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"A DESCRIPTIVE STUDY TO ASSESS THE PSYCHOSOCIAL DYSFUNCTION AMONG ADOLSCENTS STUDYING IN SELECTED SCHOOL OF DISTRICT MOHALI, PUNJAB"

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ABSTRACT

BACKGROUND: Adolescence, the second decade of life, is a critical time that requires substantial adaptation to social and physical changes. Adolescents are vulnerable to a various psychosocial issues, which have long term effect if adequate care and attention are provided during this time of transition**al phase.**

AIM: The main aim of the study is to estimate the prevalence of school going adolescents with psychosocial dysfunctions.

METHODOLOGY: The objective of our investigation was to evaluate the psychosocial dysfunction of adolescents (12–18 years old) in a few Mohali schools and to ascertain whether psychosocial dysfunction and a few demographic factors are related. Both a quantitative research approach and a descriptive cross-sectional research design were utilized in this investigation. A pediatric symptoms checklist (Y-PSC) was used to measure psychosocial dysfunction in the 100 adolescents who were chosen using a convenience sampling strategy**.**

RESULT: According to the study's findings, 29% of participants experienced psychosocial disorder, whereas 71% did not. With a standard deviation of 7.76 and a mean Y-PSC score of 23.63, the group appears to have mild to moderate symptoms. No significant association was found between

psyschosocial dysfunction and selected demographic variables.

CONCLUSION: Although it seems to be unaffected by socio demographic variables, the study finds that psychosocial dysfunction is common among a significant proportion of adolescents. Therefore, it is advised that early screening and support be provided to meet the emotional and behavioral requirements and that more proactive steps such as educating and raising awareness among students and providing training to parents and educators.

Key words: Adolescents, Awareness, Psychosocial Dysfunction, and Y-PSC.

INTRODUCTION

The term "psychosocial" describes how an individual develops psychologically and interacts with their social environment. The term "psychosocial dysfunction" or "psychosocial morbidity" describes the atrophy or lack of growth of the psychosocial self, which frequently coexists with additional conditions that could be emotional, physical, or cognitive. The word "adolescere" in Latin denotes to grow up, is where the word adolescence originates. Usually taking place between puberty and legal maturity, it is a time of transitional physical and psychological development. Even though the adolescent years are commonly seen as such, their physical, psychological, and cultural expressions might start sooner and finish later. Some specialists think that the challenges of adolescence have been exaggerated and that for many adolescents the process of growth is mainly tranquil and untroubled.

According to other experts, adolescence is a demanding and often challenging growth stage characterized by specific behavioral tendencies. Adolescence is a time of maturation and change that will occur in physical, sexual, social, and emotional ways. Any imbalances caused by inadequate care and attention might result in dysfunction and have an adverse effect on the psychological values and adjustment of the adolescent. In particular, A person's psychological development and interactions with their social surroundings are referred to as psychosocial. while psychosocial functioning measures a person's capacity to carry out daily tasks and interact with others in ways that satisfy both him and others while also satisfying the needs of the community in which he lives.

However, "psychosocial dysfunction" or "psychosocial morbidity" are terms which can be applied to describe the issues that arise in adolescents' psychosocial functioning. A psychosocial problem may lead adolescents to struggle in several facets of their social and personal lives. Because of the alterations in the body and mind that occur in their bodies throughout this growth stage, adolescents are particularly susceptible to psychosocial issues. Therefore, early detection of psychosocial dysfunctions in teenagers may reduce The frequency of long-term disability in the community in addition to the seriousness of mental health issues in adulthood.

OBJECTIVES

- To assess the psychosocial dysfunction among adolescents (12-18years).
- To determine the association between psychosocial dysfunction and selected demographic variables.

MATERIAL AND METHOD

A quantitative research approach with a descriptive cross-sectional design was used to assess psychosocial dysfunction among adolescents.

The study was conducted in selected school of district Mohali, Punjab. The target population included adolescents aged 12-18 years. A total of 100 adolescents were selected using a convenience sampling technique.

DESCRIPTION OF TOOL

There are two components to the tool:

Section A:

Ten elements of socio-demographic variables are included in the socio-demographic section. This comprises the children's age in years, gender, religion, family type, habitat, family status, mother and father's educational backgrounds, occupations, and family income, as well as any history of psychosocial dysfunction.

SECTION B:

Adolescents aged 11 to 18 years can utilize the Pediatric Symptom Checklist's youth self-report version (PSC-Y).

• The 35 items on the Pediatric Symptom Checklist have ratings of "Never," "Sometimes," or "Often," and their corresponding scores are 0, 1, and 2.

• TOTAL SCORE: 0–70

A PSC-Y screening score of >= 30 indicate a positive result.

VALIDITY OF CONTENT

The objectives and the prepared tool were presented to professionals in the nursing and medical fields. The experts were asked to determine the item's content, relatedness, clarity, and meaningfulness.

RELIABILITY OF THE TOOL

It is the degree of reliability or consistency with which an instrument assesses these characteristics. The reliability score of the tool was 0.73.Thus, the tool was considered reliable.

ETHICAL CONSIDERATIONS:

- The principal of Rattan Professional Educational College will provide written consent.
- The school in the Punjab district of Mohali will provide written consent.
- Informed consent permission will be obtained from every research participant.
- The study sample will remain confidential.

RESULT

Table 1: frequencies and percentage distribution of adolescents according to demographic variables.

n=100

Variables	Opts	Percentage(%)	Frequency(f)
AGE	12-14 years	46%	46
	15-16 years	36%	36
	17-18 years	18%	18
GENDER	Male	60%	60
	Female	40%	40
TYPE OF FAMILY	Nuclear Family	39%	39
	Joint Family	41%	41
	Extended Family	20%	20
HABITAT	Rural	50%	50
	Urban	50%	50
EDUCATIONAL STATUS OF MOTHER	Illiterate	0%	0
	Primary education	2%	2
	Secondary education	35%	35
	Graduate	39%	39
	Post graduate	24%	24
EDUCATIONAL STATUS OF FATHER	Illiterate	0%	0
	Primary education	4%	4
	Secondary education	40%	40

	Graduate	35%	35
	Post graduate	21%	21
OCCUPATION OF MOTHER	Housewife	37%	37
	Private employee	28%	28
	Government employee	22%	22
	Self Employed	13%	13
OCCUPATION OF FATHER	Unemployed	0%	0
	Private employee	27%	27
	Government employee	41%	41
	Self Employed	32%	32
FAMILY INCOME	Rs. ≤10000	0%	0

Age: The study included adolescents mainly in the 12–14 year age group (46%), 15–16 years (36%), and 17–18 years (18%). This indicating that the majority of participants were from the lower secondary school years.**Gender:** Males constituted (60%) of the sample compared to females (40%). This indicates a male majority in the group of adolescents assessed for psychosocial dysfunction. **Type of Family:** Regarding family structure, 41% of adolescents are from joint families, 39% from nuclear families, and 20% to extended families. This indicate that joint and nuclear family systems were almost equally prevalent among the participants. **Habitat:** There was an equal distribution of adolescents from rural (50%) and urban (50%) areas, ensuring a balanced representation of both habitats in the study. **Educational Status of Mother:** No mothers were illiterate. Most mothers were graduates (39%) or had secondary education (35%), while 24% were postgraduates and only 2% had primary education. This indicates a generally high level of maternal education among the participants' families. **Educational Status of Father:** Similarly, there were no illiterate fathers. Most fathers had secondary education (40%) or were graduates (35%), followed by postgraduates (21%) and a small number with primary education (4%). This again reflects a high educational background for fathers. **Occupation of Mother:**More than one-third of the mothers were housewives (37%), followed by private employees (28%), government employees (22%), and self-employed (13%). This shows that while a significant number of mothers were homemakers, many were also engaged in professional occupations. **Occupation of Father:** The majority of fathers were government employees (41%), followed by self-employed (32%) and private employees (27%). There were no househusbands. This points to a large section of fathers being employed in stable government jobs, with many also involved in private or self-

employment. **Family Income:** The majority (86%) earned income.of Rs. 30,000 or more, and 14% fell in the Rs. 20,000–30,000 range. This shows that majority of participants came from relatively well-off families. **Psychological Problem:**A small proportion (14%) of adolescents reported having a psychological problem, while the vast majority (86%) did not mention any such problem.

Table 2: Frequency & Percentage distribution level of Y-PSC.

CRITERIA MEASURE OF Y-PSC SCORE		
LEVEL OF SCORES N= 100	**PERCENTAGE**	**FREQUENCY**
ABSENT (Y-PSC SCORE<30)	71.0%	71
PRESENT (Y-PSC SCORE>30)	29.0%	29

Maximum =70 Minimum=0

Out of 100 adolescents assessed using the Y-PSC, 71% (n=71) had scores below 30, indicating the absence of significant psychosocial dysfunction. In contrast, 29% (n=29) had scores above 30, suggesting the presence of psychosocial dysfunction.

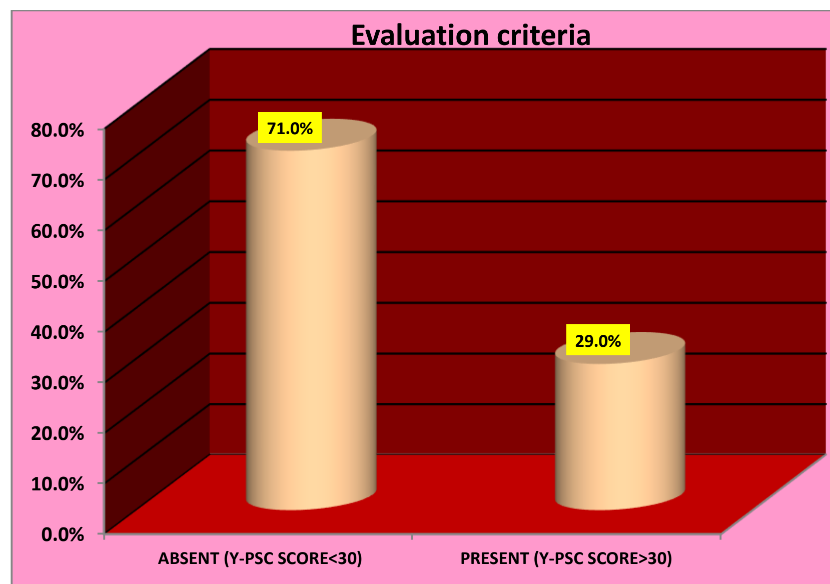

Table 3: Descriptive statistics of Y-PSC

N= 100

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Y-PSC SCORE	23.63	20	7.76	41	13	28	33.76

Maximum=70 Minimum=0

The mean Y-PSC (Pediatric Symptom Checklist) score among the 100 adolescents was 23.63, with a median score of 20. The scores ranged from a minimum of 13 to a maximum of 41, resulting in a range of 28. The standard deviation was 7.76, indicating moderate variability in psychosocial symptoms among participants. The mean percentage score was 33.76% out of a maximum possible score of 70

Table 4: Association Between Y-PSC Scores and Demographic Factors

DEMOGRAPHIC DATA		**LEVELS OF Y-PSC (N=100)**		**ASSOCIATION WITH Y-PSC SCORE**				
Variables	**Opts**	ABSENT (Y-PSC SCORE<30)	PRESENT (Y-PSC SCORE>30)	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
AGE	12-14 years	30	16	1.4284	0.49	2	5.9915	Not Significant
	15-16 years	27	9					
	17-18 years	14	4					
GENDER	Male	40	20	1.368	0.242	1	3.8415	Not Significant
	Female	31	9					
TYPE OF FAMILY	Nuclear Family	27	12	0.1628	0.922	2	5.9915	Not

	Joint Family	30	11					Significant
	Extended Family	14	6					
HABITAT	Rural	33	17	1.2142	0.271	1	3.8415	Not Significant
	Urban	38	12					
EDUCATIONAL STATUS OF FATHER	Illiterate	0	0	2.4897	0.477	3	7.8147	Not Significant
	Primary education	3	1					
	Secondary education	27	13					
	Graduate	28	7					
	Post graduate	13	8					
OCCUPATION OF MOTHER	Housewife	23	14	6.6261	0.085	3	7.8147	Not Significant
	Private employee	24	4					
	Government employee	17	5					
	Self Employed	7	6					
OCCUPATION OF FATHER	unemployed	0	0	2.0586	0.357	2	5.9915	Not Significant
	Private employee	20	7					
	Government employee	26	15					
	Self Employed	25	7					
FAMILY INCOME	Rs. ≤10000	0	0	0.3564	0.55	1	3.8415	Not Significant
	Rs. 10000-20000	0	0					
	Rs. 20000- 30000	9	5					
	Rs. ≥30000	62	24					
PSYCHOLOGICAL PROBLEM	Yes	11	3	0.4532	0.501	1	3.8415	Not Significant
	No	60	26					

None of the demographic or background variables studied showed a statistically significant association with psychosocial dysfunction among the adolescents, indicating that these issues were spread fairly equally across all groups.

DISCUSSION

According to the results of this study, revealed that out of total respondents, 29% of teenagers exhibited psychosocial disorder, whereas 71% did exhibit any dysfunction. The outcome indicates that more than one forth- of adolscents in the sample were experiencing some degree of psychosocial distress,which may affect their emotional, behavioural and academic well- being.

The above findings were comparable to those published with **Kumar S, Sharma P, Verma R. (2015)** conducted a cross-sectional descriptive study to assess the prevalence of psychosocial dysfunction among school-going adolescents in North India. The study aimed to identify emotional and behavioral problems that may interfere with adolescents' academic performance and social functioning.The sample consisted of 800 adolescents aged 11–16 years, studying in both government and private schools. Participants were selected using a multistage random sampling technique to ensure representation across different socio-economic and demographic backgrounds.The researchers used the Youth Pediatric Symptom Checklist (Y-PSC) to assess psychosocial dysfunction. This checklist evaluates various domains, including attention problems, internalizing behaviors (like anxiety and depression), and externalizing behaviors (such as aggression or conduct issues).The results revealed that 27% of adolescents scored above the clinical cut-off, indicating psychosocial dysfunction and remaining 73% scored within the normal range, showing no significant emotional or behavioral problems.

According to the variables, the current study's findings showed no significant assiociation between the psychosocial problems and the demographic characterstics of adolescents from a chosen school (age, gender, family type, habit, parental education and occupation, family income, or existance of a psychological problem). The factors was assessed using Chi- square($\chi 2$)test, with degrees of freedom (df) and P- values provides to indicates statistical significant. The outcomes listed above were in accordance with those of a cross-sectional study by **Verma A and Singh S. (2018)** conducted a cross-sectional study to evaluate 300 adolescents from urban and semi-urban schools, aged 12 to 18, for psychosocial problems. in Uttar Pradesh. According to a study using youth pediatric symptoms Checklist (Y-PSC) revealed that 32.6% of people exhibited psychosocial dysfunction, and no statistically significant correlation was found between psychosocial dysfunction and occupation, gender,age or family type.The findings suggest that psychosocial issues in adolscents may stem from more to complex or individualized factors beyond basic demographic variables. The author emphasized the importance of regular mental heath screening in school and integration of prevention of mental health programs.

CONCLUSION

Based on the results, it is determined that 71% of participants did not have psychosocial dysfunction, whereas less than half of individuals, or 29%, did. The adolescents' psychosocial dysfunction did not show a meaningful relationship with any of the background or demographic characteristics that were examined. Nearly one-third of teenagers display symptoms linked to

common demographic characteristics, according to the study's conclusions, despite the fact that most do not show signs of severe psychological dysfunction. Adolescent students are currently not freely discussing their issues with their parents or teachers. Therefore, the vast majority of teenage psycho-social issues will not be addressed. Thus, initiatives such as awareness-raising and student education programs. The psychosocial and mental health of teenagers require early screening, appropriate educational interventions, and training for parents and educators.

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