

STUDY ON THE PSYCHOLOGICAL HEALTH AND DRUG USE OF TEENAGERS IN KERALA'S THRISSUR DISTRICT

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ABSTRACT

Adolescence is a stage of growth between childhood and adulthood. It is a time when people want to be closer to others and take on more responsibilities. Teenagers develop both good and bad traits based on how they interact with their families and the rest of society, such as getting involved in healthy activities and becoming depressed or using drugs. The goals of the study were to find out how common poor mental health and drug use are among 13–19-year-olds in Kerala's Thrissur district and to figure out how drug use affects teens' mental health. In the Thrissur district of Kerala, a cross-sectional study was done with 300 high school and middle school students from three government-aided schools. All of the students in the school at the time of the study were included, but students in the 10th grade were left out. Data were taken on basic demographic factors. The Adolescent Alcohol Drug Involvement Scale (AADIS) and the General Health Questionnaire (GHQ) were used to find out about mental health and alcohol use. A standard statistical package was used to enter and analyze the data. The Chi-square test was used to check for significance.

The average age was 14.49 years old, and the standard deviation was 1.31 years. 64.5 percent of men and 82.6 percent of women were part of a nuclear family. The psychological health of men was much better than that of women ($p=0.025$). The AADIS questionnaire found that alcohol was used by 7.6% of men and 4.3% of women. Those who didn't drink alcohol were happier than those

who did ($p=0.0016$). Poor mental health and drug use were seen in 7.8% and 6.4% of teens, respectively. Women were less stable emotionally than men. Adolescents' mental abilities get worse because they use drugs.

Keywords: Adolescents, Substance abuse, Psychological wellbeing, Alcohol use, Well-being

1. INTRODUCTION

Teenagers are between the ages of 10 and 19 and make up one-fifth of the Indian population. Teenage years are a dangerous time when physical, emotional, social, and spiritual changes happen so that a person can find their own identity, learn skills, and be able to think about things in an abstract way. This builds a foundation for a better quality of life and health. During this time, they are influenced by many environmental or social factors, such as their family, peer groups, school, neighborhood, media portrayals, and advertisements. This, in turn, leads them to adopt healthy habits or high-risk habits, like using alcohol, drugs, tobacco, opioids, or heroin, which is called "substance abuse."

Alcohol and drug use among young people has become a serious problem around the world, leading to a pattern of lying and bad behavior.

Jayasoorya et al. found that 15% of teenagers had used alcohol at some point in their lives. Ahmad et al. found that the age group of 16–19 year olds had the most students who used drugs (20.9%), followed by 14–15 year olds (18.7%), and the age group of 10–13 year olds (4.8%) had the least. Many studies have shown that family members set an example for their children by doing things that are bad for them. This leads to a lower quality of life. A study about young people and drugs says that they start using drugs to try them out, for fun, and out of curiosity.

Psychological health is defined as "a state in which a student is emotionally and mentally in balance" (Zulkefly and Baharudin). During the time when young people are changing from being teenagers to being adults, they are more likely to get mental illnesses. A student who is mentally

healthy will be able to think clearly, make friends, and learn new skills without any trouble. 9 Among the many bad things that happen when teens drink, there are higher rates of mental distress, anxiety, depression, suicidal thoughts, and sexual abuse. As of 2010, less than a third (30%) of India's people were drunk. In 2014, the average amount of alcohol that people over the age of 15 drank rose to 6.2 litres per person, and Kerala was one of the states that led the way when it came to drinking. With these things in mind, we thought it was important to find out how common poor mental health and drug use were among high school students.

2. METHODS

Study design, site and study population

Over the course of a period of two months, in the Thrissur district of the state of Kerala, high school students from classes 8th, 9th, 11th, and 12th were asked to participate in a cross-sectional survey. These students attended one of three government-aided schools. Three of the 58 government-aided schools that were included in the research were chosen at random through the use of a lottery system.

Inclusion criteria

The research covered all of the high school students in the age range of 13 to 19 years old who were willing to participate, were accessible when the study was conducted, and fell within the age range of 13 to 19 years.

Exclusion criteria

10th standard students were excluded since they were approaching their high school certificate examination.

Study tools

Only alcohol use is considered "substance abuse" in this particular research. The scientists prepared the medical students in their last year of part 1 for the task of administering a questionnaire that was self-administered and gave them training beforehand. The participants were tasked with responding to the questions based on their experiences during the past half year.

The first section of the questionnaire contained general information such as age, gender, and the type of family. The second section contained a standard questionnaire (GHQ) to assess the psychological wellbeing, and the third section was another structured validated questionnaire (AADIS) to assess the use of alcohol in adolescents. These were decided upon following a discussion with the clinical psychologist employed by our organisation.

The General Health Questionnaire, sometimes known as the GHQ, is a questionnaire that consists of twelve questions and is used to evaluate the psychological health of teenagers. The scores were tallied by adding up all of the elements that made up the scale, and then they were categorised based on a cut-off value that was approximately approximated to be the mean GHQ score for a population of respondents. 9 In this particular investigation, psychological well-being was rated as poor, moderate, or good based on the scores obtained from a simple Likert scale that ranged from 0 to 12 points, 13 to 24 points, or 25 to 36 points. This scale was selected in place of a scheme that rated the items on a scale of 0 to 1 point, 0 to 1, respectively.

This instrument, known as the Adolescent Alcohol and Drug Involvement Scale (AADIS), represents the judgment of experts about the symptoms, difficulties, and consequences of alcohol use in adolescents. This questionnaire is divided into two parts: the first part is a history of drug use, and the second part contains a questionnaire with 14 items. Each question in the questionnaire has four possible answers, and the total score was determined by adding the weights associated with the highest category circled in each item 1-14. The results of the questionnaire are then interpreted as,

0= no alcohol or other drug use

1-36=alcohol and/or other drug use present, does not reach threshold for substance use disorder based on DSM-IV criteria.

37 or higher=alcohol and/or other drug use present; fullassessment is indicated.

We have included only the second part of this scale in our study. The scores were interpreted as 0 for no alcohol use and 1 to 80 for alcohol use.

3. Data analysis

After the data had been cleaned up and coded, they were put into Microsoft Excel 2010 and then analyzed with statistical software. The categorical variables were given their values in the form of percentages. The Chi-square test was used to determine whether or not there was an association between the categorical variables and the results, and an analysis of covariance (ANCOVA) was performed to determine whether or not there was an association between psychological well-being and alcohol use, taking age into account. When $P < 0.05$, statistical significance was assumed.

Ethical considerations

Prior to beginning the investigation, permission on an ethical level was acquired from the Institutional Ethics Committee. Consent from the participants, including informed consent, as well as authorization from the appropriate authorities at each of the chosen schools was also secured.

4. RESULTS

The mean age of 265 students who consented to participate out of 300 was 14.49 years (± 1.315). Among the study participants, 94 (35.5%) were females and 171 (64.5%) were males and 219 (82.6%) belonged to nuclear families. Males had better psychological wellbeing compared to females which was statistically significant (Table 1).

Table 1: Relation of gender with psychological well-being.

Well-being	FemalesNo. (%)	Males No. (%)
Poor	12 (12.8)	8 (4.7)
Moderate	44 (46.8)	73 (42.7)
Better	38 (40.4)	90 (52.6)
Total	94 (100)	171 (100)

Chi square =7.36, p=0.025

The prevalence of alcohol use was found to be 7.6% among males and 4.3% among females.

Overall prevalence of alcohol use was observed to be 6.4% (Table 2).

Table 2: Relation of gender with alcohol use

AADIS score	Female No. (%)	Male No. (%)
Non user	90 (95.7)	158 (92.4)
Alcohol user	4 (4.3)	13 (7.6)
Total	94 (100)	171(100)

Chi square=1.51, p=0.47.

Alcohol use and psychological wellbeing had significant relation with each other that those who were not consuming alcohol had “good” wellbeing compared to those who consumed alcohol. Out

of 248 non users, 50.8% had good wellbeing whereas out of 17 alcohol users that we found out in our study population, only 2 were having good psychological wellbeing whereas majority fell under moderate psychological well-being(64.7%) (Table 3).

Table 3: Relation with psychological wellbeing and alcohol use.

Well-being	AADIS	
	Non-user No. (%)	Alcohol use No. (%)
Poor	16 (6.5)	4 (23.5)
Moderate	106 (42.7)	11 (64.7)
Good	126 (50.8)	2 (11.8)
Total	248 (100)	17(100)

Chi square=12.91, p=0.0016

5. DISCUSSION

The current research was carried out over the course of a period of two months with the help of two standard questionnaires in order to gain an understanding of the prevalence of substance use and psychological wellbeing among adolescent school students in the Thrissur district of the state of Kerala. In addition, the study investigated whether or not there is a substantial connection between the use of alcohol and emotional disorders. The prevalence of alcohol consumption was found to be 6.4% in this study, but a similar question was asked of self-reporting drinkers in a different study carried out in Kerala and the response was just 5.6%. In that study, significant connections between students' drinking habits and those of household members were highlighted;

however, we did not have enough time to evaluate these relationships because we were in the process of collecting data.

The factors that were found to be responsible for the initiation of alcohol use in our study were peer pressure followed by fun and stress (not shown). These findings were well supported in another study, which reported that the initiation of alcohol use in women was facilitated by drinking family members, usually males, while the initiation of alcohol use in males was more dependent on peer influences. The most notable difference is that girls had a prevalence for alcohol usage of 4.3 percent, while males had a prevalence for alcohol use of 7.6 percent. The percentage of adults who report abusing drugs or alcohol is higher among males than it is among females (79.84 percent). We discovered that females were significantly more prone to emotional instability in comparison to males, and that drinking alcohol further harmed their well-being. A further deterioration in the wellbeing of females who were drinking alcohol was observed, which was well supported in another study, which found that girls were more likely than boys to report emotional problems and hyperactivity related to weekly alcohol consumption. This association was found to be related to alcohol consumption.

According to the findings of a study, people who had a higher level of education and strong family support were less likely to engage in substance use, shedding insight on potential solutions to the problem of substance misuse. It is imperative that effective steps be taken in order to both support the formation of an attitude of self-confidence and sufficiency in school-aged children and to avoid risky conduct in teenagers. Along with consistent and regular reminders on the detrimental effects of substance use on one's health, it is necessary to initiate necessary educational programmes for the purpose of addressing issues among adolescents under the age of 15 such as peer pressure, the discovery of healthy avenues to feel good about oneself, a family history of substance and family values related to substance use behaviors, and a family history of substance and family values related to substance use behaviors.

6. CONCLUSION

The percentage of teenagers who suffered from a lack of adequate psychological health was 7.8 percent (12.8 percent among females and 4.7 percent among males). When compared to the percentage of teenagers reporting good psychological wellbeing, which was 47.1 percent, the prevalence of adolescents reporting moderate psychological wellbeing was 44.1 percent. When all of the data were combined, the prevalence of drug addiction was found to be 6.4%. The same condition was found to have a prevalence of 7.6 percent among males and 4.3 percent among females. It was shown that females have a higher propensity for emotional instability than males do, and drug usage contributes further to the worsening of their health.

A strong correlation was found between alcohol use and a person's psychological well-being. As a consequence of this, there is a pressing need to raise awareness among teenagers on the consequences of drug use. The topic of whether or whether individuals participate in these activities after receiving sufficient information regarding the use of substances, their potentially dangerous effects, and the repercussions of such usage is still open. In that case, there is a need for more research to determine the full scope of the factors that led to that result.

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