

# A Cross Sectional Study to Assess the Level of Social Functioning Among Adolescents.

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## Abstract

**Background:** Globally, 10-20% of teenagers suffer from mental health issues. Identification has been difficult due to the fact that the majority of sickness is asymptomatic. Impairment of social functioning is a sensitive sign of underlying mental illness. It serves as a starting point for the early detection of mental illnesses.

**Objectives:** The goal of the study is to evaluate adolescent's social functioning skills and their associated elements.

**Methods:** The study involved 100 school-aged teenagers in Pune who were recruited using a stratified random sample technique from government and private schools in the city. The scale utilized was the Child and Adolescent Social and Adaptive Functioning Scale (CASAFS). The level of significance for descriptive and analytical statistics was set at p 0.05.

**Results:** Females made up 52.3 percent of the sample, which was taken from two schools. Overall, 21.8 percent of people had strong social adaptive functioning capabilities, whereas 29.6% had low abilities. Around 36.3 percent performed poorly in the 'peer relationship domain,' while 27.1 percent performed poorly in the 'self-care/home domain.' Age, gender, number of siblings, and parents' educational level were all found to be substantially associated with having an "excellent social adaptive functioning competence" (p 0.05).

**Conclusion:** A large percentage of adolescent's deal with psychosocial challenges on a daily basis. Improving social skills will be a successful strategy in the treatment of mental illnesses.

**Keywords:** CASAF Scale, Social Functioning, Adolescent Mental Health

## Introduction

Adolescents are defined by the World Health Organization (WHO) as people aged 10 to 19, a developmental period that marks the transition from childhood to adulthood. They are exposed to significant physical, psychological, emotional, and social changes throughout this critical period, which requires them to notice, understand, and develop coping, problem-solving, and interpersonal skills. It's a time when they're more prone to engage in dangerous and thrill-seeking activity, putting them at risk of damage, physical harm, and mental illness.<sup>1</sup>

Adolescents account for around 1.2 billion individuals, or one in every six persons on the planet. India is home to 21% of the world's adolescents, with a population of 253 million.<sup>2</sup> Around 10-20% of adolescents worldwide suffer from mental health illnesses, and the majority of them are unable to receive effective diagnosis

and treatment.<sup>3</sup>

Adolescent mental health has emerged as a major public health concern, affecting their physical, social, and psychosocial well-being. When mental illnesses are not treated effectively, they might persist into adulthood, jeopardizing their ability to live a productive life.<sup>4</sup> Mental diseases have been a significant problem in terms of identifying and quantifying them. The existence of particular psychopathology symptoms, as well as impairment in social functioning, is required for a diagnosis of mental disorder. Even before clinical indications and symptoms, social functioning is a sensitive indicator of underlying mental illnesses.<sup>5</sup>

Data on illness burden and its interaction with other determinants is needed to develop an effective public health intervention for these adolescents. Despite its vulnerability to a

variety of circumstances, the adolescent age appears to be especially susceptible to the positive effects of youth development techniques, socio-emotional learning, and behavioral modelling. As a result, it is a vital time for corrective action to be most successful.<sup>6</sup> Many psychiatric diseases can be prevented at an early stage by early detection and appropriate therapy of adolescents with weak interpersonal skills and undiagnosed mental disorders.<sup>5</sup>

There is a knowledge gap about the burden of mental health disorders among teenagers in Pune due to the lack of studies addressing these concerns. As a result, this study was undertaken in Pune, India, to examine the degree of social functioning skills and associated characteristics among school-aged adolescents.

### Methodology

From November 2021 to December 2021, a cross-sectional survey was done among adolescents in classes 9 to 12 in Pune schools. Adolescents who refused to participate or who were not present on the data collecting day were not included in the study. A stratified random sampling technique was used. All eligible adolescents from selected schools were recruited. The method employed was stratified random sampling. All eligible students from a few schools were enlisted. A two-part, pre-designed self-administered questionnaire was employed. The first portion included the respondents' socio-demographic profile, while the second half included the Child and Adolescent Social and Adaptive Functioning (CASAF) Scale, a validated test with 24 items that measures psychosocial functioning.

### Results

#### Section I

A total of 2 schools were sampled for the study. The age of students ranged from 14 to 19 years with a mean (SD) age of 17.1 (1.2) years and females constituting 54.3%. Majority of the students were in 11th standard (32%), Hindu by religion (49%), and had 2 or more siblings (39.8%). Most of the respondents (40%) had their parents educated up to Graduation or high studies.

#### Section II

The 'school performance domain' had the highest social functioning, with > 78 percent of respondents scoring average or good. More than

(38.3%) of students have low social adaptive functioning skills in the 'peer relationship domain.' Overall, 24 percent of the participants had strong social adaptive functioning skills, while 30% had poor social adaptive functioning skills.

### Section III

Females were found to have significantly better social adaptive functioning skills as compared to males ( $p = 0.036$ ). Those belonging to the age group of 14-15 years have significantly higher good social functioning skills as compared to other age groups ( $p = 0.028$ ). Higher number of siblings ( $p = 0.05$ ) and higher parental education were significantly associated with good social functioning. Social functioning skills were poorer among respondents studying in government schools as compared to those in private schools ( $p = 0.02$ ).

### Discussion

This research of Pune teenage pupils is one of the few that has been completed to determine the social functioning of the state's adolescent students. The bulk of the respondents in this study were 15 years old (31.6%), with nearly equal proportions of teenagers in each of the grades from 9th to 12th, which is similar to a prior study.<sup>8</sup> The majority of the respondents' moms (32.7%) had only completed primary and middle school, and 30.3 percent were illiterate; similar figures have been found in previous research.<sup>9-11</sup> The majority of the teenagers had three or more siblings (37.8 %). This could be because many of the respondents in our study were from rural areas and had poorer parental literacy, which could have influenced their adoption of family planning.

In the category of school performance, the number of respondents who said they were "always successful in school work" was 3.6 percent, which was significantly lower than the 14.3 percent found in earlier research.<sup>8</sup> In the current study, 16.1 percent of adolescents "always spent their leisure time alone themselves" and 14.2 percent "always found it difficult to establish friends." According to Kandel D et al., the most important predictor of depression is dissatisfaction with academic achievement. Adolescents with high levels of depressive symptoms have worse social functioning, including isolation from peers.<sup>12,13</sup> About 65.2 percent of the respondents reported

a positive relationship with their moms, compared to only 50.5 percent with their fathers, which is similar to another study conducted by Deb S et al.<sup>14</sup> The adolescent's attempts at individualization and creating a sense of self may have an impact on the parent-child relationship and disrupt the family environment, resulting in conflicts, stress, and anxiety.<sup>15,16</sup> According to Wel F et al., parental ties have a long-term impact on teenagers' well-being.<sup>17</sup> Nearly half of the respondents (49.8%) said they "always keep their rooms and possessions tidy" in this survey. Adolescents with mental illnesses frequently fail to follow daily self-care routines and, in many cases, are unable to maintain stable connections, relationships, or jobs.<sup>15,18,19</sup> The 'good' performance score in this study was lower than that reported by other authors in the four areas of school performance (18.9%), peer connections (19.5%), family relationships (21.8%), and home/self-care (20.5%).<sup>15,20</sup> Females (31%) were found to have a higher level of good social functioning than males in this study (14.3 percent). Gender disparities in social functioning skills have been observed in a few studies, with females engaging in more social acts than males.<sup>9,14,15,21</sup> This study indicated that adolescent pupils in the 12th grade had the worst social functioning skills (32.1%), which is consistent with prior findings.<sup>9,16-18,22-24</sup> Adolescents with more siblings had superior social functioning skills, according to the study, which contradicts a study by Fatiregun et al.<sup>25</sup>

## Conclusion

The survey found that a considerable number of school-aged teenagers deal with psychosocial challenges on a daily basis. Improving social skills will be a successful strategy in the treatment of mental illnesses. A strong multi-sectoral response is required to address this common but significant public health issue.

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**Conflict of Interest:** None

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