



An assessment of socio-emotional problems amongst academically backward rural adolescents

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ARTICLE INFO :

Received : 08.03.2016
Revised : 10.04.2016
Accepted : 13.05.2016

KEY WORDS :

Socio-emotional problems,
Adolescents

HOW TO CITE THIS ARTICLE :

Tiwari, Gaytri and Galundia, Ruchi (2016). An assessment of socio-emotional problems amongst academically backward rural adolescents. *Adv. Res. J. Soc. Sci.*, 7 (1) : 68-72, DOI: 10.15740/HAS/ARJSS/7.1/68-72.

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ABSTRACT

Adolescence is the most challenging period of life in which most individuals face a lot of difficulties in various areas of life. Some may find the period difficult to handle which often lead to emotional and social problems. Adolescents face a range of challenges both internal and external that impact their mental health and socio-emotional well-being. The present study was carried out with the major objective to explore socio-emotional problems of adolescents in rural settings. The sample from three villages of Udaipur district viz., Lakhawali, Bhilwara, and Dangio Ka Guda were selected from three classes i.e., 7th, 8th, and 9th consisted of 150 adolescents. A checklist was prepared to find out the socio-emotional problems of adolescents. Data was analysed by using frequency and percentage distribution. Results revealed that majority of the adolescents had mild socio-emotional problems but one forth had moderate socio-emotional problems.

INTRODUCTION

Adolescent is the most important as well as challenging period of growing up. It includes both experimentation with outer world and adjustment with biological and psychosocial changes. Most of the people see this change as a biological process but it is much social and psychological as well. The multi-dimensional nature of the concept involves a gradual transformation of a child into a new person as an adult.

The problems of adolescents are quite serious as compared to those of children. A recent study by the World Health Organization indicates that mental health problems account for nearly half of all disabilities among

individuals between the ages of 10 and 24 (Gore *et al.*, 2011). Many rural adolescents in India fail to develop important social and emotional competencies. They are confused and anxious regarding the biological, psychological and social challenges they have confronted. The difficulties include emotional problems (Dryfoos, 1990), upto 15 per cent of individuals under the age of 18 years of age experience emotional problems like sudden mood changes, irritability, irresponsible behaviours, depression, anxiety, suicidal ideation, loneliness, anger, stress etc. serious enough to justify special treatment (Lerner, 1995). Some other problems include familial problems like starting arguments, breaking rules or withdrawing from family; delinquency like missing school,

stealing and acts of vandalism (Okorodudu and Okorodudu, 2003). Substance abuse was seen as a major problem, approximately one of every four young adolescents (12 to 17 years old) report having used illicit drugs (Denton and Kampfe, 1994). In some cases, they face some problems in school and show decreased interest, negative attitude, drop in performance and discipline problems (Rice and Myer, 1994). Difficulties experienced by adolescents vary with age, sex and culture (Porteous, 2006). Adolescence problems have a great impact on self esteem as it is the period during which a new identity is formed (Erikson, 1968). It plays an important role in one's psychosocial development. Most of the adolescents struggle with low self esteem, especially in early phase of adolescence. Low self-esteem is significantly related to depression, suicide ideation, delinquency, aggression and antisocial behaviour (Vinas *et al.*, 2002).

The socio-emotional problems among rural adolescents somewhere affect academic performance. Academic underachievement of children is a big concern among parents and teachers in present day competitive society. It is reported that around 20 per cent of school children have scholastic backwardness (Karande and Kulkarni, 2005). Unrecognized and unresolved, scholastic backwardness has a lifelong impact on the child and adolescent, affecting school completion, higher education, interpersonal relationships, prospects for employment, marriage etc. Scholastic backwardness contributes to school dropout, especially after the primary school years and should be recognized and remedial measures initiated, in the primary classes itself for best results. At present, children are identified much later and as a result, optimum benefit of remedial education is not obtained. It is important to identify the risk factors for scholastic backwardness so that these children can be identified early and corrective measures can be initiated.

It is well known fact that a person who experiences more socio-emotional problems may face difficulty in adjustment, interactions and learning etc. At this stage they begin to rely less on parents and non-parental adults may have more influence on development than in previous stages of development (Rhodes and Roffman, 2003). So, one of the aims of parenting should be to produce individuals who can meet the pain, sorrow and frustration that are inescapable in life without being overwhelmed by them and who can appreciate all the joys that life can

offer. Socio-emotional problems should be handled in proper ways and at proper time so its harmful effects can be minimized and his/her physical and psychological health can be maintained, as a good socio emotional state is required for leading quality life. Adolescence is considered vulnerable period in terms of having multifaceted problems. The period is also labeled as 'Problem Age'. Socio emotional problems are common during this period and for minimizing these problems they require proper education, guidance and other kind of interventions.

There is a felt need to address the socio-emotional problems of rural adolescents so that their academic performance can be improved. The socio-emotional functioning of early adolescents has been of interest to researchers and practitioners due to significant biological, cognitive and relational changes they experience during this developmental time period yet the processes and practices that facilitate healthy socio-emotional development are understudied. A great deal of research has been conducted on this topic but most research exploring youth socio-emotional problems has been based on urban samples. Despite the fact that approximately 70 per cent of the nation's youth live in rural areas, where research on socio-emotional problems of youth is concerned, rural youth have been an understudied, neglected population. So, it was considered necessary to assess socio-emotional problems of academically backward rural children.

MATERIAL AND METHODS

Sample and locale :

A sample of 150 adolescent (with equal number of boys and girls) in the age range of 11-17 years from schools of three operational villages of AICRP on Home Science *viz.*, Lakhawali, Bhilwara and Dangio Ka Guda was selected. The sample was selected from three classes *i.e.*, 7th, 8th and 9th.

Tool and its description :

Socio-economic status performa: Standardized tool developed by Aggarwal (2005) was used to collect data on socio-economic status which included name, class, age, gender, parental monthly income, education, occupation, number of family of members, type of family, family possessions, land acquisition, number of animals etc.

Socio-emotional problem scale - Socio-emotional problem scale was developed by AICRP-CD scientists. The scale covers all the important aspects regarding social and emotional problems faced by youth. It consisted of 40 statements (positive and negative) with three alternative responses *i.e.*, always, sometimes and never. Higher scores indicate more socio-emotional problems and *vice-versa*. Scoring is reversed for negative statement.

Data collection and analysis :

Respondents were contacted at their schools for data collection. Coding and analysis of data was done by using frequency distribution, mean and percentages.

OBSERVATIONS AND ANALYSIS

Perusal of the table shows that majority of respondents (63.33%) had mild socio-emotional problems whereas 36.67 per cent of the respondents had moderate level of problem. It is good to see that nobody had severe socio-emotional problem.

Results revealed that majority of respondents (63.33%) had mild socio-emotional problems which is a good sign. It may be because of influence of their families and school. It seems that they have required social and emotional skills but efforts are needed to make them socially and emotionally more mature. Those who have moderate problems require interventions to overcome their problems and have a well developed personality. Their problem may be because of their age stage as adolescence is often considered as 'problem age' and period of "storm and stress." They are vulnerable to have socio-emotional problems. Their parents might have little information about socio-emotional state of their son/daughter to guide them properly. Various efforts by themselves and significant persons around them are needed in this direction. However, knowledge of one's socio-emotional state and problems is first step towards problem solving in this area so that they can be more mature both socially and emotionally.

Adolescents living in rural communities may face a different array of social and emotional issues. Some studies suggest that they are also less likely to display help -seeking behaviour compared with those living in urban areas. Rural areas lack options of employment, career options and awareness which increase the sense of problems. Issues identified by rural adolescents as

being of particular concern includes isolation, lack of employment opportunities, lack of confidence in the future, lack of leisure activities, boredom and young people also felt that such factors increased the likelihood of adolescents engaging in risky behaviour (such as substance use and unsafe sexual practices) or suicidal behaviour (Quine *et al.*, 2003). Studies revealed that rural adolescents are twice as likely to use alcohol as compare to youth living in metropolitan areas. Amphetamine use by them is reported to be relatively common in rural areas (Rajkumar and Hoolahan, 2004).

Schools must work toward actively preventing socio-emotional problems through supporting students' healthy social and emotional development. A recent report from the Institute of Medicine (2009) highlights the importance of promoting healthy self-esteem, social-emotional competence and social inclusion as important aspects of preventing and treating emotional, behavioral and mental disorders. The promotion of social-emotional competencies is associated with greater well-being in students and improvements in overall school performance, whereas a failure to achieve competence in these domains is associated with impairment in academic, social and family functioning (Greenberg *et al.*, 2003 and Guerra and Bradshaw, 2008). Schools and family can be particularly important in promoting social and emotional competencies in rural areas, as there may be relatively few support systems or organisations for young people in these settings. Schools can encourage an awareness of social and emotional wellbeing among students and their family members through professionals and classroom discussion as home and school go hand in hand for equipping an individual to lead a qualitative life. They can also encourage teaching and support staff to create a supportive and welcoming environment for students. Teachers can choose to actively support a school culture that values the socio and emotional wellbeing of students, by becoming involved in the development of relevant policies and programs in the school.

Links with the community are also important in dealing with socio-emotional problems, particularly in rural settings where there may be limited support systems available for students and their families. Schools, health services, Non-government Organisations and community leaders can work collaboratively to identify and assist adolescents who are facing socio-emotional problems and difficulties. A useful strategy in rural areas may be to

Sr. No.	Statements	Always		Sometimes		Never	
		f	%	f	%	f	%
1.	I quarrel with others.	0	-	48	32	102	68
2.	I avoid interaction with others.	11	7.37	20	13.3	119	79.33
3.	I liked to be alone.	0	-	20	13.4	130	86.6
4.	I do not make friends. •	0	-	7	4.67	143	95.33
5.	I don't want to play in group. •	2	1.33	14	9.33	134	89.34
6.	I am short temper.	2	1.33	53	35.3	95	63.37
7.	I can't control my intense emotions. •	0	-	51	34	99	66
8.	I can't express my emotions in correct manner at right place. •	0	-	55	36.67	95	63.33
9.	I hesitate to express my emotions.	0	-	16	10.67	134	89.33
10.	I am jealous of others.	3	2	39	26	108	72
11.	I get frightened easily.	1	.66	47	31.34	102	68
12.	I am stubborn.	4	2.66	48	32	98	65.33
13.	I express my negative emotions.	2	1.33	4	2.66	144	96
14.	I express my love and affection.	6	4	49	32.6	95	63.33
15.	I do not feel happy.	0	-	48	32	102	68
16.	I do not share things with others. •	4	2.66	3	2	143	95.34
17.	It's difficult for me to wait for my turn.	9	6	38	25.3	103	68.69
18.	I do not keep good relation with others. •	0	-	41	27.34	109	72.66
19.	I quarrel with my siblings.	3	2	52	34.6	95	63.39
20.	I do not help others. •	1	.66	29	19.3	120	80.04
21.	I lose my temper easily.	5	3.33	46	30.6	99	66.07
22.	I feel irritated.	0	-	50	33.3	100	66.7
23.	I feel worried.	2	1.33	53	35.3	95	63.37
24.	I rebel adults authority.	6	4	45	30	99	66
25.	I do not keep calm and quiet. •	0	-	8	5.33	142	94.7
26.	I do not listen to others. •	0	-	7	4.67	143	95.33
27.	I show my nervousness	0	-	4	2.66	146	97.34
28.	I feel nervous when I am in a group and social gathering.	1	.66	4	2.66	145	96.68
29.	I tell lies.	0	-	38	25.3	112	74.69
30.	I feel sad.	0	-	6	4	144	96
31.	I do not pay attention. •	0	-	12	8	138	92
32.	I hate myself.	0	-	0	-	150	100
33.	I get excited soon.		-	36	24	114	76
34.	I do not initiate relationship with others. •	6	4	26	17.30	118	78.7
35.	I feel difficult to talk with others.	0	-	6	4	144	96
36.	I like to be aloof.	0	-	6	4	144	96
37.	People like me.	0	-	3	2	147	98
38.	Others are better than me.	0	-	16	10.6	134	89.39
39.	I criticize others.	2	1.33	47	31.3	101	67.37
40.	I like to bully others. •	0	-	4	2.66	146	97.34

Category	Frequency	Percentage distribution
Mild	95	63.33
Moderate	55	36.67
Severe	0	-
Total	150	100

raise awareness regarding all round development among students and the community, encouraging people to be more willing to discuss such issues and seek help for themselves or loved ones.

Conclusion :

It can be concluded from the study that majority of academically backward rural adolescents had mild socio-emotional problem but it cannot be overlooked. Intervention needs to be given to those facing mild or moderate socio-emotional problem. If steps are not taken in this direction than problems may become more severe and it will be more difficult to handle. The study provides an insight into problems faced by rural adolescents in different areas. Due to the frustration such problems could get expressed through various antisocial activities therefore, need of community based care is being felt for rural adolescents. This study can also help in devising various intervention programs to strengthen the psycho-social support system which could be problem specific. Findings could also be helpful for researcher, policy maker, teachers, parents and other school personals to understand their students and can deal with them effectively.

REFERENCES

- Denton, R.E. and Kampfe, C.M. (1994). The relationship between family variables and adolescent substance abuse: A literature review. *Adolescence*, **29** (114) : 475–495.
- Dryfoos, J. (1990). *Adolescents at Risk: Prevalence and Prevention*. Oxford University Press, NEW YORK, U.S.A.
- Erikson E. (1968). *Identity: Youth and crisis*. Norton, NEW YORK, U.S.A.
- Gore, F., Bloem, P., Patton, G.C., Ferguson, B.J., Coffey, C., Sawyer, S.M. and Mathers, C.M. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *Lancet*, **377** : 2093–2102.
- Greenberg, M.T., Weissberg, R.P., O'Brien, M.U., Zins, J.E., Fredericks, L., Resnik, H. and Elias, M. (2003). Enhancing school-based prevention and youth development through co-ordinated social, emotional, and academic learning. *American Psychologist*, **58**:466-474. doi: 10.1037/0003-066X.58.6-7.466
- Guerra, N.G. and Bradshaw, C.P. (2008). Linking the prevention of problem behaviours and positive youth development: Core competencies for positive youth development and

risk prevention. *New Direct. Child & Adolesc. Develop.*, **122** : 1–17. doi: 10.1002/cd.22.

- Institute of Medicine (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press, WASHINGTON, D.C.
- Karande, S. and Kulkarni, M. (2005). Poor school performance. *Indian J. Pediatr.*, **72** : 961-967.
- Lerner, R. (1995). *America's youth in crisis*. Sage Publications, Thousand Oaks, CA, UNITED KINGDOM.
- Porteous, M.A. (2006). Developmental aspects of adolescent problem disclosure in England and Ireland. *J. Child Psychol. Psychiatry*, **26**(3) : 465-478.
- Rhodes, J.E. and Roffman, J.G. (2003). Relationship-based interventions: The impact of mentoring and apprenticeship on youth development. In F. Jacobs, D. Wertlieb and R. M. Lerner (Eds.), *Handbook of applied developmental science: Promoting positive child, adolescent, and family development through research, policies, and programs: Vol. 2. Enhancing the life chances of youth and families: Public service systems and public policy perspectives* (pp. 225-236). Thousand Oaks, CA: SAGE.
- Rice, K.G. and Myer, A.L. (1994). Preventing depression among young adolescents: preliminary process results of a psycho educational intervention program. *J. Consult. Develop.*, **73** : 147- 152.
- Vinas, F., Canals, F., Gras, M.E., Ros, C. and Domènech Llaberia, E. (2002). Psychological and family factors associated with suicidal ideation in pre-adolescents. *Spanish J. Psychol.*, **5**(1) : 20- 28.

WEBLIOGRAPHY

- Okorodudu, R.I. and Okorodudu, G.N. (2003). *An overview of conduct problems of the nigeria child*. Online Publications by the World Forum on Childcare and Education, Acapulco- Mexico; <http://www.ied/edu.hk/cric/new/apjted/index.htm>.
- Quine, S., Bernard, D., Booth, M., Kang, M., Usherwood, T., Alperstein, G. and Bennett, D. (2003) Health and access issues among Australian adolescents: a rural-urban comparison. *Rural & Remote Health*, **3** (online) : 245. Available from: <http://rrh.deakin.edu.au>.
- Rajkumar, S. and Hoolahan, B. (2004). Remoteness and issues in mental health care: Experience from rural Australia. *Epidemiologia e Psichiatria Sociale*, **13** : 78-82. Reach Out! Rural and Regional Tour - <http://www.rorrt.reachout.com.au/>.

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