Adolescence, the second decade of life, is a period in which an individual undergoes major physical and psychological changes. Alongside this, there are enormous changes in the person’s social interactions and relationships. It is more a phase in an individual’s life than a fixed time period; a phase in which an individual is no longer a child but is not yet an adult.

The World Health Organization (WHO) defines adolescents as young people aged 10-19 years. Globally, there are about 1.2 billion adolescents, out of which 85% live in developing countries. Adolescents constituted 22.8% of population in India. Adolescents constituted 22.8% of population in India as on 1st March 2000. The problems of adolescents are multi-dimensional in nature and require a holistic approach. Adolescents have some disadvantage due to unmet needs regarding nutrition, reproductive health, mental health and thus require appropriate skills to cope with. It was therefore decided to carry out the present study on school students, as it was felt that they may have special problems of having to cope with the burden of studies.

OBJECTIVES: To study factors related to performance in the school in the rural and urban areas of Puducherry. METHODS: Descriptive study. A total of 247 adolescents were studied using a standard Teenage Screening Questionnaire (TSQ). DATA ANALYSIS: For summary statistics proportions, means and standard deviation were calculated. RESULTS: In the rural area, 21.9% of adolescents had problem in concentrating in the classes. In the urban area 39.1% adolescents had such problem. One-fourth of the rural (26.3%) and urban (24.5%) had problem in discussing about friends at home. Restrictions from the parent were reported as common cause which acts as a barrier in discussing about friends. Nearly, 46.7% of the rural students were not able to participate in extra-curricular activities; in the urban area 38.2% had similar problem. About 28.2% and 26.3% had problem in getting along with others in the rural and urban area respectively. CONCLUSION: Parent guidance centers, workshops for parents would still be required and are the need of the day.

BACKGROUND:

The World Health Organization (WHO) defines adolescents as young people aged 10-19 years. Globally, there are about 1.2 billion adolescents, out of which 85% live in developing countries. Descriptive study.

Adolescents constituted 22.8% of population in India. The swiftly changing global conditions are placing a great strain on the young people, modifying their behaviour and relationships. The complex issue of adolescents is worth investigating.

The term adolescence is derived from the Latin word, “adolescere”; meaning “to grow, to mature”. Developmentally, this amounts to “achieving an identity”. Traditionally, adolescence is defined as the period from the onset of puberty to the termination of physical growth and attainment of final adult height and characteristics. It is characterized by rapid physical growth, significant physical, emotional, psychological and spiritual changes, and evolving personal relationships. It is also a period of greatly enhanced awareness of and attention to physical status and wellbeing. A universally accepted definition of adolescence encompassing the various biological, psychological and sociological facets is yet to be established.

Adolescence, the second decade of life, is a period in which an individual undergoes major physical and psychological changes. Alongside this, there are enormous changes in the person’s social interactions and relationships. It is more a phase in an individual’s life than a fixed time period; a phase in which an individual is no longer a child but is not yet an adult.

The World Health Organization (WHO) defines adolescents as young people aged 10-19 years.1 WHO/UN refers to people aged 15 - 24 as youth and young people to those between 10 – 24 years. There are about 1.2 billion adolescents, a fifth of the world’s population, and their numbers are increasing. Four out of five (85%) live in developing countries. In many developing countries in Asia, Africa and Latin America, adolescents represent substantial segments of the population. For instance, according to the 2001 census, India has 225 million adolescents, comprising nearly one fifth of the total population of the country. Investing in the health and development of this population segment is vital for a country’s well-being.

Adolescents constituted 22.8% of population in India as on 1st March 2000. Within the adolescent age group, the proportion of 10 - 14 year olds is greater than the 15- 19 year group. This has important implications for programming and demography, as the needs of the two subgroups are different.
Though characterized by distinct physical and social changes, the health, education, economic and employment needs of adolescents may show commonality and cannot be ignored. Adolescents are also entitled to enjoy all basic human rights – economic, social, political and cultural – but their inability to exercise these rights places the ones on policy makers and adults to implement holistic measures.

The problems of adolescents are multi-dimensional in nature and require a holistic approach. A relevant response to their needs- equipping the adolescents with the knowledge, skills, values and providing them with support, appropriate role models and opportunities can set the stage for their healthy development and growth towards responsible adulthood. Hence investing in adolescents makes sense. They are not only in large number but are citizens and workers of tomorrow. The swiftly changing conditions are creating a great strain on the young people, modifying their behaviour and relationships and exacerbating their health problems. Healthy and developed adolescents have a better chance of becoming healthy, responsible and productive adults. Healthy behaviour adopted during adolescence continues into adulthood, and can be passed on to the future generations. Investing resources in adolescents is a sound economic, socio-political and public health strategy and is cost effective in the long run. This, so called “burden of population” needs to be engineered into a “basket of resources”.

A large number of adolescents in India are out of school, malnourished, get married early, work in vulnerable situations, and are sexually active. They are exposed to pressures for initiating tobacco or alcohol abuse. They may face discrimination in allocation of both social and household resources like nutrients and other amenities.

Adolescents are no longer children, but not yet adults, and this period of change is full of paradox. Adolescents can seem old beyond their years, but need adult support. They can put themselves at risk without thinking through the consequences; display optimism and curiosity, quickly followed by dismay and depression. They feel a growing sense of independence, but depend on adults for their material needs. And as they change, so their needs changes. The process of adolescence may have major effect on the health of individuals. Conversely, variation in health may significantly affect the transitions of adolescence and its perceptions. Habits and behaviour picked up during adolescents have life long impact.

The complex issue of adolescents is worth investigating. It was strongly felt that adolescents have some disadvantage due to unmet needs regarding nutrition, reproductive health, mental health and thus require appropriate skills to cope with. It was therefore decided to carry out the present study on school students, as it was felt that they may have special problems of having to cope with the burden of studies.

OBJECTIVES
To study factors related to performance in the school in the rural and urban areas of Puducherry.

MATERIALS AND METHODS
Descriptive study. A total of 247 adolescents were studied using a standard Teenage Screening Questionnaire (TSQ).

Data analysis
For summary statistics proportions, means and standard deviation were calculated.

RESULTS
In the rural area, 21.9% of adolescents had problem in concentrating in the classes. In the urban area 39.1% adolescents had such problem. Interestingly, the proportion of students in the urban area who had problems in studying daily lessons was more compared to their rural adolescents. One-fourth of the rural (26.3%) and urban (24.5%) had problem in discussing about friends at home. Restrictions from the parent were reported as common cause which acts as a barrier in discussing about friends. Nearly, 46.7% of the rural students were not able in participate in extra-curricular activities; in the urban area 38.2% had similar problem. About 28.2% and 26.3% had problem in getting along with others in the rural and urban area respectively.

DISCUSSION
CONCENTRATING IN CLASS
The study revealed nearly, four-fifth of the rural students had no problem in concentrating classes. In the urban area 60.9% do not have any problem in concentration. The proportion of students who had problem in concentration was 21.9% and 39.1% in the rural and urban area respectively. In the rural area 8% said that they do not understand their daily lessons, thinking about other things (6.6%), bored (4.4%) and disturbance by friends (2.9%). In the urban area nearly one-fourth of the students reported that they do not understand the daily lessons. Other reasons among the urban students were thinking about other things (5.5%) and bored (2.7%). Two of the adolescents said that they were disturbed by their friends which contributed to poor concentration in the class.

America’s Promise survey, found that 48% of adolescents said that they receive a lot of pressure from other teens to do things that are not right and 67% say they feel a lot of stress in their lives.4 Poor academic performance and negative peer group influences, not individual behavioral risk factors, are the most powerful predictors of risk, and family involvement is the most significant protective factor for adolescents.5,6,7

The study done among school students by MKC Nair et al showed that 40% girls could not concentrate in their class.8 MKC Nair et al in their study among school students in Trivandrum observed that lack of concentration and lack of memory were the most common complaints followed by lack of motivation for studying, difficulty in learning specific subjects and making career choices. Girls reported to have more problems than boys. The study found that 273 girls had problem in concentrating in the classes.9 Numerous studies have also documented the multiple effects of television on students ranging from cognitive development, obesity, aggressive behaviour and violence, drug abuse, suicide and sexual activity.10

Although one cannot deny the role of biological factors, one must accept the contribution of social stresses and the
importance of positive parenting, especially with regard to non-psychotic manifestations.

PROBLEM IN STUDYING DAILY LESSONS

Interestingly, the proportion of students in the urban area had more problems in studying daily lessons compared to their rural adolescents. Seeing television at home was reported as the reason by 16% of the rural and 17.3% of the urban adolescents respectively. Three students from the rural and five students from the urban said they post-pond the daily lessons. Ten percent of the adolescents in the rural area and 6.4% in the urban area said both television and post pond daily lessons were the main reasons for not studying daily lessons. Earlier study by MKC Nair observed that 45-50% students postponed reading or their daily studies.8

Pennsylvania Adolescent Health Study reported that on an average school day, 31% of Pennsylvania teens/young adults, ages 13 to 21, spend three or more hours watching television. Although little difference is found on this question by gender or age grouping, there is a 33-percentage point gap in TV viewing by race; 25% of white teens and young adults say they watch three or more hours on average each school day compared to 60% of the non-white teen/young adult population who report this behavior. Overall, 93% of teens/young adults watch some television during the average school week including 94% of males and 91% of females; just 7% say they watch no TV at all during weekdays when school is in session.11 This seems clearly to be due to changes in the lifestyle of children. Links between television viewing and obesity have been shown during the period of childhood and adolescence, with each hourly increment of TV viewing by adolescents being associated with a 2% increase in prevalence of obesity.12 The WHO(83) recommendation for children is to restrict TV viewing, video games and use of computers to a total of <2 hours per day.8

DISCUSSING ABOUT FRIENDS

The current study observed that one-fourth of the rural (26.3%) and urban (24.5%) had problem. in discussing about their friends with their parent.

Restrictions from the parent were reported as common cause to act as a barrier in discussing about friends in both the areas. Six students in the rural area (4.4%) said that they had no time to discuss about friends. Four students said that their parents don’t encourage such discussions.

Dekovic M et al in their study examined a sample of 508 families with adolescents (12- to 18-years-old) observed that the adolescent's self-concept serves a mediating role in the relationship between maternal child-rearing style and involvement with peers. The mediating role of self-concept was greatest for maternal acceptance. Paternal child-rearing style, however, appeared to have an independent effect on the adolescent's involvement with peers that is not accounted for by the adolescent's self-concept. The results suggest that a positive self-concept and warm supportive parenting each contribute unique variance to satisfactory peer relations.13

Nair MKC et al in their study done among school students observed that 34-39% students faced problems in discussing about their friends with their parents.8 Restriction from the parents was reported as the reason by 37.2% of rural and 45.5% of the urban adolescents respectively. Lack of time was reported by 10.2% of the rural adolescents. Three students from the rural and urban said they were engaged in studies. Other reason was financial constraints reported by four of the rural and two students in the urban area.

Although parental influence remains important for young adolescents, peer influence significantly increases as youth reach out to cliques, teams, and subgroups. How families and communities provide constructive opportunities and outlets for young adolescents often affects how they manage their energy, emotions, ambitions, and risk taking behaviors. Communities offer resources that provide experiences and adult role models through community service, recreation, and career options.

EXTRA-CURRICULAR ACTIVITIES

In the present study, one-half of the rural students had problem participating in extra-curricular activities. In the urban area 38.2% were not able to participate. In the rural area 24.1% face restriction from the parents, lack of time (9.5%), not interested (9.5%) and lack of facility (2.9%). In the urban area nearly one-fifth of the students reported that restriction from parent as the common reason. Other reasons among the urban students were not interested (6.4%), lack of time (3.6%) and lack of facility (1.8%).

A community based study in a sample of 703 adolescents and their parents showed that participation in highly structured leisure activities was linked to low levels of antisocial behavior, while participation in activities with low structure (i.e. a youth recreation center) was associated with high levels of antisocial behavior. Participants of low structured activities were also characterized by deviant peer relations, poor parent–child relations, and they received low support from their activity leader compared to adolescents engaged in more structured community activities.14

The study among 2465 adolescents in England, between 13 and 14 years of age indicated that over 50% of respondents either played an instrument currently or had played regularly before, and the sample listened to music for an average of 2.45 hours per day; listening to music was preferred to other indoor activities but not to outdoor activities which indicate that music is important to adolescents, and that this is because it allows them to portray an 'image' to the outside world and satisfy their emotional needs.15

Nearly two-thirds (63%) of Pennsylvania teens/young adults, ages 13 to 17, reported playing on one or more sports teams run by their school or community groups. A substantial gender gap is recorded on this question – almost three-quarters of males (73%) say they played on one or more sports teams in the past 12 months, but just one-half of females (51%) say they did. One out of every six Pennsylvania high school teens (16%) played on 3 or more sports teams during the past year, 11% of females.14

Nair MKC et al in their study done among school students observed that 47% felt that they were not getting opportunity for extra curricular activities.8
GET ALONG WITH OTHERS

The current study showed that the percentage of the urban adolescents (28.2%) who had such problem was slightly higher compared to the rural students (26.3%). The proportion of adolescents who had problem to get along with their parents in the rural and urban area was 5.1% and 5.4% respectively. Nearly 2.9% of the rural and 5.5% of the urban adolescents had problem in getting along with their relatives. Five students in each of the rural and urban area were had reported problem with their sibs. In the rural area, 12.4% (17/137) of adolescents had problem in getting along with all of them.

Jackson S et al in their study indicate that there is a positive association between family communication and adolescent self-esteem, certain aspects of adolescent well-being and the type of coping strategy employed. The study also provided some support for good family communication is associated with satisfaction with the family and with lack of disagreement between adolescents and parents.16

CONCLUSION

The parent should be educated to allow their children to participate in extra-curricular activities to imbibe character through values that would give direction to young people. Nevertheless, parent guidance centers, workshops for parents would still be required and are the need of the day.

References

8) Nair MKC. Adolescent Care 2000 and Beyond. Ed. Pejavar RK. Prism Books Pvt Ltd.

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