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A comparative study on mental health problems of adolescence between selected rural and urban schools of Ratlam district

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Abstract

Mental disorders account for 14% of the global burden of diseases. One in two adolescents suffers from mental disorders in India. This problem arises not only from economic but also social and cultural factors as well as inadequate and under utilization of health services. To ignore adolescent, means ignoring the future of our nation. Studies on mental health and behaviour problems among the adolescent remain limited, so there was need for assessment and comparison of the adolescent mental health problems in rural and urban senior secondary schools. So, a comparative study of adolescent mental health problems at selected rural and urban senior secondary schools of Haryana was conducted with the objectives to assess and compare the adolescent mental health problems studying in rural and urban senior secondary schools, to determine factors affecting mental health status of adolescents studying in rural and urban senior secondary schools and to determine the association of levels of adolescent mental health problems with selected demographic characteristics. The non-experimental research approach was adopted for the study with descriptive and comparative research design. 402 adolescents (204 from rural senior secondary school and 198 from urban senior secondary school of Haryana) were selected by using total enumeration sampling technique. The tools used for data collection were open ended semi-structured questionnaire and strength and difficulty questionnaire. The open ended questionnaire consisted of seven questions with multiple response options. Findings showed that there was difference between the factors affecting the adolescent mental health status studying in rural and urban senior secondary schools. Overall, the mental health problems of adolescent studying in rural and urban senior secondary schools were almost same. Among adolescents in rural senior secondary school, 6.86% had high need for consultation regarding emotional symptoms. Whereas adolescents in urban seniors secondary school had high need for consultation regarding hyperactivity (4.04%), conduct (21.21%), peer problems (8.08%) and pro-social behavior (11.11%). Chi square value showing the association of levels of mental health problems with selected demographic characteristics i.e. gender, family type, family history of substance abuse, family history of mental health problems, home assignments, negative rewards, sports facility and involvement in other activities at home rather than study were found to be significant.

Keywords: Mental health problems, adolescents, comparison

Introduction

“Looking after one’s mind is as important as looking after one’s body”. As part of one’s overall health, mental and emotional health or wellbeing is a necessary condition to enable one to manage one’s life successfully.

Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of wellbeing and an underlying belief in one’s own and others’ dignity and worth. Mental health is about:

1. How one feels inside.
2. Balancing one’s emotions and having control on them.
3. Self-esteem and confidence.
4. Being comfortable with whom they are.
5. Coping with one’s feelings and building up resilience on one’s “bounce-back ability” [1].

Young people go through a transition in teenage years and one of the biggest issues they will face affecting mental health and social identity. They experience all sorts of pressures,

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difficulties and circumstances such as peer pressure, moving to a new school, breaking relationships with friends, arguments with parents, struggle for autonomy, exams, not feeling good enough, changing or chaotic home environment, exam pressure and failures and above all pubertal changes, school exclusion or truancy [2].

School plays a vital role in the development of an adolescent as they spend most part of their day attending school, engaging in extracurricular activities; and even at home engaged in scholastic work. School is an institution which contributes to the total educational and socialization process directed to the development of personality of an adolescent [3].

Emotional problems often affect school work, worry oneself or about what is going at home, makes it difficult to concentrate. Pressure to do well and to pass exams may come from parents or teachers, but adolescents usually want to do well and push themselves [4].

Young people aged 10–24 years represent 27% of the world's population. WHO reported that approximately 450 million people worldwide have a mental health problem and mental disorders account for 14% of the global burden of diseases [5].

According to Government of India Planning Commission (2001) as on March 2001, adolescents accounted for 22.8% of the population of India. There were around 239 million adolescents in India in the age group of 10–19 years. Over the next two decades, the number of adolescents is likely to increase further but their share to population will decrease marginally as per the projections. Studies suggest that in India “one in two adolescents suffers from mental disorders” [6].

Mental disorders and mental health problems seem to have increased considerably among adolescents in the past 20–30 years. Adolescents are at elevated risk for exposure to multiple stressors, indicating high rates of crime, victimization, family poverty, family conflict, increased prevalence of deviant peers and school with inadequate resources (Gonzales *et al.*, 2001) [7]. Garrison and Force (1959) have proposed three basic factors which facilitate emotional disturbance among adolescents. These factors are biological disorders and diseases, pathological family relationships and undesirable experience in school [7].

To ignore adolescent, means ignoring the future of our nation. Studies on mental health and behaviour problems among the adolescent remain limited, so there was need for assessment and comparison of the adolescent mental health problems in rural and urban senior secondary schools.

Objectives

1. To assess and compare the adolescent mental health problems studying in rural and urban senior secondary schools,
2. To determine the factors affecting mental health status

of adolescents studying in rural and urban senior secondary schools,

3. To determine the association of levels of adolescent mental health problems with selected demographic characteristics.

Materials and Methods

The non-experimental research approach was adopted for the study with descriptive and comparative research design. The conceptual framework used for the study was based on Betty Newman's system model. 402 adolescents (204 from rural senior secondary school and 198 from urban senior secondary school of Haryana) were selected by using total enumeration sampling technique. The tools used for data collection were open ended semi-structured questionnaire and strength and difficulty questionnaire.

Research Tool I

The semi structured questionnaire consisted of two sections. Section I was comprised of 30 items seeking information about demographic characteristics such as age, gender, education, religion, education of parents, occupation of parents, marital status of parents, type of family, family income, birth order, number of siblings, substance abuse in family, family member suffering from mental health problems, mode of transport used for attending school, distance from school, medium of instruction in school, home assignments, sports activity in school, pocket money, involvement in house hold chores and section comprised of seven open ended questions with multiple response options.

Research Tool II

Strength and difficulty questionnaire consisted of 25 items assessing the mental health problems pertaining to the areas i.e. emotional symptoms, conduct problems, hyperactivity, peer problem and pro-social behaviour (Reliability was found to be 0.91 calculated by using test-retest method). The data obtained were analyzed using both descriptive and inferential statistics.

The findings revealed that 6.86% of adolescents in rural senior secondary school had high need for consultation regarding emotional symptoms. Whereas adolescents in urban seniors secondary school had high need for consultation regarding hyperactivity (4.04%), conduct (21.21%), peer problems (8.08%) and pro-social behavior (11.11%).

The data in Table 1 revealed that the computed chi square value of levels of mental health problems between adolescents studying in rural and urban senior secondary school was not significant (2.46) at 0.05 level of significance, which indicated that there was no difference in the levels of adolescent mental health problems.

Results

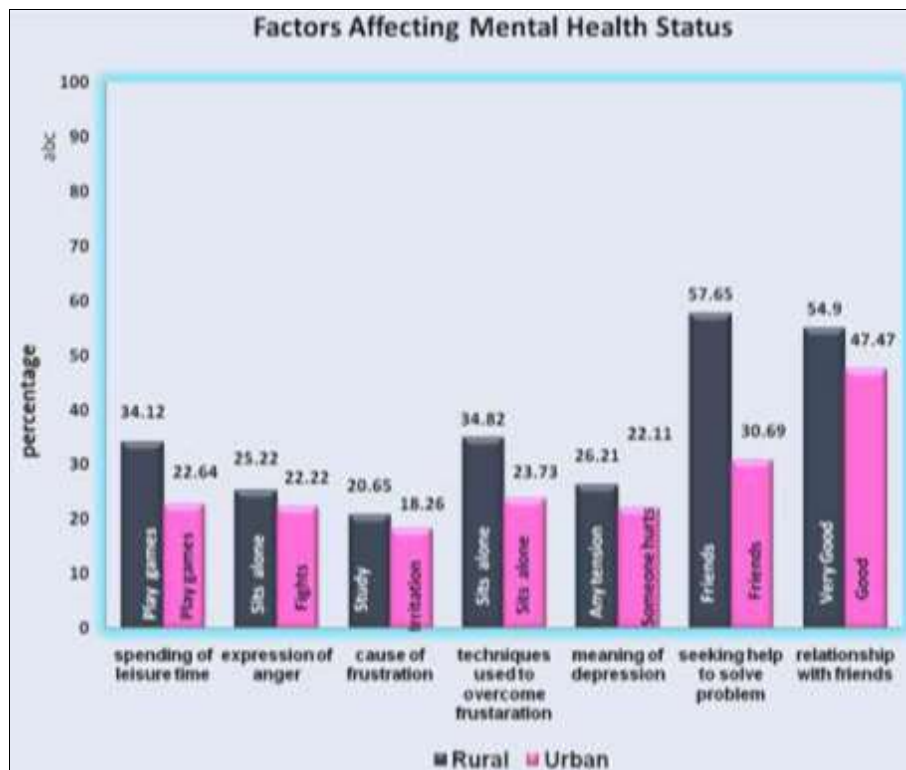


Fig 1: Bar Graph Comparing the Factors Affecting Mental Health Status of Adolescents Studying in Rural and Urban Senior Secondary Schools

Table 1: Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior Secondary Schools Based on Levels of Mental Health Problems, (N=402)

Levels of Mental Health Problems	Range Score	Rural (n=204)		Urban (n=198)		X ²	d. f.	Table Value
		f	%	f	%			
Low need	0-15	157	76.96	153	77.27	2.46 ^{NS}	2	5.99
some need	16-19	27	13.23	35	17.67			
High need	20-40	16	07.84	10	05.05			

^{NS}: Not Significant ($p>0.05$).

Table 2: Area Wise Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior Secondary Schools Based on Levels of Emotional Symptoms, N=402

Levels of Emotional Symptoms	Range Score	Rural (n=204)		Urban (n=198)		x2	d. f.	Table Value
		f	%	F	%			
Low need	0-5	166	81.37	175	88.38	3.58 ^{NS}	2	5.99
some need	6	24	11.76	16	08.08			
High need	7-10	14	06.86	07	03.53			

^{NS}: Not Significant ($p>0.05$).

Table 3: Area Wise Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior Secondary Schools Based on Levels of Conduct Problems, N=402

Levels of Conduct Problems	Range Score	Rural (n=204)		Urban (n=198)		X ²	d. f.	Table Value
		F	%	f	%			
Low need	0-3	148(55.6)	72.56	118(44.4)	59.59	8.40*	2	5.99
some need	4	22(36.7)	10.78	38(63.3)	19.19			
High need	5-10	34(31.7)	16.66	42(55.3)	21.21			

*Significant ($p<0.05$).

Table 4: Area Wise Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior Secondary School Based on Levels of Hyperactivity, N=402

Levels of Hyperactivity	Range Score	Rural (n=204)		Urban (n=198)		X ²	d. f.	Table value
		f	%	f	%			
Low need	0-5	194	95.09	181	91.41	2.29 ^{NS}	2	5.99
some need	6	06	02.94	09	04.54			
High need	7-10	04	01.97	08	04.04			

^{NS}: Not Significant ($p>0.05$).

Table 5: Area Wise Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior SECONDARY Schools Based on Levels of Peer Problems, N=402

Levels of Peer Problems	Range Score	Rural (n=204)		Urban (n=198)		X ²	d. f.	Table Value
		f	%	f	%			
Low need	0-3	150	73.53	126	63.64	4.80 ^{NS}	2	5.99
Some need	4-5	40	19.61	56	28.28			
High need	6-10	14	06.86	16	08.08			

^{NS}: Not Significant (p>0.05).

Table 6: Area wise Frequency, Percentage Distribution and Chi Square Value of Adolescents Studying in Rural and Urban Senior Secondary Schools Based on Levels of Pro-Social Behaviour, N=402

Levels of Pro-social Behavior	Range Score	Rural (n=204)		Urban (n=198)		X ²	d. f.	Table Value
		f	%	f	%			
Low need	6-0	190(53.1)	93.14	168(46.9)	84.85	10.4*	2	5.99
Some need	5	08(50.0)	03.92	08(50.0)	04.04			
High need	0-4	06(21.4)	02.94	22(78.6)	11.11			

*Significant (p<0.05).

The data in Table 2 revealed that the computed chi square value of levels of emotional symptoms between adolescents studying in rural and urban senior secondary schools was not significant (3.58) at 0.05 level of significance which indicated that there was no difference in the levels of emotional symptoms of adolescents.

The data in the Table 3 revealed that the computed chi square value of levels of conduct problems between adolescents studying in rural and urban senior secondary school were significant (8.40) at 0.05 level of significance which indicated there was difference in the levels of conduct problems among adolescents studying in rural and urban senior secondary schools. Further findings revealed that majority of adolescents (55.3%) studying in urban senior secondary school were having high need for consultation regarding conduct problems. The data in the Table 4 revealed that the computed chi square value of levels of hyperactivity between adolescents studying in rural and urban senior secondary school were not significant (2.29) at 0.05 level of significance which indicated that there was no difference in the levels of hyperactivity of adolescents. The data in the Table 5 revealed that the computed chi square value of levels of peer problems between adolescents studying in rural and urban senior secondary school were not significant (4.80) at 0.05 level of significance which indicated that there was no difference in the levels of peer problems among adolescents. The data in the Table 6 revealed that the computed chi square value of levels of pro social behaviour between adolescents studying in rural and urban senior secondary school was significant (0.4) at 0.05 level of significance, which indicated that there was difference in the levels of pro-social behaviour among adolescents. Further findings revealed that majority of the adolescents (78.6%) studying in urban senior secondary schools were having high need for consultation regarding pro-social behavior. Association of levels of mental health problems with gender, family type, family history of substance abuse, family history of mental health problems, home assignments, negative rewards, sports facility and involvement in other activities at home rather than study were found to be significant.

Discussion

The present study reveals that the mental health problems of adolescent studying in rural and urban senior secondary schools were almost equal. Similar findings are described by Ahmed Anees *et al.* that there were no significant differences among prevalence rates of psychiatric morbidity

in urban senior secondary school middle class, slum and rural areas. The psychiatric morbidity among 0-3 year old children was 13.8%. The prevalence rate in the 4-16 year old children was 12.0%. The present study further revealed that adolescents studying in urban senior secondary school were having more conduct, hyperactivity, peer problems and pro-social behavior as compared to adolescents studying in rural senior secondary school. The findings of the study were also similar with another study which revealed higher prevalence of mental disorders in urban senior secondary school area i.e., 80.6%, whereas it was 48.9% in rural area.

Conclusion

The study underscores the critical prevalence of mental health issues among adolescents in both rural and urban senior secondary schools of Haryana, reflecting a significant burden affecting nearly equal proportions of students in these settings. While differences were observed in specific concerns such as conduct problems being more pronounced in urban schools, overall levels of mental health challenges were comparable between rural and urban contexts. The findings highlight the necessity for tailored interventions addressing these distinct needs, influenced by demographic factors like family history and engagement in activities beyond academics. Moving forward, targeted efforts in education and healthcare are crucial to mitigate these challenges and ensure comprehensive support for adolescent mental wellbeing.

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