



Psychological Morbidity among Hostel Students

Dr. Kamala H

Associate Professor of Psychology,

Smt.V.H.D. Central Institute of Home Science, Bangalore

ABSTRACT

Aim of the present study was to assess the presence of psychological morbidity among hostel students in Bengaluru. It was hypothesized that - There will be no significant difference in psychological morbidity among hostel students. Data was collected from 100 hostelites (50 Arts and 50 Commerce students) between the age of 19 to 22 years were involved in the present study. Statistical analysis such as Mean, Standard deviation and 't' test were applied to test the hypotheses. Findings reveal that there is no significant difference in psychological morbidity among hostel students.

Key Words: Psychological morbidity and hostel students

Introduction:

Late Adolescence/Early Adulthood includes the age between 18 to 24 years. It is a critical period which has an effect of socialization, learning, experience etc influences their personality throughout life. This period involves disturbances and distractions comparatively at a higher level compared to the other stages of development. This may be because of hormonal changes, emotional and intellectual changes, identity crisis, confusions, inability to make a suitable decisions etc. Reasons for such a state may be environmental factors also, family, siblings, peer group, SES and so on. Hostel is one such factor affecting the health condition of students as they may feel home sick, experience adjustment problems with friends, feel isolated in a new place.

As these people navigate the changes, it is critical that they receive the guidance, support and encouragement that foster healthy development. Choosing the right course of action is daunting because health is a complex issue. Therefore, it is important to clearly identify the factors that affect the health of adolescents and define what this age group needs to develop in healthy ways.

Psychological morbidity

This is the escape from a state of physical or psychological well-being, which results from decease, illness, injury or sickness, especially where the affected individual is aware of his/her condition. According to the World Health Organization, morbidity can be caused by the number of persons who were ill, illnesses these persons experienced or the duration of this illness.



Need for the Study

Hence, the present study makes an effort to measure the psychological morbidity among Arts and Commerce students residing in the hostel of Bengaluru City.

Review Of Literature

T. Krmer and M. E. Garralda (2018) conducted a study wherein they collected information from adolescents, parents and general practitioners about psychiatric disorders in 136 adolescents. Results showed 2% of patients with psychiatric complaints, 38% with moderate impairment of functioning. Most disorders (84%) were emotional disorders. Psychiatric disorders were significantly associated with high levels and intensity of physical symptoms and depressive and anxiety disorders were common.

To examine positive well-being during adolescence Lindsay T. Hoyt, P. Lindsay Chase - Lansdale, Thomas W. McDade, Emma K. Adam (2011) conducted a study on 10,147 adolescence as a predictor of perceived young adult general health and risky health behaviours. Results indicated that positive well-being during adolescence was significantly associated with reporting better perceived general health during young adulthood.

In the year 2005 Karen C. Swallen, Eric N. Reither Steven A. Haas, Ann M. Meier in their study investigated the relationship between health related quality of life and obesity in among 4743 adolescents with direct measure s of height and weight and 5 body mass categories. under four dimensions of health-related quality of life were measured such as: general health, physical health, emotional health and social functioning. A positive relationship was found between BMI and general and physical health.

Aim:

To assess the presence of psychological morbidity among hostel students in Bengaluru.

Objectives:

To study the difference in psychological morbidity between Arts and Commerce students residing in hostel.

Hypotheses

Ho. There will be no significant difference in psychological morbidity between hostel students of Arts and Commerce stream.

Operational Definitions

Psychological morbidity is the presence of psychological problems such as anxiety, depression, insomnia, somatic symptoms etc,

Hostel students are those who are away from their parents and stay in hostel to pursue their education.

Variables:

Independent Variable: Stream of graduation-Arts and Commerce.

Dependent Variable: Presence of psychological morbidity



Research Design:

Field survey method with “between groups” design was adopted.

Sample

A random purposive sampling technique was used. Data was collected from 100 hostelites (50 Arts and 50 Commerce), between 19 to 22 years of age.

Tools

General Health Questionnaire

Modified version of GHQ - 28 of Goldberg and Hiller (1972) is used. It is a quick and easy method to identify “possible Psychiatric cases”. GHQ is used as a first stage screening method for the general population. It consists of four subscales:

➤ **Somatic Symptoms:** anemia, bleeding disorder, bleeding gums, diabetes, cholesterol etc

➤ **Anxiety and Insomnia:** includes somatic/affective and cognitive/behavioural symptoms

Somatic symptoms such as tense, unable to relax, unsteady, nausea, diarrhea etc.

Cognitive symptoms includes confusion, hands trembling, stuttering, fear being rejected, worry about possible danger etc.

➤ **Social Dysfunction:** decreased self confidence, low self efficacy, extreme shyness, avoiding conversation etc

➤ **Severe Depression:** loss of interest, fatigue, insomnia, decreased appetite, diminished ability to think, feeling of hopelessness etc.

An individual with a raw score of 5 and above is considered as possible case. Reliability score: Split-half coefficient: $r=0.92$ and Test-retest coefficient: $r=0.85$. Validity score is 0.70 to 0.83.

Procedure

After consulting the respective students, a brief note of information was given about the research study. Their consent was taken to be a part of the study in the written format and questionnaire was administered.

Statistical Analysis

Mean, Standard deviation and ‘t’ test are applied and the results are analyzed to find out the levels of significance.

Ho. There will be no significant difference in psychological morbidity between hostel students of Arts and Commerce stream.

Table – indicating test of significance between the two streams of students

Variable	Streams		t
	Arts (50)	Commerce (50)	
	Mean / S.D	Mean / S.D	
Somatic Symptoms	1.71(1.87)	1.28(1.38)	0.29
Anxiety and Insomnia	2.61(2.11)	1.33(1.62)	0.25
Social Dysfunction	2.33(1.95)	1.87(1.74)	0.33
Severe Depression	1.66(2.22)	0.76(1.01)	0.25
Total	8.31(8.15)	5.24(5.75)	0.48

The present study was an attempt to understand the psychological morbidity of students residing in the college hostel. The objective of the study was to find out the differences in psychological morbidity between Arts and Commerce students. The above table shows that both the streams show symptoms of psychological morbidity. Mean score of Arts (8.31) is higher than Commerce (5.24). Arts students show the presence problems related to anxiety, insomnia and social dysfunction to that of Commerce. Severe depression is not present among the commerce students. Hence, the hypothesis is retained.

Figure indicating the level of psychological morbidity among hostel students

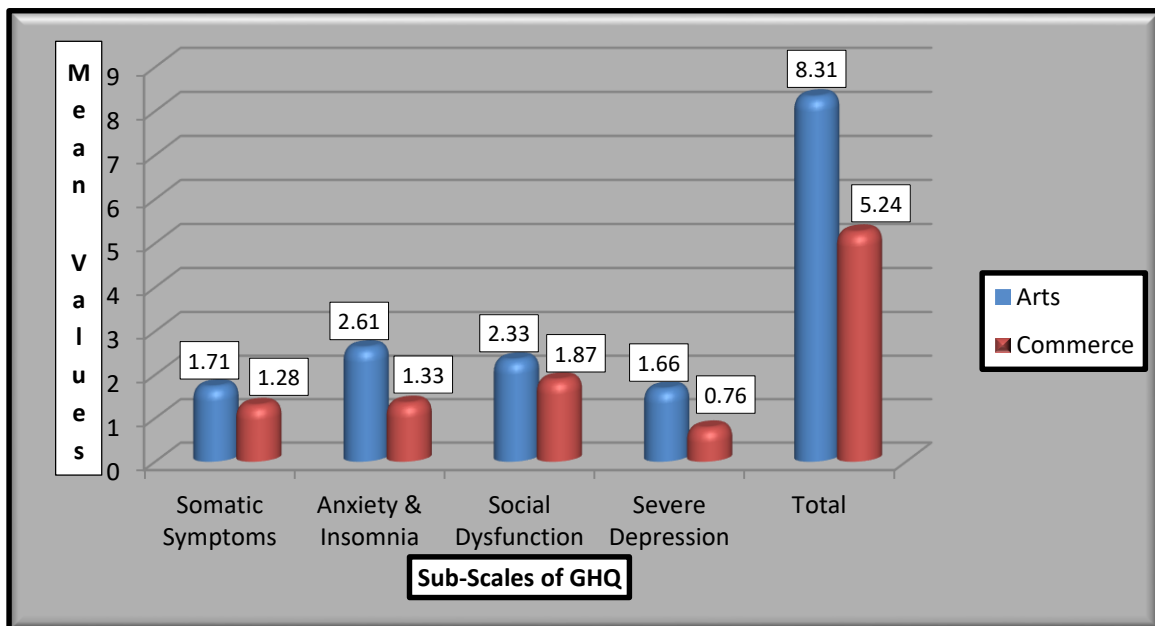


Figure shows higher score among arts students to that of commerce students

Conclusions



1. There is no significant difference in psychological morbidity between hostel students of Arts and Commerce stream.
2. When compared with their counterparts, arts students have higher scores in all the four sub-scales.

Limitations

1. Sample was limited to only one place.
2. Comparative study may be conducted between different hostels such as government, private, PG stay.

References:

1. Diane E Papalia, Sally Wendkos Olds, Ruth Duskin Feldman (2004) - Human development, 9th edition, Tata McGraw Hill Publication. Page 388-389
2. Hurlock, E.B. (1981). Developmental PSYCHOLOGY: A life - span approach. Tata McGraw - Hill Page 222-234
3. John W Santrock (2011) - A topical Approach to Life Span Development, 3rd Edition, Tata Mcgraw- Hill Edition
4. Lindsay T. Hoyt, P. Lindsay Chase - Lansdale, Thomas W. McDade, Emma K. Adam (2011): Positive youth, healthy adults: Does positive well-being in adolescence predict better perceived health and fewer risky health behaviors in young adulthood?. **Published online 2011 Jul 22.** doi: [10.1016/j.jadohealth.2011.05.002](https://doi.org/10.1016/j.jadohealth.2011.05.002)
5. Karen C. Swallen, Eric N. Reither Steven A. Haas, Ann M. Meier (2005): Overweight, obesity, and health-related quality of life among adolescents: the National Longitudinal Study of Adolescent Health. Pubmed. Pediatrics . 2005 Feb;115(2):340-7. doi: 10.1542/peds.2004-0678.
6. T. Krmer and M. E. Garralda (2017): Psychiatric disorders in adolescents in primary care Published online by Cambridge University Press: 03 January 2018