages: early, middle, and late<sup>[2-4]</sup>. According to the Report on Workforce Need in India, many studies have been done on the severity of emotional, behavioral, and developmental issues that kids, teens, and families in the country have had throughout the 20<sup>th</sup> century. According to these surveys, between 16 and 20% of the kids and teens in the neighborhood had a mental illness, and between 4 and 7% had a major problem with how they functioned. Conduct disorders, learning challenges, sadness, anxiety, drug use, psychosomatic disorders, delinquency, truancy, insomnia, tiredness, antisocial behavior, and low self-esteem were some of the most common psychosocial problems. These kids come from a range of moral, social, economic, and geographical backgrounds<sup>[3-5]</sup>.

There are rooms at the hotel for students who are away from home to go to school. Research, on the other hand, shows that kids who live in hostels are more likely to be mentally stable, empathetic, and helpful. When students live in a hostel, they can talk to and connect with each other<sup>[4-6]</sup>. To get a better understanding of the current study, which is mainly looking at women who live in tribal welfare homes, it is important to know which tribes are involved. Indigenous people were the first people to live in a large part of the huge country of India.

### Correspondence

**Dr. K Jyothi**

Assistant Professor, Department of Obstetrics and Gynaecology, Mahavir Institute of Medical Sciences, Vikarabad, Telangana, India

There are many trees and hills around them, and they have lived there for a long time. They are very different from other Indians in terms of language, culture, and social organization [5-7]. The current study was designed to specifically look at tribal teenage girls living in hostels between the ages of 10 and 19. After that, it became part of the Sarva Shiksha Abhiyan program, which aims to give girls from minority groups, poor families living in Educationally Backward Blocks, Scheduled Castes, Scheduled Tribes, and Other Backward Classes the chance to go to school [6-8].

**Materials and Methods**

120 women took part in a descriptive study at the Department of Obstetrics and Gynaecology, Mahavir Institute of Medical Sciences, Vikarabad, Telangana, India. From May 2015 to April 2016, the study was done. A clearance form was signed by the hostel guardian. The permission was given by the local government. The institution got the go-ahead from the ethics committee. The details included name, age, school, religion, race, and type of family. The study also looked at how much schooling the parents had, what they did for a living, and whether they were married.

**Inclusion Criteria**

- The age range is eleven to fifteen years old.
- Only women
- People who are willing to participate and give their permission to be included in the study.

**Exclusion criteria**

Teens that refuse to give their permission for the study are not included.

**Results**

There is a total of 120 members, and 11.66 percent of them have a psychiatric condition, while 83.33 percent of them do not have any ailment.

**Table 1:** Mental health diagnosis based on k-SADS

Sr. No.	Mental health diagnosis based on k-SADS	Frequency	%
1.	illness	14	11.66
2.	no illness	106	83.33
	Total	120	100

**Table 2:** Residence location and teenage psycho-social issues

		K. SADS		Total	Chi-square	P-Value
		Illness	No illness			
Residency	Urban	20	20	80	0.193	0.598
	Rural	30	60			
Total		24	41	120		

With a p-value of 0.598 and a chi-square value of 0.193

**Table 3:** The connection between age and the psychological and social issues that adolescents face

Age		K. SADS	No illness	Total	Chi-square	p-value
		illness				
	12	3	40	43	11.124	.0006
	14	6	30	36		
	16	10	20	30		
	17	6	5	11		
Total		25	95	120		

There is a statistically significant result, as indicated by the chi-

square value of 11.124 and the p value of .0006.

**Table 4:** Level of education attained by participants

Sr. No.	Class	Frequency	%
1	8th	50	46.66
2	9th	40	33.33
3	10th	30	25.0
	Total	120	100.0

The study sample demonstrates the educational background, with the majority (46.66%) having completed 8th grade.

**Table 5:** Religion

Sr. No.	Religion	Frequency	%
1	Hindu	73	48.7
2	Christian	77	51.3
	Total	120	100.0

Indicates the religious affiliation of the participants in the survey, with the majority (51.3%) identifying as Christian

**Table 6:** The correlation between religion and psychosocial issues among adolescents

Religion	K. SADS		Total	Chi-square	p-value
	Illness	No illness			
Hindu	11	45	56	1.512	0.247
Christian	14	50	64		
Total	25	95	120		

The chi-square value of 1.512 and the corresponding p-value of 0.247 are not statistically significant.

**Table 7:** Type of family

Sr. No.	Family	Frequency	%
1.	Joint family	20	16.66
2.	Nuclear family	100	83.33
	Total	120	100.0

The study sample primarily consists of nuclear families, with 83.33% of the participants belonging to this kind of family structure.

**Table 8:** Teenagers' academic achievement

School performance	Frequency	%
grade A	50	41.66
grade B	60	50.0
grade C	10	12.7
Total	120	8.33

The data illustrates the academic achievement of the majority of pupils, with 50.0% attaining a grade B.

**Discussion**

This result supports that number. In the early days of research, it was thought that between 14 and 20 percent of people had a mental illness. The rates of occurrence were 17.7%, 15%, and 17%. 24 of the teenage girls living in a tribal welfare hostel were found to have a mental problem. They were all school-age kids and teens [8-10]. A different study found that 16.41% of teens have a mental illness. In a different study, however, the frequency was 45%, which was a lot higher. Western studies were done in 14.5% of the countries, which includes Germany and Switzerland. Teenagers are more likely to develop a mental

disorder if they are hurt physically, are under a lot of emotional stress, or have big changes in their surroundings. This is especially true if they don't have strong support systems<sup>[9-11]</sup>.

There are different levels of association between psychiatric illnesses and age groups, with some age groups having a higher prevalence. A poll found that most of the kids were between the ages of 14 and 15. It was found that most teenagers, especially those aged 16 to 19, were younger than those aged 14 to 15<sup>[12-14]</sup>. Psychosocial impairment in 13–15-year-olds seems to be caused by a number of things, such as changing societal chores and responsibilities, interactions with peers, and health-related worries. 40% of the teenage girls asked were in the eighth grade, 34.7% were in the ninth grade, and 25% were in the tenth grade. Another study that was similar to this one found that 48.64% of patients had finished secondary school, while only 29.84% had gone on to school after eleventh grade. 36.3% of the teens who took part in that study were in the ninth grade<sup>[15-17]</sup>.

A study found that mental health problems are more common in rural places than in cities. It's possible that this is because the tribal charity hostel is in a remote area. The twenty-four teenage girls with mental illness in this study were, on average, 14.3 years old. The chi-square number that was found was 12.751, and the p value that went with it was 0.0005. This result is statistically significant. About eighteen of the girls were between the ages of 13 and 15. From these results, it looks like psychosocial disorders are more common in kids and adults between the ages of 13 and 15. The study came to the same conclusions, which suggests that stress may be one reason why the number of people with psychiatric illnesses in this age group is rising<sup>[16-18]</sup>.

It was found that 16.41% of the 8th and 9th graders who took part in the study had mental illnesses. This poll shows that 77 percent of teens say they are Christians. A lot of different studies have found different links between faith and mental illness. The Hindu population had nine young people with psychiatric disorders, and the Christian population had fifteen people with the same disease. There was, however, no statistically significant link between faith and psychiatric illness<sup>[17-19]</sup>.

Teenagers who say they are Christians are more likely to have problems with their mental health. On the other hand, a study done in Nepal showed that Hindu teens had higher rates of psychological dysfunction. The difference in religious representation could be because people in the group in question are religiously diverse. However, it is very important to look into how religion affects mental diseases in teens. Most of the teens and young adults in this study are from nuclear families and not from families with mental problems. There was no statistically significant link between the number of people with mental disorders living in nuclear and blended families<sup>[18-20]</sup>. In contrast to earlier research, this study found that teens from non-nuclear families were 3.60 times less likely to experience mental distress than teens from nuclear families. The risk of psychosocial dysfunction was 3.46 times higher among students who lived with one parent than among students who lived with both parents. Teenagers who grew up in nuclear families are more likely to have mental health issues. Findings from Dudley's study show that teens that do activities with their grandparents have better emotional and social health and fewer behavior problems<sup>[19-21]</sup>.

There was no statistical evidence to support the idea that school adjustment factors from biological nuclear families were important. Teenagers' unease, mental distress, violent behavior, and behavior problems are all linked to having a home setting

with lots of conflict. These problems can make it harder for them to deal with many parts of life. Many parents in nuclear families might not have been able to spend enough time with their kids, leaving teenagers without the right kind of parenting and direction<sup>[20-22]</sup>.

## Conclusion

The research we did showed that the teenage girls living in tribal welfare homes had mental health problems. The girls were mostly in the eighth grade and ranged in age from 13 to. The latest information on marriage seems to be one of the most important ones when it comes to mental health, since kids whose parents have split are more likely to have mental illness. Children who lived with a single parent also had a lot more trouble coping. Academic performance was lower in people who had mental problems or had trouble adjusting to new situations. According to the study's results, there are a lot of young people living in tribal welfare shelters who have mental illnesses. This shows how important it is to keep a close eye on things and make sure there are enough mental health tools available for diagnosis and treatment.

## Funding support

Nil

## Conflict of interest

None

## References

1. Malhotra S, Patra BN. Prevalence of child and adolescent psychiatric disorders in India: A systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health*. 2014;21:22.
2. Najman JM, Hayatbakhsh MR, Clavarino A, Bor W, O'Callaghan MJ, Williams GM. Family poverty over the early life course and recurrent adolescent and young adult anxiety and depression: A longitudinal study. *Am J Public Health*. 2010;100:1719-1723.
3. Ravens-Sieberer U, Erhart M, Gosch A, Wille N. European KIDSCREEN Group. Mental health of children and adolescents in 12 European countries: results from the European KIDSCREEN study. *Clin Psychol Psychother*. 2008;15:154-163.
4. More S, Shivkumar VB, Gangane N, Shende S. Effects of iron deficiency on cognitive function in school going adolescent females in rural area of central India. *Anemia*. 2013;2013:819136.
5. WHO. The WHO Child Growth Standards. 2006. 12. Jellinek MS, Murphy JM, Robinson J, Feins A, Lamb S, Fenton T. Pediatric Symptom Checklist: screening school-age children for psychosocial dysfunction. *J Pediatr*. 1988;112:201-209.
6. Jellinek MS, Murphy JM, Little M, Pagano ME, Comer DM, Kelleher KJ. Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study. *Arch Pediatr Adolesc Med*. 1999;153:254-260.
7. Cameron JL. Interrelationships between hormones, behavior, and affect during adolescence: understanding hormonal, physical and brain changes occurring in association with pubertal activation of the reproductive axis. Introduction to part III. *Ann NY Acad Sci*. 2004;1021:110-123.
8. Elgar FJ, Pfortner TK, Moor I, De Clercq B, Stevens GW,

- Currie C. Socioeconomic inequalities in adolescent health 2002-2010: A time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study. *Lancet*. 2015;385:2088-2095.
9. Amone-P'Olak K, Burger H, Ormel J, Huisman M, Verhulst FC, Oldehinkel AJ. Socioeconomic position and mental health problems in pre- and early adolescents: the TRAILS study. *Soc Psychiatry Psychiatr Epidemiol*. 2009;44:231-238.
  10. Pevekar K, Patil S, Chavan A. Psycho-social study of adolescent girls of rural Konkan region (Maharashtra). *International Journal of Research in Medical Sciences*. 2015;3:2745-2750.
  11. Romeo RD. The Teenage Brain: The Stress Response and the Adolescent Brain. *Curr Dir Psychol Sci*. 2013;22:140-145.
  12. Cservenka A, Stroup ML, Etkin A, Nagel BJ. The effects of age, sex, and hormones on emotional conflict-related brain response during adolescence. *Brain Cogn*. 2015;99:135-150.
  13. Khanna A, Goyal RS, Bhawsar R. Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *Journal of health management*. 2005 Apr;7(1):91-107.
  14. Kumar A, Srivastava K. Cultural and social practices regarding menstruation among adolescent girls. *Social work in public health*. 2011 Sep 15;26(6):594-604.
  15. LaFromboise TD, Medoff L, Lee CC, Harris A. Psychosocial and cultural correlates of suicidal ideation among American Indian early adolescents on a northern plains reservation. *Research in human development*. 2007 Jun 13;4(1-2):119-43.
  16. Sahoo KC, Hulland KR, Caruso BA, Swain R, Freeman MC, Panigrahi P, *et al*. Sanitation-related psychosocial stress: A grounded theory study of women across the life-course in Odisha, India. *Social science & medicine*. 2015 Aug 1;139:80-9.
  17. Konantambigi RM, Meghani S, Modi A. Non-formal education in a tribal setting: Strategies for qualitative changes in children. *Psychology and Developing Societies*. 2008 Jan;20(1):65-98.
  18. Maruf MM, Rahman F, Khan MZ, Jahan N. Socio-demography, substance abuse and offence among inmates with psychiatric disorder in female juvenile center, Bangladesh. *PEOPLE: International Journal of Social Science*. 2015;1(1):500-8.
  19. Nahar JS, Haque M, Chowdhury NF, Qusar MS, Rahman W, Chowdhury HR, *et al*. Psychiatric morbidity among rural and slum female population: a comparative study. *Bangabandhu Sheikh Mujib Med Univ J*. 2013;6:146-50.
  20. Vijaya K, Prasad BD. A Comparative Study on the Social Psychological Problems of Adolescents in Rural and Urban Middle Schools. *Journal of Social Science and Humanities ISSN*.;1811:1564.
  21. Kang T, Chawla A. Mental Health: A study of rural adolescents. *Asian Journal of Home Science*. 2009;4(2):262-3.
  22. Dhoundiyal M, Venkatesh R. The psychological world of adolescence: A comparative evaluation between rural and urban girls. *Indian journal of psychological medicine*. 2009 Jan;31(1):35-8.