

Study of Adolescent Problems and Psychosocial Disorders

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ABSTRACT: *Adolescence is referred to the 10 to 19-year age range. During their growth teenagers suffer from psycho-social disorders at one time or another. Majority of young couples are working because of industrialization and urbanization and therefore less opportunity to provide for their offspring. This age demographic has been a history of psycho-social issues and substance addiction. Most common disorders include disorders that internalize depression and anxiety, and disorders that outsource delinquency, aggression, educational difficulties, and truancy. Adolescence is mainly affected by the environments in the home and school. Support and counselling, involvement in artistic events, healthy sexual conduct, social knowledge, abstinence, usage of safeguards including contraceptives and getting married at a reasonable age are ideally the measures needed to handle teenage issues. During adolescence a gulf can emerge between the parents and their children. The explanation why all of us find it so daunting is that it's a time of accelerated physical transformation and significant emotional transition. They are thrilling but can be overwhelming and awkward for both parents and children alike. Adolescents in India face a wide variety of problems and challenges including dietary disorders, reproductive health problems, sexually transmitted infections or diseases (STD's) and emotional and physical stress related issues. Stress also results in the abuse of tobacco and other drugs which shape habits.*

KEYWORDS: *Adolescence, psycho-social disorders, sexually transmitted diseases*

INTRODUCTION

WHO describes puberty/adolescence as the 10-19 year of the age groups. In India, young people (10–19 years old), representing one fifth of the population, make 21.42 percent of people.

Through their growth teenagers suffer from psycho-social issues at one time or another. Many of these things are transitory in nature, and are therefore not seen. Numerous children can experience Often youngsters over one setting and the other not (e.g. at home or at school) may have such difficulties. Many stages in primary growth (from early childhood to middle education, from elementary school to higher school, or going from elementary high school) will cause more problems for these children[1].

The word 'psycho-social' applies the under-controlled, mental or interpersonal issues such as personality disturbances, drug misuse, developmental challenges, hyper-activity etc. or even to over-controlled, internal or addiction issues such as fear, disheart, etc.[2]

The majority of the population today work and reside in a single system because of intensified industrial growth, and consequently have less time to look after their babies. Among these cases, psycho-social (emotional and behavioral) and psychological problems are all on the increase. Public research is required on the incidence of this "dirty" mental disorder in young Indians.

Indian research on psycho-social issues of teenagers are few. A wider difference mostly in incidence of immunological research involving school children and young adults psycho-social problems, from 20.45 to 33.61 percent. Individual studies established the commonness of psycho-social problems varying from 10 to 40 %.[3]

Aim:

To research of incidence of psycho-social, psychological, mental problems and sexual orientation (under the age of 18 years) also to look at that role of change and anxious activity in each community of age groups (18-22 years).

Objective:

Reporting predominance & finding its reasons (relatives, societal pressure):

- Problem of Behavior
- Problems related to psycho-social behavior
- Sexual orientation
- Physical problems
- Drug abuse

MATERIAL AND METHODS

The permission was brought far advance of collecting data by the teacher educators to conduct the study at these schools. The school teachers worked closely actively throughout the entire study period. The intention of the research was clarified to all participants, and strict confidentiality was maintained. Both of them obtained the next oral, verbal consent in anticipation of the study. The respondents were informed not to engage in the analysis because they decided to compile and complete the research within the same day.[4]

Limitation of the study:

- Work was done in government institutions, not in state schools and universities
- It could not cover a few absent even after repeated visits.
- The users could not be tracked.

Statistical analysis:

The collected data was carefully handled and put into frames and into analyzes of Excel were conducted. These processes involved content analysis, preliminary inspection and interpretation of data.

Anxiety, depression, concentration and personality disturbances are among the most prevalent psychiatric conditions in teenagers. Suicide is the second-largest cause of death among youth aged 15 to 24 years.

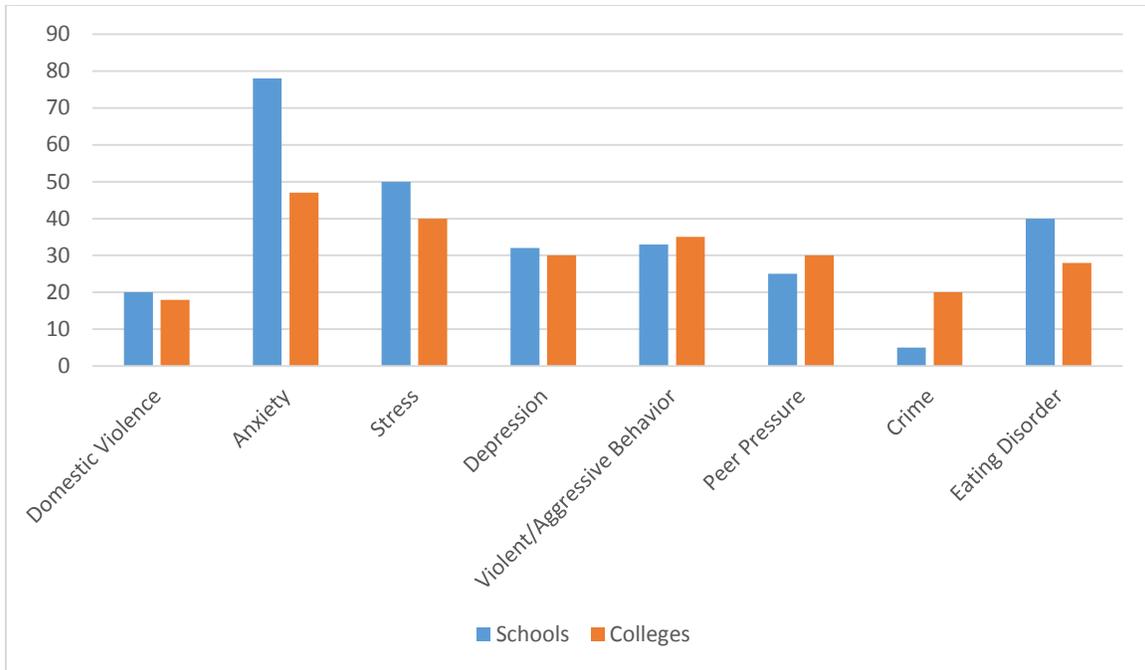


Figure 1: Behavioral problems among adolescents

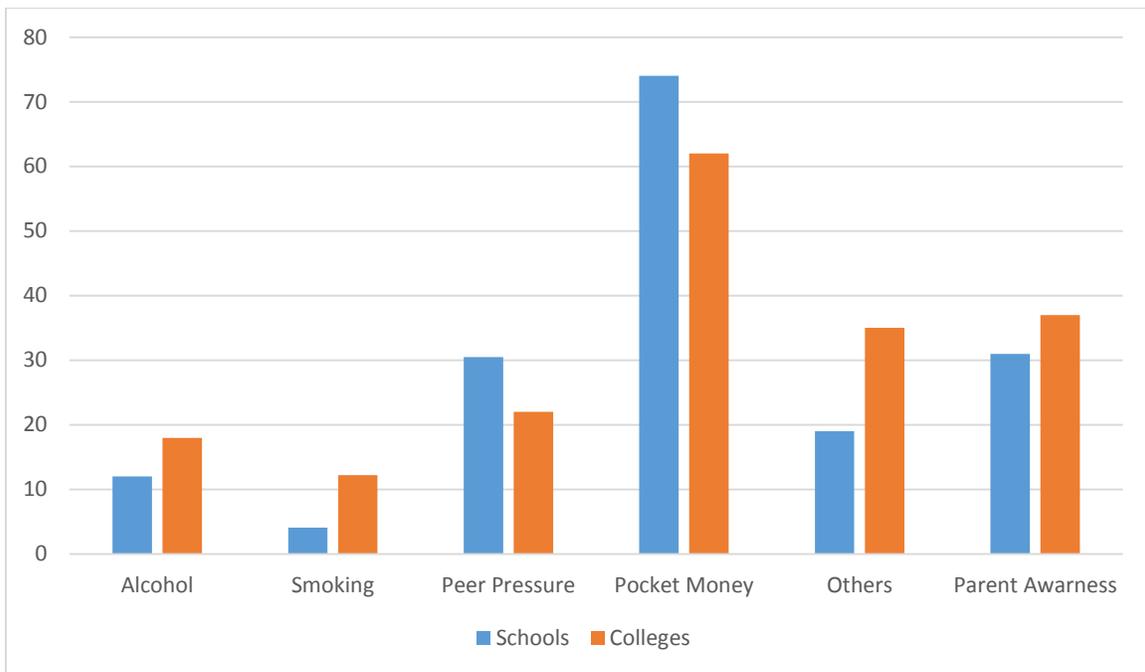


Figure 2: Drug abuse

In our research, the prevalence of domestic abuse among school-going kids was almost eighteen percentages in the community. It was clearly higher in the school age population, i.e. seventy five percentage compared to forty six percentage in the college group. The explanation Studies at the times of the kids' tests and subsequently an rising tension factor could be carried out. Pain among primary school kids was 50%, along with 41% of university students. The amount was

almost identical and the slight distinction being that work being carried out during the schooling children's exams as illustrated in Figure 1 and 2.[5]

The rate of depression among school and college children was nearly equal to thirty per cent. One third of the people going to the school and colleges were used to be offensive and abusive (approx. thirty percentage). In children with just a family history of domestic abuse, the incidence of harassment and dispute was found to be greater, nearly 50 per cent of them in a school age group; is from the other side, 30-5 % of students from criminal backgrounds had parental violent past.[6]

The co-students' behavior as a consequence of an study of the impact of peer pressure has been influenced and it has been found that 26-29 per cent of children aged school and university are under external control, which corresponds to approx. one third of the actions of adolescents.

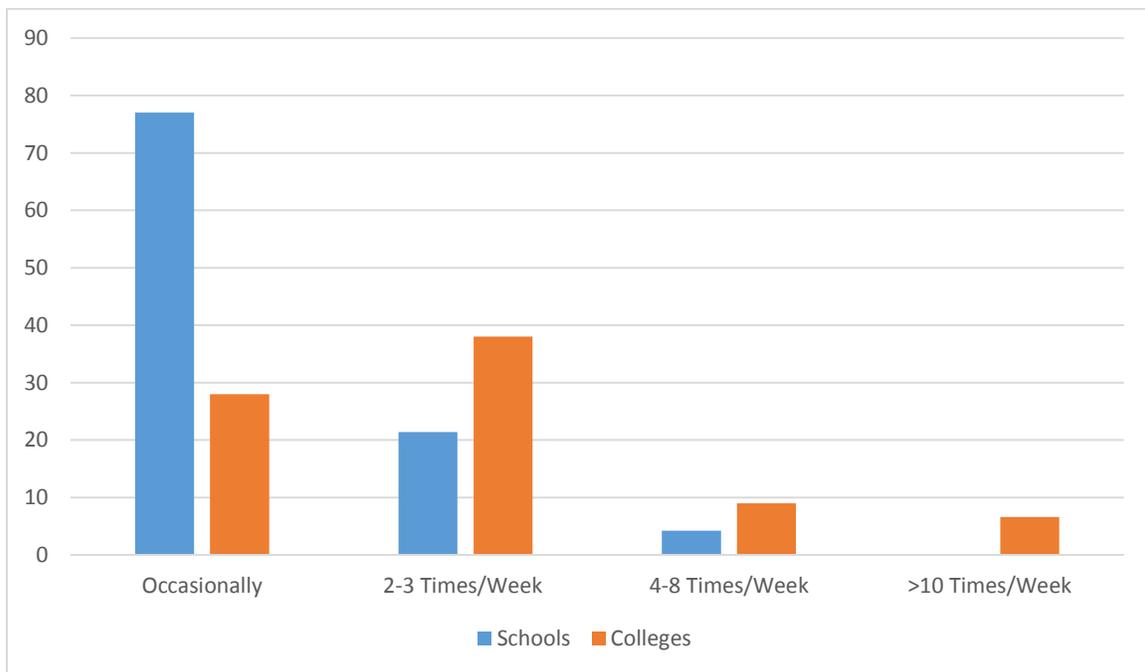


Figure 3: Consumption of alcohol by different age groups

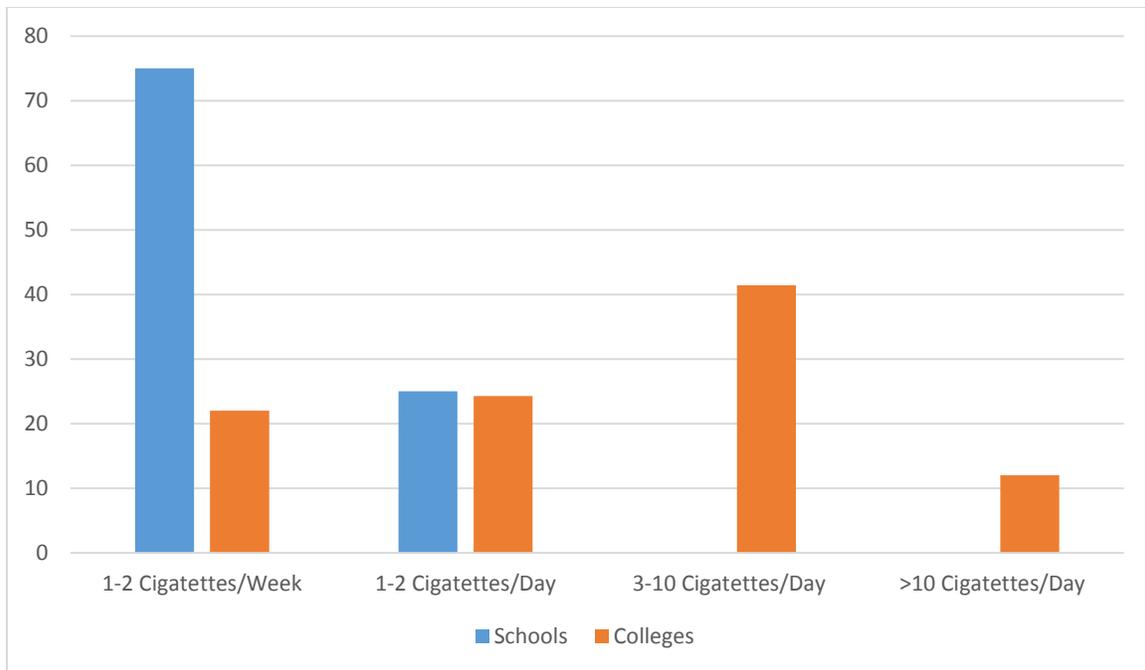


Figure 4: Consumption of cigarettes by different age groups

In the school age group, the crime rate was almost 2.5 percentage, and in college it was nearly 11.8 percentage, which showed a disparity in between the two age groups. Among them only about 1.5 percentage were accused among crime in school and bear about 7.1 percentage in colleges. Almost 12 to 18 percentage of the school-going was 14-16 years of age, i.e. seventy-three percentages as illustrated in Figure 3. While college-governed students were predominantly 17-19 years of age which is about forty three percentage. The habit of smoking among teenagers was relatively four percent less than compared to 12.2 percentage in the college as illustrated in Figure 4.

The seventy-five percent of students take in one to two cigarettes a week as somewhat contrary to the students in the college age group where about forty-one percentage of the students take three to ten cigarettes a day. In one third of the cases, the social pressure was considered to be the driving factor and about seventy five percentage of school children and about sixty two percentage of college graduates used their pocket money to fund the substance addiction.[7]

Stealing was more popular among children of college age groups as well as other age groups. The parents are aware of the fact in just one third of the total cases. Cigarettes and alcohol have damaged their life as they lead in loss of work and marriages and setbacks in 11 to 13 percent overall of school and college classes and one quarter chose to be involved to create issues among their loved ones. they life have been impaired.[8]

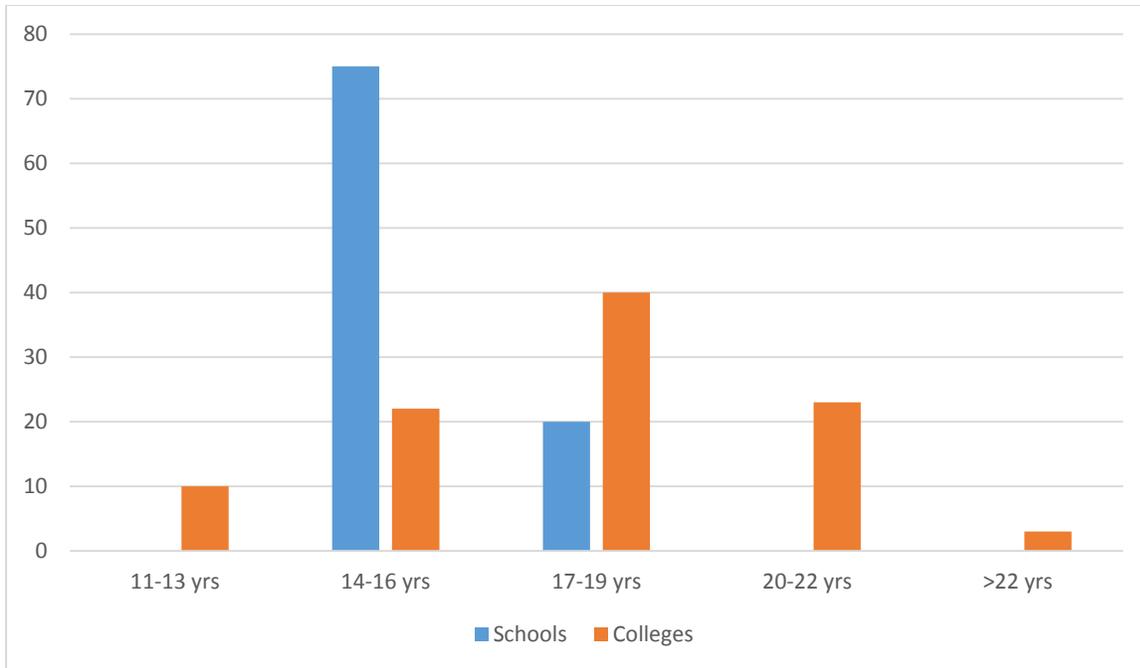


Figure: 5 Pre-marital sex age of onset

The most popular explanation For premarital intercourse, the reason was informal, and some 70 % of the students who used condoms and condoms mostly in school and college were the most popular forms of contraception. University and school students gained far less perception, as shown in Figure five. The explanation for this experiment was carried out in state schools/organizations.[2]

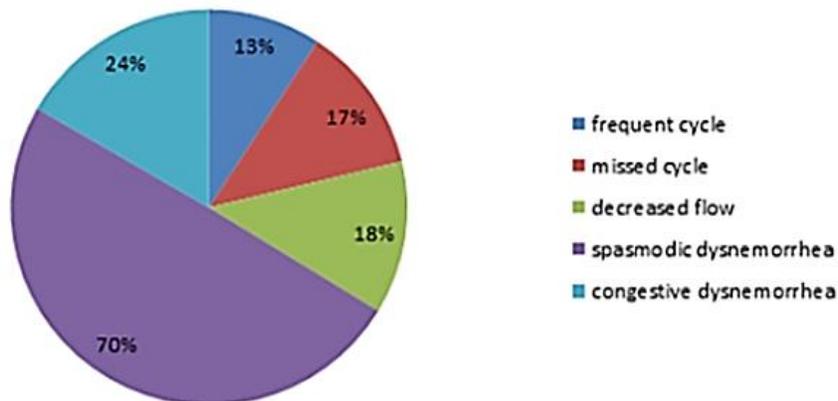


Figure 6: Menstrual problems in college

Many girls today are mindful that reflects family & parental participation in schooling days. The sex education was provided to almost ninety-four percentage of children in school whereas only about fifty-nine percentage of the College adolescents were added here, which contributed to a diminished awareness of contraception use among undergraduate and post - graduate students lack of parental education. as illustrated in Figure 6.[3]

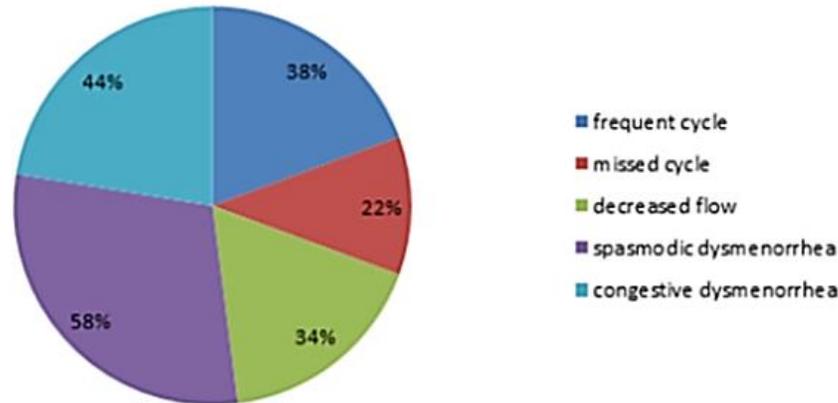


Figure 7: Menstrual problem in school

The most frequent malformation of girl child was asking girls about menstrual cycle disorders polymenorrhoea (thirty-eight percentage) followed by hypomenorrhoea (thirty-four percentage), and they progressed as age increased. For college girls, menstrual disorders were limited to just seventeen percentage hypomenorrhoea and seventeen percentage oligomenorrhoea. About thirty-two to thirty-four percentage of the Girls (both groups) were aware of their mother's monthly cycle pattern and about 91% of the female children were aware of menstrual period compared with the eighty-one percentage of the college girls attributable to school education as illustrated in Figure 7. Compared to the twenty three percentage of the college boys and forty four percentage of the students had congestive dysmenorrhea.[9]

Spasmodic dysmenorrhoea, about seventy percentage of the college girls are the most prevalent menstrual abnormalities as compared to the fifty-eight percentage of the girls of the college. There was an end to one girl in high school and one girl in a class, which was lawfully achieved without guilt or abuse. [10]

CONCLUSION

- It is important to include adolescents in judgments and conduct. Adolescents deserve to be understood and contribute to the preparation, execution, control and review of programs
- To discourage health-compromising habits (e.g. cigarettes, alcohol and narcotics, unhealthy sex) knowledge of their risks needs to be advertised in schools.
- Universal adolescent wellness policy. Health care programs continue to move beyond teen abortion and Aids to meet the entire spectrum of health and wellbeing needs of youth.
- School education will include unprotected sex, substance addiction, crime, obesity, teen pregnancy, HIV infection.

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