

A DESCRIPTIVE STUDY TO ASSESS THE PSYCHOLOGICAL DEVIATION AMONG THE ADOLESCENTS & IT'S UNDERLYING CAUSE WITHIN A RURAL COMMUNITY POPULATION OF WEST BENGAL, INDIA

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ABSTRACT

Background: Mental health is a part of general health. It requires a balance between the body, mind and spirit and the environment in which a person lives. Common mental disorders are highly prevalent among young adults. **Objectives:** This observational study was conducted to assess the psychological deviation among adolescents and to identify the underlying reasons for psychological deviation among them. **Materials and Methods:** This descriptive study was conducted at a rural community of West Bengal among adolescents. Sampling technique was simple random sampling. Sample size was 305 (Three hundred and five) considering statistical calculation. Open and close ended questionnaire was used during data collection. **Variables** of study were age, diet pattern, addiction, physical health, mood swing, illusion, hallucination, tension, stress, Obsessive Compulsive Disorder. **Results:** Non-vegetarian adolescents (98.40%) were habituated with consumption of fast food (92.10%) with habit of playing (71.10%) and doing exercises (77.70%). Mood swing (57.00%), stresses (53.80%) were found among them. Incidence of death (16.70%) within their families, grief and sorrow (24.60%), hyperactivity (0.98%), anxiety disorder (2.6%), ignorance and indifferentness (1.62%), inattentiveness (2.30%), feeling physically stressed (15.1%), feeling bored (23.6%), headache (31.2%) and feeling depressed (22.6%) were observed among them. Aggressive natures, destructive nature, suicidal tendency, homicidal behaviour, habit of lying were also found in low percentage. **Discussion:** These findings are corroborative to the findings of many other contemporary studies. **Recommendation:** Role of Awareness generation among adolescent, family members, school teachers, and community people may be tried and this may play as vaccine for mental health problems.

KEYWORDS: Adolescents, Psychological Deviation, Rural Community, Underlying Reasons.

Background of the study

This was observed that integrated mental health & vocational services may support young adults' mental health & is suggested to be linked to their personal recovery & clinical recovery.^[1]

Common mental disorders are highly prevalent among young adults in the twenties & somewhat less prevalent in the thirties /forties. Those who suffer from one mental disorder in the twenties are at considerably increased risk for suffering from a disorder ten years later as well.^[2]

A high percentages of misdiagnoses of psychotic disorders between the immigrants are prevalent, mainly

when cultural & demographic difference of migrants groups weren't taken into account during the initial evaluation of the patients.^[3]

Prevalence of any mental disorder decreased from the twenties to the thirties /forties. This was due to a decrease in AUD & specific phobias. Anxiety disorders in the twenties predicted anxiety disorders & MDD ten years later, even when controlling for the association between these disorders in the twenties. MDD in the twenties predicted MDD ten years later. At both ages, two-week & 12 month prevalence estimates different markedly for MDD-indicating an episodic course.^[2]

Prevalence of mental disorders is high in females, elderly, child & adolescent population, students, elderly population, people suffering from chronic medical conditions, disabled population, disaster survivors and industrial workers. There is need to have better living conditions, political commitment, primary health care and women empowerment.^[4]

More than 90% of students use more than one SNS (social networking sites) or instant messaging system. One third remained active in SNSs all through the day and around 80% for >4hrs. It was seen that Use of SNSs during odd hours was reported by 55% participants and 23.5% expressed their inability to spend a day without SNSs. Surprisingly among them 24% reported depression and 68.5 % had stated anxiety. Thus it was concluded that use of SNS by medical students was pervasive. More use of SNSs and dependence on it were associated with anxiety and depression.^[5]

Level of depression was significantly more in higher age group, class VII and among those adolescents who did not stay with their parents. The study also demonstrated the need for secondary prevention and raised deep concern. School based training programme and quarterly counselling under psychiatrist's guidance in a holistic approach may manage the problem to great extent.^[6]

Mental health is a part of general health. It requires a balance between the body, mind and spirit and the environment in which a person lives. An individual is faced with different forms of difficulties in life. Mental health is an ability of an individual to cope with the difficulties or problem successfully and adjust to life situations accordingly. Emotional maturity of a person contributes to his mental health. Mental health of a person is, therefore strengthened each time he is able to adjust to his life situation. Mental illness occurs when a state of physical, mental social and spiritual well being is disturbed. In illness the individual shows symptoms like depression, feeling of anxiety, physical complaints without any organic cause and a sudden change in behaviour or mood.^[7]

Since long the adolescent age group is also facing several kinds of psychological disorders and as a result the incidences of substance abuse, suicide, homicide are increasing day by day.

Day by day the problems are increasing & knocking more or less every alternative household irrespective of rural or urban community. Sometime the cases of minor issues related to mental health problem are either ignored or overlooked at the initial period of life i.e. in the childhood and adolescent period. These unattended cases aggravate in future. Now-a-day in the non communicable disease (NCD) banner, these mental health issues are considered as an important issue worldwide. Developing country like India is also generating skilled manpower (Psychiatrist, Psychiatric nurse, counsellor) & advance

facility corner so that service can be rendered in an acceptable, accessible and affordable manner at the appropriate time frame.

In the year 2007 WHO declares that mental health is not just an absence of mental disorders. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. The focus should be on promoting mental health throughout the life span to ensure a healthy start in life for children and to prevent mental disorders in adulthood & old age. The Government of India has launched the National Mental Health programme in 1982 keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.^[8]

The health education intervention showed a significant improvement in knowledge among adolescents on adolescents health, in the aspects of sex differences in pubertal spurts, probable causes of health problems during adolescence, physical changes in adolescent boys and girls and psychological problems of adolescence.^[9]

The strategies for prevention of mental disorders have been described in many a document. Firstly the childhood intervention (for example home visit for antenatal visits, pre-school psychosocial activities, combined nutritional and psychosocial health for disadvantaged population) should be taken. Secondly support to children, for example skill building programme, child & youth development programme, thirdly socio-economic empowerment of females, improving access to education and microcredit scheme also should be implemented. Another issue is social support for elderly population (befriending initiative in community and day care centre for aged population). Programme targeted at the vulnerable groups e.g. psychosocial intervention after disasters should be a concern. Another essential strategy is mental health promotional activities in school, mental health intervention at work (e.g. stress prevention programme), improvement of housing by housing policies and violence prevention through community policing initiatives. Such community development programme is an essential tool to take care of any psychiatric problem since childhood. Early diagnosis, treatment, counselling & care reduces the chance of psychiatric morbidity & mortality.

As per the report generated by Ministry of Health & Family Welfare, Government of India in the year 2003 adolescence is one of the important stages of the life cycle in terms of health interventions. Although adolescence is considered to be a healthy phase, more than 33% of the disease burden and almost 60% of premature deaths among adults are associated with behaviours or conditions that begin or occur during

adolescence—for example, tobacco and alcohol use, poor eating habits, sexual abuse and risky sex (WHO2002). Within the age group of 10 to 19 years the profile of disease burden is significantly different for younger and older adolescents. While injuries and communicable diseases are prominent causes of disability and death in the 10 to 14 age group, outcomes of sexual behaviours and mental health become significant for the 15 to 19 years age group.

The said report also revealed that psychological disorders such as depression and anxiety had started becoming evident in early adolescence with the onset of puberty. The findings from a recent study show that 13% of suicides in the country occur in the age group of 15-29 years. These data also indicate that almost 14% of young men and women report symptoms or behaviours indicative of mental health disorders.

The use of alcohol and drugs by adolescents is associated with physical violence, risky sexual activity, depression and suicide as well as irregular school or work attendance and other negative outcomes. In particular, tobacco, alcohol, cigarette/ bidis, gutka and other intoxicants are used by young people in both rural and urban areas.

This observational study was conducted to assess the psychological deviation among adolescent and to identify the underlying reasons for psychological deviation among adolescent

MATERIALS AND METHODS

This **descriptive study** was conducted at **Rural community, Bandipur BPHC**, North 24 Parganas, West

Bengal during 01.02.21 to 31.07.21) for a **period of 6 months** among adolescents.

Sampling technique was simple random sampling. **Sample size** was 305 (Three hundred and five) considering statistical calculation. **Inclusion criteria** were the adolescent those were available during data collection, those were willing to participate in the study and gave consent and **exclusion criterion** was the adolescent those were unwilling to participate in the study.

Open and close ended questionnaire was used during data collection.

Variables of study were age, diet pattern, addiction, physical health, mood swing, illusion, hallucination, tension, stress, Obsessive Compulsive Disorder.

RESULTS

Using a tool in a form of questionnaire, information has been collected in relation to their food habit, life style and issues related to mental health status of 305 adolescents from a rural community.

Majority of adolescence (44.9%) were within 16 – 19 years old, 35.4% of the adolescents were in the age group 13-16 years and rest 19.7% of the adolescents were within the age group of 10 to 13 years. They all were from rural origin adolescents were mostly non vegetarian (98.4%), 92.1% of them were habituated with consumption of fast food but most of them fortunately (71.1%) had habit of playing and 77.7% had habit of doing exercises.

Table 1: Frequency distribution of Adolescents according to smoking habit and leisure time pass.

Sample Characteristics	Frequency	Percentage
History of Smoking		
Yes	17	5.6%
No	288	94.4%
Habit of Leisure Time Pass		
Yes	266	87.2%
No	39	12.8%

More than five percent (5.6%) were habituated with smoking and all of them were male. More than eighty seven percent of adolescents were found with the habit of leisure time pass (**Table 1**)

Fifty seven percent (57%) of adolescents had the history of mood swing but no such well defined reason was identified and more than fifty three percent (53.8%) of the adolescents had incidence of stress (**Table 2**). The study gave thrust on stress related to education, online study, private tuition, quarrelling within the family, financial burden, complication within the broken family, conservative atmosphere within the family and society etc.

Table 2: Frequency distribution of Adolescents according to mood swing and stress related to various issues (education, online study, private tuition, quarrelling within the family, financial burden, complication within the broken family, conservative atmosphere within the family and society) [N=305]

Sample Characteristics	Frequency	Percentage
Mood Swing		
Present	174	57%
Absent	131	43%
Stress		
Present	164	53.8%
Absent	141	46.2%

More than nine percent (9.5%) adolescents had suffered from minor physical health problem in last one year and more than sixteen percent (16.7%) have stated that in last 3 years there were incidence of death within their

families (**Table 3**) due to geriatric reason, COVID pandemic, CVA, cardiac failure, snake bite, road traffic accident etc.

Table 3: Frequency distribution of adolescents according to health problem for 1 year and history of death in last 3 years (geriatric reason, COVID pandemic, cardiac failure, snake bite, CVA, road traffic accident) [N-305]

Sample Characteristics	Frequency	Percentage
Physical health problem		
Present	29	9.5%
Absent	276	90.5%
History of death:		
Yes	51	16.7%
No	254	83.3%

Most of the adolescents (98%) have not any problem like suspicious behaviours and only two percent (2%) have mild type of such problem like suspicious behaviour, jealousy, apprehensive in nature persistently. Around twenty five percent (24.6%) subjects stated that they frequently felt grief and sorrow without any rational

reason. Very few adolescents (0.98%) faced hallucination and faced illusion (0.32%) since their childhood where as few of them (1.64%) stated that they faced the problem like repeated hand washing, cleaning of objects, repeated checking etc (**Table 4**).

Table 4: Frequency distribution of Adolescents related to Suspicious Behaviour , grief and illusion [N-305]

Sample Characteristics	Frequency	Percentage
Suspicious and associated Behaviour		
Apprehensive behaviour	1	0.34%
Jealousy	3	0.99%
Suspecting an individual	2	0.67%
Absent	299	98.00%
Grief or Sorrow		
Present	75	24.6%
Absent	230	75.4%
Hallucination and illusion		
Hallucination	3	0.98%
Illusion	1	0.32%
Absent	301	98.70%
Obsessive Compulsive Disorder:		
Present	5	1.64%
Absent	300	98.36%

Due to Covid pandemic, all the adolescents were staying at home and they were continuing all the activities through online. As a result, following problems have been revealed from the collected data – hyperactivity (0.98%), anxiety disorder (2.6%), ignorance and

indifferentness (1.62%), inattentiveness (2.30%), feeling physically stressed (15.1%), feeling bored (23.6%), headache(31.2%) and feeling depressed (22.6%) (**Table 5**).

Table 5: Frequency distribution of adolescents having several problems during lock down period [N-305]

Sample Characteristics	Frequency	Percentage
Behaviour/ psychological deviation		
Hyperactivity	3	0.98%
Anxiety disorder	8	2.60%
Ignorance & Indifferentness	5	1.62%
Inattentiveness	7	2.30%
Feeling stressed:	46	15.10%
Feeling board:	72	23.6%
Headache	95	31.2%
Feeling depressed	69	22.6%

More than two and a half percent (2.6 %) of the adolescents were having aggressive nature and two percent (2%) were having destructive nature. On the other hand, less than one percent (.66%) of adolescents

had suicidal tendency as well as a few of them (.33%) had homicidal behaviour. More than one percent (1.64%) had the habit of being lying (**Table 6**).

Table 6: Frequency distribution of Adolescents related to aggressiveness, destructive nature, tendency of homicide and suicide, habit of being lying [N-305]

Sample Characteristics	Frequency	Percentage
Aggressive in nature		
Present	8	2.60%
Absent	297	97.40%
Destructive behaviour		
Present	6	2.00%
Absent	299	98.00%
Suicidal tendency		
Present	2	.66%
Absent	303	99.34%
Homicidal tendency		
Present	1	0.33%
Absent	304	99.67%
Habit of being lying		
Present	5	1.64%
Absent	300	98.36%

DISCUSSION

In this descriptive study among the adolescents (10 to 19 yrs), it was found that most of the adolescents were within the age group of 16-19 years, female, non-vegetarian and used to consume fast food as well. The most of them were found to engage themselves in playing and exercises as well as habit of quality leisure time pass. More than five percent of male adolescents used to smoke occasionally. From the study result it was depicted that most of the adolescents (90.5%) had no physical problem and about one-sixth population (16.7%) had the history of death in their family where no psychiatric reasons were found.

One national level study^[6] found mental health disorders which were seen to vary across time, within the same populations at the same time. Prevalence of mental health disorders is high in female gender, child and adolescent population, students, elderly population, people suffering from chronic medical conditions, disabled population, disaster survivors, and industrial

workers. This dynamic nature of the psychiatric illness impacts it's planning, funding and healthcare delivery. Community surveys have the advantage of being more representative. The present study findings did not contradict this national level study finding.

More than half of the population had the problem like frequent mood swing (57.00%), feeling stressed (53.80%). They stated the reasons like stress due to education, tuition, quarrelling within the family, impact of broken family, financial burden, conservative atmosphere within family and society. These findings were similar to one international study^[1] where integrated mental health and vocational services were considered for personal recovery and clinical recovery.

One-fourth of the study population (24.60%) stated that they felt grief and sorrow frequently without any well defined reason and very few faced hallucination (0.98%), illusion (0.32%) since childhood. Few adolescents (1.64%) were found with obsessive compulsive disorder

in various forms. This findings suggest to consider the requirement of early identification and management in each and every trivial case, so that complication in the later period could be avoided. Another international study^[2] depicted that common mental disorders were highly prevalent among young adults in the twenties and somewhat less prevalent in the thirties/forties. Those who suffer from one mental disorder in the twenties are at considerably increased risk for suffering from a disorder ten years later as well. In this study, it was revealed that during the pandemic situation all adolescents were staying at their home and continuing online teaching–learning session and facing problem like hyperactivity, anxiety disorder, indifferentness, feeling stressed. Most of their complaints were headache (31.2%), feeling depressed (22.6%), feeling bored (23.6%).

Another study^[6] depicted that the use of SNS by medical students was pervasive. More use of SNSs and dependence on it were associated with anxiety and depression. In the present study it was seen that few (2.60%) of the adolescent were having aggressive nature and few (2.00%) were having destructive nature. Very few had suicidal tendency (0.66%) as well as homicidal behaviour (0.33%). Few had the habit of being lying (1.64%). These behaviours might be alarming in future.

Many mental issues were seen in present study and these could be addressed at early life to prevent cropping up the elements of these traumatic minds. Depression is gradually increasing in respondents. School based training programme and quarterly counselling under psychiatrist's guidance in a holistic approach may manage the problem to a great extent.^[7] This study demonstrated the need for secondary prevention like others and it raises deep concern for managers and administrators.

Another study^[10] found that through a health education intervention a significant improvement in their knowledge on adolescent health, in the aspects of sex differences in pubertal spurts, probable causes of health problems during adolescence. A physical change in adolescent boys and girls which is an obvious outcome of lifecycle sometime invites psychological problems among them. A significant improvement in positive attitude was observed, with regard to their opinion on substance abuse in the adolescent period and importance of sex education for adolescents. In case of the present study, opinion may be in favour of education intervention which may play its positive role to mitigate the magnitude of mental health problem.

Recommendation

Awareness generation among adolescent, family members, school teachers, and community people is essential and this will play as vaccine. Mental health problem and its social management may be included in the school syllabus. Presence of counsellors in the school

is mandatorily required to identify and manage the problem at early stage. Mass media effort should be strong enough so that social stigma would not be the hindrance for treatment and counselling. Pre and Post natal services should be enriched with the sign-symptoms, management, treatment and counselling, rehabilitation technique of issues like mental health problem, as because mothers spend much more time with their children and they are the frontline care giver.

REFERENCES

1. L Ulrika, Argentzell E, Bejerholm U. An integrated mental health and vocational intervention: A longitudinal study study on mental health changes among young adults. *Nurs Open*, 2020 Nov; 7(6): 1755–1765.
2. Gustavson, K., Knudsen, A. K., Nesvåg, R., Knudsen, G. P., Vollset, S. E., & Reichborn-Kjennerud, T. Prevalence and stability of mental disorders among young adults: Findings from a longitudinal study. *BMC Psychiatry*. Mar 12, 2018; 18(1): 65 (15 pages).
3. Drosses A, Nimatoudis I, Mortreux B. The progress of psychiatric disorders among young second – generation Greek migrant in Belgium:a one year follow-up study. *Ann Gen Hosp Psychiatry*, 23 December 2003; 2(S141): 1-4.
4. Reddy V, Gupta A, Lohiya A, Kharya P. Mental Health Issues and Challenges in India: A Review. *International Journal of Scientific and Research Publications*. February, 2013; 3(2): 1-3.
5. Barman L, Mukhopadhyay D K, Bandyopadhyay G K. Use of Social Networking Site and Mental Disorders among Medical Students in Kolkata, West Bengal. *Indian J Psychiatry*, Jul-Sep 2018; 60(3): 340-345.
6. Basu G, Biswas S. Mental Health and Depression among School Going Adolescents: Excerpts from A School Based Study of Nadia District, West Bengal. *Asian Journal of Medical Sciences*, Sep-Oct 2017; 8(5): 64-69
7. Kapoor B. *Text Book of Psychiatric Nursing - Volume II*. New Delhi: Kumar Publishing House, 1998.
8. Kishore J. *National Health Programs of India, National Policies and Legislations Related to Health*. 11th Edition. New Delhi: Century Publications, 2014.
9. Das P, Pal R, Pal S. Awareness on psychosomatic health among adolescent girls of three schools in North Kolkata. *Indian J Psychiatry*. 2010 Oct; 52(4): 355-9.