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A study to assess the behavioural and emotional changes among adolescent Erayamangalam at govt. higher secondary school

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Abstract

Adolescence is one of the most rapid phases of human development [12]. Although the order of many of the changes appears to be universal, their timing and the speed of change vary among and even within individuals. Both the characteristics of an individual (e.g. sex) and external factors (e.g. inadequate nutrition, an abusive environment) influence these changes [13-15]. Many biological changes take place during the adolescent years. The research design for the study descriptive research design. Purposive sampling technique was used to select samples. Structured interview was used to collect background variable, structured questionnaire for behavioural and emotional changes among adolescent. Data were collected by 80 from rural population at Kondancherry. Present study shows that percentage and frequency regarding behavioural changes among adolescent inadequate (50%) moderate (33%) adequate (35%). It result shows that mean score for inadequate (4.366), moderate (11.9) adequate (18.7) and standard deviation is 5.291.

Keywords: Adolescent, behavioural changes, emotion, rural area.

Introduction

Adolescence (from Latin adolescere, meaning 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. For example, puberty now typically begins during preadolescence, particularly in females. Physical growth (particularly in males) and cognitive development can extend into the early twenties. Thus, age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence. A thorough understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education, and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles [1].

Behavioural change theories are attempts to explain why behaviours change. These theories cite environmental, personal, and behavioural characteristics as the major factors in behavioural determination. In recent years, there has been increased interest in the application of these theories in the areas of health, education, criminology, energy and international development with the hope that understanding behavioural change will improve the services offered in these areas [3].

Adolescence is a time of emotional stress in the house as adolescents become increasingly independent and their desires often clash with their parents' requests. Adolescents are inclined to take risks, whereas their parents are interested in their safety. They tend to act impulsively, without thinking about the consequences, and they make decisions based on what feels good at the moment. Even when parents try to explain their own decisions based on their life experience and knowledge, adolescents often react emotionally without even listening to the reasons. Therefore, defiance is necessary in order for the adolescent's unique identity to emerge, behavior issues and rebellion is common [4].

In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including human immunodeficiency virus, poor eating, and exercise habits lead to illness or premature death later in life. Our study was planned to assess the social, behavioural, and emotional changes occurring during adolescent period among the school aging population [5].

Anne Theurel, Edouard Gentaz (2018) conducted a study to evaluate “The regulation of emotions in adolescents.” Age differences and emotion-specific patterns the two experiments addressed the issue of age-related differences and emotion-specific patterns in emotion regulation during adolescence. Experiment 1 examined emotion-specific patterns in the effectiveness of reappraisal and distraction strategies in 14-year-old adolescents (N = 50). Adolescents were instructed to answer spontaneously or to down regulate their responses by using either distraction or cognitive reappraisal strategies before viewing negative pictures and were asked to rate their emotional state after picture presentation. Results showed that reappraisal effectiveness was modulated by emotional content but distraction was not. Reappraisal was more effective than distraction at regulating fear or anxiety (threat-related pictures) but was similar to distraction regarding other emotions. Using the same paradigm, Experiment 2 examined in 12 -year-old (N = 56), 13-year-old (N = 49) and 15-year-old adolescents (N = 54) the age-related differences

- a. In the effectiveness of reappraisal and distraction when implemented
- b. In the everyday use of regulation strategies using the Cognitive Emotion Regulation Questionnaire.

Results revealed that regulation effectiveness was equivalent for both strategies in 12-year-olds, whereas a large improvement in reappraisal effectiveness was observed in 13- and 15-year-olds. No age differences were observed in the reported use of reappraisal, but older adolescents less frequently reported using distraction and more frequently reported using the rumination strategy. Taken together, these experiments provide new findings regarding the use and the effectiveness of cognitive regulation strategies during adolescence in terms of age differences and emotion specificity [7].

Due to hormonal changes, adolescents have mood swings and frequently change their temperament. They tend to have more intense and wide-ranging emotions than children or adults, and they exaggerate their problems as well. It's common to see adolescents fluctuating between feeling like they're on top of the world one moment and being depressed the next. These emotional changes affect their school performance, appearance, choice of friends and their ability to make appropriate life choices [8].

The purpose of the study was

1. To assess demographic variable among adolescent
2. To determine the behavioural and emotional changes among adolescent
3. To associate the behavioural and emotional changes among adolescent with demographic variables

Methods and Material

A descriptive study was conducted to assess the behavioural and emotional changes among adolescent Errayamangalam at government higher secondary school respectively. The main study was conducted on 4.3.2020 to 13.3.2020 at rural population. The 80 samples who met the inclusion criteria were selected. The investigator introduced and explained the purpose of the study to samples and the written informed consent. A questionnaire was divided into two sections which include, section A- background variable, section- B. structured questionnaire for behavioural and emotional changes among adolescent. The demographic data was

collected using structured interview questionnaire.

Result and Discussion

Section A: Description of the demographic variable of among adolescent

The present study revealed that Frequency and percentage distribution of demographic variables of shows that majority of them are at the age group of 12-15 45 (56.25%) most of them are females 50 (62.55%), most of them are 11th, 12th 25 (31.25%)majority of them are socio economic class I40 (50%) majority of them were non-alcoholic 76 (76%),most of them were in siblings present 60 (75%)most of them are living in nuclear family 60 (75%).

Section B: Determine the behaviour and emotional changes among adolescent

The present study shows that the some more students having conscious about losing weight 60 (75%) students have thoughts of building their muscle 40 (50%) some of students spending their time in front of mirrors 45 (56.25%) some were students have conscious about pimples and taking care of it 43 (53.75%) some are thinking good marks than their friends 65 (81.25%) some of students joined in sports to show up their talents 55(68. 75%) And some students have daydreaming about unrealistic goals 57(71.25%) some of students does not think to become doctor 45 (56.25%) some of students face no difficulty to take decision 43 (53.75 %)some of students struggling with their studies 45 (56.25%) some of students feeling depress often 49 (65.25%) some of students feeling they could not take good marks 46 (57.25%) some of students having peer pressure during friends having worth full things 54 (67.5%) some of students mind changing suddenly happy to sad 64 (80 %) some of students feeling depress often 54 (67.5 %) some of students having peer pressure due to dressing well up 54 (74.5%) some of students argue or fight for small thing 45 (56. 75%) some of students feel isolated 45 (56.75%) some of students have sleep disturbance 45 (56.75%).

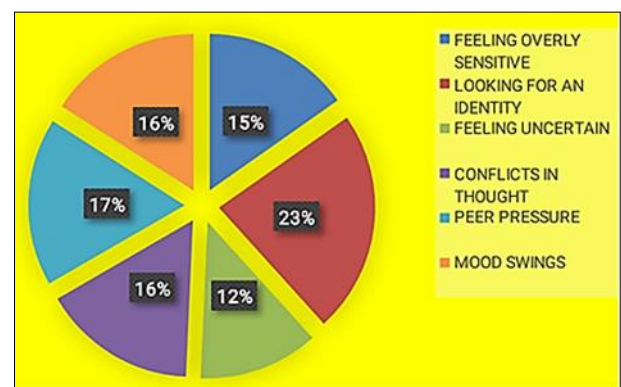


Fig 1: Emotional and behavioral attributes

Section C: Association of level of behaviour and emotional changes with their selected demographic variable

The present study shows that percentage and frequency regarding behavioural changes among adolescent inadequate (50%) moderate (33%) adequate (35%).It shows the mean score for inadequate (4.366), moderate (11.9) adequate (18.7)and standard deviation is 5.291.

Table 1: Frequency and percentage distribution of the behavioural changes among adolescent

Level of knowledge	Frequency	Percentage
Inadequate	30	50%
Moderate	20	33%
Adequate	10	16.67%

Table 2: Frequency and percentage distribution of mean median standard deviation of behavioural changes among adolescent

Level of knowledge	Mean deviation
Inadequate	4.366
Moderate	11.9
Adequate	18.7

Conclusion

This study shows that that, the behavioural and emotional changes among adolescents at Errayamangalam is adequate the physical, neuro-developmental, social, and psychological changes and its implications on health and disease has to be considered for leading normal life.

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Author's contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

Conflicts of interest

The authors declare no conflicts of interest.

Reference

1. Sixty-fourth World Health Assembly. Resolution WHA 64.28: Youth and Health Risks. Geneva: World Health Organization 2011.
2. Silk JS, Siegle GJ, Whalen DJ, Ostapenko LJ, Ladouceur CD, Dahl RE. Pubertal changes in emotional information processing: Pupillary, behavioral, and subjective evidence during emotional word identification. *Dev Psychopathol* 2009;21:7-26.
3. Yurgelun-Todd D. Emotional and cognitive changes during adolescence. *Curr Opin Neurobiol* 2007;17:251-7.
4. Rosso IM, Young AD, Femia LA, Yurgelun-Todd DA. Cognitive and emotional components of frontal lobe functioning in childhood and adolescence. *Ann N Y Acad Sci* 2004;1021:355
5. The World Health Report. Mental Health: New Understanding, New Hope. Geneva, World Health Organization 2001, P39-44.
6. International Institute for population sciences (IIPS) and Macrointernational. National Family Health Survey (NFHS-3). Mumbai: IIPS 2007;1.
7. Canals J, Domench E, Carbajo G. Prevalence of DSM III-R and ICD-10 psychiatric disorders in a Spanish population of 18- year olds. *Acta Psychiatr Scand* 1997;9.
8. Cohen P, Cohen J, Kasen S. An epidemiological study of disorders in late childhood and adolescence- age and gender specific prevalence. *J Child Psychol Psychiat* 1993;34(6):851-867.

9. Achenbach TM, Rescorla LA. Manual for ASEBA School Age forms and profiles. Research centre for Children, Youth & families, University of Vermont, Burlington, VT 2001.
10. Canals J, Domench E, Carbajo G. Prevalence of DSM III-R and ICD-10 psychiatric disorders in a Spanish population of 18-year olds. *Acta Psychiatr Scand* 1997;96:287-294.
11. WHO Global Status Report on Alcohol. Geneva: World Health Organisation 2004.
12. Rinath S, Girimaji CS, Seshadri S, Subbakrishna DK, Bhola P, Kumar N. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian J Med Res* 2005;122:67-79.
13. Cohen P, Cohen J, Kasen S. An epidemiological study of disorders in late childhood and adolescence- age and gender specific prevalence. *J Child Psychol Psychiat* 1993;34(6):851-867.
14. Rubin C, Rubeinstein JL, Stechler G. Depressive affect in normal adolescent: Relationship to life stress, family and Am J Orthopsychiat 1998;68(2):274-284.
15. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med* 2007;32:219-21.