SOCIAL HEALTH STATUS OF ADOLESCENT OF DELHI

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ABSTRACT

In this paper, the effect of gender might have been studied. By analysing likely future events, it is feasible to assess both the depth and breadth of one's social networking exposure. In conclusion, there is a correlation between increased social anxiety and poorer levels of self-esteem and more time spent on social networking sites. Contrary to the results of the bulk of earlier investigations, it was found that gender had no impact on the aforementioned characteristics. The most important and conclusive finding was that there was an inverse association between self-esteem and social anxiety. This finding lends credence to the hypothesis that self-esteem and social body anxiety are inversely associated.

INTRODUCTION

Some people think that the years that span the course of adolescence are the most formative. The time in a person's life between childhood and adulthood is a dangerous one. Adolescere, a Latin word, literally translates as "to become an adult." Adolescence is a developmental stage that happens between childhood and adulthood. The transition into adulthood takes place after the period of rapid physical development and sexual maturation that happens during puberty. A person's teenage years are a crucial period in their lives. One has the power to change their body, mind, and social environment. A child has made the first step towards a lifetime of creative problem-solving and thoughtful reflection on both the past and the future when they are able to think abstractly. They will have the chance to establish deep bonds with their teachers, friends, and family members during this time. They are making new

beginnings as they interact with one another in novel ways. Both defences of various scenarios and elements as well as criticisms of particular scenarios and elements are provided.

The onset of puberty and the associated physical and mental changes, the requirement to adjust to new responsibilities at home, school, and in the community, as well as increased expectations from all facets of society, can destabilise an adolescent's life. Teens go through a lot of changes during this time in their lives, including puberty and the related physical and mental changes, as well as the pressures of school, work, and relationships. In order to better understand adolescents and the environments in which they live, we examine in this chapter the underlying social work principles and perspectives that encourage and support social work intervention. In order to better understand adolescents, the researcher examined data from numerous sources, including international and Indian viewpoints.

GLOBAL PERSPECTIVE OF ADOLESCENTS

Patrica Noller and Victor Challan found that coming into oneself during adolescence is crucial. It may seem like teenagers prefer their peers to their families, but it's important to maintain family bonds. Teenagers spend their time at home, with friends and family, and in the community, adjusting to adult responsibilities and social connections. Several family theories agree that adolescents thrive when given considerable autonomy within realistic limits, moderate monitoring, positive and negative reinforcement, and unconditional acceptance. The book covered four major events from the protagonists' teens. A person's life changes when they leave home, come into their own psychosexually, financially, professionally, and personally. Self-directed growth includes personal goals. Families should also talk often. Family communication can improve adolescents' social, coping, and "positive" self-identity. A child's gender, age, financial situation, race or ethnicity, and religion can affect their parent-child communication. Adolescent girls have more meaningful dialogue, self-disclosure, and conflict with their mothers than their fathers, according to research. Parents and teens argue about inappropriate clothing and behaviour more than taboo topics like sexuality and drugs. Adolescents benefit from parents who love them

unconditionally and rarely criticise.Physical punishment lowers self-esteem more than verbal or mental abuse. Family relationships are also important.

ADOLESCENT POPULATION IN INDIA

India has 25% teens. Unfortunately, health, family welfare, and women and child education programmes have not met this population's needs. Federal and state health programmes exclude them. This may explain the country's high infant and maternal mortality. Adolescents face sexuality, sexual risk-taking, teenage pregnancy, and hunger. Healthy diet, sexual health, family planning, self-esteem, and other topics can assist adolescents in school. The government must model youth organisations for other nations.

The 1991 census counted 7.8 million fewer girls than boys in the 0-14 age group, while 13.4 million more girls were "missing" in the 0-19 age group. Women read 54% less than men (76%). In 1996, 59% of boys 15–19 were in secondary school, but just 38% of females. Girls left school due to a lack of female educators, safety concerns, or poor exam scores. Poor nutrition, early pregnancy, and reproductive health difficulties affect Indian women's physical development.

SOCIAL SUPPORT

The idea of "social support" refers to a wide range of different interactions and resources, some of which include but are not limited to monetary assistance, emotional and mental well-being, knowledge, and social connection. Other examples of social support include but are not limited to knowledge and social connection. There is no one definition of the word "social help" that is widely acknowledged, despite the complexity and breadth of the subject area. This is true despite the fact that assistance, courtesy, and complete honesty.

ADOLESCENT HEALTH PROBLEM

Most teens appear healthy. Teen health predicts future health. Adolescence starts many adult diseases. Many young people die prematurely from preventable or treatable ailments, and many more have chronic health difficulties or impairments. Teen health difficulties fall into three categories: physical, emotional, and social. Mental health disorders, teen pregnancy and

infant mortality, HIV/STI and other infectious diseases, violence, unintentional accidents, malnutrition, and substance misuse are today's youth's worst health issues. Society needs teenagers. If their relationships are good, adolescents are considered healthy. Drugs, sexual assault, and physical assault are increasing among youth. Teens' social needs haven't been well-managed for a long time. The World Health Organization's Committee on the Rights of the Child announced 2013 guidelines on children's and adolescents' rights. These principles require states to recognise children and adolescents' health and development needs. The World Health Organization's 2014 report "Health for the World's Adolescents" included this goal. The District Level Household and Facility Survey III, National Family Health Survey III, and Sample Registration System in India have highlighted the particular health and social development requirements of adolescents. It's clear that improving adolescent health will improve India's demographics and economy. In January 2014, the Indian government started Rashtriya Kishor Swasthya Karyakram, a comprehensive sexual health programme for youth. The programme helps Indian adolescents make informed and responsible health and welfare decisions to reach their full potential. As we study India's adolescent health, we'll analyse how terrible the problem is, what programmes are in place to help, and how difficult it is to treat all teens right now. Our review was based on extensive database and national and international literature research. Persuade adults to focus on young people's needs to improve adolescent health services.

MINDSET

Youth mental health is neglected. Adolescent mental illness has become a leading source of death and disability. In a Goa study of 16-to-24-year-olds, girls were four times as likely than men to consider suicide. Absenteeism, free choice, premarital sex, sexual abuse, parent abuse, and mental illness raise suicide risk. 40% of males and 56% of women in India aged 15–29 committed suicide, the highest incidence of any age group.

Despite a 6.46 percent prevalence rate for child and adolescent psychiatric disorders in the general population and 23.33 percent in schools, child mental illness reporting systems are inadequate. As shown above, many teens have mental health issues.

DRUGS

Drug usage is often misunderstood by teens. The NFHS-3 revealed that 11% of males and 1% of girls aged 15–19 had tried alcohol, with 3% doing so regularly. Men smoke 29% and women 4%. Teens start smoking at 12.3 years, while they start drinking later (13.6 years). Almost 11% of cannabis users started using before 15. Cannabis use at this age is linked to subsequent schizophrenia and other psychotic illnesses.

INDIA'S YOUTH

Around 20% of India's population is adolescents, who are influenced by their families, schools, communities, the market, and the media as they adjust to modern life. Young people, especially those in cities, are more susceptible to individualism, market pressures, and consumerism. The media's abundance skews children's priorities and takes mental control during their early years. Bad food and drink selections, moms working, parents having higher expectations for their children, and other small changes are also affecting leisure time and diet. Sedentary lifestyles, which limit physical activity and exercise, are growing due to labor-saving technologies, faster transportation, and electronic devices. Teens also have a higher chance of early sexual engagement, unprotected sex, substance addiction, suicidal ideation, and aggressive behaviour.

According to earlier studies in this field, most teenagers in both developed and developing nations confront significant health and well-being issues. Several reports say rural Indian youth are at danger for deficiency diseases, whereas urban youth are at risk for obesity, body image issues, and high blood pressure. Fast food, lack of fruits and vegetables, and inactivity contribute. Downtime can cause mental and social problems. Weariness and insomnia are on the rise, which can cause mental health and academic issues. Indian teens are more at risk from their own irresponsibility than from infectious, hereditary, or degenerative diseases. Teens confront several dangers, yet little is known about them. Most research focuses on sexuality, substance misuse, and physical aggression. Adolescents' daily routines, religious

beliefs, and other motivational factors have not been adequately investigated. So, teen health and wellness efforts are dispersed.

Lifestyle problems, including dangers and benefits, are important, even though schools are educating more about sexuality. To provide preventative health care to India's large adolescent population, it's important to recognise key risk and promotive characteristics among subsets of teens. This investigation sought to assess risk and protective factors in Indian adolescents' daily lives. Lifestyle, gender, developmental stage, and residential area were evaluated since health is rooted in the socio-cultural setting and varies in opportunities, resources, constraints, and prejudice. This study examined healthy lifestyle risk and preventative factors. This study defined "lifestyle" as eating, sleep, study habits, leisure, physical exercise, religious practises, daily routines, and risk behaviours. Schooling's importance to adolescents' "developmental agenda" prompted the study's location. Rural, urban, and metropolitan teenagers have different lifestyles due to opportunity, media exposure, parental support, peer pressure, raising practises, values, and ecological factors. Gender disparities in leisure, biological fragility, health concerns, and amenities anticipated boys and girls to behave differently. Early, mid-, and late-stage adolescents were expected to have different lifestyles due to their varied peer group contact.

PARENTAL RELATION

Adolescence decreases family unity and increases parent-child conflict in the US. Curfew, proper clothes, and privacy are often debated. Parental disagreements concerning kid behaviour might lead to conflict. Parents worry about adolescent freedom because of the many unknowns. Throughout puberty, kids argue with their parents more, but not over crucial things. Many youngsters don't question their parents' attitudes and opinions about life's priorities. If both parents get along, teens are less likely to try drugs or risky sexual behaviour.

INTERCTION

Adolescents trust their peers more than their parents because they need more independence and freedom. Peer interactions have a major impact on teenage development. Whether they have hobbies or not, meaningful friendships with other kids can help kids flourish.

More than as children, adolescents form large social groupings with their classmates based on shared interests and friendships with opposite-sex people.

Peer groups foster cooperation, communication, and conflict resolution. Social networks can boost or hinder academic performance. Peer pressure can cause drug use, excessive drinking, vandalism, and stealing. Friendships can be beneficial, but they can also be social barriers, especially during adolescence when peer pressure is at its peak. Deviant peer contagion has been extensively studied since it shows how teens can affect one other.

Hormonal changes during puberty make teenagers more sensitive to criticism and more prone to have strong emotional responses, which increases physical violence. Physical and emotional intimacy aggression has been linked to chronic mental health issues including depression.

NEIGHBOURHOOD, CULTURE AND SOCIETY

Cultural norms influence adolescent growth as much as biological or neurological processes. New experiences and people teach culture, which impacts one's life. Social standards, sexual practises, and worldviews are among culturally unique human behaviours. Culture influences how people dress, work, play, and even speak.

Several cultural variables affect adolescents throughout cultures. Preteens and teenagers are considered in many respects as autonomous, independent creatures, and the behaviours that indicate this rising freedom vary widely among cultures. Social standards and expectations greatly impact teens' lives. They include how much teenagers are expected to help with housework and other care. Teenagers in nations with higher per capita incomes frequently have more home obligations and less freedom. Duties and allowances may differ culturally in families of different socioeconomic status.

Each adolescent's social, familial, and cultural environment fosters their viewpoint. This includes one's religious, spiritual, political, and sexual beliefs. Teens' worldviews, attitudes, and behaviours are affected by the full range of cultural ideas on any given topic. LGBTQ students are disproportionately bullied at school. Cultural gender norms keep many Gay youth from mainstream society. Queer and transgender youth may have worse mental health. Sexual harassment and body-shaming in prepubescent boys and girls can lead to depression, substance misuse, and eating disorders.

SOCIAL PHYSIQUE ANXIETY

"Social physique anxiety" refers to social anxiety regarding one's looks. It's stressful because one feels judged by their appearance. From its introduction, the idea has been linked to self-consciousness, perceived competence, and workout setting. Anxiety is concern, distress, or unease. Social physique anxiety—a kind of anxiety—occurs when people think others are judging their appearance while socialising. Social body anxiety might occur while exercising at a gym, bathing on the beach, or making a presentation.

People worry more about their appearance the more they deviate from the "ideal" body type. Even gorgeous people have social body anxiety. They may have low self-esteem, high body expectations, or intense self-consciousness.

Teens and children are more prone than adults to have appearance-related anxiety. If they don't "fit in" at the gym, social body concern might also deter older adults from exercising.

Social physique anxiety sufferers had lower body satisfaction, more food concerns and negative eating habits, and a greater desire to avoid public exercise, according to study.

SELF-ESTEEM

Your subjective evaluation of your whole personal worth or value is what we mean when we say you have self-esteem. It describes one's level of self-esteem and describes how much one believes in one's own skills and personality.

Possessing a positive self-perception can considerably enhance one's level of motivation, mental health, and general quality of life. Having an extremely low or high perception of one's own value could be hazardous. It may be problematic to lack either. When you are more aware of the specific level of self-esteem that you have, you will be better able to find the balance that suits you.

The following are crucial components of self-esteem:

• Self-confidence

• Feelings of security

• Identity

• Sense of belonging

OBJECTIVE OF THE STUDY

- The purpose of this study is to better understand the relationships between the social supports that youth receive from their families, friends, and educational institutions in order to improve their wellbeing. These supports include emotional, practical, and informational ones.

- To examine how adolescent social health is influenced by parental, academic, and peer interactions in terms of risky behaviour propensity, academic performance, stress management, communication skills, and capacity to establish and maintain good relationships with others.

- Enhancing teenage mental health requires both strengthening teens' social networks and putting into practise social work treatments founded on strong theoretical bases.

DEMOGRAPHIC STRUCTURE OF THE AREA OF STUDY DELHI

New Delhi, the country's capital, is located in the National Capital Territory (NCT) of Delhi, which is sometimes referred to as Delhi. Although Delhi spans the Yamuna River, particularly on its western or right bank, it has boundaries with the states of Uttar Pradesh in the east and with the state of Haryana in the remaining directions. 1,484 square kilometres make to the NCT (573 sq mi). The NCT is home to roughly 16.8 million people, compared to about 11 million people living in Delhi's city proper as per the 2011 census. The National Capital Region (NCR), which also includes the satellite cities of Ghaziabad, Faridabad, Gurgaon, and Noida, is home to the second-largest urban agglomeration in the world and India, with a population of over 28 million.

AREA - RURAL AND URBAN

S. No.	Classification of Area	1991		2001		2011	
		Km^2	%	Km^2	%	Km^2	%
1.	Rural	797.66	53.79	558.32	37.65	369.35	24.90
2.	Urban	685.34	46.21	924.68	62.35	1113.65	75.1
3.	Total	1483.00	100.00	1483.00	100.00	1483.00	100.00

Source: Census of India, 1991, 2001 & 2011

MATERIALS AND METHODS

SAMPLE

Sixty teens were studied (40 females and 20 boys). Secondary and Higher Secondary pupils were approached in New Delhi when the kids were coaching. The mean participant age was 16.18. Purposeful sampling was the best research method for the investigation. Before collecting data, each participant had to consent.

TECHNIQUES USED

- Social Physique Anxiety Scale (SPAS) Rejewski, 1989
- Rosenberg Self-Esteem Scale (1965)

The study's findings are as follows:

Table No. 1 contains a list of the sample's characteristics. This table's data makes it abundantly evident that, of the 60 students in the sample as a whole, forty (66.7%) were female and twenty (33.3%) were male. Comparatively, N=23 (38.3%) of the participants claimed to use social networking sites between 7 and 14 hours per week, whereas 31 (51.7%) of the participants reported using them more than 14 hours per week. Less than seven hours per week were spent by six different students on social networking sites.

Table 1   Sample & Descriptive Statistics

Age Range	Minimum 13 Years	Maximum 18 Years	Mean 16.15 Years	SD 1.246
Male		N=20	33.3 %	
Female		N=40	66.7%	
Total		N=60	100%	

	Social Networking Usage	Mean	Std. Deviation	N
Social Physique Anxiety	< 7hr per week	26.67	11.075	6 (10.0%)
	7-14 hr per week	30.09	6.452	23 (38.3%)
	>14 hr per week	45.42	5.309	31 (51.7%)
	Total	37.67	10.321	60 (100%)
Self-esteem	< 7hr per week	32.17	3.488	6
	7-14 hr per week	23.96	6.256	23
	>14 hr per week	17.84	2.647	31
	Total	21.62	6.336	60

The outcomes of the descriptive statistics are presented in Table No. 1. When people used social networking sites for fewer than seven hours per week, the mean total score for social and physical anxiety was 26.67; however, when people used social networking sites for seven to fourteen hours per week, the average score rose to 30.09. On a scale measuring social body anxiety, the persons who spent more than 14 hours per week on social networking sites had the highest mean score (M=45.42). Those who use social media for less than seven hours per week had an average self-esteem score of 32.17, followed by those who use it for seven to fourteen hours per week (23.96). The category that spent more than 14 hours per week on social networking sites got the lowest mean score for self-esteem out of all the categories.

Table 2   Multivariate Analysis of Variance among Social Networking Usage, Gender and Social Physique Anxiety, Self-esteem

Source	Dependent Variable	Sum of Squares	df	MS	F	Sig.
Corrected	Social Physique Anxiety	3976.303[a]	3	1325.434	32.145	.01*
	Self-esteem	1243.341[b]	3	414.447	20.633	.01*
Intercept	Social Physique Anxiety	3895.723	1	3895.723	94.481	.01*
	Self-esteem	2832.339	1	2832.339	141.007	.01*
Gender	Social Physique Anxiety	65.678	1	65.678	1.593	.21
	Self-esteem	7.141	1	7.141	.355	.55
Social Networking Usage	Social Physique Anxiety	3948.270	2	1974.135	47.878	.01*
	Self-esteem	1240.932	2	620.466	30.890	.01*
Pearson's r (SPA and Self-esteem)		-.55**				.01**

A multivariate analysis of variance was carried out to compare Social Physique Anxiety with the other study variables, namely self-esteem and the amount of time spent on social networking sites according to gender. Table 2 presents the outcomes. The correlation between using social networking sites and having social anxiety was found to be F = 47.878. This value was found to be significant at the .01 p level. Between the SPA and self-esteem scores, a F value of 30.890 was computed. This value was found to be highly significant at the .01 p level. A significant negative correlation between social body anxiety and self-esteem was found (r= -.55*, significant at the .01 p level), suggesting that adolescents who experience more social body anxiety may also have lower levels of self-esteem. The significance of the correlation was determined at the .01 p level. No discernible disparities between the sexes were detected.

DISCUSSION

The aim of this study was to examine the association between teenagers' levels of self-esteem and social anxiety and the amount of time they spent on social networking sites in the senior and senior secondary grades. According to the descriptive data table, long-term social networkers had poorer self-esteem and increased social anxiety. Despite decreasing consumption rates, this is true. This study found that students who use social media regularly have poorer self-esteem and increased social anxiety. Low self-esteem, confidence, and body image are linked to excessively high SPA. It also demonstrates that people have a low self-esteem, which impacts their happiness and capacity to handle life's challenges. The multivariate analysis of variance showed no gender differences in self-esteem, social anxiety, or body image. This contradicts accumulating evidence that gender affects body-related social anxiety and self-esteem. This study reveals that women have more social anxiety than men. Rothberger et al. discovered that self-efficacy and gender affect college students' spontaneous physical activity (SPA) (2015). Low self-efficacy also increased social anxiety. Hagger and Stevenson (2010) found that women are more prone than men to develop severe social anxiety and low self-esteem. Self-esteem correlated poorly ($r = -0.55$) with social anxiety. This was the ultimate discovery. Given the significant negative association between SPA and self-esteem, negative views about RQH's appearance will hurt her reputation. SPA negatively impacts self-esteem. De Cock et al. found that Facebook addiction lowers self-esteem (2014).

The main hypothesis was confirmed. Figure 1 shows the investigation's rough formulation. This theory suggests that social media use can indicate beauty. Hence, kids develop a negative body image, low self-esteem, and a desire to change their appearance. But, the hurdle is so high that these efforts may fail. That lowers their self-esteem further. Inactivity and social media use may result from not meeting the criterion. It traps them in a loop of mistreatment, unhappiness, and low self-esteem, which is detrimental.

CONCLUSIONS

More preparation would have allowed gender study. When predicting future events, social media exposure might be assessed. In conclusion, social media use increases social anxiety and lowers self-esteem. Unlike other studies, gender had no effect on the above characteristics. Social physique anxiety and self-esteem were inversely related. This suggests that social body anxiety and self-esteem are adversely connected. This study examined senior and senior secondary school students' social media use and self-esteem and social anxiety. According to the descriptive data table, long-term social media users had lower self-esteem and more social anxiety. This study found that students who use social media regularly have poorer self-esteem and social anxiety. Abnormally high SPA is linked to low self-esteem, insecurity, and a negative view of one's physical appearance. The multivariate analysis of variance found no gender difference in self-esteem, social anxiety, or body image assessments. This contradicts growing scientific evidence that gender affects social anxiety and self-esteem. Lower self-efficacy also increased social anxiety. Hagger and Stevenson (2010) found that women are more prone than males to experience social anxiety and self-esteem declines. SPA strongly and negatively correlates with self-worth. Facebook use was linked to low self-esteem by De Cock and colleagues.

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