# A comparative study to assess the psycho social problems among adolescents of rural school of district Budgam and urban school of district Srinagar Kashmir

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## Abstract

The study was conducted with the aim to identify and analyze the psycho social problems among adolescents of rural and urban schools of Budgam and Srinagar Kashmir. Psychosocial problems may lead to maladjustment to family, school, and peer as well as result in various psychiatric morbidities such as anxiety, depression, personality disorders in adulthood. Thus it is imperative to identify these psychosocial problems and treat appropriately in early phases. Further recommendations can be made to arrange a special training programme to educate the teachers and parents regarding identification and management of psycho social problems at earliest.

**Keywords:** Psycho-social problems, Rural adolescents, Urban adolescents.

## Objectives

1. To identify the psychosocial problems among adolescents of selected rural school.
2. To identify the psychosocial problems among adolescents of selected urban school.
3. To compare the psycho social problems between adolescents of selected rural and urban schools.
4. To find the association of psycho social problems of rural school adolescents with their selected demographic variables (age, gender, monthly income of family in rupees).
5. To find the association of psycho social problems of urban school adolescents with their selected demographic variables (age, gender, monthly income of family in rupees).

## Materials and Methods

Quantitative descriptive design was used to assess the psychosocial problems among adolescents of selected rural and urban schools since it aided in attaining first hand information and enhanced obtaining accurate and meaningful data. Stratified sampling technique was used to collect data from adolescents who fulfilled the inclusion criteria. Data was collected Structured Self- Reported Scale on psycho social problems. The tool was validated by 11 experts. Reliability of the tool was established by using Karl Pearson's correlation coefficient ("r" = 0.83). Pilot study was conducted for two days from 20-11-2017 to 21-11-2017 at selected schools after getting written permission from the principals of selected schools. Ethical clearance was obtained and study was found ethically exempted. Data was analyzed using descriptive and inferential statistics.

## Results

The findings revealed that majority of the rural adolescents 70% were well adjusted, 30% had mild psychosocial problems and none (0%) had moderate or severe psychosocial problems whereas majority of the urban adolescents 91.7% were well adjusted, only 8% had mild psychosocial problems and none (0%) had moderate or severe psychosocial problems. The findings also revealed that mean psychosocial problem score was comparatively higher in the adolescents of the selected rural schools (19.63) than the adolescents of selected urban schools (15.90).

The findings further revealed that no significant association was found between Demographic variables (Age, gender, monthly income of family) of rural adolescents with their psychosocial problem score (p≤ 0.05) however significant association was found between gender of urban adolescents with their psychosocial problem scores, while no significant association was found between Demographic variables i.e. Age and monthly income of family of urban adolescents with their psychosocial problem score, (p≤ 0.05).

## Conclusion

The findings of the study concluded that psycho social problems were present in the adolescents of both selected rural and urban schools and adolescents of rural schools were more affected than the urban schools.

## Implication

Identifying the psycho social problems of adolescents can help the nurse in anticipating the need to arrange health education sessions for teachers and parents deficient in knowledge regarding psycho-social problems.

## Background

World Health Organisation (WHO) defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes. These attributes include rapid physical growth and development; physical, social and psychological

maturity but not all at the same time; sexual maturity and the sexual activity; experimentation; development of adult mental processes and adult identity; and transition from total socio-economic dependence to relative independence. According to national youth policy (2000), In India, adolescents constitute 21.4 percent of the population, comprising one fifth of the total population. [2]

Of late there has been a rise in the prevalence of mental illness and maladaptive behaviours among adolescents. WHO estimate shows that up to 20% adolescent have one or more mental or behavioural problems. Adolescents are facing multitude of problems throughout the world. Adolescents suffer from psychosocial problems at one time or the other during their development. Psychiatric epidemiological studies from high income countries indicate that more than a quarter of children and adolescents meet lifetime criteria for a mental disorder and about 10% have distress or impairment that is severe to warrant intervention. Community studies on emotional/ behavioural disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). [3]

### Need for the Study
Adolescence is a period when rapid physiological changes and demands for new social roles take place. The adolescents, due to these changes often face a number of crises and dilemmas. Emotional development is at peak and there is no emotional stability in general. It is a period demanding significant adjustment to the physical and social changes which distinguish childhood behaviour from adult behaviour. [2]

The onset of puberty brings physical changes among adolescents. These changes are often accompanied by emotional tensions. The adolescent is exposed to new social situations, patterns of behaviour and societal expectations which bring a sense of insecurity. Adolescents have to face a lot of adjustment problems. Many mental health problems emerge in late childhood and early adolescence. Adolescents are prone to recklessness and risk taking behaviours, which can lead to substance abuse, accidents, unsafe sex and youth crime. [1]

The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization and modernization have exposed them to changes in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behaviour. Healthy adulthood depends upon successful resolution of these emotional and behavioural problems. Treading on this tight rope, most adolescents go through to adulthood normally. All adolescents may not be so fortunate, to get the ideal support for this smooth transition. Some develop maladaptive patterns in emotional and behavioural spheres. [3]

### Statement of the Problem

A comparative study to assess the psycho social problems among adolescents of rural school of district Budgam and urban school of district Srinagar, Kashmir.

### Hypotheses
1. **H1:** There is significant difference between the mean psychosocial problem scores of adolescents studying in selected rural and urban high schools at 0.05 level of significance.
2. **H2:** There is significant association between mean psychosocial problem score of rural school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance.
3. **H3:** There is significant association between mean psychosocial problem score of urban school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance.

### Operational Definitions
1. **Psycho social problems:** In this study, it refers to the difficulties faced by adolescents in different areas of personal and social functioning such as depression, anxiety, intrapersonal distress and substance abuse.
2. **Adolescents:** In this study, it refers to both boys and girls who are in the age group of 13 to 19 years studying in selected rural and urban schools.
3. **Rural School:** In this study, it refers to the school located in the village premises of district Budgam namely Alamdar wakf model school Chrari Sharief Budgam.
4. **Urban School:** In this study, it refers school located in the city of Srinagar namely Scholars secondary school Natipora Srinagar.

### Assumptions
The study assumes that
1. Adolescents are facing some psychosocial problems.
2. Psychosocial problems of adolescents may lead to psychiatric morbidities in future.

### Delimitations
The study is limited to:
1. Adolescent boys and girls who are in the age group of 13 to 19 years and studying in selected rural and urban schools of district Budgam and Srinagar respectively.
2. Adolescents willing to participate in the study.

### Review of Literature
Review of literature is the key step in research process. The review of literature in a research report is a summary of current knowledge about a particular practice and includes what is known and what is not known about a problem. The major literature review is conducted at the beginning of research process and limited review is conducted during generation of research report to identify the new studies. [15]

An extensive review of literature was done by the investigator to gain insight into the selected problem and is organized, presented under the following headings.

1. Studies related to prevalence of psychosocial problems.
2. Studies related to comparison of psychosocial problems among adolescent groups.

**Studies Related to Prevalence of Psychosocial Problems**

Bihungum B, Pushpa T, Diksha S, Suman B and Paras K (2016)[16] conducted a study "Psychosocial Problems among Adolescent Students: An Exploratory Study in the Central Region of Nepal". This cross-sectional study was conducted on 787 adolescent students from 13 schools of Hetauda municipality of Nepal, and structured questionnaire and Y-PSC was adopted to collect data, which were analyzed using SPSS with 95% of confidence interval. The results revealed that One-fifth (17.03%) adolescent students suffered with psychosocial dysfunction. Male students (9.50%) were more affected, compared to female students (7.80%). The proportion of psychosocial dysfunction rose with the rise in age group and grade. Frequency of family dispute was significantly associated with psychosocial dysfunction OR = 13.24 (95% CI: 2.27–17.23).

Rajkumar, K V Sooraj, B H Sandeep, and C Harish (2015)[38] conducted a Comparative Study on Psychosocial Problems among Students of Central University of Karnataka. 25 boys and 25 girls were selected using convenient sampling and data was collected by a general health questionnaire. Results of the study indicated that there was no significant difference in the psychosomatic, anxiety/insomnia, and social dysfunction domains. But, in the dimension of Depression University boys found to have more depression than university girls.

Naik P K, Prasanta B, A Sutradhar (2015) conducted a Comparative Study on Mental Health among rural and Urban Adolescent Students. A sample size of 200 secondary adolescent students of chattisgarh sate was selected and taken up for the study through random sampling technique. General Health Quesonnaires-28 (GHQ-28), developed by Goldberg and Hillier in 1979 was used for the study. It was found that there was significant differences in mental health problem scores among (42.65) rural and urban (37.38) students.

Rajkumar E, Sooraj K V, Sandeep B H, Harish C (2015) conducted a comparative study to assessment the Psychosocial Problems among Students of Central University of Karnataka. The results of the study indicated that there was no significant difference in the psychosomatic, anxiety/insomnia, and social dysfunction domains. But, in the dimension of Depression University boys were found to have more depression than university girls that enter at college level.

**Research Methodology**

Research methodology is a way to systematically solve the research problem. Research methods are the techniques used by the researcher to structure a study, gather and analyze the information relevant to the research questions.

**Research Approach**

Research approach is a systematic, controlled, empirical and critical investigation of natural phenomena guided by theory and hypothesis about the presumed relations among such phenomena. It also suggests possible conclusion and helps researcher in answering specific research questions in the most accurate and efficient way possible.

The research approach used for the study is descriptive in nature. According to Polit and Hungler the purpose of descriptive study is to observe, describe and explore aspects of a situation. In a view of the nature of the problem under study and to accomplish the objectives of the study a descriptive survey approach was used to assess the psychosocial problems among adolescents of selected rural and urban schools.

**Research Design**

Research design refers to the researchers overall plan or blue print for obtaining answer to the research hypothesis. It spells out the strategies that the researcher adopts to collect information that is accurate objective and interpretable. It helps researcher in defining attributes, selection of population, their manipulation and control observations to be made and type of statistical analysis to interpret the data. A descriptive comparative research design was adopted for the study. The research design is given in Fig. 1.

**Variables under Study**

Variable is an attribute of a person or object that varies and takes on different values. Two types of variables are identified in the study. They are research variables and demographic variables.

Research variables: research variables are observed or measured in natural settings as they exist, without manipulating or imposing the effect of intervention or treatment. In this study, research variables refer to the level of psycho social problems faced by adolescents of selected rural and urban schools.

Demographic variables: According to Polit and Hungler, these are variables which can account for change in the research variable.[48] Demographic variables in this study are age, gender and monthly income of family in rupees.

**Setting of the Study**

According to Polit and Hungler, Setting is the physical location and condition in which data collection takes place. The study was conducted in one rural high school (Alamdar wakf model school Chrari Sharief Budgam) and one urban high school (scholars secondary school Natipora Srinagar). The two schools are run under private management and provide co education. The rural school has a total strength of about 400 and the urban school has a total strength of about 600 students.

**Population**

A population is the entire aggregation of cases in which a researcher is interested. According to Polit and Hungler,

"Population refers to the entire aggregation of cases that meets designated criteria." The requirement of defining a population for a research project arises from the need to specify the group to which the study can be performed. The population for the present study comprised of all the adolescents between the age group of 13 to 19 years studying in 8th, 9th and 10th standard in selected rural and urban schools of Kashmir.

**Sample and Sampling Technique**
A sample is a portion of the population that represents entire population. Thus, it is a subset of the population elements.

Sampling refers to the process of selecting a portion of the population to represent the entire population. In this study, sample comprised of 120 adolescents (60 from rural and 60 from urban schools) studying in 8th, 9th and 10th standard in selected rural and urban schools of Kashmir. Stratified random sampling procedure was used to select 120 adolescents as the sample for the present study from the selected rural (60) and urban (60) schools. Two main strata were made according to the area of living. From these two, three sub strata were taken and then adolescents were divided into two strata based on gender.
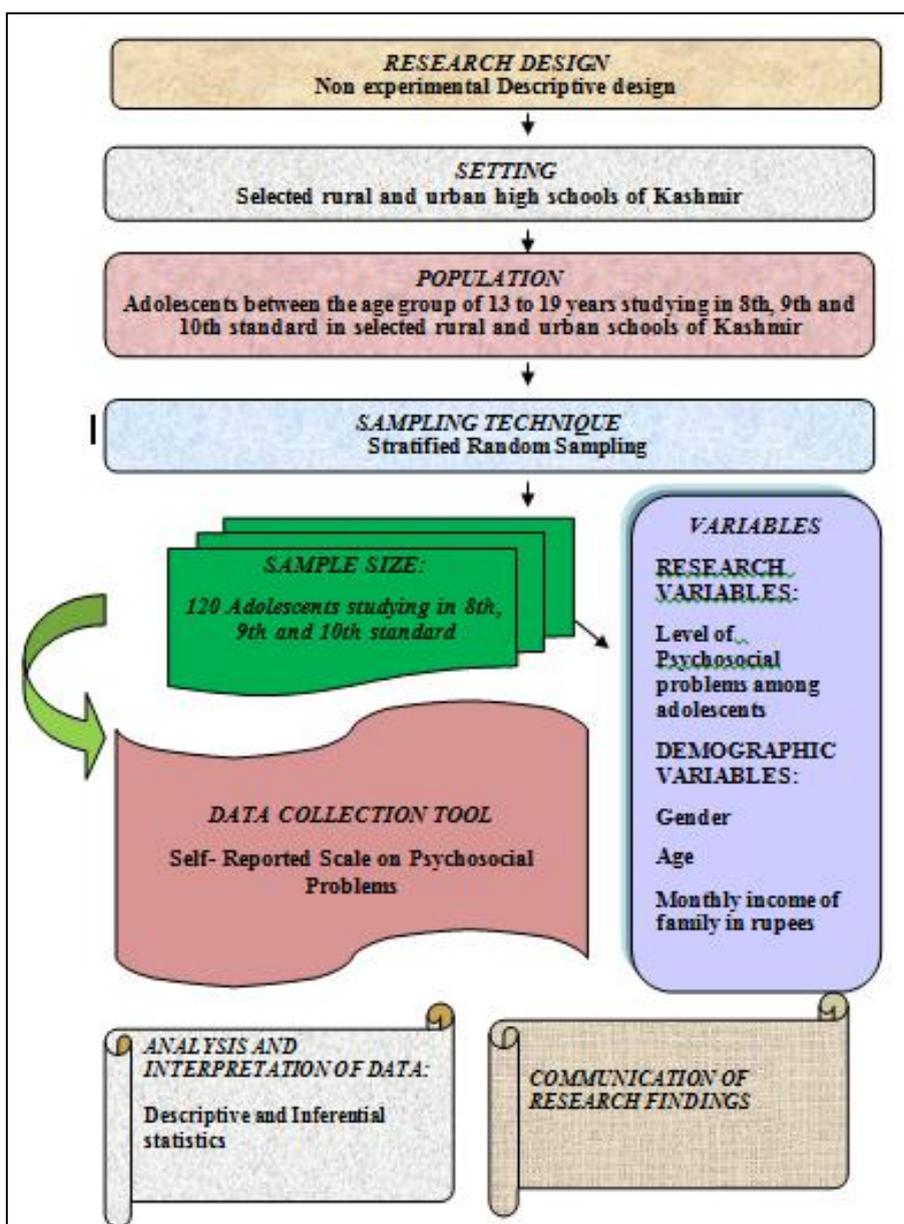


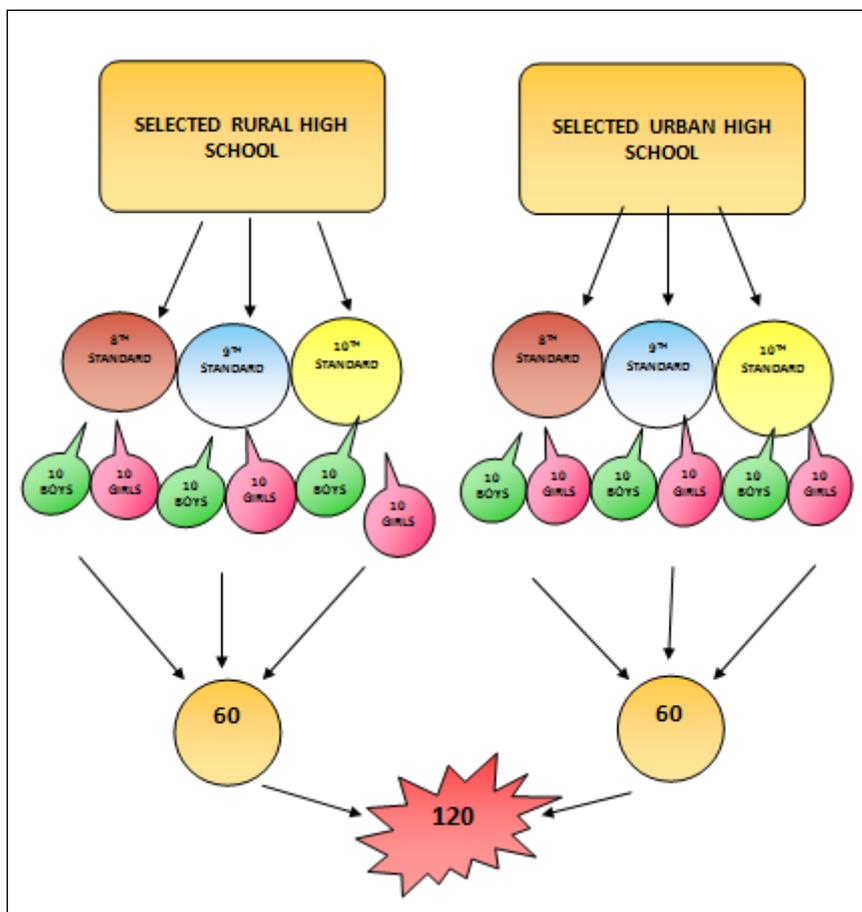**Fig. 1:** Schematic representation of Research Methodology

**Fig. 2:** Schematic representation of sampling process.

**Sampling Criteria**
The researcher specifies the characteristics of the population by keeping Inclusion and Exclusion criteria in the study. Inclusion criteria are the characteristics that each sample element must possess to be included in the study. Exclusion criteria are the characteristics that a participant may possess that could confound the results of study. If the subject possesses characteristics identified in the exclusion criteria, she/he would be disqualified and not be part of study.

The criteria used to define population for research project have implications for the interpretation of the results and generalizability of findings.

**Inclusion Criteria**
Adolescents between the age group of 13 to 19 years studying in 8th, 9th and 10th standard in selected rural and urban schools.

Adolescents who are willing to participate in the study.

**Exclusion Criteria**
Adolescents who are not in the age group of 13 to 19 years. Adolescents not studying in the selected rural and urban schools.

Adolescents who are not available at the time of data collection.

Adolescents who are not willing to participate in the study.

**Data Collection Instrument**
Data collection instrument is a written device that the researcher uses to collect data. In the present study, a structured self reported scale was used for assessing the level of psycho social problems faced by adolescents of selected rural and urban schools.

**Development of the Tool**
The tool was prepared on the basis of:
1. Objectives of the study.
2. Conceptual framework.
3. Extensive review of literature– Related literature reviews like books, journals, articles, periodicals, published and unpublished research studies were reviewed and used for the development of the tool.
4. Discussion with experts- Experts in the fields of both Medicine & Nursing were consulted for developing an appropriate tool.
5. Informal discussion with peer group.
6. Personal experience.

**Preparation of the Blue Print (ANNEXURE XIII)**
The investigator prepared a blue print to construct the tool which consists of 3 items in socio demographic proforma, 46 items in self reported scale.

**Description of Tool (ANNEXURE XI)**
The tool has been organized into 2 sections as follows:
**Section I:** Demographic data seeking information about age, gender, monthly income of family in rupees. (3 items).
**Section II:** Structured Self- Reported Scale on Psychosocial Problems which covered these content areas: depression, anxiety, intrapersonal distress and substance abuse (46 items). The items are rated against a 3 point scale such as – Never, sometimes and often where score given is 0, 1 and 2 respectively. All the statements are negatively stated and the maximum score is 92 and the lowest score is 0.

**Ethical Consideration (ANNEXURE I)**
The researcher had taken permission from the parent institution to conduct research study (ANNEXURE II). Permission was taken from the principals of selected schools of district Srinagar and Budgam to conduct the study (ANNEXURE III). Consent was taken from adolescents of selected schools before data collection (ANNEXURE X).

**Content Validity of the Tool**
Validity refers to a complete concept which broadly concerns the soundness of the study's evidence that is whether the findings are congruent, convincing and well grounded. Content validity refers to the universe of contents or the domains of given construct. The universe of content provides the frame work and basis of formulating the items.

To determine the content validity of the tool developed by the researcher, the tool along with objectives, scoring key, blue print, content validity certificate (ANNEXURE VI) and evaluation criteria (ANNEXURE V) were submitted to 11 experts who had specialization in various areas. Suggestions and recommendations given by the experts were accepted and necessary corrections were done to modify the tool. The tool was finalized and was found to be practicable, feasible & valid.

**Tool Try Out**
Pretesting of the tool was done to check the clarity, feasibility of the tool. Tool try out was carried on 17-11-2017. It was administered to 5% of total sample size i.e. 6 adolescents of a selected school. It was found that tool was clearly understood by adolescents of selected school and tool had no ambiguity. It was found that Structured Self-Reported Scale took an average of 20- 25 minutes to complete.

**Development of final Draft of Tool (ANNEXURE XI)**
The tool comprised of 2 sections as follows (Table 1):
**Section I:** Demographic data seeking information about age, gender, monthly income of family in rupees. (3 items).
**Section II:** Structured Self- Reported Scale on Psychosocial Problems consists of 46 items. It is further divided into four parts to assess these Psychosocial Problems i:e depression, anxiety, intrapersonal distress and substance abuse. All the statements are negatively stated and the maximum score is 92 and the lowest score is 0.

**Scoring Pattern/ Criteria for Assessment of Psychosocial Problems (ANNEXURE XII)**
Scoring key was prepared for section I by coding the demographic variables. For section II it consists of 46 items. The items are rated against a 3 point scale as – Never, sometimes and often where score given is 0, 1 and 2 respectively. All the statements are negatively stated and the maximum score is 92 and the lowest score is 0.

**Reliability**
Reliability of a research instrument is defined as the extent to which the instrument yields the same results on repeated measures.[48] The tool after validation was tested for reliability. The reliability of the tool was determined by administering tool to 10% of sample size i.e. 12 adolescents of selected school. In order to establish reliability of the tool, the Test Retest method was used & by using Karl Pearson correlation coefficient formula, reliability computed was " r" = 0.83 and the tool was found to be reliable.

Karl Pearson's correlation coefficient

$$\gamma = \frac{\sum_1^n (X1 - \bar{X})(y1 - \bar{Y})}{\sqrt{\sum_1^n (X1 - \bar{X})2 (Y1 - \bar{Y})2}}$$

**Pilot Study**
Pilot study is small scale version or a miniature trial run done in preparation for a major study which is designed to acquaint the researcher with problems that can be corrected in participation for a longer research project.[48] Pilot study was conducted for two days from 20-11-2017 to 21-11-2017 after getting written permission from the principals of selected schools. The study was conducted on 12 subjects that is 10% of the main sample i.e. 12 adolescents of selected schools to measure the authenticity of the Self-Reported Scale. The adolescents were assured of the confidentiality of their identity. Strength and weakness of the tool was identified. No significant problem was faced during Pilot study. After conducting pilot study it was found that the study was feasible. It was also found that adolescents were co-operative, the tool was relevant and the cost of the study was within the limit.

**Data Collection Process**
A prior written permission was obtained from the principals of schools selected for study. Study was conducted between 23-11-2017 to 06-12-2017. After self introduction, nature and objectives of study were explained to the participants to obtain maximum co-operation. Anonymity and confidentiality were assured to them. Written Consent was obtained from the participants and they were made comfortable. 120 adolescents from 2 selected schools were included in the study and tool was distributed during their lunch break to avoid disturbance in their routine classes. An average of 15-20 adolescents were made to fill the tool daily and approximately 30-40 min were allowed for them to complete it. At the end of successful data collection, conveyed thanks to the principals and adolescents of

selected schools. The results of the data collection were recorded in the master data sheet.

## Plan for Data Analysis

The data analysis was planned based on the objectives and hypothesis of the study. The collected data was analyzed using descriptive and inferential statistical analysis. The collected data was coded and transformed into master sheet for statistical analysis. The level of psychosocial problems among adolescents was analyzed using mean, median, mean difference, range and standard deviation. Mean, SD, Mean percentage was calculated to describe the demographic variables. Chi square test was done to identify the association between research and demographic variables. Comparison of level of psychosocial problems between adolescents of selected rural and urban schools was made by unpaired 't' test. The data was interpreted and presented in the form of tables and diagrams.

## Analysis and Interpretation

Analysis and interpretation of the data is the most important phase of research process which involves the computation of certain measures along with searching for patterns of relationships that exist among data groups. Analysis is the process of categorizing, ordering, manipulating and summarizing of the data to obtain answer to research questions and test hypothesis.

This chapter deals with the analysis and interpretation of the data collected from 120 adolescents studying in 8th, 9th and 10th standard in selected rural and urban high schools of District Budgam and Srinagar to identify their level of psychosocial problems. The collected data was organized, tabulated, analyzed and interpreted using descriptive and inferential statistics. This whole data was organized and presented based on the following objectives of the study.

## On the basis of research statement, following hypotheses were formulated

1. **H1:** There is significant difference between the mean psychosocial problem scores of adolescents studying in selected rural and urban high schools at 0.05 level of significance.

2. **H2:** There is significant association between mean psychosocial problem score of rural school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance..

3. **H3:** There is significant association between mean psychosocial problem score of urban school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance.

## Organization of Findings

**Section I:** Description of adolescents by Demographic characteristics.

**Section II:** Description of level of psychosocial problems of rural and urban adolescents.

**Section III:** Comparison of psychosocial problem scores of rural and urban adolescents.

**Section IV:** Area-wise comparison of psychosocial problems among adolescents between selected rural and urban schools

**Section V:** Significance of difference in level of psychosocial problems between the adolescents of selected rural and urban schools.

**Section VI:** Association of psychosocial problem scores of the rural adolescents with their selected Demographic variables (age, gender, monthly income of family in rupees).

**Section VII:** Association of psychosocial problem scores of the urban adolescents with their selected Demographic variables (age, gender, monthly income of family in rupees).

**Section I:** Description of Adolescents by Demographic Characteristics.

This section deals with the distribution of adolescents according to their demographic variables. The data obtained on the demographic variables are described in terms of Gender, Age and monthly income of family in rupees.

**According to Gender:** Adolescents were categorized into two groups, Male and Female. It is summarized and analyzed in table 3

**Table 1:** Description of tool

| Sections | Part | Items | No. of items |
|---|---|---|---|
| Section I | Demographic variables | Age | 1 |
| | | Gender | 1 |
| | | Monthly income of family in rupees | 1 |
| Section II | A | Items related to anxiety | 12 |
| | B | Items related to depression | 12 |
| | C | Items related to intrapersonal distress | 12 |
| | D | Items related to substance abuse. | 10 |

**Table 2:** Data Collection Schedule

| Day | Date | Total no. of subjects | Area |
|---|---|---|---|
| Day (1-3) | 23/11/17 to 25/11/17 | 60 | Alamdar wakf model school Chrari Sharief Budgam |
| Day (4-6) | 04/12/17 to 06/12/17 | 60 | Scholars secondary school Natipora Srinagar. |

**Table 3:** Frequency and percentage distribution of adolescents according to Gender. N=120

| Gender | Rural frequency (f) | Rural percentage (%) | Urban frequency (f)) | Urban percentage (%) |
|---|---|---|---|---|
| Male | 30 | 50% | 30 | 50% |
| Female | 30 | 50% | 30 | 50% |

The data presented in Table 3 and figure 4 reveals that 50% adolescents were males and 50% were females in both rural and urban schools.

**According to Age:** Adolescents were categorized into two groups i.e. 13-15 years and 16-19 years. It is summarized and analyzed in table 4.

**Table 4:** Frequency and percentage distribution of adolescents according to Age. N=120

| Age | Rural frequency (f) | Rural percentage (%) | Urban frequency (f)) | Urban percentage (%) |
|---|---|---|---|---|
| 13-15 | 48 | 80% | 37 | 62% |
| 16-19 | 12 | 20% | 23 | 38% |

The data presented in Table 4 and figure 5 reveals that in rural school maximum numbers of adolescents 80% were in the age group of 13-15 years and only 20% were in the age group of 16-19 years. In urban school also maximum number of adolescents 62% belonged to age group 13-15 years and 38% were in the age group 16-19 years.

According to Monthly income of family in Rupees: Adolescents were categorized into four groups i.e. Less than 10000, 10001-20000, 20001-40000, and more than 40000. It is summarized and analyzed in table 5.

**Table 5:** Frequency and percentage distribution of adolescents according to Monthly income of family in Rupees. N=120

| Age | Rural frequency (f) | Rural percentage (%) | Urban frequency (f)) | Urban percentage (%) |
|---|---|---|---|---|
| Less than 10000 | 7 | 12% | 3 | 5% |
| 10001-20000 | 16 | 27% | 4 | 7% |
| 20001-40000 | 18 | 30% | 17 | 28% |
| More than 40000 | 19 | 32% | 36 | 60% |

The data presented in Table 5 and figure 6 reveals that in rural school maximum number of adolescents 32% had monthly income of family more than 40000, 30% had between 20001-40000, 27% had 10001-20000 and only 12% had less than 10000. However in urban school majority of adolescents 60% had monthly income of family more than 40000, 28% had 20001-40000, 7% had 10001-20000 and only 5% had less than 10000.

**Section II:** Description of level of psychosocial problems of urban and rural adolescents.
Description of level of psychosocial problems of rural adolescents.

**Table 6:** Mean, Standard deviation, Median, maximum score, minimum score, range and mean percentage of psychosocial problem scores of rural adolescents**. N=120**

| Mean ± SD | Median Score | Maximum | Minimum | Range | Mean Percentage |
|---|---|---|---|---|---|
| 19.63± 8.358 | 19 | 45 | 5 | 40 | 21.34 |

**Table 7:** Frequency and Percentage distribution of rural adolescents according to their psychosocial problem scores. N=120

| Psychosocial problems | Frequency | Percentage |
|---|---|---|
| Severe Psychosocial Problems (70-92) | 0 | 0 |
| Moderate Psychosocial Problems (47-69) | 0 | 0 |
| Mild Psychosocial Problems (24-46) | 18 | 30 |
| Well Adjusted (0-23) | 42 | 70 |

The data presented in Table 7 and figure 7 reveals that majority of the rural adolescents 70% were well adjusted, 30% had mild psychosocial problems and none (0%) had moderate or severe psychosocial problems.
Description of level of psychosocial problems of urban adolescents.

**Table 8:** Mean, Standard deviation, Median, maximum score, minimum score, range and mean percentage of psychosocial problem scores of urban adolescents. N=120

| Mean ± SD | Median Score | Maximum | Minimum | Range | Mean Percentage |
|---|---|---|---|---|---|
| 15.90± 5.879 | 16 | 35 | 3 | 32 | 17.28 |

**Table 9:** Frequency and Percentage distribution of urban adolescents according to their psychosocial problem scores N=120

| Psychosocial problems | Frequency | Percentage |
|---|---|---|
| Severe Psychosocial Problems (70-92) | 0 | 0 |
| Moderate Psychosocial Problems (47-69) | 0 | 0 |
| Mild Psychosocial Problems (24-46) | 5 | 8.3 |
| Well Adjusted (0-23) | 55 | 91.7 |

The data presented in Table 9 and figure 8 reveals that majority of the urban adolescents 91.7% were well adjusted, only 8% had mild psychosocial problems and none (0%) had moderate or severe psychosocial problems.

**Section III:** Comparison of psychosocial problem scores of urban and rural adolescents.

**Table 10:** Comparative distribution of both groups (rural and urban) according to their psychosocial problem scores. N=120

| Psychosocial problems | Rural(f)% | Urban(f)% |
|---|---|---|
| Severe Psychosocial Problems (70-92) | 0(0%) | 0(0%) |
| Moderate Psychosocial Problems (47-69) | 0(0%) | 0(0%) |
| Mild Psychosocial Problems (24-46) | 18(30%) | 5(8.3%) |
| Well Adjusted (0-23) | 42(70%) | 55(91.7%) |

The data presented in Table 10 and figure 9 reveals that most 91.7% of urban adolescents were well adjusted whereas only 70% of rural adolescents were well adjusted. The data further reveals that only 8.3% of urban adolescents were having mild psychosocial problems whereas 30% of rural adolescents had mild psychosocial problems. There were no adolescents suffering from moderate and severe psychosocial problems in both rural and urban schools.

**Section IV:** Area-wise comparison of psychosocial problems among adolescents between selected urban and rural schools

**Table 11:** Area wise mean, SD, mean percentage of psychosocial problem scores of adolescents of selected rural and urban schools. N=120

| Psychosocial Problem Area | Residence | Mean | S.D. | Mean % | Unpaired Test | P Value |
|---|---|---|---|---|---|---|
| Anxiety | Rural | 7.62 | 3.405 | 31.74 | 3.338 | 0.0011* |
|  | Urban | 5.87 | 2.213 | 24.44 |  |  |
| Depression | Rural | 4.83 | 2.900 | 20.14 | 1.301 | 0.1957 |
|  | Urban | 4.18 | 2.561 | 17.43 |  |  |
| Interpersonal Distress | Rural | 7.08 | 3.815 | 29.51 | 2.113 | 0.0367* |
|  | Urban | 5.82 | 2.646 | 24.24 |  |  |
| Substance Abuse | Rural | 0.10 | 0.573 | 0.50 | 0.859 | 0.3922 |
|  | Urban | 0.03 | 0.181 | 0.17 |  |  |

**Table 12:** Mean, SD and 't' value of the psychosocial problem scores of adolescents of selected rural and urban schools. N=120

| Variable | Group | Mean | SD | 't' value | P value | Result |
|---|---|---|---|---|---|---|
| Psychosocial problems | Rural | 19.63 | 8.358 |  |  |  |
|  | Urban | 15.90 | 5.879 | 2.830 | 0.0055 | Significant |

**Table 13:** Association of psychosocial problem scores of rural adolescents with their selected demographic variables.N=120

| Variables | Sub item | Levels of psychosocial problems | | | | Chi Test | P Value | Df |
|---|---|---|---|---|---|---|---|---|
| | | Severe | Moderate | Mild | Well | | | |
| Age [in years] | 13-15 | | | 14 | 34 | 0.079 | 0.778 | 1 |
| | 16-19 | | | 4 | 8 | | | N.S |
| Gender | Male | | | 7 | 23 | 1.270 | 0.260 | 1 |
| | Female | | | 11 | 19 | | | N.S |
| Monthly income | Less than 10,000 | | | 2 | 5 | 0.237 | 0.971 | 3 |
| | 10,001-20,000 | | | 5 | 11 | | | N.S |
| | 20,001-40,000 | | | 6 | 12 | | | |
| | More than 40,000 | | | 5 | 14 | | | |

N.S= Not Significant

**Table 14:** Association of psychosocial problem scores of urban adolescents with their selected demographic variables. N=120

| Variables | Subitems | Levels of psychosocial problems | | | | Chi Test | P Value | df |
|---|---|---|---|---|---|---|---|---|
| | | Severe | Moderate | Mild | Well | | | |
| Age [in years] | 13-15 | | | 3 | 34 | 0.006 | 0.936 | 1 |
| | 16-19 | | | 2 | 21 | | | N.S |
| Gender | Male | | | 0 | 30 | 5.455 | 0.020 | 1 |
| | Female | | | 5 | 25 | | | *S |
| Monthly income | Less than 10,000 | | | 0 | 3 | 5.112 | 0.164 | 3 |
| | 10,001-20,000 | | | 1 | 3 | | | N.S |
| | 20,001-40,000 | | | 3 | 14 | | | |
| | More than 40,000 | | | 1 | 35 | | | |

*S=Significant N.S= Not Significant

The data presented in table 11 shows that the psychosocial problem scores of the adolescents of selected rural high schools were computed as 31.74%, 20.14%, 29.51% and 0.50% with regard to anxiety, depression, interpersonal distress and substance abuse respectively.

The data presented in table 11 further shows that the psychosocial problem scores of the adolescents of selected urban high schools were computed as 24.44%, 17.43%, 24.24% and 0.17% with regard to anxiety, depression, interpersonal distress and substance abuse respectively.

The data presented in table 11 further shows that there was significant difference in the mean scores among adolescents of selected rural and urban schools in the areas of anxiety and interpersonal distress.

**Section V:** Significance of difference in level of psychosocial problems between the adolescents of selected rural and urban schools.

In order to find the difference between the psychosocial problem scores of the adolescents of selected rural and urban high schools, 't' value was computed. To test the significant difference, researcher formulated a null hypothesis ($H_{01}$) which states that:

$H_{01}$: There is no significant difference between the mean psychosocial problem scores of adolescents of selected rural and urban schools at 0.05 level of significance.

It is evident from the table 12 that 't' value computed between the psychosocial problem scores of the adolescents of the selected rural and urban high schools was

statistically significant (t = 2.83, p<0.05, table value 1.98). Hence the null hypothesis was rejected and the research hypothesis was accepted, which states that, ($H_1$) there is significant difference between the mean psychosocial problem scores of adolescents studying in selected rural and urban high schools at 0.05 level of significance.

**Section VI:** Association of psychosocial problem scores of the rural adolescents with selected Demographic variables (age, gender, monthly income of family in rupees).

This section deals with analysis and interpretation of the association between the psychosocial problems of the adolescents of selected rural schools with their selected demographic variables like age, gender, monthly income of family in rupees. Chi-square value was computed in order to determine the significance of association between psychosocial problems of adolescents and selected demographic variables. To test the association following null hypothesis was formulated which states that,

$H_{02}$: There is no significant association between mean psychosocial problem score of rural school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance.

The data in the Table 13 indicates that no significant association was found between Demographic variables i.e. Age, gender, monthly income of family with their psychosocial problem score (p≤ 0.05).

Therefore the null hypothesis ($H_{02}$) which states that there is no significant association between mean psychosocial problem score of rural school adolescents and selected demographic variables i.e. age, gender, monthly

income of family in rupees at 0.05 level of significance was accepted.

**Section VII:** Association of psychosocial problem scores of the urban adolescents with selected Demographic variables (age, gender, monthly income of family in rupees).

This section deals with analysis and interpretation of the association between the psychosocial problems of the adolescents of selected urban schools with their selected demographic variables like age, gender, monthly income of family in rupees. Chi-square value was computed in order to determine the significance of association between psychosocial problems of adolescents and selected demographic variables. To test the association following null hypothesis was formulated which states that,

$H_{03}$: There is no significant association between mean psychosocial problem score of urban school adolescents and selected demographic variables i.e. age, gender, monthly income of family in rupees at 0.05 level of significance.

The data in the Table 14 indicates that significant association was found between gender of urban adolescents with their psychosocial problem scores, while no significant association was found between Demographic variables i.e. Age and monthly income of family of urban adolescents with their psychosocial problem score, (p≤ 0.05).

Therefore the null hypothesis ($H_{03}$) which states that there is no significant association between mean psychosocial problem score of urban school adolescents and selected demographic variables was accepted for age and monthly income of family of urban adolescents whereas research hypothesis ($H_3$) which states that there is significant association between mean psychosocial problem score of urban school adolescents and selected demographic variables was accepted for gender of urban adolescents.

## Conclusion
The following conclusions were drawn on the basis of the findings of the study:
1. The mean psychosocial problem score was comparatively higher in the rural adolescents (19.63) than in the urban adolescents (15.90).
2. There was significant difference between psychosocial problem scores of rural and urban adolescents (t = 2.83, p<0.05, table value 1.98)
3. The comparison of area-wise mean percentage scores of psychosocial problems show that anxiety, depression and intrapersonal distress were the most common problems in both the groups whereas substance abuse was the least one.
4. There was no association between psychosocial problem score and selected demographic variables among rural adolescents.
5. There was significant association between the psychosocial problem scores of urban adolescents and their gender ($\chi2= 5.455$). However no significant association was found between psychosocial problems and other selected demographic variables among the

urban adolescents i.e. age and monthly income of family in rupees.

**Conflict of Interest:** None.

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