MENTAL HEALTH OF ADOLESCENTS

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Abstract: Adolescents constitute 22.8% of population of India (Planning Commission, June 2001). The term adolescence is derived from the Latin word "adolescere" meaning to grow, to mature. Adolescence is a highly dynamic period characterized by rapid growth and development. This phase undergoes many mental and emotional adjustments due to the physiological and psychological changes in the development of the individual. The vulnerability of this group is also increased by their lack of correct information and knowledge about their growth and development. Adolescents need to be addressed as important human resources, who require specialized care, to be provided by knowledgeable professionals. Adolescence is the period between childhood and adulthood. World Health Organization (WHO) defines a child as someone up to the age of 18 years and an adolescent as between the age of 10 and 19 year. The study has focused on the relationship between parents and adolescents, relationship among peers and to find out the self esteem level of adolescents with good results.

Keywords: Adolescent – Psychosocial – Self Esteem – Mental Health – Family – Peer

INTRODUCTION

Adolescence is a highly dynamic period characterized by rapid growth and development. This phase undergoes many mental and emotional adjustments due to the physiological and psychological changes in the development of the individual. Adolescents are susceptible to unhealthy and risk taking behaviors like unsafe sex, substance abuse and violence. The vulnerability of this group is also increased by their lack of correct information and knowledge about their growth and development. Adolescents need to be addressed as important human resources, who require specialized care, to be provided by knowledgeable professionals.

ADOLESCENCE

Adolescents constitute 22.8% of population of India (as on 1st March, 2000, according to the Planning Commission's projections). This implies that about 230 million people in India are adolescents in the age group of 10 to 19 years. The term adolescence is derived from the Latin word "adolescere" meaning to grow, to mature. Adolescence is defined as a phase of life characterized by rapid physical growth and development, physical, social and psychological changes and maturity, sexual maturity, experimentation, development of adult mental processes and a move from the earlier childhood socio-economic dependence towards relative independence. This is also the period of psychological transition from a child who

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has to live in a family to an adult who has to live in a society. World Health Organization defines adolescents as individuals in the 10 to 19 years age group.

PHYSICAL & MENTAL HEALTH OF ADOLESCENCE

Adolescents with good mental health are able to achieve and maintain optimal psychological and social functioning and well-being. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn, and a capacity to tackle developmental challenges and use cultural resources to maximize growth. Moreover, the good mental health of adolescents is crucial for their active social and economic participation.

Research findings suggest that "adolescent girls who are unprepared for the physical and emotional changes of puberty may have the most difficulty with menstruation" (Koff & Rierdan, 1995; Stubbs, Rierdan, & Koff, 1989).

Although research on boys' first experiences of sexual maturation is limited, some evidence suggests that boys, too, are more comfortable with the physical changes of adolescence when adults prepare them. For example, young adolescent boys who were not prepared for these changes have reported feeling "somewhat perplexed" upon experiencing their first ejaculations of semen during dreaming or masturbation (Stein & Reiser, 1994)

ADOLESCENTS AND THEIR PEER RELATIONSHIP

Popular images of adolescence have long emphasized an adolescent peer culture characterized as a separate society whose values are opposed to those of adults. In reality, there are many peer cultures, and little evidence exists to support the existence of a substantial "generation gap" between parents and adolescents (Brown 1990).

Peer groups serve a number of important functions throughout adolescence, providing a temporary reference point for a developing sense of identity. Through identification with peers, adolescents begin to develop moral judgment and values (Bishop & Inderbitzen, 1995) and to define how they differ from their parents (Micucci, 1998). At the same time, however, it is important to note that teens also strive, often covertly, for ways to identify with their parents.

The desire for independency also drives adolescents to rely more on their peers, developing a strong want for peer popularity (Greenberg, 1977; Hay & Ashman, 2003; Wilkinson, 2004). Yet obtaining peer popularity can be a competitive matter, dependant on subtle social advantages or a skill such as athletic competence, intelligence, attractive looks, etc. (Agnew, 1997). For adolescents who do not possess (one of) these trait(s), gaining popularity can be difficult.

Research also suggests that adolescents without close friends are more influenced by families than peers, and that adolescents in less cohesive and less

adaptive families are more influenced by peers than parents (Gauze et al 1996). Adolescents are most influenced by peers in middle adolescence, compared to early and late adolescence (Brown 1990).

FRIENDS & FAMILY

"Adolescence is a unique period in the life of every youngster… Teenagers are at one, and the same time children and budding adults, insecure beings stepping out into the world and monitored every step by the billion-dollar corporation that view them as prime customer" (Richard, 2004). Family and friends play a vital role in shaping the adolescents. Timms (2004) reported that "adolescents make close relationship with friends of their own age and parents become less important in their eyes. As they become more independent, young people want to try out new things." Wangnoo (2003) acknowledges that "the adolescents need specific care as the parental influence on adolescents' health behavior decreases as they grew up and adolescents' may be unable to cope up with the rapid changes in themselves".

Adolescents have greater peer identification than parental identification especially when peers model and support problem behaviors, are more prone to negative and health compromising behaviors.

The psychological environment in which the adolescents grow will determine their personality in future. The emotional, psychological, social and sexual problems have to be attended by the parents, schools, society and medical fraternity.

On the basis of these studies it is evident that psychiatric morbidity is a serious health concern in adolescent. It is also gives us the clue that parental attachment helps the adolescent to have good psychological health. Mishra (2001) suggested that "an intervention strategy aimed at the adolescents and their parents is required. There is a need to understand their problems and provide appropriate counseling".

Consistently, adolescents who feel close to their parents show more positive psychosocial development and behavioral competence, less susceptibility to negative peer pressure, and lower tendencies to be involved in risk-taking behaviors Resnickm Bearman. Blum and others (1997). In many situations lack of direct adult supervision may be counterbalanced by parent monitoring and communication about adolescents' activities during parental absence.

On other hand, in dysfunctional or abusive families, spending greater amounts of time with parents may compromise the health of teenagers. In these situations the type and content of communication may be the most important factors to address Perry, Kelder and Komro (1993).

Adolescents from low-income households are more likely than other adolescents to spend less supervised time with adults, to have parents working at more than one job, to drop out of high school, and to experience violence in their homes and communities Perry, Kelder, and Komro, (1993).

DEVELOPING A SENSE OF IDENTITY

Identity includes two concepts. First is self-concept: the set of beliefs one has about oneself. This includes beliefs about one's attributes (e.g., tall, intelligent), roles and goals (e.g., occupation one wants to have when grown), and interests, values, and beliefs (e.g., religious, political). Second is self-esteem, which involves evaluating how one feels about one's self-concept. "Global" self-esteem refers to how much we like or approve of our perceived selves as a whole. "Specific" self-esteem refers to how much we feel about certain parts of ourselves (e.g., as an athlete or student, how one looks, etc.). Self-esteem develops uniquely for each adolescent, and there are many different trajectories of self-esteem possible over the course of adolescence (Zimmerman, Copeland, Shope, & Dielman, 1997). Thus, self-esteem, whether high or low, may remain relatively stable during adolescence or may steadily improve or worsen.

SELF ESTEEM

Low self-esteem develops if there is a gap between one's self-concept and what one believes one "should" be like (Harter, 1990).

The following characteristics have been identified by different researchers as being associated with low self-esteem in adolescents (Jaff, 1998):

(i)   Feeling depressed

(ii) Lacking energy

(iii) Disliking one's appearance and rejecting compliments

(iv) Feeling insecure or inadequate most of the time

(v)   Having unrealistic expectations of oneself

(vi) Having serious doubts about the future

(vii) Being excessively shy and rarely expressing one's own point of view

(viii) Conforming to what others want and assuming a submissive stance in most situations.

Because consistently low self-esteem has been found to be associated with negative outcomes, such as depression, eating disorders, delinquency, and other adjustment problems (Harter & Marold, 1992, Striegel-Moore & Cachelin, 1999), it is important that professionals identify youth who exhibit these characteristics and help them get the extra help they need.

The adolescents also need to have their basic self – care needs met – such as food, water, shelter etc and a good psychosocial environment. The WHO (1996) suggests that "teachers can help adolescents by imparting life skills education such as creative thinking, critical thinking, decision making, problem solving, effective communication, interpersonal skills, self awareness empathy, coping with emotions and stress". Teaching these skills to the

students will promote psychological competence that enhances their growth Lalitha, (2001).

NEED AND SIGNIFICANCE OF THE STUDY

Adolescence is one of the important transitional period, also determines the future life of human beings. There are a lot of chances for the adolescents to deviate from normal growth and development of various aspects like physical, emotional, and social. The Adolescent period can be termed as a period of great changes. These changes include physical, psychological, mental and also social change. Usually in this particular group is failed to get recognition from family members, relatives, peer groups and by others in the society. If we analyze critically we would find that it is an extreme condition of chaos which leads to a greater magnitude of problems for both, the adolescents and the parents of these adolescents. This empirical study to study the demographic details, relationship between parents and adolescents, among the peer groups and the self esteem level of adolescent. This study would open some unfold pages of the problems which had been faced by this specific group from a longer period.

METHODOLOGY

Descriptive Research Design has been adopted, since this study describes the problems of the adolescents. Adolescents from IX and X Standard at Ethiraj Matriculation Higher Secondary School were selected for the study.

SAMPLE

The total Population of Ethiraj Higher Secondary School is 368 in which 98 boys and 270 girls. The researcher has applied stratified sampling method and the stratum is 73:27. Then lottery method was adopted for sampling.

MEASURE

Pre-tested Standardized questionnaire was administered to collect the primary data regarding the demographic details, relationship between parents and adolescents and among the peer.

Rosenberg Self-Esteem Scale (Morris Rosenberg, 2006)

The scale is ten item Likert scales with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

All statistical analyses were performed using SPSS {Statistical Package for Social Sciences}.The results are presented in tables, charts, etc.

RESULTS AND DISCUSSIONS

Demographic Details

S.No	Variable		Frequencyn = 100	Percentage
1.	Age	14 yrs	59	59
		15 yrs	16	16
		16 yrs	3	3
		17 yrs	10	10
		18 yrs	12	12
		Total	100	100
2.	Gender	Male	27	27
		Female	73	73
		Total	100	100
	Religion	Christian	5	5
		Muslim	11	11
		Hindu	83	83
		Others	1	1
		Total	100	100
	Domicile	Urban	61	61
		semi-urban	39	39
		Total	100	100
5.	Education	9th std	59	59
		10th std	20	20
		11th std	7	7
		12th std	14	14
		Total	100	100

Age is one of the important factors to assess the physical and psychological maturity of the normal human beings. The above diagram reveals that majority (59%) of the adolescents belongs to the age group of 14 years and the least from the age group of 16 years.

The study reveals that the majority (73%) of the respondents was girls and only 27 per cent of respondents were boys. This shows that the girls have more contribution in this research.

Majority (83%) of the adolescents was Hindus and the remaining of the respondents was belonging to other religion like Christians, Muslims and others. Majority (61%) of the respondents was coming from urban area and the remaining respondents were from semi-urban area.

The study reveals that 59 per cent of respondents are studying 9th and 20 per cent, 7 per cent and14 per cent of respondents are studying 10th, 11th, 12th grade respectively. This table explores that the majority of respondents belongs to 9th that refers to middle adolescent stage.

Relationship with Parents and Adolescents

Variables	Always	Often	Rarely	Never	Total
Struggle between adolescents and parents	13	48	28	11	100
Value my parents relationship	69	27	4	0	100
Understanding with my parents	57	19	20	4	100
When I am in bad mood, I search my parents	25	28	16	31	100
Openly share their feelings	35	27	16	22	100
If I am upset, my parents will comfort me	53	17	22	08	100

The above table shows that Majority (48%) of the adolescents often struggle with their parents that show that adolescents have poor relationships with their parents. Majority (69%) of the adolescents value their parent's relationship. Majority (57%) of the adolescence always has good understanding with their parents and one fifth of the respondents rarely have understanding with their parents. Majority of the respondents often search their parents when they are in bad mood or out of mood. And nearly one third of the respondents never search of their parents when they are in bad mood, which shows that poor relationship with their parents. 35 per cent of the respondents always openly share their feelings with their parents. More than one fifth of them never share their feelings to their parents which show that the adolescence are not feeling comfortable to share their feelings with their parents. Majority (53%) of the respondent's parents will always comfort their adolescent child when he/she is upset. Only 8 per cent of parents never comfort the adolescent when they are upset.

Relationship with Peer Groups

Variables	Always	Often	Rarely	Never	Total
Good relationship with friends	69	19	10	2	100
Sharing problems with friends	49	22	22	7	100
Helping Friends	70	24	5	1	100
Self Image	8	52	26	14	100
Importance to friendship	78	14	06	02	100

The above table shows that majority (69%) of the adolescents always have good relationship with their friends which shows that they are comfortable with their friends than their parents. only meager of the respondents tells that they don't have good relationship with their friends. This study reveals that 49 per cent of the respondents are always sharing problems to their friends and 22 per cent are often and rarely sharing their problems to their friends. Only meager number of the respondents is not sharing their problems to their friends. The respondents who don't share their feelings and problems to their friends are prone to have more psychosocial problems. 70 per cent of respondents are always helping friends at the time of need and 24 per cent often and 5 per cent rarely and only 1 per cent of

respondent are not helping friends at the time of need. This shows that they have strong relationship among the peer groups. Majority (52%) of respondents are often agreed that they have poor self image and 8 per cent of respondents always agrees that they have very poor self image. This data reveals the majority of the respondents have poor self image which results in low self esteem and cause various psychosocial problems. More than one fourth (78%) of the respondents give importance to friendship which show that peers play a vital role during adolescent period.

Self Esteem

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
On the whole I am satisfied with my self	35	55	8	2	100
At times I think I am not good at all	8	52	26	14	100
I feel that I have number of good qualities	31	47	19	3	100
I am able to do things as well as most other people	32	52	13	3	100
I feel I do not have much to be proud of	7	50	35	8	100
I certainly feel useless at times	7	41	31	21	100
I feel that I am a person of worth at least on an equal plane with others	30	52	15	3	100
I wish I could have more respect on my self	53	37	9	1	100
All in all I am inclined to feel that I am a failure	14	29	30	27	100
I take a positive attitude towards myself	40	47	10	3	100

Level of Self Esteem

Self Esteem Level	Frequency	Per cent
Low	29	29
Moderate	59	59
High	12	12

Majority of the respondents have moderate level of self esteem and nearly one third of them have low self esteem and only 12 per cent of them have high level of self esteem. Low self-esteem develops if there is a gap between one's self-concept and what one believes one "should" be like (Harter, 1990b). How can a professional know whether an adolescent has low self-esteem? The following characteristics have been identified by different researchers as being associated with low self-esteem in adolescents (Jaffe, 1998):

- Feeling depressed

- Lacking energy
- Disliking one's appearance and rejecting compliments
- Feeling insecure or inadequate most of the time
- Having unrealistic expectations of oneself
- Having serious doubts about the future
- Being excessively shy and rarely expressing one's own point of view
- Conforming to what others want and assuming a submissive stance in most situations

Because consistently low self-esteem has been found to be associated with negative outcomes, such as depression, eating disorders, delinquency, and other adjustment problems (Harter & Marold, 1992, Striegel-Moore & Cachelin, 1999), it is important that professionals identify youth who exhibit these characteristics and help them get the extra help they need.

Cross-tabulation between Gender of the Respondents Vs Good Understanding with my Parents

Gender of the Respondents	*Good Understanding with my Parents*				*Total*
	Always	*Often*	*Rarely*	*Never*	
Boy	26 (96.2)	1 (3.7)	0 (0)	0 (0)	27 (100)
	(45.6)	(5.2)	(0)	(0)	(100)
Girl	31 (46.5)	18 (24.6)	20 (27.3)	4 (5.4)	73 (100)
	(54.3)	(94.7)	(100)	(100)	(100)
Total	57 (57)	19 (19)	20 (20)	4 (4)	100 (100)
	(100)	(100)	(100)	(100)	(100)

The above table shows the relationship between gender of the respondents and good understanding with parents. The Chi-Square value is 23.451 with the degrees of freedom 3 and the significant value is .000 which shows that Null Hypothesis (Ho) is rejected. Therefore there is relationship between gender of the respondents and good understanding with parents.

FINDINGS

Demographic Details

1. Majority (59%) of the adolescents belongs to the age group of 14 years and the least from the age group of 16 years.
2. Nearly three fourth of the respondents was girls.
3. Majority (83%) of the adolescents was Hindus.
4. Majority of them from urban areas.
5. Majority of the respondents are studying 9th standard.

Relationship with Parents and Adolescents

1. Forty Eight per cent of the respondents are often struggle with their parents which shows that adolescents always argue with the parents and have poor relationship with their parents.

2. Majority (69%) of the respondents value their parent's relationship. It is understood that the majority of respondents having relationship struggles, even though they valued their parent's relationship.

3. More than half of the respondents (57%) is always having good understanding with their parents and only very meager (4%) of the respondents don't have good understanding with their parents. This reveals understanding levels between the parents and the adolescent children. Due to generation gap the parents and adolescent children may have misunderstandings between them.

4. Majority of the respondents often search their parents when they are in bad mood or out of mood.

5. More than one fifth of them never share their feelings to their parents.

6. More than half of the respondent's (53%) parents will always comfort their adolescent child when he/she is upset.

Relationship with Peer Group

1. Majority (69%) of respondents is always having good relationship with their friends and only meager amount of the respondents tells that they don't have good relationship with their friends.

2. Majority (69%) of the adolescents always have good relationship with their friends which show that they are comfortable with their friends than their parents. Only meager amount of the respondents don't have good relationship with their friends.

3. Nearly half of the respondents are always sharing problems to their friends.

4. Majority (70%) of respondents are always helping friends at the time of need.

5. More than half of respondents are agreed that they have poor self image.

6. Majority (78%) of the adolescents gave importance to friendship.

Self Esteem

1. Majority (59%) of the adolescents have moderate level of self esteem.

2. There is relationship between gender of the respondents and good understanding with parents.

SUGGESTION & CONCLUSION

Relationship Between the Parents and Adolescents

1. Proper counseling should be provided to the parents and adolescents regarding relationship issues.

2. Facilitating more communication to make good understanding between the parents and the adolescent children. "If there is no communication, there will be confusion".

3. Awareness should be given to the parents about the present social environment and multicultural and ultra modernism existence.

4. Knowledge should be imparted to the adolescents regarding the negative factors that influence them.

5. Parents should be the role model for the adolescents in order to value their relationship. So, measures to be take to bring the attitudinal change from the parent's side.

6. Have to impart insights to gain maturity for both adolescents and parents so that they can easily share their problems and experiences with each other that will minimize the actual relational problems.

Relationship Among Peers

1. Awareness about the relationship issues should be given to minimize the problems between them.

2. Providing education regarding the physiological and psychological functions to understand their nature.

3. Insights on art of living should be provided to maintain good relationship between them.

4. Jealous, unhealthy competitions, immaturities, would leads to relationship problems. So, knowledge about the above traits should be imparted to the adolescents.

Self-Esteem

1. We must learn to be realistic about our abilities and our assets. Both over estimation and under estimation of ourselves can harm our self esteem.

2. Adolescents should understand that they are their best friends of their own self and they themselves can provide the best support that they need at times of crisis.

3. Implementation of yoga, meditation, art of living, interpersonal skill training etc, will reduce the aggressiveness and anger.

Social Problems of Adoloscents

1. Parents should be taught by professionals to handle the adolescents in social environment.

2. Developing skills to adjust with new environment helps to solve the existing problems in social aspect.

3. Understanding the connectivity between the physiological nature and sociological nature help them to adjust with their social environment.

Implementation of Social Work in School Settings

The implementation of social work methods, techniques and philosophies in school settings would able to create a new healthy environment.

1. Implementation of Case Work in schools, to identify and to solve the problems in every adolescent.

2. Implementation of Group Work, to render healthy socialization process and the group work process brings out the talents of adolescents and help them to develop their self esteem etc. the group exposure itself gives healthy personality to every individual.

3. Focusing the institution as a community, social worker can implement the community organization process to bring the development as a whole.

4. Appointing a social worker and counselor in school settings is highly essential for human development in every aspect.

5. Conduct more research on different dimensions of the problems and issues of adolescents.

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