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PSYCHOLOGICAL HEALTH OF EARLY ADOLESCENTS LIVING IN PERSISTENT POVERTY IN DODA DISTRICT OF JAMMU AND KASHMIR STATE.

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ABSTRACT:

Adolescence is the period of transition from childhood to adulthood, a period of rapid Biological, Emotional and Cognitive changes and living in poverty can have profound impact on Physical and Psychological health. Poverty is highly related to increased risks of negative health outcomes for young children and adolescents. The present research work aims to assess the psychological health among early adolescents living in Persistent Poverty in Doda district of Jammu and Kashmir State. Random sampling technique was used to identify the sample. The sample consisted of 240 adolescent in the age group of 11-14 years, among whom 120 Early Adolescent Boys and 120 Early Adolescent Girls were selected respectively from BPL enlisted Families of Assar and Bhaderwah Blocks of Doda district of J and K. To measure Psychological health Cornell Medical Index Health Questionnaire (CMIHQ) was used. The findings of the present study reveal that majority of early adolescent show severe level of problem of Inadequacy. In Anxiety problems, only girls report severity and in Tension, majority of early adolescents show severe level of problem. Chi Square value reveals significant sex differences in Inadequacy Problems, Sensitivity Problems and Tension Problems among early adolescents.

Key Words: *Early Adolescents, Persistent Poverty and Psychological Health.*

1. INTRODUCTION

Adolescence is the period of transition from childhood to adulthood, a period of rapid biological, emotional and cognitive changes, and living in poverty can have profound impact on Physical and Psychological health. Poverty is defined as lack of access to necessities such as foodstuff, shelter, and health facilities. According to Frank Gillispe (2008), 'Persistent poverty is described as a family that has remained on the poverty rolls for 3 or more census periods (30 years) (www.madisonjournal today.com/ archieves/PS534.html).

India is the world's largest democracy and in recent years has been its second-fastest-growing economy. The root cause of persistent poverty in India lies at the complex intersection of structural factors and patterns socioeconomic exclusion. Poverty in India is a major economic obstacle in the country's progress. The effects of poverty on adolescents can be not only devastating but last a lifetime. More often

than not, poverty is carried from generation to generation. Parents raising families in poverty are burdened by many stresses including economic stress.

Poverty in India is boundless and an assortment of strategies have been proposed to gauge it. The official measure of Indian government, before 2005, depended on sustenance security and it was characterized from per capita use for a man to devour enough calories and have the capacity to pay for related basics to survive. The diverse definitions and distinctive hidden little example overviews used to decide destitution in India, have brought about broadly extraordinary assessments of neediness from 1950s to 2010s. In 2012, the Indian government expressed 21.9% of its populace is beneath its official neediness constrain. The World Bank, in 2011 in light of 2005's PPPs International Comparison Program, evaluated 23.6% of Indian populace, or around 276 million individuals, lived beneath $1.25 every day on buying power equality. As indicated by United Nation's Millennium Development Goal (MDG) program 270 millions or 21.9% individuals out of 1.2 billion of Indians lived underneath destitution line of $1.25 in 2011-2012.(en.wikipedia.org/wiki/Poverty_in_India)

The World Bank checked on and proposed modifications in May 2014, to its neediness count approach and acquiring power equality reason for measuring destitution around the world, including India. As indicated by this overhauled approach, the world had 872.3 million individuals beneath the new neediness line, of which 179.6 million individuals lived in India. As it were, India with 17.5% of aggregate total populace had 20.6% share of universes poorest in 2011. Starting 2014, 58% of the aggregate populaces were living on under $3.10 every day. As per the Modified Mixed Reference Period (MMRP) idea proposed by World Bank in 2015, India's neediness rate for period 2011-12 remained at 12.4% of the aggregate populace, or around 172 million individuals; taking the updated destitution line as $1.90. As indicated by the US Census Bureau, the destitution rate for youngsters under 18 years old expanded to 22% in 2010. Neediness prompts to unfavorable wellbeing results in youngsters and youths, for example, hurtful consequences for learning, psychosocial improvement, physical wellbeing, profitability and family life. (www.Researchgate.net/distribution/22...)

Poverty is highly related to increased risks of negative health outcomes for young children and adolescents. When compared with all children, poor children families are more likely to be born premature and at a low birth weight, and to develop later illnesses, such as respiratory diseases, anemia and nutritional deficiencies, asthma, middle ear disease and permanent visual loss. Moreover, in comparison to all adolescents, those raised in poverty engage in higher rates of risky health related behaviours, including child labour, teenage pregnancy and smoking (Children in Poverty,2011).

Youth living in poverty generally have lower grades than those in higher income classes and the rates for dropouts are highest within this income class. (Eduction.stateuniversity.com>edu.encycdopedia). Health related behaviours and states that carry risks for present or later life disease and emerge in adolescence and young adulthood. Investing in adolescent girls helps break cycles of poverty. Research is required into the estimation of ignored parts of immature wellbeing including emotional well-being, wellbeing framework working and chance and defensive calculates youths prompt social settings. UNICEF proposes that each nation ought to be urged to deliver an investigate the wellbeing of its youngsters to manage the plane of government and non-government organizations working towards their sound advancement. Methodologies are expected to gather information on socially minimized youngsters, including those out-of-school, out-of-home and in adolescent detainment, not caught in present framework (www.the lancet.com, vol 379, April, 28, 2012). Doda is the most underdeveloped and poverty stricken district in Jammu and Kashmir. Majority of the population depend on ration supply through government shops. It has the highest number of poor families and unemployed youth. (www.tribuneindia .com/2006/20060815/main 5.htm). With this as assumption the present study was undertaken in the Doda district to know the effect of poverty on the psychological health of early adolescents.

OBJECTIVE:

1.To assess the Psychological Health among early adolescents living in Persistent Poverty in Doda district of Jammu and Kashmir State.
2.To compare Psychological Health among early adolescents boys and girls.

Research Methodology:

1. SAMPLE

a) Sample size:

The sample for the study comprises of 240 adolescents (120 boys and 120 girls) in the age group of 11 to14 years.

b) Criteria for sample selection:

i) Age: Only those adolescents were selected who were in the group of 11 - 14 years.
ii) Area: The sample was selected only among the inhabitants of Doda district of Jammu and Kashmir.
iii) Financial criteria: The sample consists of only those adolescents who were living in families identified as (BPL) families by the Department of Rural Development, Government of Jammu and Kashmir.
c) Sampling Technique: Multistage sampling technique was used for data collection from Doda district .Out of the 8 blocks i.e. Assar, Marmat, Bhajwah, Ghat Doda, Gundana, Thathari, Bhalessa and Bhaderwah, 2 blocks namely Assar and Bhaderwah were selected randomly and from each block only those adolescents were selected who belong to BPL families, as identified by the Department of Rural Development, Government of Jammu and Kashmir.

2. TOOL USED

Cornell's Medical Index Health Questionnaire (CMIHQ): Cornell's Medical Index Health Questionnaire was devised by Narendra Nath Wig, Dawarka Prashad and Santosh Kumar in 1971. The term "Health Questionnaire" explains the nature and purpose of the respondents. It contains 195 questions in informal language, understood easily. Technical terms are avoided. After each question a 'yes' or "no" appears. The respondent answers the questions grouped in sections from sections A to L (144 items) the total yields a score for Physical Distress. In Physical Distress section include 12 dimensions: Eyes and Ears, Respiratory System, Cardiovascular System, Digestive Tract, Masculo Skeletal System, Skin, Nervous system, Genitourinary, Fatigaubility, Frequency of illness , Miscellaneous and Habit. Similarly section M to R (51 items) is used to measure Emotional or Psychological Distress total scores give us the total distress. In this scale, the Psychological Distress includes 6 dimensions (51 items): Inadequacy, Depression, Anxiety, Sensitivity, Anger and Tension. For positive score a mark of +1, for negative 0 is assigned and then the total scores will be calculated for a particular individual. On the basis of scores obtained on the scale by respondents, the criteria were developed by calculating quartiles for the levels of their health status.

Quartiles	Physical Distress (141 items)	Psychological Distress (51 items)	Total Distress (195 items)
25th (High Health Index)	36	12.75	45.75
50th (Moderate Health Index)	72	25.5	97.5
75th (Low Health Index)	108	38.25	146.25

The Cornell Medical Index Health Questionnaire was used in present study to assess the Psychological well-being of adolescents living in persistent poverty in Doda district.

3. DATA COLLECTION: The data was collected in two phases:

1. Pretesting: The tool was pretested on a smaller sample of adolescents from BPL families of Doda District.

After pretesting, the scale was found suitable and hence required no modification.

2. Final Data Collection: After selection of the sample and finalization of the tool, the data was collected by visiting various Government schools of Doda District. For data collection the researcher explained the purpose of data collection and also the tool to the High Authorities of the school. A list of BPL families students was obtained from the Authorities out of whom the required sample was randomly selected to suit the criteria of the researcher. Home visits were done by researcher for data collection. BPL families having adolescent children were also contacted with the help of local leaders. Families which were contacted for the purpose of data collection by the researcher were first made to understand the purpose of visit and then their children were contacted with the permission of elders. The researcher explained the procedure for filling up the scale to the children. All the adolescents were literate so they filled their forms themselves.

4. DATA ANALYSIS: Quantitative methods were employed for data analysis. The data calculated from the sample were analyzed by using following statistical techniques:

Percentile Ranks were calculated for overall scores and various dimensions of scales.

Chi Square was used to find out the differences between early adolescents from BPL families with respect to their gender.

RESULTS AND DISCUSSION

Inadequacy Problem

Responses	Boys (N=120)		Girls (N=120)		Total (N=240)	
	N	%	N	%	N	%
1. Inadequacy Problem						
Non Significant	8	(6.7)	10	(8.3)	18	(7.5)
Mild	29	(24.2)	20	(16.7)	49	(20.41)
Moderate	48	(40.0)	24	(20.0)	72	(30)
Severe	35	(29.2)	66	(55.0)	101	(42.08)
χ^2 =				19.39**		

Percentage in Parentheses ; **significant at $p \leq 0.01$

Table no 1: Most of the Early Adolescents (42.08% respondents i.e. 29.2% boys and 55.0% girls) show Severe level of problem, 30% of respondents (40.0% boys and 20.0% girls) show Moderate level of problem, 20.41% of respondents (24.2% boys and 16.7% girls) show Mild level of problem and 7.5% of respondents (6.7% boys and 8.3% girls) show Non-Significant level of problem. Chi Square analysis reveals significant sex differences in Inadequacy Problems (19.39**, $p \leq 0.01$) among early adolescents. Girls show more Inadequacy Problems than boys.

DEPRESSION PROBLEM

Responses	Boys (N=120)		Girls (N=120)		Total (N=240)	
	N	%	N	%	N	%
2. Depression Problem						
Non Significant	110	(91.7)	102	(85)	212	(88.35)
Mild	9	(7.5)	17	(14.2)	26	(10.83)
Moderate	1	(.8)	1	(.8)	2	(0.83)
χ^2 =				2.61 NS		

Percentage in Parentheses; NS = Non Significant

Table no 2: Reveals that 88.33% of Early Adolescents (91.7% boys and 85.0% girls) show Non-Significant level of problem, 10.83% of respondents (7.5% boys and 14.2% girls) show Mild level of problem and 0.83% of respondents (.8% boys and .8% girls) show Moderate level of problem. Non Significant differences were observed among boys and girls.

ANXIETY PROBLEM

Responses	Boys (N=120)		Girls (N=120)		Total (N=240)	
	N	%	N	%	N	%
3. Anxiety Problem						
Non Significant	90	(75.0)	78	(65.0)	168	(70)
Mild	26	(21.7)	37	(30.8)	63	(26.25)
Moderate	1	(.8)	2	(1.7)	28	(11.66)
Severe	-		3	(2.5)	4	(1.66)
χ^2 =			3.65 NS			

Percentage in Parentheses; NS = Non Significant

Table no 3: Majority of the Early Adolescents (70% of respondents i.e. 75.0% boys and 65.0% girls) show Non-Significant level of problem, 26.25% of respondents (21.7% boys and 30.8% girls) show Mild level of problem, 1.25% of respondents (.8% boys and 1.7% girls) show Moderate level of problem and only 1.66% of the Girls report severity of this problem. Non Significant differences were observed among boys and girls.

Sensitivity Problem

Responses	Boys (N=120)		Girls (N=120)		Total (N=240)	
	N	%	N	%	N	%
4. Sensitivity Problem						
Non Significant	57	(47.5)	36	(30.0)	93	(38.75)
Mild	31	(25.8)	21	(17.5)	52	(21.66)
Moderate	21	(17.5)	43	(35.8)	64	(26.66)
Severe	11	(9.2)	20	(16.7)	31	(21.91)
χ^2 =			16.84**			

Percentage in Parentheses ; **significant at p ? 0 . 0 1

Table no 4: Reveals that 38.75% of Early Adolescents (47.5% boys and 30.0% girls) show Non-Significant level of problem, 26.66% of respondents (17.5% boys and 35.8% girls) show Moderate level of problem and 21.66% of respondents (25.8% boys and 17.5% girls) show Mild level of problem and 12.91%of respondents (9.2% boys and 16.7% girls) show Severe level of problem. The Chi Square value reveals significant sex differences in Sensitivity Problems (16.84**, p ? 0 . 0 1) among early adolescents.

Anger Problem

Responses	Boys (N=120)		Girls (N=120)		Total (N=240)	
	N	%	N	%	N	%
5. Anger Problem						
Non Significant	14	(11.7)	11	(9.2)	25	(10.41)
Mild	50	(41.7)	46	(38.3)	96	(40)
Moderate	42	(35.0)	46	(38.3)	88	(36.66)
Severe	14	(11.7)	17	(14.2)	31	(21.91)
χ^2 =			0.99 NS			

Percentage in Parentheses; NS = Non Significant

Table no 5: Majority of the Early Adolescents (40% respondents i.e. 41.7% boys and 38.3% girls) show Mild level of problem, 36.66% of respondents (35.0% boys and 38.3% girls) show Moderate level of problem, 12.91% of respondents (11.7% boys and 14.2% girls) show Severe level of problem whereas 10.41% of respondents (11.7% boys and 9.2% girls) show Non-Significant level of problem. Non Significant differences were observed among boys and girls.

Tension Problem

Responses	Boys (N=120)	Girls (N=120)	Total (N=240)
	N %	N %	N %
6. Tension Problem			
Non Significant	21 (17.5)	11 (9.2)	32 (13.33)
Mild	32 (26.7)	17 (14.2)	49 (20.41)
Moderate	41 (34.2)	33 (27.5)	74 (30.83)
Severe	26 (21.7)	59 (49.2)	85 (35.41)
χ^2 =		21.39 **	

Percentage in Parentheses ; **significant at $p \leq 0.01$

Table no 6: Most of the Early Adolescents (35.41% respondents i.e. 21.7% boys and 49.2% girls) show Severe level of problem, 30.83% of respondents (34.2% boys and 27.5% girls) show Moderate level of problem, 20.41% of respondents (26.7% boys and 14.2% girls) show Mild level of problem and 13.33% of respondents (17.5% boys and 9.2% girls) show Non-Significant level of problem. The Chi Square analysis reveals significant sex differences in Tension Problems (21.39**, $p \leq 0.01$) among early adolescents. Girls show more Tension Problem than the boys.

CONCLUSION:

Persistent Poverty is highly related to increased risks of negative health outcomes for young children and adolescents. Poverty leads to adverse health outcomes in children and adolescents such as harmful effects on learning, psychosocial development, physical health, productivity and family life. Tenaciously poor youngsters have more disadvantageous formative settings than kids in neediness for shorter periods and that they have more terrible formative results [John et al, 2013]. Different studies have observed that having low SES brought about anxiety which exacerbated side effects of mental issue, and ruined people don't sufficient access to social insurance [Wadsworth and Achenbach, 2005]. The discoveries of the present study highlight that the early pre-adult show serious level of issues in Inadequacy, Sensitivity, Anger and Tension Problem. Then again, just young ladies report seriousness of Anxiety issue. Critical sex contrasts were seen in Inadequacy, Sensitivity and Tension Problems among early youths, while in the issues of Anxiety, Depression, and Anger non noteworthy sex contrasts were watched. Santiago et al (2011) observed that neediness related anxiety was specifically identified with on edge/discouraged side effects and social issues and associated with earlier indications, adding to exacerbating manifestations for wrongdoing, consideration issues, physical protestations, and on edge/discouraged side effects. The Present concentrate additionally uncovers that the Psychological Health issues like Inadequacy Problems, Depression Problems, Anxiety Problems, Sensitivity Problems, Anger Problems and Tension Problems were discovered more among young ladies than the young men. Achenbach et al (1991) observed that couple of critical sex contrasts were found, however guys demonstrated altogether more elevated amounts of hostility and females indicated larger amounts of physical objections. These exemptions are reliable with predominance rates, demonstrating higher commonness of animosity for guys, and higher pervasiveness of substantial grumblings for females

SUGGESTIONS:

- Adolescence is critical transitional periods that include the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation.
- Health education must be a priority for adolescents. Health education should be important component of education right from the beginning.
- The schemes for promoting education and health for the children living below poverty line must be advocated so that more children are aware about these because education has an important implication for health.
- Various government health and education related schemes such as Saksham or Rajive Gandhi scheme of Empowerment of Adolescent Boys, Sabla or Rajive Gandhi scheme of Empowerment of Adolescent Girls, Adolescent Reproductive and Sexual Health Programme, Sukanya Samridhi Yojana, Kishori Shakti Yojana and Rashtriya Kishor Swasthya Karyakram and New Policy should be strengthen for their overall development.

REFFRENCES

1.Achenbach, T. M., Howell, C. T., Quay, H. C., & Conners, C. K. (1991). National survey of problems and competencies among four- to sixteen-year-olds. Monographs of the Society for Research in Child Development, 56, 1–133.

2.Grant, P., Grace, P., Trujillo, J., Halpert, J., Cordeiro, A.K. and Razzino, B. (2001). Predicting desire for a child among low-income urban adolescent interpersonal process in the context of poverty. Journal of Primary Prevention. 22: 341-359.

3.Holmes, J. and Kathleen, K. (2013). Persistent Poverty and childeren's development in the early years of childhood. Policy and Politics. 41(1): 19- 42.

4.Madhavi , L. H. (2011) A Study on Psychosocial Health Problems Among Adolescent Girls in urben area. Journal of Medical Education and Research. 1 (2):36-38.

5.Sharma, S.P. (2006). The Tribune News Service. Retrieved from www.tribuneindia.com/2006/20060815/main5.htm on 15-08-2006.

6.Santiago, Decario,C., Wadsworth and Stump, M.E. (2011) Socio-Economic status, neighborhood, disadvantage, and poverty-related stress: prospective effects on psychological syndromes among diverse low-income families. Journal of Economic Psychology, 32, 218-230.

7.UNICEF (2012). Progress of children: A report card on the adolescents. Retrieved from www.UNICEF. Org / publications

8.Wig, N.N., Parshad, D. and Verma, S.K. (1971). Cornell Medical Index Health Questionnaire. National Psychological Corporation Agra .

9.Wadsworth, M. E., & Achenbach, T. M. (2005). Explaining the link between low socioeconomic status and psychopathology: Testing two mechanisms of the
social causation hypothesis. Journal of Consulting and Clinical Psychology, 73, 1146–1153.

WEBSITES:

www.madisonjournal today.com/archieves/PS534.html
en.wikipedia.org/wiki/Poverty_in_India
www.Researchgate.net/publication/22...
www.childtrends.org/%3Findicators%3.....
Eduction.stateuniversity.com>edu.encycdopedia
www.the lancet.com, vol 379, April, 28, 2012

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