ORIGINAL ARTICLE

Mental Health Profile of Urban and Rural Adolescents in Jammu District of J&K

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Abstract

A cross-sectional study was carried out among rural and urban adolescents in one rural and one urban area of Jammu to assess prevalence of selected risk behaviours and mental health of rural and urban adolescents and make comparisons. A total of 4 rural Higher Secondary Schools (2 Govt & 2 Pvt) and two urban schools were chosen by lottery method. All the students from 9th-12th class present on day 1 of study in the selected schools were included after their consent. Depression, suicidal ideation, suicidal attempt, possession of weapon, physical violence, tobacco & alcohol substance abuse. It was seen that the seven risk behaviours under consideration showed the similar trends in the two populations with slight variations in the proportions of prevalence except in case of Physical violence that was significantly higher in the urban population (Urban - n=123; 60.2% and Rural - n = 114; 48.3%; p value = 0.011). Among the symptoms studied, those suggestive of depression were more frequently seen among the urban adolescents as compared to rural adolescents (urban : n=68, 33.3% ; rural : n=49, 20.7%; and that difference was highly significant.Suicidal attempts were reported by 2.4% urban and 2.5% rural students. This study shows that mental health issues like drug abuse and depression leading to suicidal ideation and attempts are gaining prominence among the adolescents in Jammu district and there is an urgent need to address this issue.

Key Words

Adolescents, Mental Health, Depression, Suicidal Thoughts, Suicidal Tendencies.

Introduction

WHO has defined adolescents as persons in the age group of 10-19 years and this age is known as adolescence (1). It is a transitional period of life between childhood and adulthood characterised by rapid physical, social, mental and psychological development. Adolescence is an important stage of life for establishing healthy behaviours, desirable attitudes and lifestyles that contribute to current and future health.

In 2002, United Nations Special Session on Children titled "A World Fit For Children"underscored the importance of this by recommending that all countries establish national policies and programs, including goals and indicators, to promote adolescent health.(2)

Today, India has a population of adolescents that is among the largest in the world. In order to address the health and development related needs of its adolescents the health Risk behaviour of adolescents is one of the indicators that serves as a basis for measuring adolescent health over a period of time as well as target for health policies and programs. The importance of this measure is based on its association with severe morbidity and mortality outcomes, including intentional injuries stemming from mental health issues like depression, aggression and suicidal ideation and chronic diseases resulting from substance abuse etc. Despite the connection between mental health behaviour and overall health, many countries including India still lack the basic prevalence estimates of Adolescent Risk Behaviour. The present study was conducted to assess prevalence of selected mental health risk behaviours among rural and urban adolescents and

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compare if there was any difference between the two types of populations in this context. These include depression, suicidal ideation, suicidal attempt, possession of weapon, physical violence, tobacco& alcohol abuse and lastly substance abuse.

Material and Methods

A cross-sectional study was carried out among rural and urban adolescents of Jammu District. Block RS Pura, the field practice area of Department of Community Medicine, GMC Jammu was selected as a rural area. One of the zones, Miran Sahib, was selected by Simple Random Sampling Technique. List of all schools (both Govt. & Pvt.) falling in this zone was procured from CEO (Chief Education Officer) Jammu. A total of 4 Higher Secondary Schools (2 Govt. & 2 Pvt.) were chosen by lottery method. Jammu city was selected for urban purpose. In the similar way, list of all schools falling in Jammu city was procured and 2 schools were randomly chosen which provided almost comparative strength as rural adolescents. Principals of identified schools were contacted and apprised of adolescent health problems and the purpose of study. Principals were assured that anonymity and confidentiality of the students would be maintained.

Study Participants: All the students from 9th-12th class present on day 1 of study in the selected schools were contacted and explained about the objective of study on assurance of confidentiality by the investigating team leaders and substantiated by the principals. Those willing to participate were enrolled. Team of investigators comprised of 1 faculty member, 1 Demonstrator, 2 Post Graduate & 25 undergraduate medical students. The whole plan of study including technique of administration of questionnaire was explained to all these students. The investigating students were divided into pairs- 1 male & 1 female. Each pair contacted one student at a time.

Each student was interviewed by the investigating team in privacy. At the time of data analysis, forms of respondents who had stated their age to be <12 years & >19 years were excluded from the study.

Study Instrument: A pre-tested, semi-open ended questionnaire was used containing different questions pertaining to adolescent health problems.

Results

The study comprised of 236 rural adolescents (116 males & 120 females) and 204 urban adolescents (98 males & 116 females) aged 12-19 years. (Insert table:I)

Urban class was ahead in terms of age group 15-17 years whereas rural respondents showed a highly significant lead in age group 17-19 years(p=0.008;chi sq=6.94). Late enrolment of children to schools among the rural populations can be the reason for that disparity.

Father's occupation wise urban class dominated in the service class and business class (difference was statistically significant) whereas rural population was ahead in other classes like skilled workers, semiskilled workers, unskilled workers and unemployed (the differences were statistically significant in case of skilled and unskilled worker categories).

In terms of birth order, the rural class showed

Table 1. Socio Demographic Profile of the Participants

Characteristics	Urban	(n=204)	Rural	(n=236)	P value
1. Age (Years)	No.(n)	(%)			
12-15	121	(59.3)	132	(55.9)	0.47
15-17	59	(28.9)	54	(22.8)	0.0148
17-19	24	(11.7)	50	(21.1)	0.008
2.Father's Occupation					
a. Service class	109	(53.4)	87	(36.8)	0.00048
b. Business class	43	(21)	19	(8%)	0.00009
c. Skilled workers	26	(12.7)	64	(27.1)	0.000193
d.Semi-skilled workers	10	(4.9)	22	(9.3)	0.075
e.Unskilled workers	16	(7.8)	41	(17.3)	0.0029
f. Unemployed	Nil	(0.0)	03	(1.2)	0.3
3. Birth Order					
a. First	96	(47)	81	(34.3)	0.0065
a. Second	98	(48)	92	(38.9)	0.055
b. Third	8	(3.9)	49	(20.7)	0.000000
d. Above	2	s (0.9)	14	(5.9)	0.0056

Table 2. Distribution of Risk Behaviours Among Urban & Rural Adolescents

S.No	Risk behaviour	Urban		Rural		P value
		No.	(%)	No.	(%)	
1.	Physical violence	123	(60.2)	114	(48.3)	0.011
2.	Ever tried alcohol	45	(22.0)	37	(15.6)	0.08
3.	Ever tried cigarette	40	(19.6)	32	(13.5)	0.087
4.	Consumption of drug	21	(10.3)	29	(12.3)	0.511
5.	Possession of weapon	15	(7.3)	12	(5.1)	0.322
6.	Current cigarette use	09	(4.4)	13	(5.5)	0.59
7.	Current alcohol use	O6	(2.9)	11	(4.6)	0.35
# Chi Sq value = 6.33 and p value = 0.011 significant						

Table 3. Distribution of Symptoms of Depression Among Urban & Rural Adolescents

S. No	Symptoms	Urban (n=204)		Rural (n=236)		P value
		No	(%)	No	(%)	
1.	**Depression**	68	(33.3)	49	(20.7)	0.0029*
2.	**Suicidal Thought**	23	(11.3)	19	(8.1)	0.25
3.	**Suicidal Attempt**	05	(2.4)	06	(2.5)	0.95
** chi sq value = 8.86, p value = 0.0029 Highly significant s*						

statistically significant lead in third (p=0.0000) and higher birth (p=0.0056) orders over the urban category students. It again can be explained on the basis of the fact that rural populations are less aware and willing to adopt the small family norms as compared to urban counterparts. Also differences in the occupations can also be responsible for the adoption of the family planning services. (*Table:2*)

It was seen that the seven risk behaviours under consideration showed the similar trends in the two populations of course with slight variations in the proportions of prevalence except in case of Physical violence that was significantly higher in the urban population (Urban - n=123; 60.2% and Rural - n = 114; 48.3%; p value = 0.011).(*Table 3*)

Among the symptoms studied, those suggestive of depression were more frequently seen among the urban adolescents as compared to rural adolescents (urban : n=68, 33.3% ; rural : n=49, 20.7%; and that difference was highly significant (p value= 0.0029). Suicidal attempts were reported by 2.4% urban and 2.5% rural students.

Discussion

Health risk behaviours are important factors to determine the overall health status of adolescents .In present study It was seen that the seven risk behaviours under consideration had almost similar trends in the two populations, except in case of Physical violence that was significantly higher in the urban population (Urban - n=123; 60.2% and Rural - n = 114; 48.3%; p value = 0.011). Similar were the results of a cross-sectional study conducted by Samantha A *et al* among 199 (104 urban, 95 rural) male students of classes VIII and IX, of two schools, in urban and rural areas of West Bengal. Mental health- and violence-related issues were prevalent more among urban students than those among rural students .ie Physical fight (Urban=53.8%, Rural= 11.6%), bullying (Urban=46.4% ,Rural= 17%) (3)

11.36% students (n=50) reported consumption of drugs (urban =21, Rural=29). It is comparable to a study carried out by Dechenia Tsering *et al* in high school students in west Bengal, where out of 416 students, 52 (12.5%) used or abused any one of the substances irrespective of time and frequency in lifetime; 15.1 % (n=26) were among the urban students and 10.7 %(n=26) were among their rural counterparts (4). In another study conducted by Saxena V *et al* , on 511 male students of 10 th to 12 th class from the four intermediate schools in

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Dehradun district 46.9% students reported substance abuse (5).

Symptoms of depression were found among 26.59% of students (n=117) with urban adolescents reporting higher frequency as compared to rural adolescents (urban : n=68, 33.3% ; rural : n=49, 20.7%; and that difference was highly significant (p = 0.0029).It is much higher as compared to a study conducted by Srinath *et al* on a community sample from south India, which reported a prevalence of depression among 0.1% in the 4-16 year age group (6). Similarly, another study from north India reported an annual incidence rate of 1.61/1000 children in a community based study on school children (6). Again it is much higher than the results of Clinic-based studies that have reported a prevalence rate of 1.2 to 9.2% for the affective disorders (7) and a recent study by Malhotra *et al* evaluating the trend of various diagnoses in clinic population, reported increase in prevalence of affective disorders from 2% to 13.49% in children (0-14 years) attending the psychiatric outpatient clinics (8). It proves that this problem is assuming a major importance in our populations

In present study, Suicidal thoughts were seen among 11.3% (n=23) of urban and 8.1% (n=19) of rural students. It is much less than that reported by Samantha A et al among male students of two schools, in urban and rural areas of West Bengal issues like loneliness (17.3% vs. 9.8%), worry (17.3% vs. 10.7%), and suicidal thoughts (19.2% vs. 14.1%) were higher among urban students3. In another study by Rahul Sharma *et al* on adolescent students in South Delhi, suicidal ideation was reported by 15.8% of the respondents which is much higher (9). However, It is higher than reported In a study carried out by Priti Arun et al on adolescent students in Chandigarh which reported 6% students with suicidal ideation (10).

Conclusion

This study shows that mental health issues like drug abuse and depression leading to suicidal ideation and attempts are gaining prominence among the adolescents in Jammu district and there is an urgent need to address this issue.

Reference

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