

# A Study of Behavioural and Emotional Problems in School Going Indian Adolescents

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**Abstract** – In the present century, the socio-cultural, economic paradigm is fast changing owing to globalisation, and rapid advances in technology. The and intensity of our socio-economic growth has made life fast, dynamic and competitive. Today's children are not under the influence of this radical transition. Which has accelerated pressures on kids for their effective preparation to keep pace with global societies demanding that children and youth face a mental health crisis. This eventually influences their university performance, because mental wellbeing and well-being are a requirement for academic success and since issues of mental health are an obstacle to children's learning. The important components of a society's human resources are children and youth. This is the beginning of the chance portal and the stage for a stable and prosperous adult life. A balanced mental wellbeing is also a foundation for the stable growth of maturity and later lives. Thus children's mental health is an integral component of development and progress. Adolescence, the second decade of existence (10-19 years) is a vital step in the course of human evolution from infancy to adulthood. The school children are now undergoing a significant physical, behavioural, psychological, mental, and attitude transformation with changing social contact habits, perceptions, and relationships. Adolescence is a time of rapid transition in all growth aspects that requires continuous adaptation to the changing phase of development. In general, these causes cause new tension and affected mental and behavioural disorders and issues in their lives. According to UNICEF, the world's demographic was projected at 1.2 billion youth in 2009, making up about 18% of the world's population. The population of India's adolescents is 253,2 million according to the 2011 census, which makes up 20% of the Indian population.

**Key Words** – Adolescents, Behavioural and Emotional Problems, Mental Health Problem

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## 1. INTRODUCTION

Children and adolescents' emotional wellbeing is an integral part of their physical health and growth and is becoming more important in the world. In the present century, the socio-cultural, economic paradigm is fast changing owing to globalisation, and rapid advances in technology. Rising complexity has rendered life fast, dynamic and competitive in our social and economic growth. Today's children are not under the influence of this radical transition. Which has accelerated the burden on children to brace for the future and to keep pace with the demands of globalised culture. This has led to social and comportemental issues. The psychologists, psychologists and community still have a great deal to do with their behavioural and behaviour issues in classrooms.

The behavioural issues of school children were thought to be in the way of the teaching and learning experience of children. In certain situations, these infant issues are not adequately detected or treated

and the degree and ultimate effect of these problems on the child's growth is often serious. A school is often known to introduce a multiplicity of challenges into the classroom and this inhibits their desire to participate purposefully in the programme. Mental wellbeing and well-being are a condition for academic achievement and as such issues with mental health are an obstacle to children's learning. Child's abnormal behaviours such as misconduct, extreme crime, drug addiction, anti-social activities, suicide etc. also transform into titles for newspapers, magazines and lecture topics.

### 1.1. Historical Perspective of Mental Health Problem

Ancient Indian Mental Health Concept: History is a screen that shines light on the present and shines the potential. Though it is said that Mental Health is a new concept, but in India the concept of Mental Health is not a new concept at all. The Vedas and other ancient scriptures include the definition of

mental health, its propagation and treatment of mental illnesses. Dr. Shiv Gautam said in a President's address at the 51st Annual Conference of Indian Psychiatric Society in Bhubaneswar on 07 January 1999 that in ancient India during the pre-Christendom the majority of Western civilisation had been interpreted and recognised 'in different facets of mental wellbeing.

The definition of mental health was discussed and found respectively in ancient Indian scriptures. The idea of mind was formulated according to them to be a functional aspect of Atman (the self-centered soul) consisting of three components – mental, essential and matter (mentality). As Rig Veda and Yajur Veda provide an understanding of mental health, they state that thinking determines facial appearance and influences the posture of the face, thinking may be cleansed from mantras, and cleansed thoughts affect the instincts. Describes the pace of mind, mentally happy methods of curiosity, mental happiness prayers and increasing medha methods (intelligence). The mind was designed as the inner flame of wisdom in Jajur Veda.

## 1.2 Health and Mental Health

Mental health is a vital component of health, the WHO (2014) has mentioned in its factsheets. Health was described as a condition of full physical, mental and social well-being and not simply a lack of illness and infirmity by the World Health Organization in its constitution (WHO 1948). WHO reiterated in 1986 that 'health' is not the goal of life but an opportunity for daily life. Health is a positive philosophy that emphasises both societal, personal and physical capital."

Health does not, however, only include the lack of illness, but includes:

- A Healthy Body
- Healthy Mind
- A Healthy Work
- Healthy social intercourse

In the concept of health, the positive aspect of mental health is emphasised and there is no health without a mental health that affirm the old saying: "Sound mind in the good body, which means comprehensive approach to health." It can be seen from the above definition and discussion. Dr Brock Chisholm, the World Health Organisation's first Director General, sponsored the idea of a close relationship between emotional and physical health. "There can be no genuine physical wellbeing without emotional health" (WHO 2013) he famously said. Figure 1.1 illustrates the interdependence of mental and physical health:

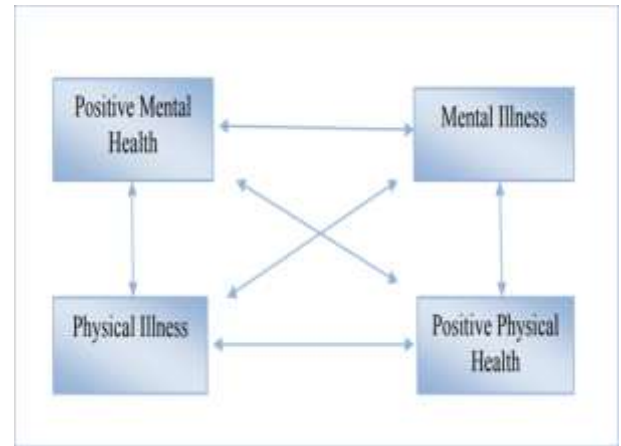


Figure 1: A Holistic Approach to Health

## 1.4 Mental Health Problems

DSM-V has described mental disorders as "Mental illness is a condition that represents a dysfunction in the social, biological and developmental mechanisms that underlie a person with comprehension or a control of emotions or behaviour. In psychological, educational, or other essential behaviours, mental illnesses are commonly linked to severe distress or impairment. No psychiatric illness is an expected or cultural reaction to a normal stressor or tragedy such as the death of a loved one. Socially deviant conduct (e.g., political, religious or sexual behaviour) and disputes which mostly exist between the person and community are not psychiatric illnesses unless the difference or dispute is due to a person's malfunction, as discussed above."

## 2. REVIEW OF LITERATURE

**Sunbul and Guneri (2019)** In a poor study of Turkish teenagers, an investigation examined the main function of self-concern and emotional control among attention and resilience. The guiding premise of this paper was to examine the model of resilience in the mediation of compassion and emotional problems with Turkish teenagers. The research included 752 teens (326 men and 426 women), who were between 14 and 19 years of age ( $M=15.82$ ,  $SD=0.88$ ). The study has proven that consciousness is a significant and optimistic interpreter of self-pity while forecasting difficulty in controlling emotions negatively and substantially. The predictors of resistance were self-compassion and problems in regulating emotions. The model also showed substantial circumlocutory pathways from consciousness to resilience (via self-compassion and emotional control challenges). The hypothesised model explained 21% of durability unpredictability.

**Sikand, Arshad, Beniwal, Chandra and Hiwale (2019)** A research has been considered to be

maternal, emotional, and resilient in Indian women. In a cross-sectional cohort survey, the sample was made up of 60 women aged between 18 and 50 with dissociative illness. The findings showed an important connection between the systemic-cognitive and the emotional warmth style ( $r=0.398, P=0.01$ ) and the systematic-cognitive style ( $r=0.256, P=0.05$ ). There is a considerable equation for regression ( $F\{1,58\}=9.146, P<0.0004$ ), and an  $R^2=0.136$  for predicting a systemic-cognitive style dependent on parental perception of emotional warmth. Study findings on safe parenthood and its good impact on cognitive style and resilience.

**Koni, Moradi, Arahanga, Neha, Hayhurst, Boye, Cruwys, Hunter and Scarf (2019)** have verified Promoting youth resilience: A modern collective identity serves those most in need. The approach towards healthy social identification ensures that communities give us sense of purpose and belonging, and that these identity systems have a significant beneficial effect on our health and well-being. The study's social identification strategy for teenagers focuses on the advantages of current party memberships. The effect of providing a new youth community on psychological stability was explored through the use of the sail-training procedure. We present two 71 studies that show the benefits of a new social identification, particularly for young people reporting the least resilience in the starting journey in terms of increasing psychological resilience.

Morrison and Cosden (2019) Risks, resilience and adaptation to learning disabled individuals is studied. Results show that learner disabled people are more at risk from detrimental mental and family and social effects, associated with important stressors in families and schools and in the environment. Whilst the majority of people with learning disorders perform well in community, identifying risk and resilience factors linked to this peer relation makes it easier for people who have more serious challenges to adapt.

**Delaney (2018)** The treatment of the caregivers has been explored: Evaluation of the impact and resilience of an 8 weeks self-compassionate pilot (MSC) training programme for nurses The nurses exposed to the pain of their caregivers is found to be in danger of sympathy. This pilot research investigated the impact of an eight-week Mindful Self-Compassion preparation procedure on the compassionate and resilient exhaustion of nurses.

**Sangeeta (2015)** Studied the function of consciousness in developing resilience and emotional maturity and enhancing teenage academic adjustment. The research was carried out to examine the position played by conscientiousness-based interventions in developing teenage stability, emotional understanding and education. Students enrolled willingly in an eight-session consciousness-based curriculum were contrasted about the pre- and post-intervention conditions for endurance, emotional

maturity and educational adaptation. Attention-based programmes have been shown to improve the social maturity and academic adaptation of youth. However, the participant's resilience degree was not affected.

**Chamberlain, Williams, Stantley, Mellor, Siegloff (2016)** A comprehensive analysis is a prediction of durability for nursing students in their studies on dispositional attention and job status. The findings of this analysis are a sequence of independent retrospective samples, in which 240 students from 3 universities in Australia voluntarily reacted. The best predictors of durability were readiness awareness and acceptance. Tiredness and burnout were negatively associated with endurance. Jobs over 20 hours a week accounted for just 1% of the difference in resilience. It was a resilient community of caregivers who ranked themselves extremely dispositional, showing optimistic and ambitious expectations for a job in a lucrative post-graduate transfer programme.

**Pawar, Panda and Bobdey (2016)** Examined behavioural health workout performance dependent on consciousness: an effect assessment report. Mental health focused on Vipassana, a secular, non-religious technique considered effective in a number of people in order to overcome tension, anxiety and depression. Research has shown that a growing proportion of the population has elevated stress levels. The thesis was carried out to evaluate the effect of a fitness exercise programme focused on consciousness on the stress levels and endurance in an industrial facility among school students. Mental fitness exercise is a supportive practise that improves staff's capacity to fight 43 stresses and maximise endurance.

**Perira, Batkham, Kellett and Saxon (2016)** The importance of resilience and attention as factors linked to well-being for the professional and associated effective practise was investigated. Data included practitioners ( $n=37$ ) and the result data from their patient ( $n=4980$ ), as per a step-by-step service provision model. Analyzed benchmarking and multi-level simulation in order to identify clinicians more and less effective by the yoking of therapeutic variables and patient results. Based on patient depression (PHQ-9) outcome results, a therapeutic effect of 6.7% was reported. Efficient practitioners have considerably higher levels of awareness, endurance and attention than less successful practitioners.

### 3. OBJECTIVES

**No.1:** To identify the behavioural problem of adolescents

**No.2:** To identify the emotional adjustment problem of adolescents.

**No.3:** To make a comparative study of the Behavioural and Emotional adjustment problems of Hindi Medium Vs English Medium students.

**No.4:** To identify the selected Socio-environmental factors of adolescents.

#### 4. DATA ANALYSIS

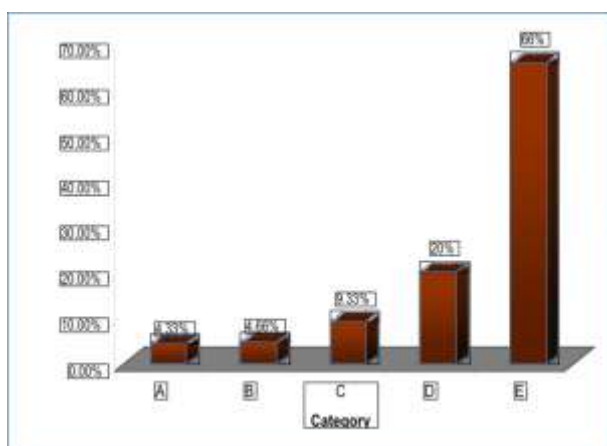
##### 4.1 The behavioural Problem of adolescents

The researcher handed over the AISS questionnaire i.e. Adjustment Inventory of School Students to the adolescent boys and girls of different schools for collecting data by adopting the procedure given in the test manual. The raw scores were converted to grades with the help of the manual which are categorized in five category, such as A-Excellent, B-Good, C-Average, D-Unsatisfactory, E-Very unsatisfactory. The result thus found is presented in the table 1

**Table 1: Distribution of Sample in Five Categories in Behavioural Adjustment Area**

Category	Description	F	Percentage
A	Excellent	13	4.33%
B	Good	14	4.66%
C	Average	28	9.33%
D	Unsatisfactory	60	20%
E	Very Unsatisfactory	185	66%
	<b>Total</b>	<b>300</b>	

The table shows that highest percentage is found in 'E' category i.e. 'very unsatisfactory' and percentage is 66 and the lowest percentage is found in category 'A' (Excellent) i.e. 4.33 which is presented graphically with the help of bar graph which is shown in figure 2



**Figure 2 Graphical Representation of Sample in Behavioural Adjustment Area**

From the table it is seen that 185 adolescents have scored in category 'E' (very unsatisfactory) i.e. 66%, followed by 60 adolescents, in category 'D' (unsatisfactory) and percentage is 20. In category 'C' (Average) 28 adolescents are found and percentage is 9.33 followed by 14 adolescents in category 'B' (Good) and 13 adolescents in category 'A' (Excellent) and their respective percentages are 4.66 and 4.33.

Since highest percentage is found in category 'E' (very unsatisfactory) it is clear that adolescents face problem in behavioural adjustment area.

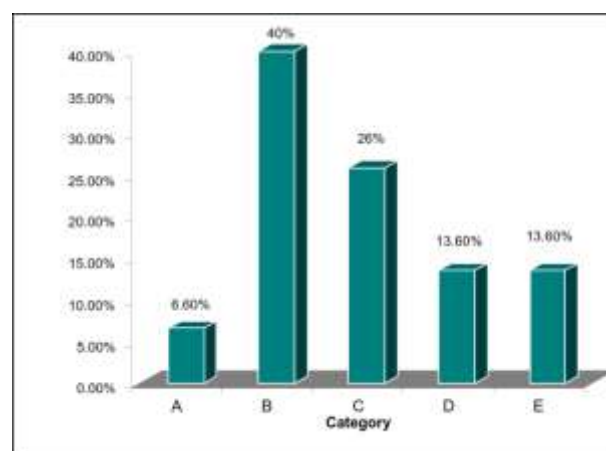
##### 4.2 The emotional problem of adolescents

Here also AISS questionnaire were distributed among 300 adolescent boys and girls studying in different English medium and Hindi medium school of NCR by adopting the same procedure given in the test manual. The result thus found by the researcher is presented in the following table 2.

**Table 2: Sample Distribution in Emotional Adjustment Area**

Category	Description	F	Percentage
A	Excellent	20	6.60%
B	Good	120	40%
C	Average	78	26%
D	Unsatisfactory	41	13.60%
E	Very Unsatisfactory	41	13.60%
	<b>Total</b>	<b>300</b>	

From the figure in the table it is seen that the highest percentage is found in category 'B' (Good) i.e. 40 and the lowest percentage is found in category 'A' (Excellent) i.e. 6.60. The result is graphically presented with the help of following figure 3.



**Figure 3: Graphical Representation of Sample in Emotional Adjustment Area**



It is seen that out of total population i.e. 300 adolescent boys and girls, 120 adolescents have scored in category 'B', i.e. Good and percentage is 40 followed by 78 adolescents, scored in category 'C' i.e. 'average' and percentage is 26. Equal number of adolescents i.e. 41 have scored in category 'D' (unsatisfactory) and category 'E' (very unsatisfactory) and respective percentages are 13.60. The least number of adolescents i.e. 20 have scored in category 'A' (Excellent) and percentage is 6.60. So, it is clear from the findings that adolescents have less problem in the emotional adjustment area.

### 4.3 Comparative Study of the Problem Area of English medium and hindi medium students

The investigator has found from the table that 97 adolescents out of 150 English medium students have scored in category 'E' (Very unsatisfactory) in the behavioural adjustment area whereas 88 adolescents from Hindi medium school out of 150 have scored in the same category percentages are 64.66 and 58.66 respectively. The lowest number of adolescents i.e. are found in category 'A' (Excellent) from Hindi medium school i.e. 3 and percentage is 2, whereas only 2 adolescents from English medium school. Their respective percentages are 1.33 in table 3

**Table 3: Medium Wise Distribution of Sample in Behavioural Adjustment Areas**

Area	Category	Description	Hindi medium		English medium	
			F	Pc	F	Pc
Behavioural	ABCDE	Excellent	3	2%	-	1.33%
		Good	2	1.33%	2	9.33%
		Average	14	9.33%	14	24.66%
		Unsatisfactory	43	28.66%	37	64.66%
		Very Unsatisfactory	88	58.66%	97	
		Total	150		150	

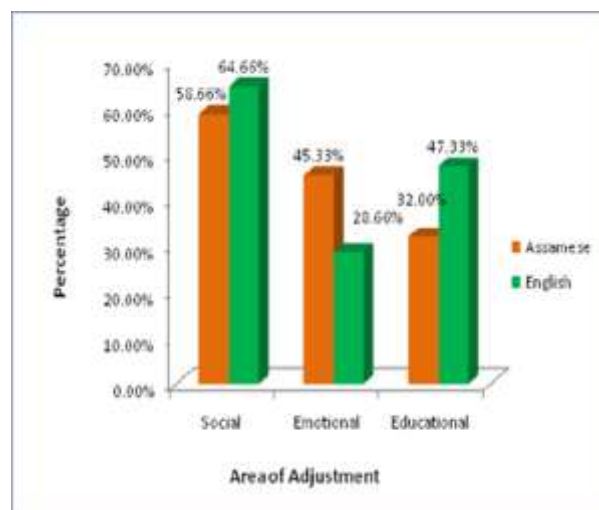
In the emotional adjustment area 43 English medium students have scored in category 'B' (good) and 68 Hindi medium students have scored in the same category 'B' (good). The respective percentages are 28.66 and 45.33. Only 2 students from English medium school are found in category 'A' (Excellent) whereas 11 students from Hindi medium schools are found in category 'A' (Excellent). Their respective percentages are 1.33 and 7.33 in table 4

**Table 4: Medium Wise Distribution of Sample in Emotional Adjustment Areas**

Area	Category	Description	Hindi medium		English medium	
			F	Pc	F	Pc
Emotional	ABCDE	Excellent	11	7.33%	2	1.33%
		Good	68	45.33%	43	28.66%
		Average	34	22.66%	45	30%
		Unsatisfactory	19	12.66%	28	18.66%
		Very Unsatisfactory	18	12%	32	21.33%
		Total	150		150	

The result reveals that in behavioural adjustment area, both English medium and Hindi medium students have scored in category 'E' i.e. very unsatisfactory. It indicates that both English medium and Hindi medium students face problem in behavioural adjustment area. Although English medium students face more problem than Hindi medium students.

In emotional adjustment area, Hindi medium students have less problem than English medium students. Comparatively Hindi medium students are at a better position than English medium students as shown in figure 4



**Figure 4: Graphical Representation Showing Difference Between English Medium And Hindi Medium Students**

### 4.4 Different Socio-Environmental Factors of Adolescents

It is observed from the result that Hindi medium students face less problem whereas English medium students face more problem in this area. Although both English medium and Hindi medium students face problem in this particular adjustment area.

The data regarding different Socio-environmental factors of the adolescents were collected. The questionnaires were distributed among 300 adolescents studying in different English and Hindi

Medium Schools from where following result was found which is placed in at table 5

**Table 5: Distribution of Sample under Socio-Environmental Factors**

Factors	High	Low
Self Esteem	125	175
Academic performance	17	238
Family discord	17	238
Addiction	35	265
Illness in adolescent	33	267
Relation with mother	136	164

From the above table it is observed that since out of 16 factors, the researcher has chosen only 6 factors, such as Self Esteem, Academic performance, Family discord, Addiction, Illness in adolescent and Relation with mother factors. Out of these factors only in factor 'Relation with mother', out of 300 adolescents, highest no of adolescents 136 have high profile Socio-environmental in this trait dimension or factor score and 164 adolescents have low profile Socio-environmental in factor 'Relation with mother'.

## 5. CONCLUSION

This research shows that teenagers have an issue with behavioural change. Because our culture is such that young people and their activities are not entirely welcomed, they often are not regarded as essential, or sometimes we do not appreciate them. They don't want to comply with societal laws. Also social life is not essential to them. To build a positive social outlook in young people we need to learn to understand them in order to create a healthy social life. To do so we need to recognise them from their perspective.

This study shows that adolescents face less problem in this environment, which is emotionally healthy. Home and its relational climate shape a child's social and environmental setting. The emotional atmosphere in the home tends to make any participant comfortable. A happier emotional kid becomes a successful teenager. And a happy emotional youth has a balanced socio-environmental growth. Each family member should also strive to provide each child with a healthy emotional environment which in turn helps to develop into an emotionally secure teenager.

The behavioural modification region of English as well as Hindi medium students is challenging, though their proportion differs slightly. The report also shows that medium Hindi students are more secure mentally than medium English students. The explanation for this is due to the guidance medium.

In conclusion, Hindi mediums openly share their emotions as English mediums in their mother tongue.

The report shows that out of a total of 300 young people, 136 had 'adolescent illness.' Socio-environmental element 'Mother-Relationship' indicating the following characteristics: realistic, cautious, traditional and externally-regulated. It is extremely natural that an individual must be very cautious, realistic and his existence must be governed by realities in a competitive environment today. Because teens are the potential nation building, in every phase of their lives they must be very competitive and cautious.

## REFERENCES

- (1) Sunbul and Guneri (2019) The relationship between mindfulness and resilience: The mediating role of self-compassion and emotion regulation in a sample of underprivileged Received in revised form 2 November 2019; Accepted 5 December (2019) 337–342 Available online 10 December 2018 0191-8869/ © 2018 Elsevier Ltd. All rights reserved.
- (2) Scheme of National child labour project revised-2003. Ministry of Labour and Employment, Government of India. September 17, 2013.
- (3) Revised guidelines. Special projects for placement linked skill development of rural youths under Aajeevika (NRLM). Ministry of Rural Development, Government of India. on January 22, 2013. 132. National policy for persons with disabilities (Page 9) - Acts/ Rules & Regulations/Policies/Guidelines/Codes/Circulars/ Notifications - Empowerment of Persons with Disabilities: Ministry of Social Justice and Empowerment, Government of India. on January 22, 2013.
- (4) Implementation guide on RCH II Adolescent Reproductive Sexual Health strategy: for state and district programme managers. Ministry of Health and Family Welfare, Government of India; 2006. on January 16, 2012.
- (5) International Institute for Population Sciences (IIPS), Population Council. Youth in India: situation and needs 2006-2007. Mumbai: IIPS; 2010. p. 396. September 16, 2012.
- (6) National Youth Policy 2003. Department of Youth Affairs. Ministry of Youth Affairs

and Sports, Government of India. on January 16, 2013.

- (7) Gupta AK, Mongia M, Garg AK (2017). A descriptive study of behavioral problems in school going children. *Ind Psychiatry J*; 26: pp. 91-4.
- (8) Muzammil K, Kishore S, Semwal J. Prevalence of psychosocial problems among adolescents in district Dehradun, Uttarakhand. *Indian J Public Health*; 53: pp. 18- 21.
- (9) Merikangas KR, Nakamura EF, Kessler RC (2009). Epidemiology of mental disorders in children and adolescents. *Dialogues Clin Neurosci*; 11: pp. 7- 20.
- (10) Reddy K.R, Biswas A, Rao H (2011). Assessment of Mental Health of Indian Adolescents Studying In Urban Schools. *Malaysian Journal of Paediatrics and Child Health Online Early MJPCH-05-17-1-2011*.
- (11) Ghosh P, Choudhury HA, Victor R (2018). Prevalence of attention deficit hyperactivity disorder among primary school children in Cachar, Assam, North-East India. *Open J Psychiatry Allied Sci*; 9: pp. 130-5. DOI: 10.5958/2394-2061.2018.00025.3.Epub 2017 Dec 13.
- (12) Greally, P., Kelleher, I., Murphy, J., & Cannon, M. (2009). Assessment of Mental Health of Irish Adolescents in the Community. *RCSI smj*, 3(1), pp. 33-35. Huang, J. P., Xia, W., Sun, C. H.
- (13) Zhang, H. Y., & Wu, L. J. (2009). Psychological Distress and its Correlates in Chinese Adolescents. *Australian and New Zealand Journal of Psychiatry*.
- (14) Hussein, S. A. (2010). Dual-Informant Ratings of Emotional and Behavioural Problems among Primary School Children. *Pakistan Journal of Psychological Research*, 25(2), pp. 165-177.
- (15) Ilango, Sharma BS, Kumar MG, Chandel R. Prevalence of asthma in urban school children in Jaipur, Rajasthan. *Indian Pediatr*. 2012;49: pp. 835–6. [PubMed] [Google Scholar]
- (16) Dhabadi BB, Athavale A, Meundi A, Rekha R, Suruliraman M, Shreeranga A, et. al. (2012). Prevalence of asthma and associated factors among school children in rural South India. *Int. J. Tuberc Lung Dis*; 16: pp. 120–5. [PubMed] [Google Scholar]

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