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A Comparative Study of the Psychological Problems Among Adolescent Boys and Girls in Selected Higher Secondary Schools, Tumkur, Karnataka

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Abstract

A study used to compare the psychological problems among adolescent boys and girls in selected P U College, Tumkur. The objectives of the study were: To assess the particular psychological problems among adolescents; To compare the level of psychological problems between adolescent boys and girls; and To study and determine the relationship between the demographic variables and the psychological problems of adolescents. The research design of the study was descriptive design. The study was descriptive design. The study was accompanied in twelfth standard PU College in Sarvodaya, Tumkur. Convenience sampling was utilized to select the subjects which encompassed a sample of 200 students. Data were composed by using a general health questionnaire. The findings of the study disclosed that most of the subjects among boys (60%) had social dysfunction and (41%) had severe depression and on the whole (57%) had psychological problems. About 59% of girls had social dysfunction, 36% of them had severe depression and on the whole 51% of them had psychological problem. About 45% among boys stated to have low level problems and 12% high level problems. Majority of the subjects among girls 51% described to have low level psychological problems. The Student t-test reveals that there was an important difference between adolescent boys and girls in the level of somatic symptoms and the overall psychological problem at $p<0.01$ and $p<0.05$ level, respectively. It is recommended that a similar study needs to be conducted on a larger sample to arrive at generalization.

Keywords: adolescent, child, psychological problems, stress

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INTRODUCTION

Adolescent are considered as one of the most valued assets of any society. Such an emphasis is obviously based on the potential of the adolescents to contribute intellectually, politically and economically to the society. Their willingness and readiness to any kind of adjustment and a sense of well-being are crucial factors for their positive contribution to the society. The term "adolescent" is derived from the "Latin Word" adolescene meaning "to grow" – to grow to maturity. In olden days, the primitive people did not consider puberty and adolescents to be two distinct periods in life span. The child was considered to be an adult when it became capable of reproduction.

Laslett states that until the 20th century there was little awareness of adolescent years as an unique period in man's life, a period distinct both from childhood and adulthood, teenagers assumed the roles of an adult which often included marriage and childbearing adolescents typically represents the period of transit between childhood and adulthood. This phase in

life is a highly vulnerable period because of simultaneous interaction of the biopsycho-social factors. Hence, adolescence forms a risk-group of the community. Ability to cope with and perform the expected roles in this age group depends on homeostasis in family environmental and personality aspects of adolescents.

The determining value systems in the society are an utter failure because the political and administrative systems have failed provide them job opportunities. Print and electronic media, on the hand, present an unrealistic glamorous lifestyle but on the other hand, glorify sex, crime and violence, which usually influence the school in the negative manner. During their period of study they are under tremendous pressure as they are expected not only to succeed but also to become toppers in their classes. So, social changes also take place in this period.[1]

NEED FOR THE STUDY

"American College of Physicians" Association stated that active promotion of adolescent health and well-being is required. This means that adolescents should be viewed as a critical stage of growth and development and not simply as a period of transition from childhood to adulthood.

According Millstein most of the adolescent deaths are related to preventable causes such as motor vehicle accident, suicide, family violence and gang violence. This problems lead to think that preventive measure alone is in sufficient (Kazdin). Harold and Harlod state that adolescents who are victims of emotional abuse at home or who have serious academic problems may choose to seek help to redress experience of abuse and academic problems. There are many risks in adolescent's sexual relationship including pregnancy, partner violence and academic problems.

Kapur states that epidemiological studies conducted in the rest cannot possibly provide guidelines to the prevention of the mental health services in India. Despite the limited number of studies in India, they must serve the purpose of the effective planning's. Seshadri says that the shift of focus from hospital based to a community oriented approach and the active interest in quantitative aspects of mental illness prompted a number of works in the country to undertake epidemiological studies among general population. As school was an important catchments area for the population under consideration in the past decade there have been several reported studies on the child and adolescents population and a few exclusively on adolescents population in school setting.

American Medical Association Guide Line for Adolescents Preventive Services (Blum and Beuheiz) records of five categories of routine adolescents health and well-being screening-biomedical, physical health, psychosocial health, substance use and sexual behavior. Adolescent health care visits are recommended with a focus on adolescents developmental concerns, socio-cultural concerns, confidentiality concerns, health guidance and teaching needs, health check-up and immunization checks.

Mohan Issac states that there are a few epidemiological studies with quote 15–20% of the students have recognizable mental disorders in the form of depression, anxiety, somatoform disorders, adjustment disorders, personality disorders and alcohol and drug abuse. Many more students may be suffering from sub

clinical symptoms and an emotional disturbance.[2–8] A studied on psychosocial aspects of schizophrenics in mental hospital set up recommending preventive psychiatry. Preme Nagesh Rao's study on urban adolescents students using the Gold berg's general health questionnaire brought to light the fact that eighty four were disturbed children. Out of the 428 in a prevalence of 19.62% minor depression of mind in 10.9%, anxiety 4.9%, Schizophrenia 0.2%, headache 1.6%, and giddiness 0.2%. She also found that student in the co-educational schools were more disturbed. Their poor academic performance, poor class room attendance, poor peer relation and repeatedly physical ailments are related to increased morbidity.[2]

Rosario conducted a study in Bangalore and found out that 11.27% of school going adolescent boys and 1.47% girls were psychologically disturbed. The rate of disturbance was highest in the age group of 13 and 14 years. Both the above studies were conducted in urban settings. The investigator had not come across any study conducted in rural set up where the socio-cultural and economic aspects are different from urban areas. Hence, the investigator under took this study to find out the difference between boys and girls in the aspects of psychological problems.

Statement of the Problem

A relative study of the psychological problems among adolescent boys and girls in selected higher secondary schools, Tumkur, Karnataka.

The objectives of the study were:

(1) To assess the selected psychological problems among adolescents.
(2) To compare the level of psychological problems between adolescent boys and girls.
(3) To determine the relationship between the demographic variables and the psychological problems of adolescents.

Assumptions

(1) The adolescents will have different aspects of psychological problems.
(2) The demographic data will influence the psychological problem of the individuals.
(1) The adolescent boys and girls will have different levels of psychological problems.

Table 1. *Distribution of Demographic Variables of the Adolescents Boys and Girls.*

Sl. No	Demographic variables		Boys No.	%	Girls No.	%
1.	Age in years	16 17	26 74	26.0 74.0	54 46	54.0 46.0
2.	Sex		100	100.0	100	100.0
3.	Type of Study	Stay with parents Stay with guardian Stay in hostel Others	96 2 2 -	96.0 2.0 2.01 -	94 4 1 1	94.0 4.0 1.0 1.0
4.	No. of siblings	0 1 2 3 and above	6 17 39 38	6.0 17.0 39.0 38	3 20 40 37	3.0 20.0 40.0 37.0
5.	Income	Less than Rs. 1000/- Rs. 1001- Rs. 2000 Rs. 2001 – Rs. 3000 Rs. 3001 –and above	35 28 18 19	35.0 28.0 18.0 19.0	46 20 18 16	46.0 20.0 18.0 16.0
6.	Type of family	Joint Nuclear	26 74	26.0 74.0	26 74	26.0 74.0
7.	Group of Study	Science Computer science Mathematics General Mechanist	26 22 30 22	26.0 22.0 30.0 22.0	56 10 23 -	56.0 10.0 23.0 -

		Typewriting	-	-	11	11.0

Methodology

The population for this study was adolescent girls and boys in the age group of 16 and 17 years, studying in 12th standard in the selected schools in Tumkur District. Sample is a subset of population selected to participate in a research study. A sample of 200 students was selected between 16 and 17 years from the PU College were considered as the sample for the study.[3]

Table 1 shows the demographic variables among adolescent boys and girls. Among the 100 boys 74 (74%) were in the age group of 17 years and 26 (26 %) of the boys were in the age group of 10 years. Among the 100 girls 54 (54%) of them were in the age group of 16 years whereas 46 (46%) of the girls were in the age group of 17 years.

Among the boys 96 (96%) were living with their parents and two (2%) were staying in a hostel. A majority of the girl 94 (94%) were living with their parents and only one (1%) was staying in the hostel among the boys 39 (39%) had two siblings and six (6%) had no siblings. Among the girls 40 (40%) had two siblings and three (3.0%) had no siblings.

The family income of 35 (35%) adolescent boys was below Rs. 1000 and 18 (18%) of their family had income between Rs. 2001 and 3001. The family income of 46 (46.0%) of adolescents girls was below Rs. 1000 and 16 years (16.0%) of their family had income below Rs. 3001 and above.

A majority of 74 (74%) boys and girls were from nuclear family whereas 26 (26%) of the boys and girls were from the joint family (30%) boys were in the months group and 22 (22%) were in the computer science group. Among the girls 56 (56%) of them were in science group and 10 (10%) of them were in the computer science group.[4]

Table 2 shows the distribution of parents demographic variables of the adolescent boys and girls.

The father of 38 (38%) boys were 41–45 years old and six (6%) of them had no fathers whereas the fathers of 45 (45%) of girls were 41–45 years old and seven (7%) of them were in the age group of 51 and above.

The fathers of 25 (25%) boys were educated up to primary school level and eight (8%) of them upto middle school level whereas the father of 22 girls had studied up to PU college level and eight (8%) of them had studied up to high school level. The fathers of 62 (62%) boys were coolies and 12 (12%) father were in nontechnical job. The fathers of 44 (44%) girls were coolies and 18 (18%) of them were nontechnical job.

The mothers of 43 (43%) boys were 31–35 years old and one (1%) was dead. Whereas the mothers 62 (62%) girls were 31–35 years old and (2%) mothers of two were dead. The fathers of 44 (44%) were illiterate and no one is educated up to college level whereas the fathers of girls, 36 girls (36%) were illiterate and two (2%) of them were educated up to college level.

The months of 61 (61%) were house wives and 17 (17%) of them were un skilled workers. The mothers of 55 girls (55%) were housewives and 13 (13%) of them were unskilled laborers. The parents of 90 boys (90%) were living together, and 10 (10%) of them were separated due to divorce or death. The parents of 85 girls

(85%) were living together and two (2%) of them had no parents.[5]

Table 2. *Distribution of Parent's Demographic Variables of the Adolescent Boys and Girls.*

Sl. no.	Demographic variables		Boys		Girls	
			No.	%	No.	%
1.	Father's age in years	Below 40	19	19.0	20	20.0
		41–45	38	38.0	45	45.0
		46–50	21	21.0	20	20.0
		51 and above	16	16.0	7	7.0
		Not alive	6	6.0	8	8.0
2.	Father's education	Non literate	15	15.0	15	15.0
		Primary school	25	25.0	19	19.0
		Middle school	8	8.0	17	17.0
		High school	13	13.0	8	8.0
		PU College	20	20.0	22	22.0
		College level	13	13.0	11	11.0
		Not alive	6	6.0	8	8.0
3.	Father's occupation	Technical	20	20.0	30	30.0
		Non-technical	12	12.0	18	18.0
		Coolie	62	62.0	44	44.0
		Not alive	6	6.0	8	8.0
4.	Mother's age in years	Below 30	4	4.0	2	2.0
		31–35	43	43.0	62	62.0
		36–40	42	42.0	26	26.0
		41 and above	10	10.0	8	8.0
		Not alive	1	1.0	2	2.0
5.	Mother's education	Non literate	44	44.0	36	36.0
		Primary school	25	25.0	32	32.0
		Middle school	18	18.0	15	15.0
		High School	6	6.0	8	8.0
		P U College	6	6.0	5	5.0
		College level	0	0.0	2	2.0
		Not alive	1	1.0	2	2.0
6.	Mother's occupation	Skilled	21	21.0	30	30.0
		Unskilled	17	17.0	13	13.0
		Housewife	61	61.0	55	55.0
		Not alive	1	1.0	2	2.0
7.	Parents living patterns	Living together	90	90.0	85	85.0
		Widow /widowers	7	7.0	10	10.0
		Separated	2	2.0	3	3.0
		Divorced	1	1.0	-	-
		Both are not alive	-	-	2	2.0

Table 3. *Distribution of Somatic Symptoms of Adolescent Boys and Girls.*

Sl. no.	Variables	Boys				Girls			
		0 Score		1 Score		O Score		1 Score	
		No.	%	No.	%	No.	%	No.	%
1.	Been feeling perfectly well and in good health	84	84	16	16	95	95	5	5
2.	Been feeling in need of a good tonic	42	42	58	58	56	56	44	44
3.	Been feeling run down out of sorts?	64	64	36	36	82	82	18	18
4.	Felt that you are ill? out of sorts	67	67	33	33	80	80	20	20

5.	Been getting any pains in your head	71	71	29	29	68	68	32	32
6.	Been getting a feeling of tightness/pressure in your head	84	84	16	16	84	84	16	16
7.	Been having hot/cold spells?	82	82	18	18	86	86	14	14

Table 3 shows the distribution of somatic symptoms of adolescents boys and girls. A majority of boys 58 (58%) scored one in the item, been feeling in need of a good tonic? Whereas less no of boys 16(16%) scored one in the items " Been feeling perfectly well in good health? "and" "Been getting and feeling of lightness/pressure in their head?" The highest no. of girls, 44 (44%), scored one in the item. "Been feeling in need of a good tonic?" Whereas less no. of girls five (5%) scored one in the item, " Been feeling perfectly well and in good health?"[6]

Table 4 shows the distribution of anxiety and insomnia of adolescents boys and girls around one third of boys, 37 (37%), scored one in the item, "Lost much sleep over worry?" Whereas less number of boys, 22 (22%), scored one in the item, "Been getting edge and bad tempered?" Among the girls 38 (38%) scored one in the item "Been feeling of constantly under strain?" Whereas only six girls (6%) scored one in the item "Been getting edge and bad tempered?

Table 4. *Distribution of Anxiety and Insomnia of Adolescents Boys and Girls.*

Sl. no.	Variables	Boys				Girls			
		0 Score		1 Score		O Score		1 Score	
		No.	%	No.	%	No.	%	No.	%
1.	Lost much sleep over worry	63	63	37	37	75	75	25	25
2.	Had difficulty staying asleep?	72	72	28	28	12	12	28	28
3.	Felt constantly under strain?	69	69	31	31	62	62	38	38
4.	Been getting edge and bad tempered?	78	78	22	22	94	94	6	6
5.	Been getting scared panicky for no good reason	70	70	30	30	79	79	21	21
6.	Found everything getting on top of you?	73	73	27	27	84	84	16	16
7.	Been feeling nervous and uptight all the time	70	70	30	30	68	68	32	32

Table 5. *Distribution of Social Dysfunction of Adolescents Boys and Girls.*

Sl. no.	Variables	Boys				Girls			
		0 Score		1 Score		0 Score		1 Score	
		No.	%	No.	%	No.	%	No.	%
1.	Been managing to keep yourself busy and occupied	49	49	51	51	47	47	53	53
2.	Been taking longer over the things you do?	51	51	49	49	54	54	46	46
3.	Felt on the whole you are doing things well?	81	81	19	19	83	83	17	17
4.	Been satisfied with the way you have carried out your task?	73	73	27	27	74	74	26	26
5.	Felt that you are playing useful part in things?	81	81	19	19	86	86	14	14
6.	Felt capable of making decisions abound things?	64	64	26	26	83	83	17	17
7.	Been able to enjoy your normal day to day activities?	68	68	32	32	77	77	23	23

Table 5 shows the distribution of social dysfunction of adolescents of boys and girls.

It reveals that 51 boys (51%) scored one in the item " Been managing to keep yourself busy and occupied?" whereas 19 boys (19%) scored one in the items. "Felt on the

whole who are doing things well?" and "Felt that you are playing and useful part in things?" It also reveals that 53 girls (53%) scored one in item "Been managing to keep yourself busy and occupied? Whereas 14 girls (14%) scored one in the item "Felt that you are playing a useful part in things?"[7]

Table 6. *Distribution of Depression of Adolescents Boys and Girls.*

Sl. no.	Variables	Boys				Girls			
		0 Score		1 Score		0 Score		1 Score	
		No.	%	No.	%	No.	%	No.	%
1.	Been thinking of yourself as a worthless person.	80	80	20	20	91	91	9	9
2.	Felt that life is entirely hopeless?	74	74	26	26	77	77	23	23
3.	Felt that life is not worth living.	75	75	25	25	85	85	15	15
4.	Thought of the possibility that you might do away with yourself.	77	77	23	23	78	78	22	22
5.	Found at times you could not do anything because your nerves were too bad?	72	72	28	28	87	87	13	13
6.	Found yourself wishing you were dead and away from it all?	81	81	19	19	79	79	21	21
7.	Found that the idea of taking your own life kept coming into your mind.	73	73	27	27	77	77	23	23

Table 6 shows the distribution of depression of adolescents boys and girls.
It shows that 28 (28%) boys scored one in the item "Found at time you could not do anything because your nerves were too bad?" Whereas 19 boys (19%) scored one in the item. "Found yourself wishing you were dead and away from it all? "It also shows that 23 girls (23%) scored one in the items "Felt that like is entirely hopeless? and "found that the idea of taking your own life kept coming into your mind?" whereas nine (9%) girls score one "Been thinking of yourself as a worthless person?"[9]

Table 7. *Distribution Level of Psychological Problems in Various Aspects of Adolescents Boys.*

Sl.no.	Variables	Less than 20 (normal)		20–60 (low)		60–100 (high)	
		No.	%	No.	%	No.	%
1.	Somatic symptoms	42	42	46	46	12	12
2.	Anxiety and Insomnia	45	45	44	44	11	11
3.	Social dysfunction	40	40	49	49	11	11
4.	Severe depression	59	59	29	29	12	12
5.	Overall	43	43	45	45	12	12

Table 7 shows the distribution level of psychological problems in various aspects of adolescent boys. It shows that 46 boys (46%) had low level symptoms and 12 (12%) of them had high level of symptoms in somatic symptoms aspect. In anxiety and insomnia 44 boys (44%) had low level of symptoms and 11 (11%) and high level of symptoms. In social dysfunction item 49 (49%) of them had low level of symptom and 11 (11%) high level of symptoms. In severe depression aspect 45 (45%) of them had low-level symptoms and 12 (12%) high level symptoms. Out of the two boys 45% of them had low-level psychological problems and 12 (12%) of them had high level of psychological problems.

Table 8 shows the level of psychological problem in various aspects as adolescent girls. It shows that 40 (40%) of them had low level symptoms and 2 (2%) of them had high level symptoms in somatic symptoms aspect. In anxiety and insomnia aspects 33 girls (33%) had low level of symptoms and nine (9%) had high-level symptoms. In social dysfunction aspect, 56 girls (56%) of them had level of symptoms and three girls (3%) had high level of symptoms. In severe depression aspect 34% of them reported low level of symptoms, two girls (2%), had high level symptoms. On the whole, out of 100 girls 51(51%) of them had low level of psychological problems. None of them had high level of psychological problems.

Table 8. *Distribution of Level of Psychological Problem in Various Aspects as Adolescent Girls.*

Sl. no.	Variables	Less than 20 (normal)		20–60 (low)		60–100 (high)	
		No.	%	No.	%	No.	%
1.	Somatic symptoms	58	58	40	40	2	2
2.	Anxiety and in somatic	58	58	33	33	9	9
3.	Social dysfunction	41	41	56	56	3	3
4.	Severe depression	64	64	34	34	2	2
5.	Overall	49	49	51	51	-	-

Table 9. *Comparison of the Psychological Problems Between the Adolescents Boys and Girls.*

Sl. no.	Variables	Boys		Girls		Student 't'-test
		Mean	SD	Mean	SD	
1.	Somatic symptoms	29.43	23.75	21.29	19.74	2.64 P<0.01 (S)
2.	Anxiety and In somatic	29.28	25.87	23.71	24.89	1.55 P =12 (NS)
3.	Social dysfunction	31.86	24.18	28.0	20.09	1.23 P= 6.22 (NS)
4.	Severe depression	24.00	28.85	18.0	19.85	1.71 P= 0.09 (NS)
5.	Overall	28.64	21.64	22.75	16.18	2.18 P< 0.05 (S)

NS – Non Significant; S – Significant; SD – Standard Deviation.

Table 9 shows the comparison of the psychological problems between the adolescent boys and girls. The student 't'-test value for somatic symptoms anxieties and insomnia, social dysfunction, severe depression and overall score were 2.64, 1.55, 1.23, 1.71, 2.18, respectively. It reveals that there is significant difference between adolescents boys and girls in the level of somatic symptoms and the overall psychological problem at $P < 0.01$ and $P < 0.05$ level, respectively.[10]

Table 10 shows the association between the level of psychological problems and demographic variables of adolescent boys. Except the type of family all other demographic variables like age, living patterns, siblings, income, family and group do statistically not show any association and the level of psychological problems.

In the types of family variables, there were 2 categories namely joint family and nuclear family. In the joint family 17 boys (65.4%) had low level problems. Only one (3.8%) had high level problem.

In nuclear family 28 (37.8%) had low level problem and 11 (14.9%) had high level problems. The Chi-square value was 6.41, statistically there is significant association between the type of family and the level of psychological problem and the level of P<0.05 level.

Table 10. *Association Between the Level of Psychological Problems and Demographic Variables of the Adolescent Boys.*

Sl. no	Demographic variables		Normal (<20)		Low (20–60)		High (60–100)		Chi-square value df, p
			No.	%	No.	%	No.	%	
1.	Age in years	16	13	50.0	12	46.2	1	3.8	2.36 df=2 P=0.31 (NS)
		17	30	40.5	33	46.4	11	14.9	
2.	Type of stay	Staying with parents	41	42.7	43	44.8	12	12.5	0.57 df =2 P= 0.75 (NS)
		Others	2	50.0	2	50.0	0	0	
3.	Siblings	0	1	16.7	4	66.7	1	16.7	2.84 df=6 P= 0.83 (NS)
		1	9	52.9	6	35.3	2	11.8	
		2	16	41.0	19	48.7	4	10.3	
		3 and above	17	44.7	16	42.1	5	13.3	
4.	Income Rs.	Below Rs. 1000	14	40.0	17	48.6	4	11.4	5.29 df =6 P= 0.5 (NS)
		Rs. 1001 – Rs. 2000	9	32.1	15	53.5	4	14.3	
		Rs. 2001 – Rs. 3000	8	44.4	7	38.9	3	16.7	
		Rs. 3001 and above	12	63.2	6	31.6	1	5.3	
5.	Types of family	Joint	8	38.8	17	65.4	1	3.8	6.41 df =2 P< 0.05 (S)
		Nuclear	35	47.3	28	37.8	11	14.9	
6.	Group	Science	10	38.5	12	46.2	4	15.4	4.54 df =6 P= 0.61 (NS)
		Computer math	7	31.8	13	59.1	2	9.1	
		General machinist	17	56.7	10	33.3	3	10.0	
		Typing	9	40.9	10	45.5	23	13.6	

Table 11. *Association Between the Level of Psychological Problems and Demographic Variables of the Parents of Adolescents Boys.*

Sl. no	Demographic variables		Normal(less than 20)		Low(20–60)		High(60–100)		Chi-square value df/ P value
			No.	%	No.	%	No.	%	
1.	Father's age	Below 40	9	47.4	8	42.1	2	10.5	1.20 df =6 P=0.98 (NS)
		40–45	15	39.5	18	47.4	5	13.2	
		46–50	8	38.1	11	52.4	2	9.5	
		51 and above	8	50.0	6	37.5	2	12.5	
2.	Father's education	Non-literate	5	33.3	8	53.3	3	13.3	4.60 df =8 P= 0.80 (NS)
		Primary school	11	44.0	11	44.0	3	12.0	
		Middle school	3	37.5	4	50.0	1	12.5	
		P U College and above	3	23.1	8	61.5	2	15.4	

3.	Father's occupation	Technical	7	35.0	12	60.0	1	5.0	2.89 df=4 P=0.58 (N.S)
		Non-technical	6	50.0	4	33.3	2	16.7	
		Coolie	27	43.5	27	43.5	8	12.9	
4.	Mother's age in years	Below 35	21	44.7	21	44.7	5	10.6	1.77 df =4 P=0.78 (NS)
		36–40	16	38.1	20	47.6	6	14.3	
		41 above	7	60.0	3	30.0	1	10.0	
5.	Mother's education	Non-literate	17	38.6	21	47.7	6	13.6	4.65 df =8 P= 0.79 (NS)
		Primary school	9	36.0	13	52.0	3	12.0	
		Middle school	11	61.1	5	27.8	2	11.1	
		High school	3	50.0	3	50.0	-	-	
		P U college and above	3	50.0	2	33.0	1	16.7	
6.	Mother's Occupation	Skilled	8	38.1	10	47.6	3	14.3	1.00 df =4 P=0.91 (NS)
		Unskilled	8	52.9	6	35.3	2	11.8	
		House wife	26	42.6	28	45.9	7	11.5	
7.	Parent's Living Pattern	Living alone	4	40.0	4	40.0	2	20.0	0.68 df=2 P=0.71 (NS)
		Living together	39	43.3	41	45.6	10	11.1	

NS – Not Significant.

Table 11 shows the association between the level of psychological problems and demographic variables of the parents of adolescent boys.

It shows that parent's age, education, occupation and the living pattern of parent's statistically do not show any significant association with the level of psychological problems of the adolescents.

Table 12. *Association Between the Level of Psychological Problems and Demographic Variables of Adolescents Girls.*

Sl. no	Demographic variables		Normal less than 20		Low (20–60)		High (60–100)		Chi-square value df/P value
			No.	%	No.	%	No.	%	
1.	Age in years	16	22	40.7	32	59.5	-	-	3.80 df=1 P<0.05 (S)
		17	27	58.7	19	41.3	-	-	
2.	Type of stay	Staying with parents	47	50.0	47	50.0	-	-	2.76 df =3 P= 0.25 (NS)
		Others	2	20.0	4	80.0	-	-	
3.	Siblings	0	2	66.7	1	33.3	-	-	2.67 df=3 P= 0.44 (NS)
		1	8	40.0	12	60.0	-	-	
		2	23	57.5	17	42.5	-	-	
		3 and above	16	43.2	21	56.8	-	-	
4.	Income Rs.	Below Rs. 1000	17	37.3	29	63.0	-	-	9.34 df =3 P<0.05 (S)
		Rs. 1001 – Rs. 2000	10	50.0	10	50.0	-	-	
		Rs. 2001 – Rs. 3000	9	50.0	9	20.0	-	-	
		Rs. 3001 and above	13	81.3	3	18.8	-	-	

5.	Types of family	Joint	14	53.8	12	46.2	-	-	0.33 df=1 P=0.56 (N.S)
		Nuclear	35	47.3	39	52.7	-	-	
6.	Group	Science	27	48.2	29	51.8	-	-	6.48 df =3 P=0.09 (NS)
		Computer math	3	30.0	7	70.0	-	-	
		General machinist	10	43.5	13	56.5	-	-	
		Typing	9	81.8	2	18.2	-	-	

NS – Not Significant; S – Significant.

Table 12 shows the association between the level of psychological problem and the demographic variables of adolescent girls. Age and income statistically show significant association with the level of psychological problems, living patterns. Number of siblings, types of family, group of study variables shows no statistical association with the level of psychological problems. Among the girls 32 (59.5%) of them were 16 years old and had low level psychological problems, 19 (41.3%) were 17 years old and had low level psychological problems. Among the 16 and 17 year old girls none had high level psychological problems. The chi-square association between the age of adolescents, girls and the level of psychological problem are statistically significant at the level of P<0.05 29 (63%) of them whose income is below Rs. 1000, 10(50%) whose income is Rs. 1001 2001 nine (50%) whose income is Rs. 2001–Rs. 3001 in three (18.8%) with an income of Rs. 3001 and above had low level psychological problems. The Chi-square association between the income of adolescent family and the level of psychological problems show that there is significant association at P<0.05 level.

Table 13. *Association Between the Level of Psychological Problems and Demographic Variables of the Parents of Adolescents Girls.*

Sl. no	**Demographic variables**		**Normal less than 20**		**Low(20–60)**		**High(60–100)**		**Chi-square value df/P value**
			No.	**%**	**No.**	**%**	**No.**	**%**	
1.	Father's age	Below 40	9	45.0	11	55.0	-	-	5.96 df =3 P=0.11 (NS)
		40–45	25	55.6	20	44.4	-	-	
		46–50	13	65.0	7	35.0	-	-	
		51 and above	1	14.3	6	85.7	-	-	
2.	Father's education	Non-literate	9	60.0	6	40.0	-	-	1.07 df =4 P=0.90 (NS)
		Primary school	9	47.4	10	52.6	-	-	
		Middle school	9	52.9	8	47.1	-	-	
		High school	5	62.5	3	37.5	-	-	
		P U College	16	48.5	17	51.5	-	-	
3.	Father's occupation	Technical	19	63.3	11	36.7	-	-	2.28 df=2 P=0.32 (N.S)
		Non-technical	8	44.4	10	55.6	-	-	
		Coolie	21	47.7	23	52.3	-	-	
4.	Mother's age in years	Below 35	33	51.6	31	48.4	-	-	1.28 df =2 P=0.52 (NS)
		36–40	10	38.5	16	61.5	-	-	
		41 above	4	50.0	4	50.0	-	-	
5.	Mother's education	Non-literate	15	41.0	21	58.3	-	-	1.67 df =4 P=0.79 (NS)
		Primary school	15	46.9	17	53.1	-	-	

		Middle school	8	53.3	7	46.7	-	-	
		High school	5	62.5	3	37.5	-	-	
		P U College	4	57.1	3	42.9	-	-	
6.	Mother's Occupation	Skilled	11	36.7	19	63.3	-	-	3.56 df =2 p=0.17 (NS)
		Unskilled	5	38.5	8	61.5	-	-	
		House wife	31	56.4	24	43.6	-	-	
7.	Parent's Living Pattern	Living alone	5	38.5	8	61.5	-	-	0.66 df=1 P=0.41 (NS)
		Living together	43	50.6	42	49.4	-	-	

Not Significant.

Table 13 shows the association between the level of psychological problem and demographic variables of the parents of adolescent girls. Parents age, education, occupation and the living pattern of parents do not show any significant association with the level of psychological problems of the parents of adolescents girls.

CONCLUSION

The aim of the study was to compare the level of psychological problems among the adolescent boys and girls. It is a comparative descriptive study. A total of 200 adolescents were selected for this study. The age group was from 16 to 17 years only. The period of the study was for 6 weeks, the instrument used for the study consisted of 2 parts, Part I Demographic data, Part II David Goldberg's and General Health Questionnaire.

IMPLICATIONS

Implication for Nursing Practice

Psychiatric nurses and other health care provides need to play an important role in reducing the seven mental health morbidity in future. Providing holistic health is a major goal of Nursing care. Psychiatric nurses who are working in common. Selling should develop specialized skills for assessing the adolescent psychology problems and communicate their findings to their parents, teachers, pears in order to develop good individual personality by counseling. Collaborative efforts can help to overcome the psychological problems of the adolescents. Guidance and counseling will give beneficial effect in various adolescent problems. During student life they depend on their family. So, parents must also be taught the many of the stressful situation among adolescents by means of group discussion. Nurses working in adolescents psychiatry clinic and school should develop their knowledge and skills adolescents assessment of common psychological problems and management of such adolescents.

The assessment of management of psychological problems must be prioritized as an important aspect of came for adolescents. Psychiatric nurses should use a wide variety of interventors. This study will be useful for practicing psychiatric nurse to identify the area of psychological problems among adolescents.

Nursing Administration

Nursing leaders have the responsibility do increase the knowledge of nurses on assessment and management of adolescent psychological problems. They should take active step to include more content about adolescents psychiatry in basic psychiatric Nursing syllabus, developing protocol and arranging in service education do nurses on the assessment of psychological problems in adolescents. Nursing

administrators should planned and conduct workshops and in service education will update their knowledge and practice of nurses and is who play a key role in preventive aspect of mental health morbidity in community.

Nursing Research

The essence of research is to build up a body of knowledge in nursing as an evolving profession. The finding of this study reveals that most of the adolescents have psychiatric problems either in 11 more aspects. Generalization of the study results can be made by further replication on large samples.

Professionals and researches need to be committed and utilize the most recent knowledge of adolescent's psychiatry to eradicate the adolescent psychological problems.

The study results showed that adolescent groups need a lot of support for mental care professionals.

RECOMMENDATIONS

1. Preventive psychiatry should be focused more in community especially in school set-up.
2. In service education for 12 standard teachers about adolescents psychological problems and its management to be given.
3. Each school needs facility to consultation mental health professionals at least one or week.
4. Attitude test can be introduced for selecting the course in order to avoid the conflict and frustration among adolescents which leads to psychological problems in future as well as in their education.
5. Mental health education should be given for adolescents.
6. Inclusion of adolescent psychiatry in psychiatric Nursing community health Nursing and other professional course related to health.
7. Arrangement of continuing education for mental health professionals.
8. Nurses who directly involve in health care of the schools to be given continuing education on psychological problems.
9. Yoga and meditation classes can be arranged for the adolescents during their study.
10. Education in biophysic – social changes during adolescents period to be given.
11. Adolescents can be accepted when they need support from other professionals industry teachers and peers.
12. Data collection period can be done for a longer duration.

Suggestions for Further Study

1. A similar study can be carried out with a large number of samples.
2. A comparative study on urban and rural higher secondary school adolescents can be carried out.
3. A comparative study on government schools and private schools adolescents can be carried out.
4. A comparative study on school which have Mental Health professionals on the staff and the school where there is no Mental Health professionals can be carried out.
5. Each aspect of psychological problems mentioned in David Gold Berg's scale can be studied in broad and depth.
6. A longitudinal study can be carried out on various ages of adolescents and their psychological problems.

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