

## **Psychological Adjustment Problems in Rural Adolescent Girls Staying in Urban Areas.**

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### **Abstract**

**Introduction:** Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence these needs' satisfaction.

**Objective:** To study the Psychological adjustment problems in rural adolescent girls staying in urban areas.

**Methods:** This was a Questionnaire Based cross-sectional study conducted from February 2019 to September 2019. The study was conducted in N. K. P. Salve institute of medical sciences & research centre and Lata Mangeshkar Hospital, Nagpur. We have used structured test -Bell Adjustment inventory. Class wise adolescent girls divided into three groups is (68) from the seventh class, (57) from the eighth class, and (53) from the ninth class—used IBM- SPSS-25 software to analyzed Average, percentile, mean, variance, frequency and ANOVA.

**Results:** Home adjustment problem, the p-value is 0.075, statistically significant at  $p < 0.05$  level. Mean indicated that 8th (Mean 37.92) and 9th (Mean 37.62) class students are facing poor study conditions at home and home adjustment difficulties rather than 7th class 33.42) students. Health adjustment problem, the p-value is 0.003, statistically significant at  $p < 0.05$  level. Mean indicated that 9th (Mean 34.96) and 8th (Mean 32.1) class students face health-related adjustment difficulties rather than 7th (Mean 28.17) class students. Social adjustment problem, the p-value is 0.041 statistically significant at  $p < 0.05$  level? Mean indicated that 7<sup>th</sup> (Mean 41.25) and 9th (Mean 40.13) class students face social-related adjustment difficulties rather than 8th (Mean 36.52) class students. Emotional adjustment problem, the p-value is 0.037, statistically significant at  $p < 0.05$  level. Mean indicated that 7th (Mean 44.5) and 8th (Mean 43.73) class students face emotional-related adjustment difficulties rather than 9th (Mean 40.45) class students.

**Conclusion:** Adolescent girls students may sometimes feel conflicted, sad, anxious, alienated, helpless, and yet able and powerful. They may be confused about the role in life and about social values to be accepted or rejected. Thus, adolescent girls have problems adjusting to their home, physical, social and emotional adjustment areas. Nearly 83/178 (46.62%) rural girls are staying in with adjustment problem, 61/178 (34.26%) rural girls are staying in with a few adjustment problems, and 34/178 (19.10%) rural girls are staying in with no adjustment problem. These findings suggest the necessity to extend school teachers/counsellor/parents consciousness of these difficulties and develop adjustment skills with their proper guidance to adolescents' girls.

**Keywords:** Bell Adjustment Inventory, Counselling and Guidance.

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### **Introduction**

Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence these needs' satisfaction. An individual is proceeding in the course of action that tends towards some result, representing satisfaction. One knows that girls' adolescence involves experiencing quite a strain and difficulty from the boys' experience. First of all, physical growth, mental development, emotional and social outlook. Adjustment suggests one's ability to adapt to one environment and define adaptation, reconciliation, cooperation, and dealing with oneself and the environment [1,2].

Some study shows rural studies found that daily baths were less common during versus before or after menstruation [3]. Other studies also noted bathing restrictions for women during

menstruation, thanks to fear that bathing might cause future pregnancies, water scarcity, non-availability of bathing space, physical discomfort and lack of privacy [4,5]. Adolescence girls suffer physical afflictions like weight gain, loss, swollen ankles, and pain in the abdomen, chest tenderness, and emotional changes, like mood swings, sadness, irritation, depression, anxiety, somatoform, and sleep-related issues. Physical changes also are more rapid among girls than among boys. Lack of breast development by age 13 years also should be evaluated [6]. The adjustment has various dimensions, while social, emotional and academic dimensions are considered in adolescents [7]. Emotional adjustment means acknowledging the positive and negative emotions and feelings in ourselves and controlling the negative emotions about ourselves others [8].

Most of the adolescence has got to make a replacement adjustment with their own, physical, family, school, academic

[9], coevals, social but some adolescence do not negotiate these challenges positively and results in personal, family and social, that way most of the agricultural adolescence girls face maladjustment. The adjustment of female students' altogether three educational, emotional, and social domains was reported poorly [10]. Rural adolescent girls' students especially face much living during a hostel and much from their family for a select time-frame, abandoning some, enduring experiences within the understudies' lifetime.

Adolescents living in urban areas face numerous troubles and obstacles, for instance, related financial emergencies, neglected their basic needs, distress, menstruation, changes in eating, rest propensities, and other numerous difficulties associated with emotional. Emotional adjustment means acknowledging the positive and negative emotions and feelings in ourselves and controlling the negative emotions about ourselves. On the side, urban life also influences the adolescent girl's views, making it ambitious, self-reliant, and assured [11,12].

If adolescent girls have many emotional difficulties, they did not progress in their academics or life. So for the right guidance for adolescent girls, proper support is required. Therefore, the present study will provide areas where the adolescent girls face maladjustment and help guide the age-group scholars for correct adjustment.

### **Objective**

To study the psychological adjustment problems in rural adolescent girls staying in urban areas.

### **Study Design**

A questionnaire based cross-sectional study conducted from February 2019 to September 2019. The study was conducted in N.K.P. Salve institute of medical sciences & research centre and Lata Mangeshkar Hospital, Nagpur. Class wise adolescent girls divided into three groups is (68) from the seventh class, (57) from the eighth class, and (53) from the ninth class. The complete number of adolescent girls is 178. The moral review board initially approved the study of N.K.P. Salve Institute of Medical Sciences & Research Centre and Lata Mangeshkar Hospital, Nagpur. Written consent was for each participant who volunteered and fulfilled the inclusion criteria- a) Adolescent girls from rural areas age 11 years to 18 years, and 2) Adolescent girls stay in Hostel. Participants with age greater than 18 years and less than ten years had not included, and people who were unable to talk /hear or intellectually disabled adolescents had not excluded from the study.

### **Data collection procedures**

The investigator, with the help to approach the school principal and teacher coordinator of the school, obtained permission to conduct the psychological assessment from class 7th, 8th and 9th. The randomly selected students called together on a particular day in a separate classroom. The investigator personally briefed about the purpose of the study, general instruction followed by the students to fill in the questionnaire, and the confidentiality of the information provided by them. The investigator distributed the questionnaire to the group members and asked them to fill it without consulting each other. After filling in the questionnaire, each student was asked to hand over the same to the investigator. Thus the data was collected from all 178 adolescents' girls.

### **Tools used**

Data was collected using a structured self-administered questionnaire having in one setting. It contained all socio-demographic characteristics. The second-conduct standardises Bell Adjustment inventory (Hindi Adaptation of Bell's adjustment inventory prepared by Mohsin and Shamshad measures the subject's adjustment in four dimensions, namely Home, Health, Social and Emotional besides overall adjustment. A total of 140 questionnaires to assess general adjustment problem, home adjustment, health adjustment, social adjustment and emotional adjustment issues. Assessment period to solve questionnaires within 45 minutes then collected all original answer sheets. From February 2019 to September 2019, was devoted to the data collection.

### **Data collection and analysis**

First, the original response checked consistent with the manual guideline, and then it had been coded into adjustment problem, few adjustment problems, and no adjustment problem. The coded data were entered class wise (Seventh, eighth and ninth class) into an excel sheet and then put into IBM- SPSS Version 25 software for further statistical analysis. The descriptive analysis had done using frequency and proportion, mean, variance, ANOVA, and frequency tables and graphs had used for presenting the information. The Finding decided to use crude and adjusted or with a 95% confidence interval.

### **Results**

One hundred seventy-eight adolescent girls had enclosed within the study; nine participants did not fill the entire questionnaire appropriately; the remaining ten participants did not return the questionnaires or returned questionnaires without responding to questions. Age range 54/178 (30.33%) adolescent girls from 12 years to 12 years 11 months, 61/178 (34.26%) from 13 years to 13 years 11 months, 40/178 (22.47%) from 14 years to 14 years 11 months, and 23/178 (12.92%) from 15 years to 15 years 11 months. Education background 68/178 (38.20%) adolescent girls from seventh class, 57/178 (32.02%) adolescents girls from eighth class, and 53/178 (29.77%) adolescents girls from ninth class. All adolescent girls from a low social-economic background. (Tables 1 and 2).

### **Home adjustment**

The house or family plays a significantly important role in the development of adolescent personality. The Present study shows all adolescent girls from seventh (Mean 33.42, SD 139.62), eighth (Mean 37.92, SD 153.78), and ninth class (Mean 37.62, SD 165.58) face home adjustment problem. The ANOVA test statistic is the F value of 2.6329, df 2, 175, F Crit 3.047, and the p-value is 0.075, statistically significant at  $p < 0.05$  level.

### **Health adjustment**

It is the power to regulate physically and mentally in several sorts of atmosphere without causing any impact on health. In the present study, all adolescent girls from seventh (Mean 28.17, SD 51.75), eighth (Mean 32.10, SD 209.703), and ninth class (Mean 34.96, SD 108.30) face health adjustment problem. The ANOVA test statistic is the F value of 5.9064, df 2, 175, F Crit 3.047, and the p-value is 0.003, statistically significant at  $p < 0.05$  level.

**Table 1.** Distribution of the adolescents' girls with adjustment problem to their socio-demographic characteristics.

Areas		Counts	Percentage
	<b>Adolescent Girls</b>	178	100%
	<b>Age range</b>		
	12 years to 12 years 11 Months	54	30.33%
	13 years to 13 years 11 Months	61	34.26%
	14 years to 14 years 11 Months	40	22.47%
	15 years to 15 years 11 Months	23	12.92%
	<b>Children Education Background</b>		
	Standard	Counts	
	Seventh	68	38.20%
	Eighth	57	2.02%
	Ninth	53	29.77%
	<b>Social economic Conditions</b>		
	Low Social Economic	178	100%

%- Percentage

**Table 2.** Shows Mean, Std. Deviation, ANOVA - single factor and the P-value of adjustment difficulties in rural girls.

<b>ANOVA: Single Factor</b>												
<b>Summary</b>												
	Groups	Count	Sum	Mean	Std. Deviation	Source of Variation	SS	df	MS	F	P-Value	F crit
<b>Home Adjustment</b>	7	68	2273	33.42	139.62	<b>Between Groups</b>	799.718	2	399.85	2.6329	0.075	3.047
	8	57	2162	37.92	153.78	<b>Within Groups</b>	26576.8	175	151.86	--	--	--
	9	53	1994	37.62	165.58							
<b>Health Adjustment</b>	7	68	1916	28.17	51.75	<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-Value</b>	<b>F crit</b>
	8	57	1830	32.1	209.703	<b>Between Groups</b>	1406.965	2	703.48	5.9064	0.003	3.047
	9	53	1853	34.96	108.3	<b>Within Groups</b>	20843.18	175	119.103	--	--	--
<b>Social Adjustment</b>	7	68	2805	41.25	74.96	<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-Value</b>	<b>F crit</b>
	8	57	2082	36.52	111.46	<b>Between Groups</b>	731.84	2	365.92	3.2613	0.041	3.047
	9	53	2127	40.13	160.96	<b>Within Groups</b>	19635.04	175	112.2002	--	--	--
<b>Emotional Adjustment</b>	7	68	3026	44.5	75.11	<b>Source of Variation</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>P-Value</b>	<b>F crit</b>
	8	57	2493	43.73	44.3	<b>Between Groups</b>	527.3602	2	263.68	3.348	0.037	3.047
	9	53	2144	40.45	120.52	<b>Within Groups</b>	13781.18	175	78.74	--	--	--

**Social adjustment**

It is wont to measure received social support. It assesses seven relational provisions: attachment, social integration, reassurance, reliable alliance, guidance and opportunity, and psychological safety provision. In the present study, all adolescent girls from seventh (Mean 41.25, SD 74.96), eighth (Mean 36.52, SD 111.46), and ninth class (Mean 40.13, SD 160.96) face Social adjustment problem. The ANOVA test statistic is the F value of 3.2613, df 2, 175, F Crit 3.047, and the p-value is 0.041, statistically significant at p<0.05 level.

**Emotional adjustment**

Emotions play a number one role in controlling and directing one's behaviour and providing a particular shape to one personality. The individual can express their emotions appropriately, and proper time could also term as emotional balance. The Present study shows all adolescent girls from seventh (Mean 44.5, SD 75.11), eighth (Mean 43.73, SD 44.30), and ninth class (Mean 40.45, SD 120.52) face Emotional adjustment problem. The ANOVA test statistics is the F value of 3.348, df 2, 175, F Crit 3.047, and the p-value is 0.037, statistically significant at

$p < 0.05$ . Our Emotional Adjustment data provide strong enough evidence to conclude that Seventh, Eighth, and ninth class adolescent girls are not equal.

## Discussion

### Home adjustment

Adolescent girls are finding it difficult to adjust to their home environment. Adolescent girls from 8th class (Mean 37.92) and 9th class (Mean 37.62) than 7th (Mean 33.42) class girls mean indicated that 8th and 9th class students are facing poor study conditions at home and home adjustment difficulties rather than 7th class students. Figure 1 shows that around (21) are facing home adjustment problems, (13) are facing a few home adjustment problems, and 8 (%) are not facing any home adjustment problem. A similar study by Rakhi Ghatak shows that female adolescents have higher home adjustment capacities than male adolescents. [13]. Likewise, urban adolescents have higher home adjustment capacities than rural adolescents. [13] In various studies, both boys and girls have better adjustment levels in several areas [14].

Various factors affecting the house adjustment mechanism in adolescent girls including joint family [15,16], relatives [17], single parenting [18,19], working parents, parents insisting on stick obedience, unpleasant relationship with parents, frequent quarrels with siblings thanks to birth order or gender differentiation, died of affection ones.

Financial stress has actor effects on depressive symptoms, with more significant financial stress related to higher depressive symptoms and adverse factor effects between inter-parental conflict and positive parenting [20], parents are treating the youth still as children, academic difficulties [21], a frequent criticism of oldsters, irritability of father/mother, marital conflict [22,23], lack of proper affection and loving reception, alcoholic parents, and frequent family quarrels [24] (Figure 1).

### Health adjustment

Adolescent girls are worried about the health adjustment. More adolescent girls from 9th class (Mean 34.96) and 8th class (Mean 32.1) than 7th (Mean 28.17) class girls. Mean indicated that 9th and 8th class students face health-related adjustment difficulties rather than 7th class students. Figure 2 shows clearly around 16 (%) are facing health adjustment problem, 14 (%) are facing few health adjustment problems, and 11 (%) are not facing any health adjustment problem. However, some studies contradict this Finding. Dutta et al. found that boys were better adjusted compared to women within health adjustment areas [25]. Moreover, Singh also observed that boys had better adjusted within health adjustment than women. [26] Consistent with Nanda study reported that urban students had better health than agricultural students [27]. Menstrual dysfunction may be a common complaint amongst adolescent girls. Heavy menstrual bleeding, commonly related to anovulation, also has been related to including von Willebrand's disease, platelet function disorders, and other bleeding disorders or other serious problems and, rarely, malignancy [28-30]. In most cases, adolescent girls eat unhealthy food like Chinese food items, fast food, Maggie, Fried, grilled, or broiled food. Even Niemeier et al. study found adolescence choice of food and are more likely to eat outside

of the house [31]. The role of media influencing everyone is to eat or making unhealthy food items. Unhealthy food on children's television may be a leading explanation for children's increasingly unhealthy diet [32,33] (Figure 2).

### Social adjustment

According to the APA (American Psychological Association) dictionary, social adjustment is accommodation to the demands, restrictions, and mores of society, including living and working with others harmoniously and engaging in satisfying interactions and relationships. More adolescent girls from 7th class (Mean 41.25) and 9th class (Mean 40.13) than 8th (Mean 36.52) class girls. Mean indicated that 7th and 9th class students face social-related adjustment difficulties rather than 8th class students. Around 22 (%) are facing Social adjustment problem, 18 (%) are facing few social adjustment problems, and 9 (%) are not facing any social adjustment problem (Figure 3).

Various factors affecting the social adjustment like lack of coevals support are more likely to suffer from depression and anxiety than those with a minimum of one friend. Friends have one of the mechanisms that may counteract the difficulties and stress related to significant life transitions because they are primary social support sources [34]. Even Hodges study found that adolescence is more likely to be harmed by experiences of victimization and rejection [35], as a personality trait, shyness may be a key factor affecting behavioural characteristics. The Present study has found adolescence girls with introverted tendencies for 39% of the entire sample. Rubin study shows that shy adolescents do not receive the assistance they have from teachers at college, which results in poor school performance [36]. Shy individuals commonly demonstrate more significant social avoidance. [37] Low self-esteem, lack of confidence, phobia and social withdrawal [38]. Self-consciousness may be

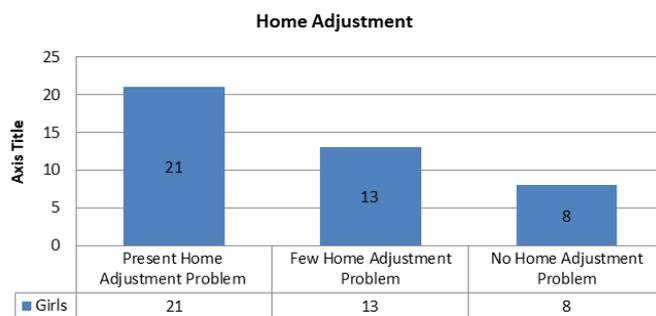


Figure 1. Average mean of the Adjustment Inventory (Home Adjustment).

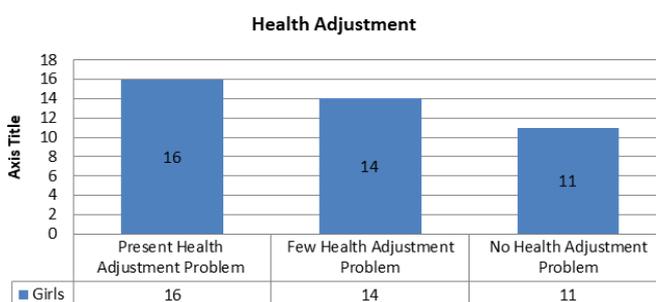


Figure 2. Average mean of the Adjustment Inventory (Health Adjustment).

a group of individuals, Difficulty in starting a conversation, and Lack of confidence was the foremost common reason for fear of speechmaking because many adolescent girls nature and those they tend to feel uncomfortable while speaking ahead of others. Burgess 2013 reports that consistent with a survey on common phobias, fear of speechmaking had found to be a more pressing concern than death [39] (Figure 3).

**Emotional adjustment**

More adolescent girls from 7th class (Mean 44.5) and 8th class (Mean 43.73) than 9th (Mean 40.45) class girls. Mean indicated that 7th and 8th class students face emotional-related adjustment difficulties rather than 9th class students. Around 24 (%) are facing emotional adjustment problem, 16 (%) are facing few emotional adjustment problems, and 6 (%) are not facing any emotional adjustment problem (Figure 4).

If children fear it is just too big and cannot deal with it and objectify fear in fantasy [40]. Even in irritation, anxiety, and symptoms of a standard cold in some patients who tried to suppress their fantasies [41], anxiety, worry, guilt, feeling of loneliness or depression, depression are often thanks to insecurity attached tend to develop low self-esteem.

It is challenging to develop and maintain relationships with others, poor problem-solving skills, and an unstable self-concept [42,43]. Fear of being alone [44], even loneliness with poor sleep quality [45-47], Easily hurt/sensitive, Disturbed by criticism, As a consequence of psychological stress and demands to perform well in the examination, the scholars are not ready to enjoy their academic life, and it becomes joyless and burden for them. A study by Deb et al., revealed that almost two-thirds (63.5%) of the Indian students reported stress thanks to academic pressure and lack of safety [48]. As cited in Good & Weinstein study, Edmonds found feeling unselfconsciousness due to personal appearance and fears [49]. Another study found

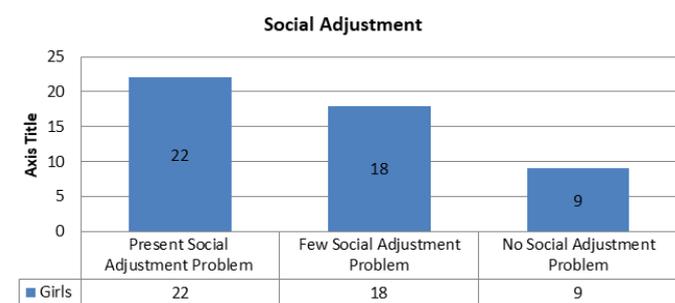


Figure 3. Average mean of the Adjustment Inventory (Social Adjustment).

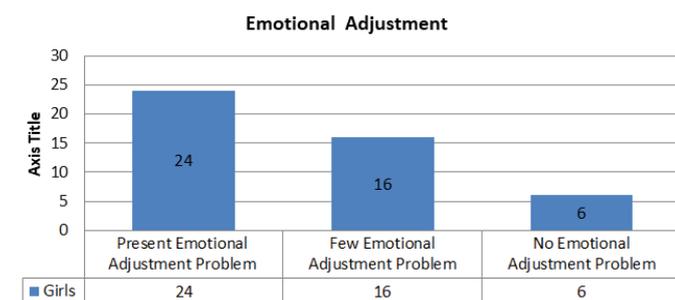


Figure 4. Average mean of the Adjustment Inventory (Emotional Adjustment).

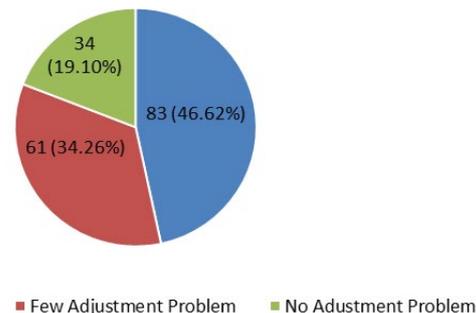


Figure 5. Average mean of the Adjustment Inventory (Overall Adjustment).

that separation anxiety had often predicted from the mothers over control behaviour. Therefore, the severity of the disorder had often predicted from the father's abuse behaviour [50], and conflicting family environment is related to adolescents' insecurity and psychological distress and aggressive behaviour and conduct disorders, which affect their adjustment [51] (Figure 4).

**Conclusion**

Adolescents, especially in the early part of this period, is inevitably a time of stress and many adjustment difficulties—this contrast with the relative stability and tranquillity of the later part of childhood. The adolescents are trying to adjust by themselves to the adult's new and strange role and an environment more suited to adult than to children. Adolescent girls students may sometimes feel conflicted, sad, anxious, alienated, helpless, and yet able and powerful. They may be confused about the role in life and about social values to be accepted or rejected. Thus, adolescent girls have problems adjusting to their home, physical, social and emotional adjustment areas. Nearly 83/178 (46.62%) rural girls are staying in with adjustment problem, 61/178 (34.26%) rural girls staying in with a few adjustment problems, and 34/178 (19.10%) rural girls are staying in with no adjustment problem. From this attitude, the study concludes that homesickness (single parents, financial difficulties, siblings, family quarrels) difficulties in health (illness, tired, menstruation, weight gain, physical growth or reduce, somatoform, unhealthy eating habits).

Socialization (not making friends, shyness, difficulty in starting a conversation, public speaking), emotional adjustments like mood swings, irritation, depression, anxiety, somatoform, and difficulties in managing time and study skills had found to be a severe issue in various areas of adjustment. These findings suggest the necessity to extend school teachers/counsellor/parents conscious of these difficulties and develop adjustment skills with their proper guidance to adolescent girls (Figure 5).

**Suggestions for Further Studies**

Suggested longitudinal studies are necessary to determine which variable show authentic causal relationships with adjustment difficulties in rural adolescent girls.

**Author's Contributions**

Dr. Pankaj Singh distributed the manuscript from its conception, analysis, scoring and interpretation of knowledge and wrote it. Dr. Pradeep Pazare interpretation of knowledge and commented

on and wrote the manuscript for publication. Mrs. Pradnya Prashant Pande participated in data collection and analysis. All authors approved the ultimate manuscript.

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- School –Saint Ursula Girls high school, Nagpur Maharashtra, India.
- Principal – Mrs. Rachana Singh.
- Teacher – Mrs. Maushami Jaiswal.

### **Limitations of the Study**

The present study had its own limitations, some of which are as follows:

- The study was confined to urban school.
- Only one school was focused, and only 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> standard adolescent girls were included.
- Area-based study and limited sample size was only 178. They were selected from private school.

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The authors have indicated they need no financial relationships relevant to the present article to disclose.

### **Conflict of Interest**

The authors declare that they need no conflict of interest.

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