

Assess the level of psychosocial health among adolescents at MTPG & RIHS, Puducherry”

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Abstract: Objective: To assess the level of psychosocial health behavior among adolescents and to associate the level of psychosocial health behavior with the selected demographic variable of the adolescents. **Method:** The research approach for this study was quantitative approach with non experimental descriptive research design. 63 adolescents with an age group of 16-19yrs were recruited for the study. Samples were selected by using purposive sampling technique. HEADSS psychosocial screening tool was used for the assessment of psychosocial health of the adolescents. **Result:** The findings of the study shows that 85.7% (54) are at low risk, 11.1% (7) at medium risk and 3.1% (2) were at high risk. The demographic variable age shows association with psychosocial health with the chi-square value of 0.003. **Conclusion:** The psychosocial health plays a vital role in the development of adolescents. So routine screening of psychosocial health of the adolescents are necessary for the improvement of their mental health. **Recommendations:** The recommendation from the study is that the high risk students should be send for counseling and medium risk students should be under proper supervision of the parents and teachers.

Key Words- Psychological, social, adolescent, level

INTRODUCTION

“What is invisible to us is also crucial for our own well being”

Eanette Winterson:

“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 well being is a necessary condition to enable one to manage one’s life successfully¹. Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. Generally adolescence is believed to be a period of great stress and storm as rapid physical as well as mental changes occur during this period. Every cultural group has expectations of an individual according to their developmental stage¹. The psychosocial health reflects the dynamic relationship between psychological and “social processes. Psychological processes are internal; they include thoughts, feelings, emotions, understanding and perception. Social processes are external; they are comprised of social networks, community, family and environment².

The word adolescence is derived from the Latin word *Adolescere* (to grow up). Adolescence is therefore literally the period of growing up & becoming an adult. Adolescence may be defined as a critical period of human development manifested at the biological, psychological and social level of integration of variable onset & duration, but making the end of childhood & setting foundation for maturity. Adolescence is a stage before entrancing in to adulthood. There may be many challenges in this period and it demands adjustment of many fronds³⁻⁷. Adolescence is commonly divided in to three periods. Early adolescence (12-14yrs), middle adolescence (15-17yrs) and late adolescence (18-22yrs). Adolescents are usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision as compared to pre-adolescents. Though most adolescents are have a smooth sail, approximately 20%

of adolescents may not follow the predefined path with a fixed time line^{4, 13, 15}.

According to WHO report, it is estimated that 10 – 20% of the adolescents in India have one or more mental or behavioral problem, 80% have been sexually active, 61% use cigarettes weekly or more often , 75% of females reported binge drinking, 90% had tried marijuana and 50% reported weekly or more often use , 33% had tried other drugs compared to 6% mainstream students , More than 50% females have experienced sexual abuse , 66% have been driven dangerously in a car by someone else , 30% females and 20% males reported depressive symptoms and 10% required medical treatment for attempt (2% secondary students) (WHO Report 2013)^{11,23,25}. ‘WHO’ report estimated that 10-20% of adolescence is suffering any of the behavioral or psychological problems .Nearly 2-6% of current drinkers is below 25years of age. Adolescents are the citizen of tomorrow on whom the future of the nation stands. It is a challenge to meet their health needs; because 18-20% India constitutes the age group of between 10-20years (WHO Report 2013)¹¹.

Now a day’s growing numbers of children are suffering a lot needlessly because of their emotional and behavioral problems. Many psychosocial factors are influencing the wellbeing of adolescence. It is the time that we as a nation took seriously the measures to promote psychosocial wellbeing of adolescence and making them aware of these factors. Adolescence is the crucial stage which needs education and training regarding factors influencing their health and wellbeing also proper counseling for the high risk individuals for their future development.

Objectives:

To assess the psychosocial health of the adolescent
To identify the prevalence of risk adolescents and refer them for counseling

To associate selected demographic variables to the risk of psycho social health

CONCEPTUAL FRAMEWORK

The conceptual framework of this study was based on the modified Donabedian’s process and outcome quality care model (1998) for conceptual framework. Donabedian, (1987) whose pioneering efforts created a framework for outcome research,^{5, 18}. It provides a way to understand the many influences on the three interacting factors, the structure, process and the outcome.

The structure:

According to Donabedian’s model, structure refers to the physical, human and financial resources available in the settings in which care occurs^{5, 6, 10}. In this study the investigator was studying three demographic variables like age, gender and religion.

The process:

Process describes the specific behaviors. It include the health care providers activities in diagnosing and treating problems, as well as the patient’s efforts in accessing care, adhering to the treatment plan and implementing self-care measures^{5,16}. In this study, the investigator assessed the level of psychosocial health among the adolescents under study.

The outcome:

The outcome refers to any consequences of care. More specifically outcome refers to the health related conditions of individuals that are attributable to prior health care^{19, 20, and 22}. In this study outcome is the final result of the level of psychosocial health among adolescents which was measured by using HEADSS psychosocial screening tool.

Modified Donabedian’s process and outcome quality care model (1998) - Conceptual Framework

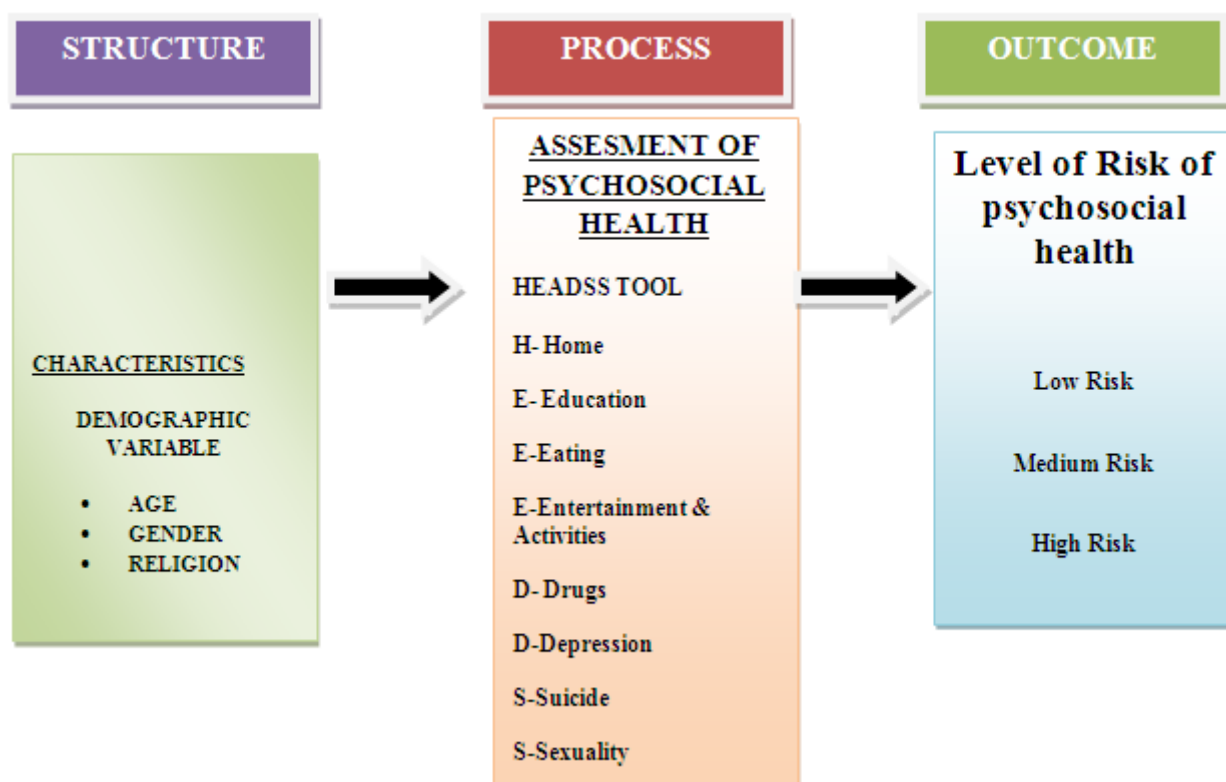


Figure: 1

MATERIAL AND METHODS

The quantitative approach with non experimental – descriptive design was adapted for this study. The dependent variable in this study was psychosocial health of the students and independent variable is counseling for the affected students. The study was conducted in Mother Theresa Post Graduate and Research Institute of Health Sciences (A Govt Institute) Situated in Puducherry. Population of this study includes all adolescents both male and female students between the age group of 16-19, who are studying BSc Nursing. The inclusion criteria for the study was adolescents who were present at the time of data collection, willing to participate in the study, 16-19 yrs of age groups and BSc Nursing I year student. An exclusion criterion for the study was adolescents who were sick and unable to attend the class. Permission was obtained from the concerned

authorities . The purpose of the study was explained to the students and an informed oral consent was taken from all the participants of the study. Among the 79 students of BSc Nursing I year 63 students came willingly for the assessment. They satisfied the inclusion criteria and were eligible for the study.

The HEADSS standardized tool was used for the study. It consists of two sections. Section I: Demographic variables. It includes the Roll No, Age, Sex and Religion of the students participating in study. Section II: HEADSSSS psychosocial screening tool to assess the psychosocial wellbeing of adolescents. HEADSS tool is the mnemonic for **Home, Education, Eating, Entertainment and activities, Drugs, Depression, Suicide, Sexuality and Safety**. From this the sexuality part was modified according to this group of students. It consists of total 45 open questions. Answer

for each question carries scores. These scores were calculated in total and the students were segregated into three levels of psychosocial health i.e. high risk, moderate risk and low risk. Scoring System of HEEADSSS Psychosocial screening tool is 0-4= Low risk, 5-9= Medium risk and 10-18= High risk^{12, 26, 28}.

The HEADSS psychosocial screening questionnaires were given to the students. The psychosocial health of the students was assessed by scoring the responses of the students by using the standard scoring system of HEADSS tool. The students were categorized to low, medium and high risk according to the scores 0-4, 5-9,10-18 respectively, obtained for their responses. The high risk students were informed to concerned authorities and send for counseling for the further improvement of their psychosocial health^{12, 19, and 24}.

RESULTS AND FINDINGS

Demographic variable distribution shows that 18(28.57%) are in 17 years, 41(65.07%) are in 18 years and 4(6.34%) are in 19 years age. 11(17.46%) are male students and 52(82.53%) are female students.57(90.47%) are Hindu, 2(3.17%) are Christian and 4(6.34) are Muslims.

Percentage distribution of psychosocial health among adolescents analyzed and it highlights that 54(85.7%) are at low risk, 7(11.1%) are at medium risk and 2(3.1%) are at high risk. The percentage distribution of psychosocial health among adolescents shows that 2 students are at high risk and they should be send for counseling and 7 students are at medium risk and they should be screened routinely fig no-1.

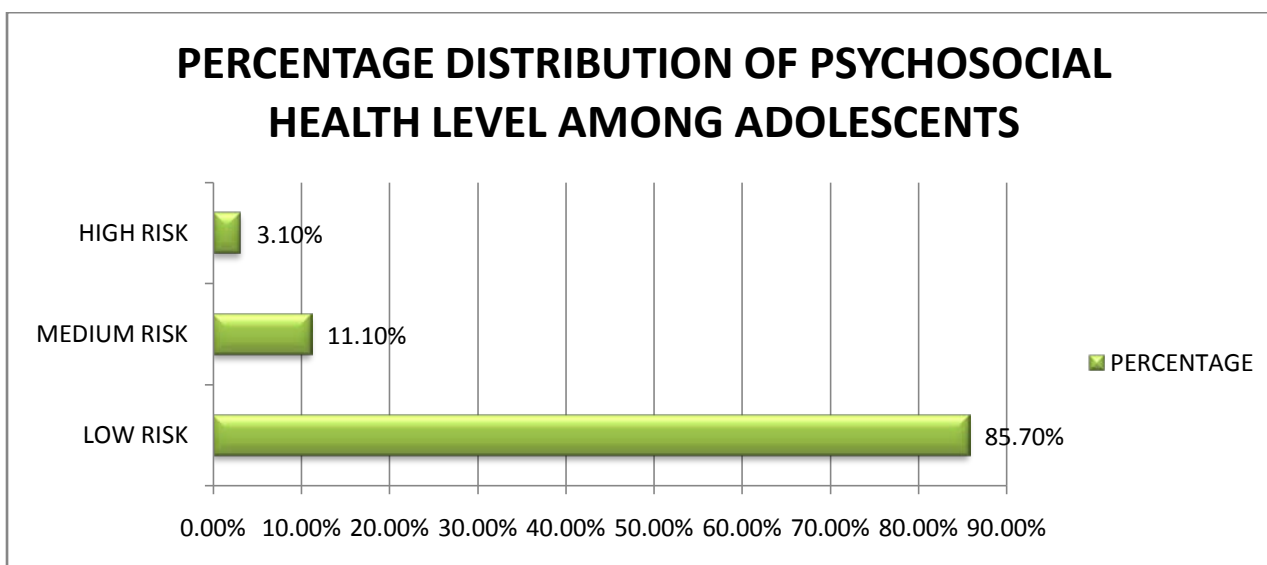


Figure .No 1 Percentage distributions of psychosocial health among adolescents

Association of psychosocial health levels of adolescents with the selected demographic variables of the participants represents that there is highly significant association with the age of the student towards level of risk for psychosocial health (p<0.005).tab-1

Table: 1 Association of psychosocial health level among adolescents with demographic variable age of the students.

Age of the Student	df	Pearson Chi Square	Level of Significance
* Psychosocial Health Cross tabulation	4	16.33	0.003

SUMMARY

As adolescent is a transitional state of physical and psychosocial health development, they are prone to get influenced by the external factors. These factors will lead to develop a negative impact on their behavior like alcoholism, unprotected sex, bunking school hours, unhealthy food intake, unprotected driving and suicidal tendency etc^{11, 29, 30}. As adolescent constitutes 22.5%, which is nearly a quarter of the total Indian population, the protection of their psychosocial health is very important^{11, 28}. So every

adolescent student should be screened for psychosocial health. This should be done in every college and schools routinely. The routine psychosocial screening will help the authorities to identify the high risk students and to provide appropriate counseling to them for their behavioral development.

CONCLUSION

The conclusion drawn from the study is that most of the students under the study were in the age of 18 years 41(65.07%). The percentage distribution of student’s gender shows that female 52(82.53%) students are more than male 11(17.46%) in the study. The percentage distribution of student’s religion shows that Hindu 57(90.47%) students are more in the study. The percentage distribution of psychosocial health among adolescents shows that 2(3.1%) students are at high risk, 7(11.1%) students are at medium risk and 54(85.7%) are at low risk.

Conflict of interest-none

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