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ANXIETY IN ADOLESCENTS & SOCIO-ECONOMIC STATUS OF FAMILY

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Abstract:

*To study the role of Socio-Economic factors in increasing anxiety level of adolescents, a study was conducted among the adolescents of Nanded district. With an Objective – “To study the Role of Socio-Economic Factors of Family in Arousing Anxiety of Adolescents.” Sample was selected by Stratified Random Sampling method among 265 girls and 262 boys from 16 to 18 years age group belonging to three income groups. Assessment of anxiety level in adolescents was carried out with the help I.P.A.T. Anxiety scale, by Samuel.E.Krug. For the convenience of adolescents Hindi version of this test was used revised by Dr.S.D.Kapoor. The obtained data was examined with the help of scoring key and was statistically co-related with socio-economic factors of adolescents. Results indicate that, 1) Family income was significantly co-related with 5% level in boys with apprehension (0.249**) and tension (0.256**) and with 1% level with same norms i.e. apprehension (0.511*) and tension (0.521*) in girls. 2) Family income was also significantly co-related with low self control in boys (0.274*) and girls (0.277*) with 1% level. 3) Specially in boys it was found that father's education was significantly co-related with apprehension (0.255*) at 1% level. 4) When anxiety norms of both girls and boys were studied through the test of variance i.e. one way ANOVA no significant difference was found. Scores for the norms like emotional instability, apprehension and tension were found with more percent in boys than girls. Whereas scores of indirect factors related to anxiety were found more in girls along with low self control and suspicion.*

KEYWORDS-

Anxiety in Adolescents, Socio –Economic Status, Anxiety and psychological.

INTRODUCTION

“The secret of National Health Lies In The Homes Of People”

The family is basically a unit in which parents and children live together. Its key position i.e. the socio-economic status of family rests on its multiple functions in relation to overall development of its members, their protection, and over all well being . Therefore it would emerge. that not only the social and physical well-being of the individual is taken care of by the family , but the psychological well-being as well. Adverse child environments are associated with the onset of mood and anxiety disorders in adulthood. The mechanisms underlying these life-course associations remain poorly understood. Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide (Costello, Mustillo, Erkanli, Keeler & Angold, 2003).

Especially with regards to the adolescent phase of a human being family is of great importance.

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Adolescence is a phase of transaction from childhood to adulthood characterized by rapid growth and physio- psychological changes, accompanied by risky behavior patterns and with a need to understand their physical mental, emotional and social development. Which are the contributing factors in arousing anxiety in adolescents. This is the state where family plays a very crucial role.

The largest generation of adolescents in history, nearly 1.2 billion is preparing to enter adulthood. Adolescents account for one fifth of the world's population and have been on an increasing trend. In India they account for 22.8% of the population (as on 1st March, 2000, according to the Planning Commission's Population Projection).

This implies that about 230 million Indians are adolescents in the age group of 10-19 years. Adolescents and young people represent a significant proportion of the South Asian population. South Asia is home to about 350 million young people aged 12-24 years, nearly 30% of adolescence (censuses India)

Socioeconomic status (SES) remains a topic of great interest to those who study children's development. This interest derives from a belief that high SES families afford their children an array of services, goods, parental actions, and social connections that potentially redound to the benefit of children and a concern that many low SES children lack access to those same resources and experiences, thus putting them at risk for developmental problems (Brooks-Gunn & Duncan 1997). The interest in SES as a global construct persists despite evidence that there is wide variability in what children experience within every SES level, despite evidence that the link between SES and child well-being varies as a function of geography, culture, and regency of immigration, and despite evidence that the relation between SES and child well-being can be disrupted by catastrophes and internal strife (Bradley & Corwyn 1999, Wachs 2000)

Previous research on the socio demographic correlates of anxiety reveals well-established relationships with gender and socioeconomic status. Gender effects for anxiety disorders and symptoms have been found in studies of children and adolescents in English-speaking countries. Generally, more girls than boys develop anxiety disorders and symptoms. Adolescent girls report a greater number of worries, more separation anxiety, and higher levels of generalized anxiety (Campbell & Rapee, 1994; Costello, Egger & Angold, 2003; Poulton, Milne, Craske & Menzies, 2001; Weiss & Last, 2001). Socioeconomic status has been found to be both related and unrelated to anxiety. Broadly, social disadvantage is associated with increased stress (Goodman et al., 2005). In studies of adults, socioeconomic status has been found to impact both directly on rates of mental illness and indirectly via the influence of poverty and financial hardship on low and middle income groups (Hudson et al., 2009)

So with special concern to adolescents the present study, "Socio Economic Factors and Adolescent's Anxiety" was conducted among the adolescents of Nanded district With an Objective – "To study the Role of Socio-Economic Factors of Family in Arousing Anxiety of Adolescents."

MATERIALS AND METHODS:

- a) Locale of Study - The study was conducted in eight talukas of Nanded district selected direction wise.
- b) Selection of Sample - Sample was selected by Stratified Random Sampling method among 265 girls and 262 boys from 16 to 18 years age group belonging to three income groups. While selecting the sample care was taken that at least 90 students should belong to three different age and income groups.

c) Anxiety Assessment -

Assessment of anxiety level in adolescents was carried out with the help I.P.A.T. Anxiety scale, by Samuel.E.Krug. For the convenience of adolescents Hindi version of this test was used revised by Dr.S.D.Kapoor.

d) Statistical Analysis -

The obtained data was examined with the help of scoring key and was statistically co-related with socio-economic factors of adolescents. Also 'Z' test, one way ANOVA was used to know the variance of anxiety norms of girls and boys.

RESULT:

Table- 01 : Correlation between Socio-economic factors and Anxiety Norms of Adolescents

Sr. No .	Socio-economic factors	Males						
		Covert	Overt	Apprehensi on	Tension	Low self control	Emotional Instability	Suspicion
1	Family Income	0.125 Ns	0.089 Ns	0.249 *	0.256 *	0.218 Ns	0.072 Ns	0.008 Ns
2	Number of family members	0.024 Ns	0.324*	0.269 *	0.138 Ns	0.274 *	0.018 Ns	0.144 Ns
3	Father's education	0.104 Ns	0.071 Ns	0.255*	0.210 Ns	0.194 Ns	0.035 Ns	0.084 Ns
4	Mother's education	0.143 Ns	0.121 Ns	0.225 Ns	0.015 Ns	0.163 Ns	0.172 Ns	0.030 Ns
		Females						
1	Family Income	0.021 Ns	0.210 Ns	0.158 Ns	0.511**	0.511 **	0.023 Ns	0.062 Ns
2	Number of family members	0.105 Ns	0.203 Ns	0.277 *	0.034 Ns	0.093 Ns	0.155 Ns	0.031 Ns
3	Father's education	0.060 Ns	0.094 Ns	0.055 Ns	0.041 Ns	0.054 Ns	0.100 Ns	0.46 Ns
4	Mother's education	0.045 Ns	0.098 Ns	0.068 Ns	0.156 Ns	0.182 Ns	0.042 Ns	0.164 Ns

Ns :- Non significant s :- significant at 1%:-** s :- significant at 5% :-*

- 1) Family income was significantly co-related with 5% level in boys with apprehension (0.249**) and tension (0.256**) and with 1% level with same norms i.e. apprehension (0.511*) and tension (0.521*) in girls.
- 2) Family income was also significantly co-related with low self control in boys (0.274*) and girls (0.277*) with 1% level.
- 3) Specially in boys it was found that father's education was significantly co-related with apprehension (0.255*) at 1% level.
- 4) When anxiety norms of both girls and boys were studied through the test of variance i.e. one way ANOVA no significant difference was found. Scores for the norms like emotional instability, apprehension and tension were found with more percent in boys than girls. Whereas scores of indirect factors related to anxiety were found more in girls along with low self control and suspicion.

Table-02 : Anxiety and psychological scores of different sex groups

Sr. No.	Anxiety norms	Female	Male	Z values
1	Covert	18.500 ± 4.820	17.666 ± 3.149	1.121 Ns
2	Overt	16.033 ± 4.380	16.733 ± 4.682	.845 Ns
3	Row score	34.533 ± 6.970	34.400 ± 4.640	.123 Ns
4	Low self control	5.200 ± 1.981	5.033 ± 2.584	.396 Ns
5	Emotional instability	5.200 ± 1.161	5.866 ± 1.712	1.437 Ns
6	Suspicion	4.666 ± 1.962	4.183 ± 1.712	1.437 Ns
7	Apprehension	9.966 ± 3.199	10.216 ± 2.668	0.464 Ns
8	Tension	9.083 ± 2.714	9.316 ± 2.977	.448 Ns

DISCUSSION:

The person scorings high, reports, that he/she is sleepless, worried, unequal to the challenges of daily life, and easily gets downhearted and remorseful because of situations created in their families and society due to low family income1. Adolescence is a period of role confusion, imitation and high emotions. One of the major aspect of adolescent phase responsible for anxiety increase in them is vocational choice, which is perhaps the major decision leading them to a sense of identity2. This influences the other aspects of life and therefore it is the biggest commitments of life. The conflicting desires of adolescents regarding their carrier courses and family income could lead to the feeling of guilt and create anxiety, frustration, tension and low self esteem and control.

Anxiety of middle class adolescents is related with economic problems, family size and parents education from present study it is evident that the parents belonging to middle income groups were generally secondary educated or under graduate with high expectations regarding educational achievement of their child and their own financial status and comforts of life. These expectations of parents with low economic support arouse various emotional problems like tensions apprehension and emotional instability in adolescents. Because of which it is evident that today the percentage of adolescent's suicide after the declaration of results is increasing along with drug abuse and anti-social behavior and juvenile

delinquency.

In India, the main documented cause of anxiety among school children and adolescents is parents' high educational expectations and pressure for academic achievement (Deb, 2001). In India, this is amplified in secondary school where all 16-year old children attempt the Class X first Board Examination, known as the Secondary Examination. Results of the Secondary Examination are vital for individuals since this is the main determining criteria for future admission to a high quality senior secondary school and a preferred academic stream. There is fierce competition among students since the number of places in these educational institutions is fewer than the number of students. Therefore, parents urge their children to perform well in the first Board Examination and, to this end they may appoint three to four private tutors or more for special guidance. After the Secondary Examination, all students appear in the Class XII Final Board Examination known as the Higher Secondary Examination. Competition is again ferocious as performance in this examination determines university entrance. Admission to courses in Medicine, Engineering and Management are the most preferred choices for parents because these qualifications are seen to guarantee future job prospects. It is relevant to mention here that in one year alone in India, 2320 children, or more than six children per day, committed suicide because of failure in examinations (National Crime Records Bureau, Ministry of Home Affairs, Government of India, 2000). This shocking figure underlines the seriousness of this problem and its resounding social costs to communities.

Social anxiety during adolescence or young adulthood has been associated with a higher risk for depression, and the presence of both increases the chances for severe depression.

Families with more members provide a feeling of security if there is healthy communication and environment in family members. But families with lots of disturbances provide feeling of suspicious, jealousy and self reproaching. Adolescence who are unable to cope with one or more of these types of complications may turn to various less than satisfying forms of behavior in seeking a solution to the stress they experience. In particular, clinical and nonclinical studies have identified parental rejection and control as risk factors for the development of high levels of anxiety and anxiety disorders (Rapee, 2005). The attributes of time spent with parents and the communication between parent and adolescent are important as measures of parent physical and emotional availability. The findings of this study highlight the complexities inherent in the transformation of traditional family relationships and obligations and points to the need for further research into parenting practices from countries such as India.

RECOMMENDATION:

Healthy development of adolescents is dependent on several complex factors; their socio-economic circumstances, the environment in which they live and grow, the quality of relationships with their families, communities and peer groups and the opportunities for education and employment, among others. Thoroughly informative approach is likely to be far more productive for both adolescents and parents by providing them information and bringing awareness regarding physio-psychological changes, vocational interest development and social rights and expectations of adolescents.

Although professional intervention may be necessary, the following list may be helpful to parents in working with the child at home:

Be consistent in how you handle problems and administer discipline.

Remember that anxiety is not willful misbehavior, but reflects an inability to control it. Therefore, be patient and be prepared to listen. Being overly critical, disparaging, impatient, or cynical likely will only make the problem worse.

Maintain realistic, attainable goals and expectations for your child. Do not communicate that perfection is expected or acceptable. Often, anxious children try to please adults, and will try to be perfect if they believe it is expected of them.

Maintain a consistent, but flexible, routine for homework, chores, and activities.

Accept mistakes as a normal part of growing up, and that no one is expected to do everything equally well. Praise and reinforce effort, even if success is less than expected. There is nothing wrong with reinforcing and recognizing success, as long as it does not create unrealistic expectations and result in unreasonable standards.

If your child is worried about an upcoming event, such as giving a speech in class, practice it often so that confidence increases and discomfort decreases. It is not realistic to expect that all anxiety will be removed; rather, the goal should be to get the anxiety to a level that is manageable.

Teach your child simple strategies to help with anxiety, such as organizing materials and time, developing small scripts of what to do and say, either externally or internally, when anxiety increases, and learning how to relax under stressful conditions. Practicing things such as making speeches until a comfort

level is achieved can be a useful anxiety-reducing activity.

Listen to and talk with your child on a regular basis and avoid being critical. Being critical may increase pressure to be perfect, which may be contributing to the problem in the first place. Do not treat emotions, questions, and statements about feeling anxious as silly or unimportant. They may not seem important to you but are real to your child. Take all discussion seriously, and avoid giving too much advice and instead be there to help and offer assistance as requested. You may find that reasoning about the problem does not work. At times, children may realize that their anxiety does not make sense, but are unable to do anything about it without help.

Do not assume that your child is being difficult or that the problem will go away. Seek help if the problem persists and continues to interfere with daily activities.

CONCLUSION:

Untreated anxiety can lead to depression and other problems that can persist into adulthood. However, anxiety problems can be treated effectively, especially if detected early. Although it is neither realistic nor advisable to try to completely eliminate all anxiety, the overall goal of intervention should be to return your child to a typical level of functioning.

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