

**A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING
ADOLESCENTS AT KOLAR**

By

DR.MANJUNATH T L, M.B.B.S.



DISSERTATION SUBMITTED TO
SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION
AND RESEARCH, KOLAR, KARNATAKA
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF

DOCTOR OF MEDICINE

IN

COMMUNITY MEDICINE

Under the guidance of

PROF & HOD DR. MUNINARAYANA.C, M.D.



**DEPARTMENT OF COMMUNITY MEDICINE
SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR-563101**

APRIL – 2016

**DEPARTMENT OF COMMUNITY MEDICINE
SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR-563101**

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled “A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS AT KOLAR” is a bonafide and genuine research work carried out by me under the guidance of **Dr.MUNINARAYANA.C**, Department of Community Medicine, Sri Devaraj Urs Medical College, Tamaka, Kolar.

Date :

Signature of the Candidate

Place : Kolar

Name: Dr. MANJUNATH TL

**SRI DEVARAJ URS ACADEMY OF HIGHER
EDUCATION AND RESEARCH, KOLAR, KARNATAKA**

CERTIFICATE BY THE GUIDE

This is to certify that this dissertation entitled “**A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS AT KOLAR**” is a bonafide research work done by **Dr.MANJUNATH TL** in partial fulfilment of the requirement for the degree of **MD in Community Medicine**.

Date :

Signature of the Guide

Place : Kolar

Dr. MUNINARAYANA. C M.D

Professor & HOD

Department of Community Medicine

Sri Devaraj Urs Medical College,

Tamaka, Kolar-563101

**SRI DEVARAJ URS ACADEMY OF HIGHER
EDUCATION AND RESEARCH, KOLAR, KARNATAKA**

CERTIFICATE BY THE CO-GUIDE

This is to certify that this dissertation entitled “**A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS AT KOLAR**” is a bonafide research work done by **Dr.MANJUNATH TL** in partial fulfilment of the requirement for the degree of **MD in Community Medicine**.

Date :

Signature of the Co-Guide

Place : Kolar

**Dr. Mohan Reddy M
Professor & HOD
Department of Psychiatry
Sri Devaraj Urs Medical College,
Tamaka, Kolar-563101**

**SRI DEVARAJ URS ACADEMY OF HIGHER
EDUCATION AND RESEARCH, KOLAR, KARNATAKA**

**ENDORSEMENT BY THE HOD,
PRINCIPAL /HEAD OF THE INSTITUTION**

This is to certify that this dissertation titled “A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS AT KOLAR” is a bonafide research work done by **DR. MANJUNATH TL**, under the guidance of **DR. MUNINARAYANA C**, Department of Community Medicine, Sri Devaraj Urs Medical College, Kolar.

Seal and Signature of the HOD

Dr. MUNINARAYANA.C

Professor and HOD,

Department of Community Medicine

Sri Devaraj Urs Medical College,

Tamaka, Kolar

Date:

Place: Kolar

Seal and Signature of the principal

Dr. RANGANATH B.G, MD

Principal,

Sri Devaraj Urs Medical College

Tamaka, Kolar

Date:

Place: Kolar

**SRI DEVARAJ URS ACADEMY OF HIGHER
EDUCATION AND RESEARCH, KOLAR, KARNATAKA**

ETHICS COMMITTEE CERTIFICATE

This is to certify that the Ethical Committee of Sri Devaraj Urs Medical College, Tamaka, Kolar has unanimously approved **Dr.MANJUNATH TL**, student in the Department of Community Medicine at Sri Devaraj Urs Medical College, Tamaka, Kolar to take up the dissertation work entitled **“A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS AT KOLAR”** to be submitted to the Sri Devaraj Urs Academy of Higher Education and Research Centre, Tamaka, Kolar.

Signature of the Member Secretary

Signature and seal of the Principal

Ethical Committee

Dr. RANGANATH B.G.

Sri Devaraj Urs Medical College
Tamaka, Kolar – 563101.

Sri Devaraj Urs Medical College,
Tamaka, Kolar – 563101

Date :

Date :

Place : Kolar

Place : Kolar

COPYRIGHT

DECLARATION BY THE CANDIDATE

I hereby declare that SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH, KOLAR, Karnataka shall have the rights to preserve, use and disseminate this dissertation / thesis in print or electronic format for academic / research purpose.

Date :

Signature of the Candidate

Place : Kolar

Name: Dr. MANJUNATH TL

© Sri Devaraj Urs Academy of Higher Education and Research,
Tamaka, Kolar, Karnataka

ACKNOWLEDGEMENT

I express my sincere gratitude to the Almighty God for his blessings.

It gives me great pleasure to express my deep gratitude to my esteemed guide and mentor **Dr.MUNINARAYANA.C**, Professor and Head of Department of Community Medicine, Sri Devaraj Urs Medical College, Kolar, for his able guidance, constant support and advice in each and every step in preparing this dissertation.

I convey my deepest regards to Dr Mohan Reddy M, Professor and Head of Department of Psychiatry, Sri Devaraj Urs Medical College, Kolar, for his guidance and support throughout the study.

I owe my profound gratitude to my Professor, Dr.Ranganath BG for his encouragement. I acknowledge Dr.Prasanna Kamath B.T, Dr. Anil NS, Dr.Deepa LN, Dr Shilu M, Mr. Ravishankar, Dr.Mahesh V, Dr.Ananta Bhattacharya, Dr.Naresh SJ, faculty in department of Community Medicine for their advice in the preparation of this dissertation.

My special regards to Dr Mahesh V, Dr Ananya Lakshmi, and Dr Harish for helping me in various steps of this dissertation. I thank my co-PGs' Dr. Sunil BN, Dr. Varsha R Mokhashi and Dr.Vishwas S for their co-operation.

Date:

Place: Kolar

Signature of the Candidate

Name: Dr. MANJUNATH TL

LIST OF ABBREVIATIONS

GHQ-General Health Questionnaire

DASS-Depression, Anxiety and Stress scale

SC-Scheduled Caste

ST-Scheduled Tribe

OBC- Other Backward Classes

BPL-Below Poverty Line

APL-Above Poverty Line

SES-Socio Economic Status

WHO-World Health Organization

UNICEF-United Nation Child Emergency Fund

ARSH-Adolescent Reproductive Child Health

RCH- Reproductive and Child Health

DSM-Diagnostic Statistical Manual

DMHP-District Mental Health Programme

ABSTRACT

INTRODUCTION AND OBJECTIVES

According to WHO, Adolescence is defined as the age group between 10-19 years.¹ It is estimated that up to 20% of the adolescents have one or more mental or behavioural problems.² The vast majority of adolescents (88%) live in developing countries and India has the largest national population of adolescents (243 Million).³ In Karnataka adolescents constitute about 18% of total population (11 million).⁴

Adolescents suffer from psychosocial problems at one time or the other during their development. The commonly encountered psychosocial problems include depression, anxiety, mood swings, and those due to stress and peer pressure which may lead to consumption of alcohol and smoking.⁵

Due to rapid urbanization majority of the young couples are employed and live in unitary setup and thereby getting less time to look after their children. Under these circumstances, psychosocial problems are on the rise.¹ Hence, it becomes important to study different aspects of their psychosocial behaviour as health related outcomes are also affected by it. In view of this, the study has been undertaken to compare psychosocial problems among adolescents from rural and urban areas.

OBJECTIVES:

1. To assess the prevalence of psychosocial problems among adolescents.
2. To identify the factors influencing psychosocial problems among the adolescents.
3. To compare the psychosocial problems of the adolescents in the rural and urban areas.

METHODOLOGY**STUDY AREA**

Rural and urban areas of Kolar taluk.

STUDY POPULATION

School and college going adolescents aged between 10 -19 yrs were identified from middle schools, high schools and pre university Colleges in rural & urban areas of Kolar.

STUDY DESIGN

Cross- sectional descriptive study

STUDY TOOL

Proforma and interview questionnaire

(General Health Questionnaire -12 and Depression, anxiety and stress-21).

STUDY DURATION

January 2014 to Jan 2015.

RESULTS AND INFERENCES

The present study of psychosocial problems among adolescents was conducted in rural and urban schools of Kolar covering 520 subjects.

The cross sectional study for a duration of one year and included 218 boys and 302 girls. Around 94.2% were Hindus, 5.6% Muslims and 0.2% were Christian. Nearly 37.5% of the families were of nuclear type and 62.4% belonged to joint and three generation families. The majority of the household comprised of semiskilled (37.5%) and only 10.4% belonged to professional and semi-professional category. About 14% of the studied adolescents had low academic performance in depression, 13% in anxiety and 20% in stress. Around 65.2% of the study subjects suffered from psychosocial problems among them 15.4% had only anxiety, 23.5% had both anxiety and depression and 26.3% had all the categories of psychosocial problems. The adolescents who suffered from only anxiety, depression and anxiety was more in urban than rural area. The subjects who suffered from all the problems are more in rural than urban area (57%vs42%) respectively.

CONCLUSION

The study concludes that significant proportion of adolescents are suffering from psychosocial problems like depression, anxiety and stress and the factors influencing these are mainly modifiable.

Low socioeconomic status, familial problems like smoking and alcohol, death of parents, no siblings, poor academic performance, caste (OBC & scheduled caste) occupational status of father plays an important role in the occurrence of depression, anxiety and stress.

Adolescents need a counselling unit at each and every school for the early diagnosis and prevention of occurrence of psychosocial problems. Further, the study recommends for an in depth study on factors influencing depression, anxiety and stress and also the consequences of these psychosocial problems among adolescents. Teachers and parents are need to be addressed about the burden of psychosocial problems among adolescents and also factors influencing them. Government need to further stress the programmes like Adolescent Reproductive and Sexual Health to address the psychosocial problems.

KEY WORDS: Depression, anxiety, stress, adolescents, Kolar.

TABLE OF CONTENTS

Sl no	CONTENTS	Page no.
1	INTRODUCTION	1-2
2	NEED FOR THE STUDY	3
3	OBJECTIVES	4
4	REVIEW OF LITERATURE	5-27
5	MATERIAL AND METHODS	28-37
6	RESULTS	38-89
7	DISCUSSION	90-95
8	SUMMARY	96-97
9	CONCLUSION	98
10	LIMITATIONS	99
11	RECOMMENDATION	100
12	BIBLIOGRAPHY	101-113
13	ANNEXURE	114-134

LIST OF TABLES

Table no	Title of the table	Page no
1	Age and sex distribution of the study subject	38
2	Distribution of the study subjects according to religion and caste	39
3	Distribution of adolescents according to educational status of father	40
4	Distribution of adolescents according to occupation status of father	41
5	Distribution of the adolescents according to number of siblings	41
6	Distribution of the study subjects according to status of parents	42
7	Distribution of the study subjects according to type of family	
8	Distribution of adolescents according to birth order	43
9	Distribution of the study subjects according to socioeconomic status (modified BG Prasad classification)	
10	Distribution of the adolescents according to social problems in family	44
11	Distribution of adolescents according to scholastic performance and residing status of the study subjects	45
12	Prevalence of psychosocial problems according to GHQ12 in rural and urban areas. ⁹⁵	46
13	Prevalence of psychosocial problems among adolescents according to DASS21	46
14	Psychosocial problems in comparison with rural and urban area (excluding the normal subjects ie, 181)	47
15	Prevalence of severity of depression among adolescents in rural and urban areas of Kolar	48

16	Prevalence of severity of anxiety among adolescents in rural and urban areas of Kolar	49
17	Prevalence of severity of stress among adolescents in rural and urban areas of Kolar	50
18	Urban and Rural area differences of depression according to Age and Gender in urban and rural areas of Kolar	51
19	Urban and rural area differences of depression and caste among adolescents	
20	Distribution of occupational status of father and depression among the study subjects	52
21	Number of siblings and depression of study subjects	
22	Social problems and depression among adolescents	53
23	Type of family and depression among adolescents	
24	Birth order and depression of study subjects	54
25	Social problems in the family and depression of study subjects	
26	Scholastic performance and depression among adolescents	55
27	Socio economic status of parents (modified BG Prasad classification) and depression among the study subjects	
28	Urban and Rural areas differences of Stress in Age and Gender among study subjects	56
29	Occupational status of father and stress among study subjects	57
30	Number of siblings and stress among study subjects	
31	Type of family and stress among adolescents	58
32	Stress and birth order status among study subjects	
33	Social problems in the family and stress among study subjects	59
34	Stress and familial problems among adolescents	
35	Stress and scholastic performance among study subjects	

36	Socioeconomic status and stress among study subjects	60
37	Urban and Rural areas differences of Anxiety in Age and Gender among adolescents	61
38	Caste and anxiety among study subjects	
39	Occupational status of father and anxiety among study subjects	62
40	Type of family and anxiety among adolescents	
41	Birth order and anxiety among adolescents	63
42	Number of siblings and anxiety among study subjects	
43	Familial problems and anxiety among study subjects	64
44	Scholastic performance and anxiety among study subjects	
45	Socioeconomic status and anxiety among study subjects	65
46	Social Problems in the family and anxiety among adolescents	
47	Severity of depression in Age and Gender among study subjects	66
48	Problem families and severity of depression among study subjects	67
49	Socio economic status and severity of depression among adolescents	68
50	Birth order severity of depression among study subjects	69
51	Severity of anxiety in Age and Gender among study subjects	70
52	Caste and severity of anxiety among study subjects	71
53	Number of siblings and Severity of anxiety among adolescents	72
54	Problem families and severity of anxiety study subjects	73
55	Birth order and severity of anxiety among adolescents	74

56	Socio economic status Severity of anxiety among study subjects	75
57	Occupational status of father and severity of anxiety among adolescents	76
58	Depression among studied adolescents & caste differences in urban and rural areas of Kolar taluk using multinomial logistic regression.	77
59	Occupational status of father and depression among study subjects using multinomial logistic regression.	78
60	Problem families and depression among adolescents using multinomial logistic regression.	79
61	Scholastic performance and depression among study subjects using multinomial logistic regression.	80
62	Socioeconomic status and depression among adolescents using multinomial logistic regression.	81
63	Caste and anxiety among study subjects using multinomial logistic regression.	82
64	Number of siblings and anxiety among study subjects using multinomial logistic regression.	83
65	Problem families and anxiety among adolescents using multinomial logistic regression.	84
66	Scholastic performance and anxiety among study subjects using multinomial logistic regression.	85
67	Socio economic status and anxiety among adolescents using multinomial logistic regression.	86
68	Caste and stress among adolescents using multinomial logistic regression.	87
69	Familial problems and anxiety among study subjects using multinomial logistic regression.	88
70	Scholastic performance and stress among study subjects using multinomial logistic regression.	89

LIST OF FIGURES

Table No.	Title of the Figure	Page No.
1	Bar diagram showing social problems in the family	44
2	Bar diagram showing scholastic performance among adolescents	45
3	Pie diagram showing the prevalence of psychosocial problems among study subjects	47
4	Bar diagram showing severity of depression among study subjects	48
5	Bar diagram showing the severity of anxiety	49
6	Bar diagram showing severity of stress	50

LIST OF ANNEXURE

ANNEXURE NO.	TITLE OF THE ANNEXURE	PAGE NO.
I	Proforma	114-117
II	General Health Questionnaire-12	118-119
III	Depression, anxiety and stress scale-21	120-124
IV	Consent form	125
V	Information Sheet	126
VI	Gantt chart	127
VII	Map of Karnataka showing Kolar district	128-129
VIII	Socio economic status classification(Modified BG Prasad classification)	130
Ix	Definition of variables	131-134

INTRODUCTION

Adolescence is a crucial period of life engaged in experimentation, curiosity and exploration. The growing up population between the age group of 10 to 19 years needs behavioral adjustments with physical, emotional, social and behavioral changes, demanding for coping skills. The adolescents are prone for mood changes, depression, anxiety, stress and other behavioral problems other than physical maladjustments.^{6,7,8.} Adolescents constitute nearly about 88% of the global population, nearly one third portion of the population is contributed by India.^{9,10}

During this transition phase, adolescents face many health problems which are categorized as physical, psychosocial and behavioral problems. The adolescent period is filled with physiological and hormonal changes, including mental changes like aggressiveness, desire to testing of an idea. When acquisition of coping skills is failed, it leads to development of psychosocial problems like depression, anxiety and stress which when unnoticed can lead to suicidal attempts.⁶

Government of India (GOI) in collaboration with World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF) and other international agencies of child concern have put sincere efforts to estimate the psychosocial and behavioral problems in adolescents and also has initiated few major steps to overcome the burden of mortality and morbidity to larger extent.^{9,11} UNICEF/WHO reported that 15 to 20% of the adolescents suffer from health problems.¹¹

Among the adolescents globally 20 % of adolescent health problems are psychosocial among which 14 % of the psychosocial problems are contributed by depression, followed by anxiety 4% to 25% and stress 5% to 70% .In India 17% of the adolescent population suffer from psychosocial problems.¹⁸

Adolescent Reproductive and Sexual Health under National Rural Health Mission, Reproductive and Child Health-2, Sneha clinic, life skill education, School counselling programme, college counselling under District mental health programme are the major initiatives in the direction.^{12,13,14,15}

NEED FOR THE STUDY

In the modern era, most parents are working and live in a nuclear or new families where they get very less time to spend with their children. Working parent, single parent etc, have contributed a lot to increase the prevalence of psychosocial problems among adolescents. It is also found that due to rapid urbanization, industrialization and population migration to urban areas for the sake of employment has adversely affected the psychosocial behaviour of adolescent children. Adolescent health is neglected in most parts of India particularly in rural area.¹⁶

Despite all these efforts there is a gap in assessment of prevalence of the psychosocial problems among adolescents which pave a way to bring about necessary data base for the frame work and implementation of the government initiated programmes.¹⁷ Kolar district is a drought hit and backward area there are no studies conducted to identify the psychosocial problems among adolescents, hence the study was conducted.

OBJECTIVES OF THE STUDY

- ❖ To assess the prevalence of psychosocial problems among the adolescents in Kolar.
- ❖ To identify the factors influencing psychosocial problems among the adolescents.
- ❖ To compare the psychosocial problems of adolescents of the rural and the urban areas.

REVIEW OF LITERATURE

Adolescence

Adolescence is a stage of transition from childhood to adulthood in which there is rapid changes in body system mediated by the sex hormones, there is appearance of secondary sexual characteristics with changes in cognition and psychology.^{1,6} According to WHO adolescent age group is between 10-19 years, whereas Integrated child development scheme (ICDS) in India specify the age group of 11 to 18 years.

There exists a difference between puberty and adolescence. Adolescence is the age group between 10 to 19 years where as the puberty is the early half of adolescence.⁷ The adolescence is a continuous process and is divided in to three phases.^{19,20}

- 1) Early adolescence(10 to 13 years)
- 2) Mid adolescence(14 to 16 years)
- 3) Late adolescence(17 to 19 years)

Physical changes during puberty:

The activation of HPG axis (Hypothalamo- pituitary gonadal) leads to the production of gonadotropins, luteinizing hormones, follicle stimulating hormone, sex steroids, estrogen and testosterone. The secondary sexual characters like breast development, increase in penile length and testicular size and menarche are due to gonadal sex steroids whereas the development of sexual hair, acne and under arm odour are due to androgens. During puberty boys gain about 20 to 30 cms and girls about 16 to 28 cms and this is followed by increase in trunk size. During this stage of development the nutritional requirements like calcium and iron also increases.²¹

Cognitive and social development:

- a) Early phase of adolescence (10 to 13 years): The concrete thinking model of childhood persists in early adolescents, literally the concepts are perceived more. They are impulsive, prefer same sex peers, excessively conscious of other people concerns about their appearance and action. They have curiosity about sexual anatomy and comparison with peers.
- b) Mid phase (14 to 16 years): It is marked by emotional autonomy. There is beginning of abstract thinking and start thinking beyond self, they may get detached from the family also they are able to question and analyze. Experimentation (masturbation) starts during this stage.
- c) Late phase (17 to 19 years): Establishment of moral values and strong self-identity. During this stage they are able to express impulsivity, less affected by peer pressure and move towards personal relations with peer group. They start thinking about carrier, long term planning to reach his/her goal and many may engage themselves in sexual activity.²²

Problems faced by the adolescents:

- a) Nutrition or eating disorder: 56% of the Indian adolescent girls are anemic, deficiency of vitamin A, Vitamin D . Under nutrition leading to delay in puberty and sexual maturation, stunting, poor bone mass and reduction in work capacity. Eating habits will lead to problems like anorexia nervosa and bulimia in Indian youth, especially in urban areas.²³
- b) Mental health problem: It included adjustment disorder, anxiety disorder, suicide, depression, delinquent behavior, low self-esteem, poor body image and the cognitive immaturity and increased impulsivity in adolescents lead to suicidal tendencies.²⁴

c) Life style disorder: Sedentary life style, more consumption of calories, decreased food and decreased outdoor activity had contributed to the disorders like obesity, hypertension and type 2 diabetes mellitus among adolescents. In the spectrum of malnutrition, obesity is seen as an epidemic, especially in urban settings. A study done at Delhi found that 17.19% were overweight and 5% were obese. Obesity is strongly associated with asthma, sleep disorder, reflux disease, blunt disease, skipped femoral epiphysis, gallstones, fatty liver and numerous metabolic derangements like type 2 diabetes mellitus, hypertension and polycystic ovarian disease.²⁴

Table 1: Progress of adolescent in different age groups²⁵

	Early adolescence	Middle adolescence	Late adolescence
Body image	Pre occupied with their own body and changes	Concerns of appearance	Acceptance to certain extent
Peer relationship	Same sex groups, interest in opposite sex at a distance	Strong peer ties with groups/ individual with which they identify	Heterosexual contact Individual level
Family relationships	Beginning of turmoil conflict with parents.	Peak of turmoil, questioning of authority	Beginning of return to family less conflict with parents

SOCIO DEMOGRAPHIC VARIABLES AND PSYCHOSOCIAL PROBLEMS

Adolescents are the future citizens of nation, their health play an important role in building the nation's economy. About one-fifth of India's population is in the adolescent age group of 10–19 years. It is estimated that there are almost 200 million adolescents in India. It is expected that this age group will continue to grow reaching over 214 million by 2020. In Karnataka 21 percent of the state population are adolescents out of 6.11 crore total population.^{26,27}

Mental illness is one of the problems faced by young people. At least 20% of young people experience some form of mental illness - such as depression, anxiety, stress, aggressive behavior, violence, mood disturbances, substance abuse, suicidal behaviors or eating disorders.²⁸ An estimated 20% of the world's adolescents have a mental health or behavioral problem.¹¹

“Erikson” in his book “life cycle crisis of psycho-social development” has mentioned: An adolescent is in the stage of “Identity vs. Confusion”, before he/she enters the stage of “Intimacy vs. Isolation”.²⁹

Prevalence of psychosocial problems

Prevalence of depression, anxiety, and stress among adolescents and young adults around the world is currently estimated to range from 5% to 70%.³⁰

Bhosale S et al, (2009) in Pune observed that that the prevalence of psychosocial problems was about 15% with more impairment seen among adolescent of government schools than private schools.³¹

Sharma A et al, (2011), noted that the prevalence of psychosocial problem was found to be less 34.5% in rural area when compared to urban area 46.5%.³²

Age and psychosocial problems:

In urban Delhi Mishra et al, (2001) observed that 9.86% had depression in 12 to 16 year adolescent girls.³³

A study by Sharma A et al, (2011), in Dehradun observed that the prevalence of psychosocial problems in adolescents increases with age. It was more in late adolescence (99%) followed by mid adolescence (96%) and Early adolescence (86%).³²

Ajay Kumar Bakhla et al, (2012), in Jamshedpur observed that the prevalence of anxiety was high in mid adolescence (14-16 years).³⁴

Nair MKC et al (2004), in Thiruvananthapuram district Kerala reported that 1.6% of depression was found in school going boys and girls and it was nil among college students .³⁵

Bansal V et al, (2009) observed that adolescent parents with loss of parent had 17.3% chances of getting psychological distress.³⁶

Gender and psychosocial problems:

Deb S et al, (2001) in India observed that higher anxiety in boys (20%) as compared to girls (17.9%).³⁷

Gaur A et al (2002) in urban and rural areas of rothak noted that the prevalence of psychiatric morbidity was more in males (18.3%) when compared to females (14.4%).³⁸

Rambha P et al, (2008) in Chandigarh observed that more (24.8%) females were anxious / depressed compared to 19.7% males.³⁹

Sharma A et al (2011), in Dehradun observed that the prevalence of psychosocial problems was higher among males than females (48.1% and 26.5%) respectively.³²

A study in north east Ethiopia by Shiferaw et al, (2004) reported that there is no significant difference with gender in rural and urban area.⁴⁰

Graber et al, (2010) observed that 25% to 40% of adolescent girls experience significant depressed mood, compared with 20% to 35% of boys.⁴¹

Social Problems in the family and psychosocial problems:

Bansal V et al, (2009) observed that adolescent parents with loss of parent had 17.3% chances of getting psychological distress.³⁶

School dropout students had higher chances of psycho social problems (11.2%) than school going adolescents (3 %).³⁵

Domicile and psychosocial problems:

Sharma A et al, (2011), observed that the prevalence of psychosocial problem was found to be less 34.5% in rural area when compared to urban area 46.5%.³²

Shiferaw et al, (2004), in north east Ethiopia observed that rural students were found to be significantly more likely to feel lonely and depressed (61.6% versus 53.6%) than urban adolescents.⁴⁰

Sodhi MK et al, (2008), in Amritsar district of Punjab observed that 84.8% adolescents from rural areas were having school problems in comparison to 42.8% adolescents from urban areas.⁴²

Socio economic status and psychosocial problems:

Gaur A et al, (2002) in urban and rural areas of Rothak observed that prevalence of psychiatric morbidity was more in scheduled caste (18.4%) when compared to other categories.³⁸

Basin S et al, (2007) in Greater Noida, Uttar Pradesh observed that no significant association with income group of the respondent's family.⁴³

Sodhi MK et al, (2008) in Amritsar district of Punjab reported that Only 20.7% adolescents from upper socioeconomic class were having school problems in comparison to almost three-fourth of adolescents from middle and lower socioeconomic class who were facing problems in schools.⁴²

Bansal V et al, (2009) observed that parents with economic difficulty had 4.3% chances of adolescent getting distress.³⁶

Type of family and psychosocial problems:

Gaur A et al, (2002) in urban and rural areas of Rothak observed that the prevalence of psychiatric morbidity was more in nuclear family (17.3%) than joint family (15.8%).³⁸

Basin SK et al, (2007) in urban and rural areas of Rothak observed that there was no significant association with the type of family (nuclear or joint).⁴³

Nagendra KN et al, (2012), observed that the prevalence of depression among joint family (40.1%) compared to nuclear family residents (63.3%).⁴⁴

Sodhi MK et al, (2008) in Amritsar district of Punjab reported that Only 20.7% adolescents from upper socioeconomic class were having school problems in comparison to almost three-fourth of adolescents from middle and lower socioeconomic class who were facing problems in schools.⁴²

Psychosocial problems and birth order and number of siblings:

Gaur A et al, (2002) in urban and rural areas of Rothak observed that there was not much significant difference in psychiatric morbidity and birth order.³⁸

Manna N et al, (2013) in Kolkata noted that there was significant association with absence of sibling.⁴⁵

Education level and psychosocial problems:

Basin SK et al, (2007) in urban and rural areas of Rothak reported that there was no significant association observed with father education level (graduate or lesser) ⁴³

Havas J et al, (2003) among adolescents in Dutch observed that less educated adolescents had substantially higher mental health problems regardless of their parent's education.⁴⁶

DEPRESSION:

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low esteem, disturbed sleep or appetite, low energy and poor concentration and interferes with daily life activities of an individual.

The prevalence of depression is 0.3% in preschool children; 2% in schoolchildren; and 4–8% in adolescents.⁴⁷

Depression in adolescents is an under recognized mental health problem because they feel uncomfortable to disclose their feelings and seldom seek psychiatric help.

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

“Depressive disorder is a mood disorder characterized by the presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function.”⁴⁸

Depression is a major cause of disability across the regions and it causes fatigue, suicide, decreased ability to do work and attend school.⁴⁹

One of the factors that make depression so difficult to diagnose in adolescents is the common behavior changes that are normally associated with the hormonal changes in this period. In recent years it has viewed childhood depression which requires intervention. High school can be a turbulent time for youth, which causes an enormous amount of stress and confusion, and may lead to academic and emotional concerns during high school.^{50,51}

Studies on depression among school going adolescents:

Deb S et al, (2001) in Kolkata observed that 28.2% had mild depression, 14.5% had minimal depression 25% had severe depression.³⁷

Gaur A et al, (2002) in Urban and Rural areas of Rothak, observed that the prevalence of depression was found to be 0.37%.³⁸

Ahmed A et al, (2003) in Aligarh observed that the prevalence of combined behavioral and emotional problems was 17.9% and among them 3.1% had depression.¹

Nair MKC et al, (2004) in Thiruvananthapuram district Kerala observed that the prevalence of depression was 2.6% among school going adolescents.³⁵

Sahoo S et al, (2006) in Ranchi city observed that mild to severe depressive symptoms were present in 18.5% of the adult population, Clinical depression was present in 12.1%.³⁰

Aradhya GH et al, (2008) in a study of the psychological status of the adolescent girls at South Indian city, found that 1% of the adolescent girls had depression.⁵²

Bansal V et al, (2009) observed that the prevalence of depression was 18.4% using Becks depression inventory scale. Adolescents with depression were at risk for increased hospitalizations, recurrent depressions, psychosocial impairment, alcohol abuse, and antisocial behaviors as they grow up.³⁶

Basin SK et al, (2009) in Great Noida of Uttar Pradesh observed that depression was significantly more among the females (mean rank 132.5) than the males (mean rank 113.2).⁴³

Ghadri AR et al, (2010) in Indian and Iranian students in Mysore observed that the Indian students had significantly higher Depression level compared to Iranian students and among males and females (mean-15.7vs11.83) and (mean-7.38vs7.83) respectively with no gender differences⁵³

Mumtaz NS et al, (2011) in Kerala observed that 27.31% had depression among higher secondary schools⁵⁴

Nagendra KN et al, (2012), observed that the prevalence of depression was 57.7% moderate depression was the commonest type followed by mild, severe and extreme types.⁴⁴

Manna N et al, (2013) in Kolkata observed that the prevalence of depression was found to be 30 %(mild-13.5% and moderate depression -6.2%)⁴⁵

Rabie A et al, (2011) in Egypt found that the prevalence of depressive symptoms was 21.5% for mild, 7.1% for moderate, and 0% for severe depression. The total prevalence of depressive symptoms was 28.6%, and the prevalence of depressive disorders was 11.3%.⁵⁵

ANXIETY:

Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide.⁵⁶ the prevalence rates range from 4.0% to 25.0%, with an average rate of 8.0%. Early Indian studies reported prevalence rates of psychiatric disorders among children ranging from 2.6 to 35.6 per cent.⁵⁷

The main documented cause of anxiety among school children and adolescents is parents' high educational expectations and pressure for academic achievement. In India, this is amplified in secondary school where all 16-year old children attempt the Class X first Board Examination, known as the Secondary Examination.⁵⁸

Anxiety is a natural and important emotion, signaling through stirrings of worry, fearfulness, and alarm that danger or a sudden threatening change is near. Yet sometimes anxiety becomes an exaggerated and unhealthy response.⁵⁹

It is a normal reaction to a stressor and it may help an Individual to deal with a demanding situation by motivating him/her to cope with it, but when anxiety becomes excessive it can have a serious impact on daily life and interferes with the normal functioning of a person. It is a displeasing feeling of uneasiness, nervousness, apprehension, fear, concern or worry.⁶⁰

Studies on anxiety among school going adolescents:

Mishra AK et al, (2001), in Urban Delhi observed that the prevalence of anxiety was 10%.³³

Ahmed A et al, (2003) in Aligarh reported that prevalence of combined behavioral and emotional problems was 17.9 %. The prevalence of anxiety was found to be 3.8 %.¹

Gaur A et al, (2003) in Urban and Rural areas of Rothak observed the prevalence of anxiety was found to be 2.87%³⁸

Sahoo S et al, (2006) in Ranchi city observed that 5.4% had mild, 12.3% moderate, 1.5% severe and 5.2% had very severe anxiety³⁰

Aradhya GH et al, (2008) in South Indian City observed that among adolescents 1% of each of them had symptoms of anxiety, stuttering, poor concentration and anorexia nervosa.⁵²

Ghadri AR, et al, (2010) in Mysore observed the Indian students had significantly higher anxiety level compared to Iranian students and among males and females (mean-15.4vs13.55) and (mean-8.25vs5.83) respectively. ⁵³

Mumtaz NS et al, (2011) in Kerala observed that the prevalence of anxiety was found to be 60.76%.⁵⁴

Manna N et al, (2013) in Kolkata observed that the prevalence of anxiety was found to be 19.2 %(mild anxiety-15% & moderate anxiety-3.92%).⁴⁵

Srinivas S et al, (2014) in Tiptur, Karnataka observed that 37% had anxiety disorder 64% had panic disorder 10% had generalized anxiety disorder, 53% had separation anxiety and most of the children with anxiety, 76%.⁶¹

Rabie A, etal (2011) in Egypt found that 41.2% of the children had anxiety symptoms and 21% of them had anxiety disorder.⁵⁵

STRESS:

Stress in adolescence defined from both a physiologic and an emotional point of view, it is an imbalance between environmental demands and an adolescence coping resources that disrupts the equilibrium of the adolescence. Although all children experience stress, some youngsters appear to be more vulnerable than others. Their age, temperament, life situation, and state of health affect their vulnerability, reactions, and ability to handle stress.⁶² the lifetime prevalence of stress among adolescents around the world is currently estimated to range from 5% to 70%.⁶³

The prevalence of stress among Indian adolescents varies from 13% to 45%.^{64, 65,66,33,36}

School students in India have a high stress level and high rate of deliberate self-harm. Stress among children is estimated to have increased 45% over the past 30 years.^{65,67}

It is the body's adaptation response to any demand or Pressure. These demands or pressure are called stressors. It is an unpleasant psychological and physiological state caused due to some internal or external demands that go beyond our capacity. Everyone experiences stress at times – adults, teens, and even kids.⁶⁸

Adolescents are experiencing enormous amount of stress, emotional and psychological problems which affect their health. This period can be called as crucial stage of human life with various problems. Stress can be negative or positive. Up to certain extent stress proves to be accelerating the magnitude and quality of effort in achieving the desired goal.⁶⁹

According to Elizabeth Vadakkekara, Child Psychologist and the Director of Thrani. The stress levels among children have been increasing enormously

because of their academic or cultural activities. Not all children can cope with such high levels of expectation and parents do not seem to realize or accept that their children are under severe pressure.^{70,71}

Stress is most often seen as an overt physical reaction: crying, sweating palms, running away, aggressive or defensive outbursts, rocking and self-comforting behaviour, headaches and stomach aches, nervous fine motor behaviour, toileting accidents, and sleep disturbances.⁷¹

Studies on Stress among school going adolescents:

Dubat K et al, (2001) in Hisar city of Haryana state and Hyderabad city of Andhra Pradesh state observed that 47.50 % and 72.50 % adolescent girls were in moderate stress.⁷²

Sahoo et al, (2006) in Ranchi city noted that 7.1% had mild, 6% moderate, 5.5% severe and 2.5% had very severe stress³⁰

Roy R et al, (2010) in East Delhi reported that 22% of the studied population had some psychosocial problem among which 15.75% were having evidence of some stress and 6.25% had severe problems.⁷³

Ghadri AR et al, (2010) in Mysore found that the Indian students had significantly higher stress level compared to Iranian students and among males and females (mean-8.7vs8.21) and (mean-7.52vs7.79) respectively. ⁵³

SUMMARY TABLES:

Studies on depression among school going adolescents:

	Authors	Place and year of study	Results
1	Sharma A etal	Dehradun 2012	Females Depression- (25.5%) Educational difficulties-14% Anxiety-(12%). Males Educational difficulties (27.0%) anxiety- (12.0%).
2	M.K.C. Nair etal	Kerala 2002	School dropouts-11.2% had severe and extreme grades of depression school going -3% college going-nil girls -22.4% boys -12.8% had depression
3	Bansal V etal	Punjab 2009	Distress-15.2% by GHQ12 Depression-18.4%
4	Solomon Shiferaw etal	China 2004	Depression-more in lower family connectedness
5	Manmet Kaur sodhi etal	Punjab 2010	Upper class-(20.2%) had school problems Depression-70.7%
6	KN Nagendra etal	Davanagere 2012	Depression- 57.7% Joint family-(40.1%) Nuclear family-(63.3%)
8	Ghaderi A.R etal	Mysore 2006	Gender difference was not found significant.
9	Saddichha Sahoo etal	Ranchi city 2006	Depression-18.5% Anxiety- 24.4%, and stress- 20%.
10	Aghamolaei T etal. ⁷⁴	Banaras, Iran 2002	Male, younger and low grade study students had worse condition. Males (39.3%) had higher distress than females (31.4%).

11	Anita etal	Urban and Rural areas of Rothak 2002.	Prevalence males (18.37% vs females 14.44%) Scheduled caste (18.4%) nuclear families (17.35%).
12	Shankar Bhosale etal	Pune 2013	Psychosocial problems-15% More in government schools

Studies on anxiety among school going adolescents:

	Authors	Place and year of study	Results
13	Nirmalaya Manna et al	Kolkata 2013.	Significant association of depression with absence of sibling, self-reported scholastic performance Mild anxiety-15.17% Moderate anxiety-3.92%
14	Gayathri hemanth Aradhya	South Indian City 2008.	Depression-2% Anxiety-1%
15	Sanjiv K Bhasin et al	Greater Noida, Uttar Pradesh 2007	Depression more in females (mean rank 132.5) than the males (mean rank 113.2) Academic performance-Inverse relation with DAS
16	Mumthas, N. S et al	Kerala	Depression-27.31% Anxiety-60.76%
17	Brief Safie Kallson et al. ⁷⁵	Norway 2002	Strong relationship between social anxiety and mental health problems -low parental socioeconomic status (OR=2.607) high socioeconomic status- (OR=1.169).
18	Shilpa Agarwal et al. ⁷⁶	New Delhi 2007	Strong positive correlation with child behaviour checklist scale score and weak positive co relation with parental stress due to life events.
19	Anees Ahmad et al	Aligarh 2003	No problems- 82.1% Psychosocial problems- 17.9% 10 to13 years- 10.3% 14 to 15years- 25.2%
20	Ajay Kumar Bakhala et al	Jamshedpur 2012.	High anxiety -11% in class 8 th
21	Rabie A et al	Egypt 2011	Depression symptoms-28.6%, Mild 21.5% , Moderate-7.1%

			depressive disorders -11.3%. Anxiety symptoms-41.2% anxiety disorders -21%.
22	Srinivas S etal	Tiptur, 2014	Anxiety disorder-37% panic disorder-64% generalized anxiety disorder-10% separation anxiety-,53% nuclear family-76% rural area-84%

Studies on Stress among school going adolescents:

	Authors	Place and year of study	Results
23	Tanveer Kaur sidher etal. ⁷⁷	Punjab 2006	Nuclear families, 2.4% -divorced separated-13.2%
24	Supreet Kaur etal. ⁷⁸	Chandigarh 2013	Depression was significantly correlated with academic stress.
25	Shobha Sreenath etal.	Bangalore & Lucknow	Psychiatric disorders and multiple stressors-12.5% Middle class urban areas had highest and urban slum areas had lowest prevalence rates.
26	K Dubat etal	Hisar city of Haryana state and Hyderabad city of Andhra Pradesh state	Most of the studied adolescents had experienced moderate stress followed by high level of stress.
27	Akbar Hussain etal. ⁷⁹	Delhi	Inverse but significant relationship between stress and adjustments
28	Rambha Pathak etal	Chandigarh 2008.	Behavioural and emotional problems 30% more among girls in all age groups.
29	Rupali Roy etal	East Delhi 2010.	Psychosocial problem-22% Mild stress-15.75% Severe stress-6.25%
30	Vaibhav jain etal ⁸⁰	Uttar Pradesh 2014	Psychosocial problems -41.43%. Conduct disorder (40.51% males & 35.88% females) Depression (30.38% males & 26.72% females).
31	Muzamil K etal ⁸¹	Dehradun 2007	Psychosocial problems -31.2%. Males -34.77%, Females- 27.6 %.

METHODOLOGY

STUDY AREA:

Kolar district located in the southern region of Karnataka state is a semi-arid and a drought prone district. Less than 14% of the land is under forest cover. More than 90% of the drinking water requirements in the district are met by ground water resources. Around 16% of the villages in Kolar district are affected by excess fluoride concentration in ground water which range from 1.5 to 4.05mg/l, leading to endemic fluorosis. The main occupation in these communities are agriculture, there is intense cultivation of mulberry for silk worms, horticulture, farming and floriculture. Quarrying, stone crushing and manufacturing brick and roof tiles are major unorganized sectors in Kolar.⁸²

As per the 2011 census, the population of Kolar District was 15,40,231 with sex ratio of 976, effective literacy of 74.33% and female literacy of 66.56%. Kannada is the language spoken by the majority and significant proportion of population also speak Telugu in the Andhra Pradesh border region and Tamil in KGF.

Of the five taluks in Kolar district namely Srinivasapur, Bangarpet, Kolar, Mulbagal and Malur, the study was undertaken in rural and urban areas of Kolar taluk. There is a total of 138 educational institutions which provides education to the adolescence.⁸³

STUDY POPULATION:

School and college going adolescents aged between 10 -19 yrs were identified from middle schools, high schools and pre university Colleges in rural & urban areas of Kolar.

STUDY SETTINGS:

The study was conducted in government and private schools in rural and urban areas of Kolar taluk.

STUDY DESIGN:

Cross- sectional descriptive study

INCLUSION CRITERIA:

School and PU College going adolescents aged between 10 -19 yrs and a resident of rural & urban areas of Kolar taluk were selected.

EXCLUSION CRITERIA:

Those students who are not willing to participate in the study.

Adolescents with a known history of mental disorder, epilepsy and any acute illness.

STUDY TOOL:

Assessment of mental health status among school & college going adolescents was done by Proforma and Questionnaire (General Health questionnaire-12 & Depression, anxiety and stress-21 scoring) The study tool consists of three parts

General Information

General Health Questionnaire 12

Depression, anxiety and stress scale-21

General information was collected by using semi structured questionnaire. The variables like socioeconomic status, scholastic performance, and social problems were included in the study.

Annexure 2:

General Health Questionnaire (GHQ-12)

The General Health Questionnaire was developed in England as a instrument to identify psychological distress among adults in primary care settings. The original version comprised 60 items and subsequently various versions of different length have been constructed and validated (30-item, 28-item, 20-item and 12-item versions).⁸⁴It is a measure of current mental health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures. The scale tells whether the respondent has experienced a particular symptom or behavior recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual); and for example when using the GHQ-12 it gives a total score of 36 or 12 based on the selected scoring methods. The most common scoring methods are bi-modal (0-0-1-1) and Likert scoring styles (0-1-2-3). Since the GHQ-12 is a brief, simple, easy to

complete. There is evidence that the General Health questionnaire-12 is a consistent and reliable instrument when used in general population samples.⁸⁵

A score of less than 6 was considered normal and a score more than 6 was considered as mental distress.⁸⁸

Annexure 3:

Depression, Anxiety and Stress Scale (DASS- 21)

The Depressive, Anxiety and Stress Scale (DASS) is designed to measure depressive, anxiety and stress levels concurrently. The original version of DASS is 42-item. DASS 21-item is a modified and shorter version. It is a self-report instrument which requires no special skills to administer. The DASS-21 is a set of 3 self-report scales designed to measure the negative emotional states of depression, anxiety, and stress. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic nonspecific arousal.⁸⁶

In each item, the individual is required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. The obtained scale scores are multiplied by 2, to make them comparable to the DASS normative data scores.⁸⁷

Each of the three subscales of DASS is intercorrelated with one another. The DASS-21 has been translated in various languages and validated in different populations. The essential function of the DASS is to assess the severity of the core symptoms of Depression, Anxiety and Stress.

It is a self-administered close ended, structured, pretested, and validated. Two close ended structure questionnaire namely General Health questionnaire-12 & Depression, anxiety and stress-21 item scale were self-administered. The questionnaire was translated in to Kannada & was validated & pretested before being administered.

The translated form of questionnaire was subjected to validation by experts in Kannada which included professors and scholars. Each question was validated as not relevant, irrelevant, relevant to some extreme relevant & Very relevant. Kappa Scores was calculated for multiple raters. Score of 0.8 & above was considered as almost perfect agreement & such questions were considered for the interview. The questions with score of less than 0.8 were subjected for reframing appropriately.

Administration of questionnaire:

The mental health status was assessed by self-administered questionnaire GHQ 12 and DASS 21 on the study sample after briefing them about the questionnaire.

If the adolescent child which was enlisted was found absent on the day of school/college visit & interview and revisits were made to ensure the child included in the study.

.

Sampling method

A Sample of 260 students were selected from each urban and rural schools and colleges of Kolar taluk making a total sample size of 520 students.

All the schools and PU colleges in Kolar taluk were enumerated, by giving equal representation to urban and rural areas, the schools and Pre university colleges in Kolar urban & rural areas were selected randomly. Then from each selected schools and colleges, a sample of adolescents based on probability proportional to size (33.21%) of the available students from each group were selected in order to achieve a total sample of 520 students.

Sample size calculation:

The calculated sample size of adolescent children for this study was 520(N), this sample was derived considering prevalence of the psycho social problems in the adolescent population was 17.9% (p).

The absolute error for the sample size calculation was considered (d=5%).

95% confidence interval & @ error of 5% using the formula

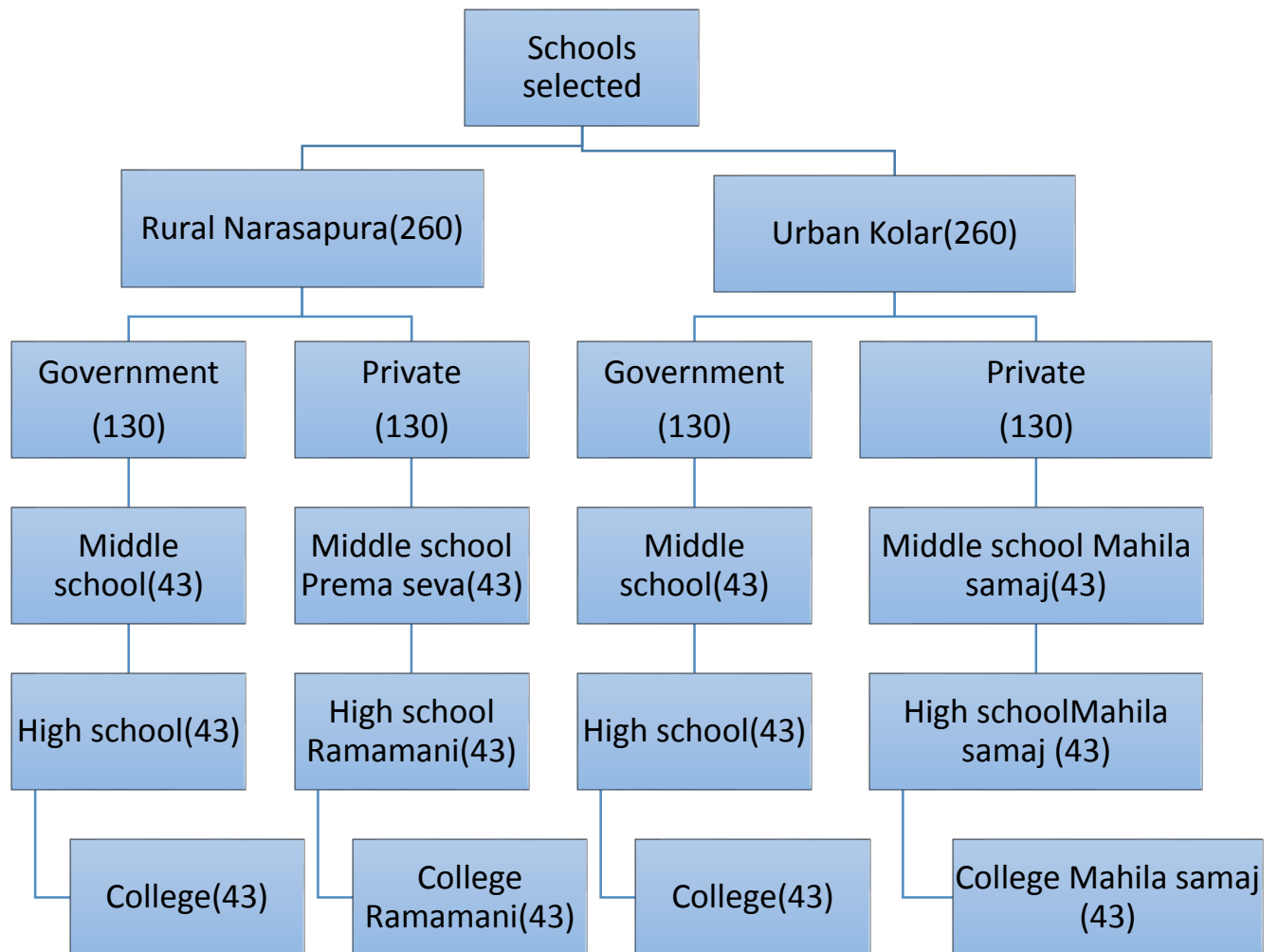
$$N=4pq/d^2$$

The total sample size calculated was 235, adding an expected 10% noncompliance (23). The final total sample size calculated was 258 which was rounded to 260.

Sample procedure:

The adolescents who are in the age group of 10-19 years i.e., children who were born in the time period between 1994 and 2003, were selected using the date of birth document available in the school. The adolescent children were enlisted in each of the selected government and private schools in both rural and urban areas. 260 adolescents from each urban and rural schools and colleges were selected by giving equal representation to private and government schools and colleges in each group. In each of the above said categories 130 adolescent children from government and equal number of students from private schools were selected. In each of these sub categories 43 children were selected from high primary, high school and colleges respectively.

Flow chart:



List of schools selected for the study

RURAL				URBAN			
Government	Strength	Private	Strength	Government	Strength	Private	Strength
Narsapura (Middle School)	184	Prema seva (Middle school)	302	TC halli (Middle school)	42	Mahila Samaj (Middle)	245
Narsapura (High School)	168	Ramaman i (High)	284	Kolar (High school)	184	Mahila Samaj (High school)	264
Narsapura (Colege)	121	Ramaman i (College)	214	Kolar (College)	268	Mahila Samaj (College)	276

Study Period:

Jan 2014–Jan 2015.

Statistical Analysis:

The data was collected using Proforma and self-administered questionnaire. The data was entered in to Microsoft excel spread sheet. The qualitative variables were coded.

- The collected data was summarized and presented as frequencies, proportion, mean and standard deviation, depending on the quantitative or qualitative variables.
 - Chi-square test was used as test of significance.
 - Bi-variate analysis (chi-square test) and multinomial logistic regression was done.
 - Odd's ratio with 95% confidence interval was found out from logistic regression analysis.
 - Analysis was performed using SPSS 22 version.
- p value less than 0.05 was considered as statistically significant.

Ethical consideration:

The study received approval by the research review board and the ethical review board of Sri Devarj Urs Medical College, Kolar.

Verbal informed consent was obtained from the participants and their guardians before proceeding the study. Anonymity of the respondents at all stages of data analysis was maintained. Consent from district education officer and school head master or principal was also taken before conducting the study.

RESULTS

The study of psychosocial problems among adolescents was conducted in rural and urban schools of Kolar. A total of 520 adolescents studying in the school and PU colleges were included in the study there were 218 boys and 302 girls in the study.

Table: 1

Distribution of the study subjects according to Age and sex

Age	Rural	Urban	Total
10-13 years	86(33.3%)	89(33.9%)	175(33.6%)
14-16 years	86(33.3%)	86(32.8%)	172(33.0%)
17-19 years	86(33.3%)	87(33.2%)	173(33.2%)
Sex			
Male	114(44.2%)	104(39.6%)	218(41.9%)
Female	144(55.8%)	158(60.3%)	302(58.0%)
Total	258	262	520

From the above table it is observed that out of 520 adolescents, the study subjects were equally distributed in early, middle and late adolescence groups. The number of females were more in both rural and urban areas (55.8% &60.3%) respectively.

Table: 2

Distribution of the study subjects according to religion and caste

Religion	Rural	Urban	Total
Hindu	251(97.2%)	238(91.2%)	489(94.2%)
Muslim	7(2.7%)	23(8.6%)	30(5.6%)
Christian	0(0%)	1(0.2%)	1(0.2%)
Caste			
Other backward class	91(35.2%)	149(56.8%)	240(46.1%)
Schedule caste	93(36.0%)	79(30.1%)	172(33.0%)
Schedule tribe	64(24.8%)	18(6.8%)	82(15.7%)
General merit	10(3.8%)	16(6.1%)	26(5.0%)
Total	258	262	520

It is observed that majority of the adolescents belonged to Hindu community (94.2%) and most of them belonged to other back ward class (46%) followed by scheduled caste (33%), scheduled tribe (15.7%) and general merit (5%).

Table: 3

Distribution of adolescents according to educational status of father

Education of father	Rural	Urban	Total
Illiterate	95(36.8%)	70(26.7%)	165(31.7%)
Primary	77(29.8%)	51(19.5%)	128(24.6%)
Middle school	52(20.2%)	61(23.3%)	113(21.7%)
High school	25(9.7%)	51(19.5%)	76(14.6%)
Diploma	6(2.3%)	14(5.3%)	20(3.8%)
Graduate	3(1.2%)	7(2.7%)	10(1.9%)
Professional	0(0.0%)	8(3.1%)	8(1.5%)
Total	258	262	520

From the above study it is observed that majority 31.7% of the adolescent fathers were illiterates followed by primary schooling (24.6%) and middle school ((21.7%). The illiterate parents were more in rural areas when compared to urban area (36.8% vs 26.7%) respectively.

Table: 4

Distribution of adolescents according to occupation status of father

Occupation of the father	Rural	Urban	Total
Professional	5(1.9%)	10(3.8%)	15(2.9%)
Semi-professional	18(7.0%)	21(8.0%)	39(7.5%)
Skilled	100(38.8%)	97(37.0%)	197(37.9%)
Semiskilled	124(48.1%)	71(27.1%)	195(37.5%)
Unskilled	11(4.3%)	63(24.0%)	74(14.2%)
Total	258	262	520

From the above table it is observed that majority of the adolescents fathers occupation was skilled type (37.9%) followed by semi-skilled (37.5%) and unskilled (14.2%)

Semiskilled were more in rural area (48% vs27%) and unskilled more in urban area (24%vs 4.3%).

Table: 5

Distribution of adolescents according to birth order

Birth order	Rural	Urban	Total
1	49(19.0%)	83(31.7%)	132(25.4%)
2	133(51.6%)	129(49.2%)	262(50.4%)
3	57(22.1%)	40(15.3%)	97(18.7%)
3+	19(7.4%)	10(3.8%)	29(5.6%)
Total	258	262	520

From the above table it is observed that 50.4% adolescents belonged to birth order two, 25.4% belonged to birth order one while the remaining 24.2% belonged to birth order three or more.

Table: 6

Distribution of the adolescents according to number of siblings

Number of siblings	Rural	Urban	Total
0	48(18.6)	32(12.2)	80(15.3)
1	111(43.0)	107(40.8)	218(41.9)
2	86(33.3)	100(38.1)	186(35.7)
2+	13(5.0)	23(8.7)	36(6.9)
Total	258	262	520

It is observed that 41.9% of adolescents had one sibling, 35.7% had two siblings and 15.3% of them had no siblings.

The adolescents who had one sibling (43%vs 40.8%) and two siblings (33.3%vs38.1%) were residing in rural and urban areas respectively.

Table: 7

Distribution of the study subjects according to status of parents

Status of parents	Rural	Urban	Total
Living with single parent	23(8.9%)	26(9.9%)	49(9.4%)
Living with no parent	10(3.9%)	2(0.8%)	12(2.3%)
Living with both the parents	225(87.2%)	234(89.3%)	459(88.3%)
Total	258	262	520

From the above table it is observed that majority (88.3%) of the adolescents lived with both the parents followed by the child lived with single parent (9.4%) and 2.3% of the children had no parents.

Table: 8

Distribution of the study subjects according to type of family

Type of family	Rural	Urban	Total
Nuclear	103(39.9)	92(35.1%)	195(37.5%)
Joint & Three generation	155(60%)	170(64.8%)	325(62.4%)
Total	258	262	520

From the above table it is observed that majority of the adolescents belonged to joint and three generation families (62.4), followed by nuclear (37.5%).

Table: 9

Distribution of the study subjects according to socioeconomic status (Modified BG Prasad classification)

Social class	Rural	Urban	Total
I	13(5.0%)	48(18.3%)	61(11.7%)
II	61(23.6%)	70(26.7%)	131(25.2%)
III	105(40.7%)	89(34.0%)	194(37.3%)
IV	72(27.9%)	47(17.9%)	119(22.9%)
V	7(2.7%)	8(3.1%)	15(2.9%)
Total	258	262	520

From the above table it is observed that the majority of the adolescents were in social class III (37.3%) followed by class II (25.2%), class III (22.9%) and there were only (2.9%) in class V.

Table: 10

Distribution of the adolescents according to social problems in family

Social problems	Rural	Urban	Total
Smoking	42(16.3%)	22(8.4%)	64(12.3%)
Alcohol	34(13.2%)	20(7.6%)	54(10.4%)
Gambling	4(1.6%)	7(2.7%)	11(2.1%)
No problems	147(57.0%)	202(77.1%)	349(67.1%)
Unemployment	30(11.6%)	10(3.8%)	40(7.7%)
Drug addiction	1(0.4%)	1(0.4%)	2(0.4%)
Total	258	262	520

From the above table it is noted that, 67.1% of the adolescent parents had no social problems, 10.4% of the adolescent parents were alcoholics and 12.3% were smokers.

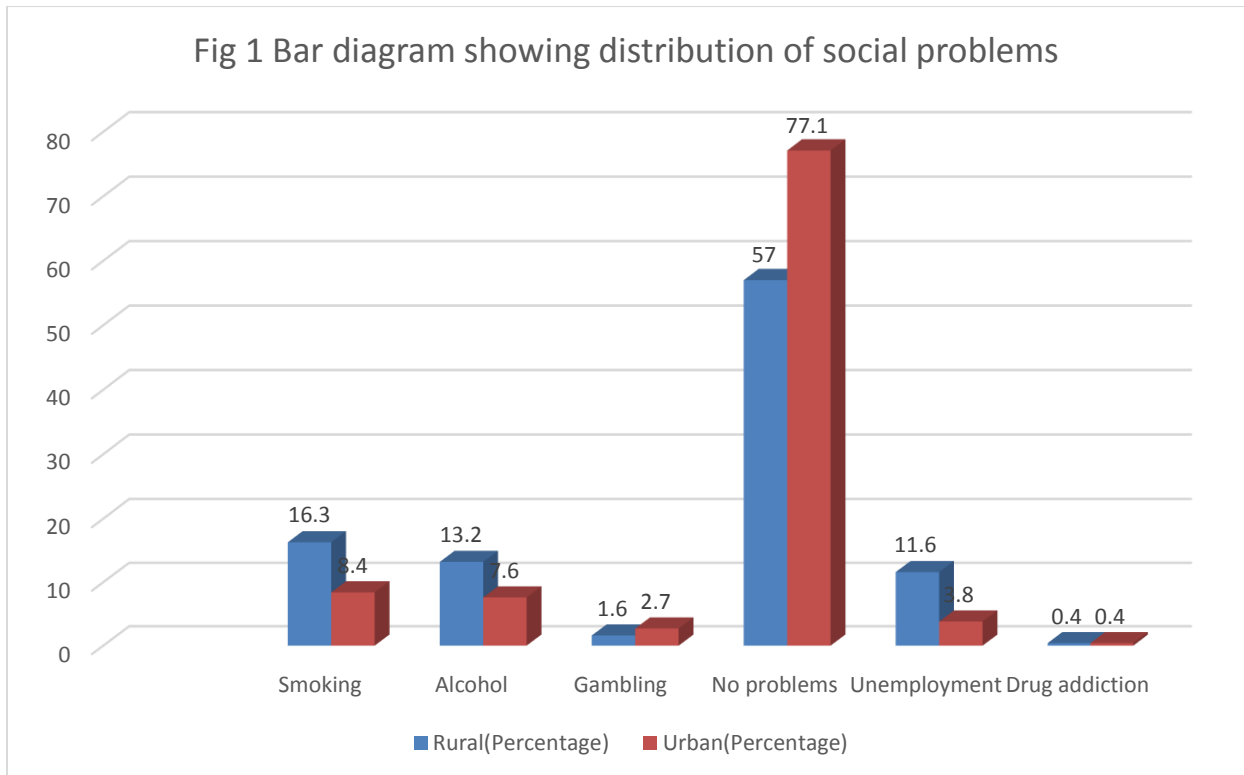


Table: 11

Distribution of adolescents according to scholastic performance in the recent examination

Scholastic performance	Rural	Urban	Total
>85%	34(13.1%)	58(22.1%)	92(17.6%)
60-85%	93(36%)	96(36.6%)	189(36.3%)
35-60%	91(35.2%)	75(28.6%)	166(31.9%)
<35%	12(4.6%)	14(5.3%)	26(5%)
Fail	28(10.8%)	19(7.2%)	47(9%)
Total	258	262	520

From the above table it is observed that, 36.3% of them scored first class percentage in the previous 2 tests, followed by 31.9% who scored second class percentage.

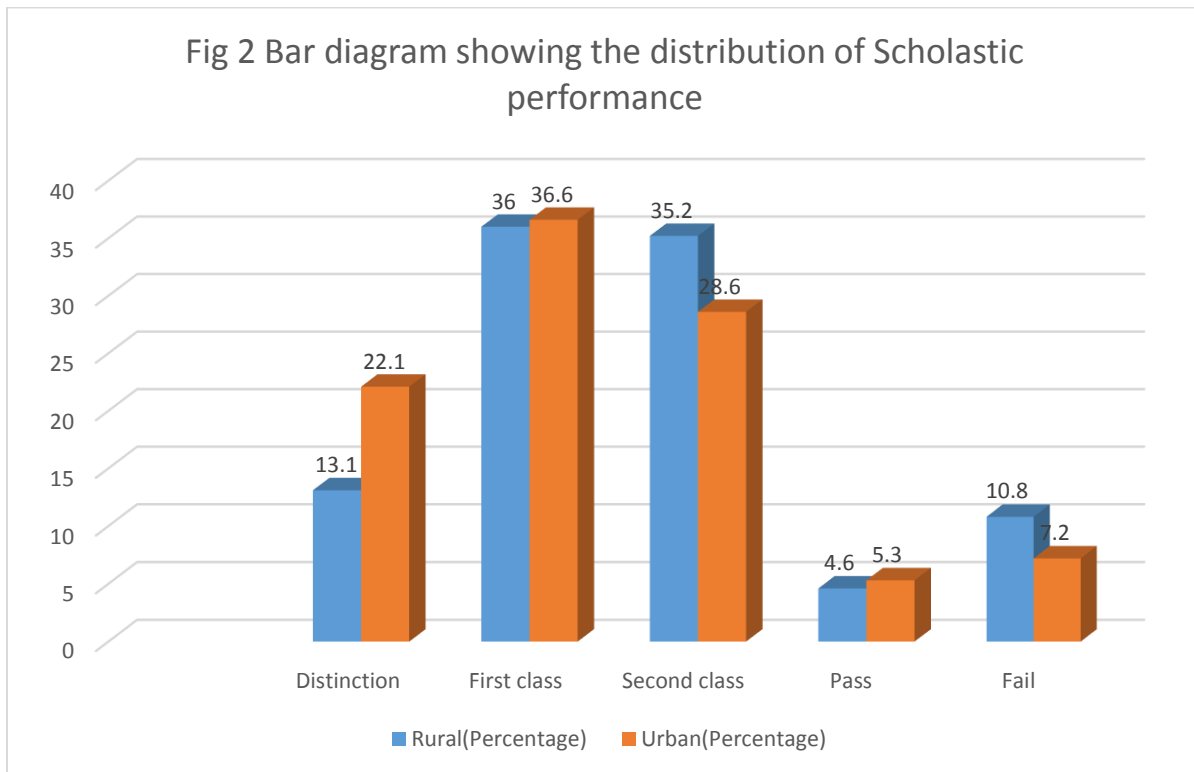


Table: 12**Prevalence of psychosocial problems according to GHQ12 in rural and urban areas.⁸⁸**

	General Health Questionnaire 12				
Place	<6	>6	Mean	Standard deviation	Total
Rural	167(56.6%)	91(40.4%)	6.3178	1.25058	258(49.6%)
Urban	128(43.4%)	134(59.6%)	6.6870	1.48857	262(50.4%)
Total	295	225			520

From the above table it is observed that out of 520 study subjects. The means of GHQ in rural was (6.31) whereas in urban(6.68.) 43.2% of the study subjects had distress and it was more in in urban area (59.6%) than rural area (40.4%) respectively.

Table: 13**Prevalence of psychosocial problems among adolescents according to DASS21**

No psychosocial problems		181	34.8%
Psychosocial problems	Only anxiety	80(15.4%)	65.2%
	Depression and anxiety	122(23.5%)	
	Depression, anxiety and stress	137(26.3%)	
Total		520(100%)	100%

From the above table it is noted that the overall prevalence of psychosocial problems was found to be 65.2%. 15.4% of the study subjects had only anxiety, 23.5% had both depression and anxiety and the remaining 26.3% had depression, anxiety and stress.

Table: 14

Psychosocial problems in comparison with rural and urban area (excluding the normal subjects)

	Only anxiety	Depression and anxiety	Depression, anxiety and stress
Rural	11(13.8%)	50(41%)	79(57.7%)
Urban	69(86.2%)	72(59%)	58(42.5%)
Total	80	122	137

From the above table it is noted that the overall prevalence of psychosocial problems was found to be 65.2%. The subjects who had only anxiety was more in urban area than rural area (86.2%vs13.8%).

However the subjects who had all the problems (depression, anxiety and stress) was more in rural than urban area (57.7%vs42.5%) respectively.

Figure 3 Pie diagram showing the prevalence of psychosocial problems

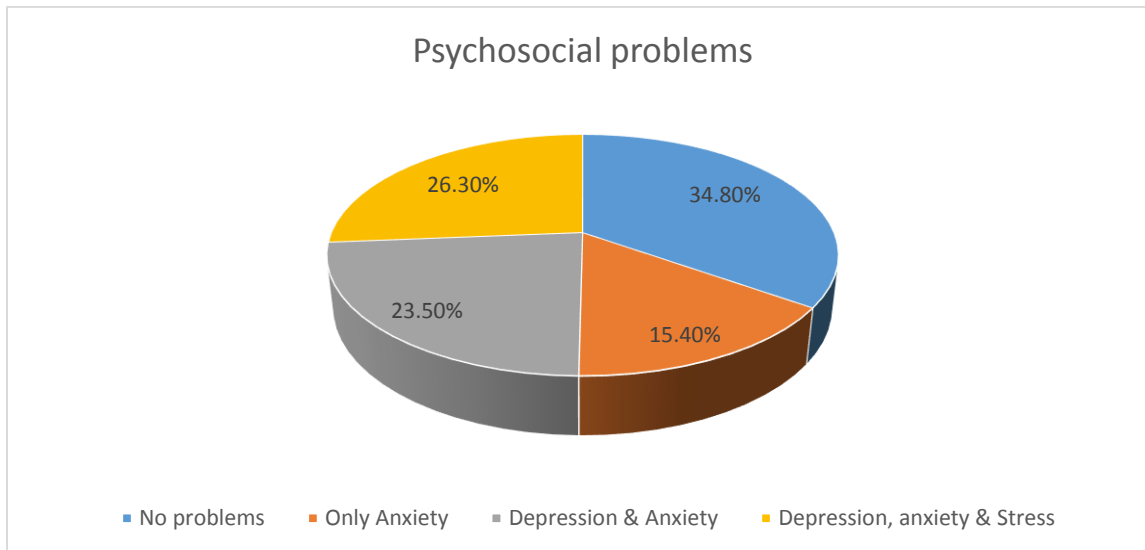


Table: 15**Prevalence of severity of depression among adolescents in rural and urban areas of Kolar**

Depression	Rural	Urban	Total	P value
No	129(50%)	132(49.2%)	261(50.1%)	0.001*
Mild	40(15.5%)	47(17.9%)	87(16.1%)	
Moderate	57(22.0%)	55(20.9%)	112(21.5%)	
Severe	30(11.6%)	19(7.2%)	49(9.4%)	
V. Severe	2(0.7%)	9(3.4%)	11(2.1%)	
Total	258	262	520	

From the above table it is noted that 49.9 % of the study subjects had depression among which, 21.5% of the study subjects had moderate followed by mild(16.1%), severe(9.4%) and very severe(2.1%). Mild depression was more in urban area (17.9%) when compared to rural area and very severe was also more in urban area (3.4%). This difference in depression was statistically significant ($p < 0.001$)

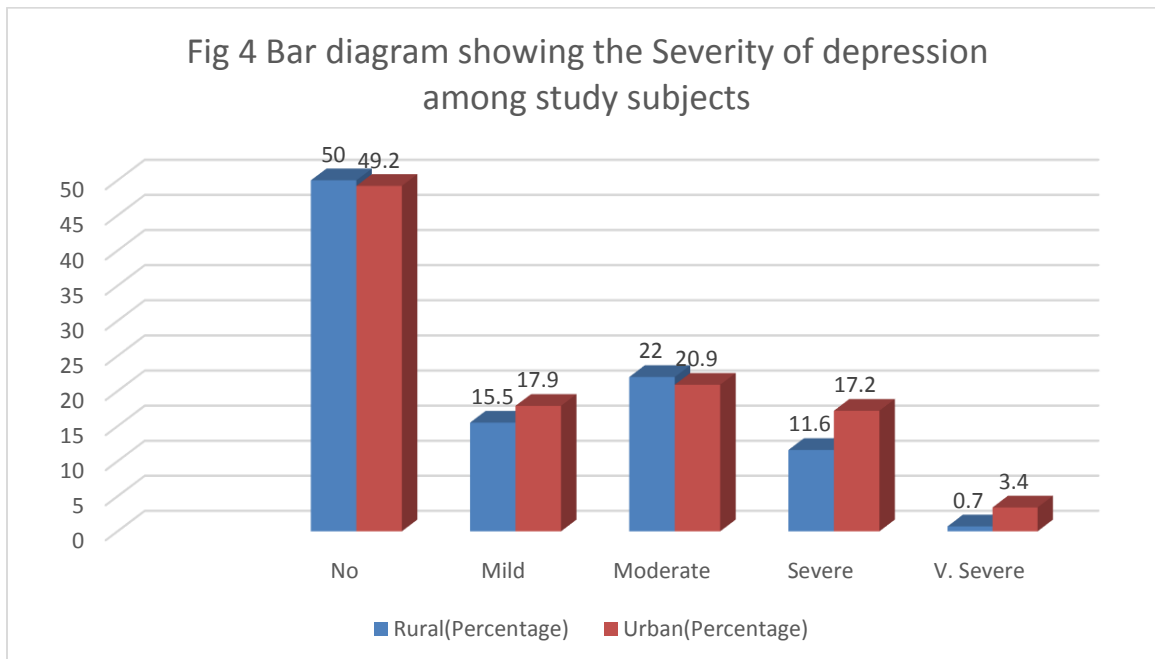


Table: 16

Prevalence of severity of anxiety among adolescents in rural and urban areas of Kolar

Anxiety	Rural	Urban	Total	P value
No	118(45.7%)	63(24%)	181(34.8%)	0.001*
Mild	11(4.2%)	69(26.3%)	80(15.3%)	
Moderate	50(19.3%)	72(27.4%)	122(23.4%)	
Severe	45(17.4%)	26(9.9%)	71(13.6%)	
V. Severe	34(13.1%)	32(12.2%)	66(12.6%)	
Total	258	262	520	

From the above table it is noted that 65.2 % of study subjects had anxiety. 23.4% of them had moderate followed by mild (15.3%) and severe (13.6%). Only 12.6% had very severe anxiety.

Mild and moderate anxiety was more in urban area (26.3% & 27.4%) when compared to rural area (4.2% & 19.3%) respectively. Whereas severe anxiety was more in urban area (17.4%). However the difference in depression was statistically significant ($p < 0.001$)

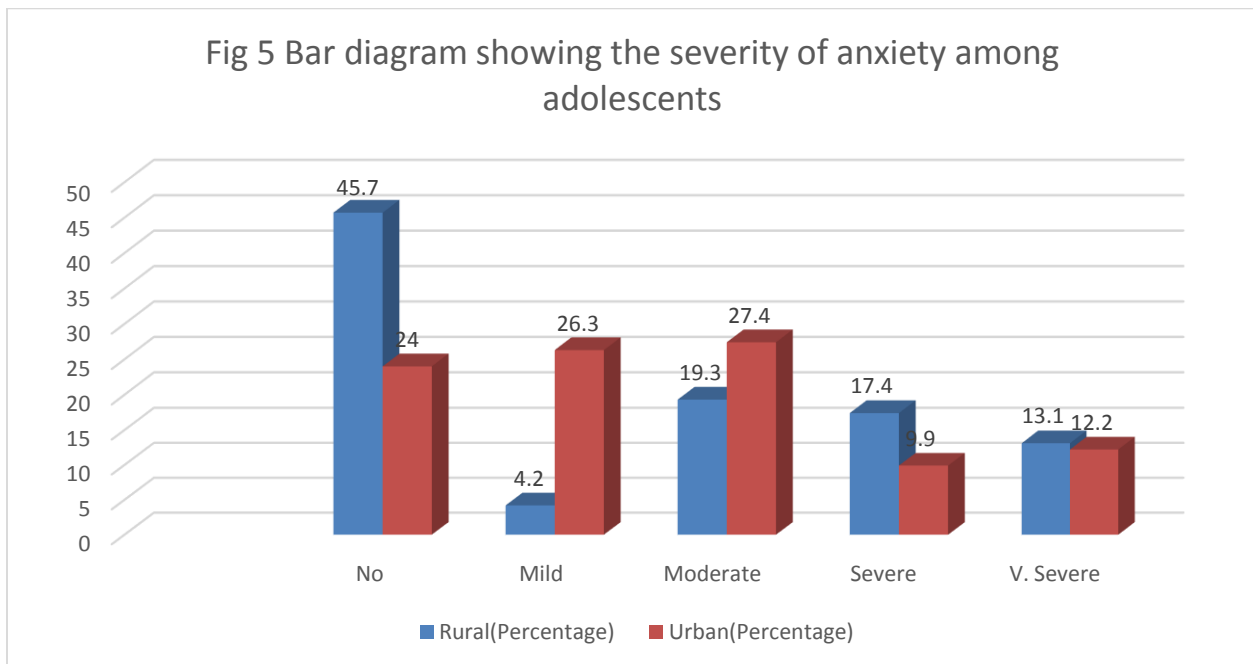


Table: 17

Prevalence of severity of stress among adolescents in rural and urban areas of Kolar

Stress	Rural	Urban	Total	P value
No	179(69.3%)	204(77.8%)	383(73.6%)	0.001*
Mild	36(13.9%)	21(8.0%)	57(10.9%)	
Moderate	39(15.1%)	26(9.9%)	65(12.5%)	
Severe	4(1.5%)	9(3.4%)	13(2.5%)	
V. Severe	0(0%)	2(0.7%)	2(0.3%)	
Total	258	262	520	

It is noted that only 23.6% had stress. Majority 12.5% of them had moderate followed by mild (10.9%) and severe (2.5%). Only 0.3% had very severe stress.

Mild and moderate stress was more in rural area (13.9% & 15.1%) when compared to urban area (8% & 9.9%) respectively. Whereas severe stress was more in urban area (3.4%). This difference in stress levels among adolescents was statistically significant.

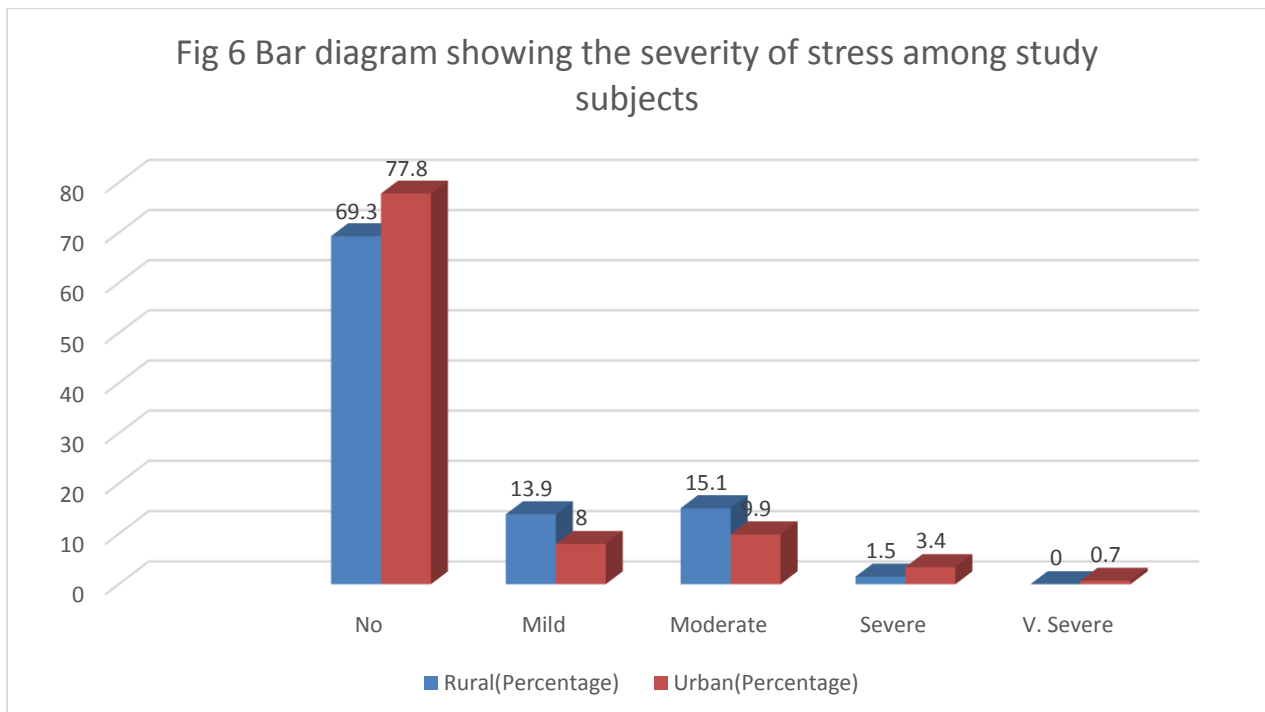


Table: 18**Prevalence of depression according to Age and Gender in urban and rural areas of Kolar**

Age	Rural	Urban	Total	P value
10-13 years	40(31.0%)	48(36.9%)	88(34.0%)	.481
14-16 years	48(37.2%)	40(30.8%)	88(34.0%)	
17-19 years	41(31.8%)	42(32.3%)	83(32.0%)	
Sex				.566
Male	53(41.1%)	58(44.6%)	111(42.9%)	
Female	76(58.9%)	72(55.4%)	148(57.1%)	
Total	129	130	259	

From the above table it is noted that out of 259 study subjects who had depression. 129(49.8%) were from rural & 130(50.1%) were from urban area. In rural area depression was more (37.2%) in the age group of 14 to 16 years, while in urban area there was more depression (36.9%) in the age group of 10-13 years. The depression was more among females (57.11%) than males (42.9%). However the difference in depression in different age group and gender was not statistically significant

Table: 19**Distribution of depression according to caste and Urban and rural areas**

Caste	Rural	Urban	Total	P value
General merit	5(3.9%)	12(9.2%)	17(6.6%)	0.001*
Other backward class	52(40.3%)	82(63.1%)	134(51.7%)	
Schedule caste (SC)	45(34.9%)	32(24.6%)	77(29.7%)	
Schedule tribe (ST)	27(20.9%)	4(3.1%)	31(12.0%)	
Total	129	130	259	

It is noted that depression was more in OBC (51.7%) and most of them residing in urban areas (63.1%) followed by SC (29.7%).The depression was equally distributed in rural and urban areas. However the difference in depression in different religion and caste was statistically significant. (p<0.001)

Table: 20**Distribution of occupational status of father and depression among the study subjects**

Occupation of the father	Rural	Urban	Total	P value
Professional	3(2.3%)	2(1.5%)	5(1.9%)	0.002*
Semi-professional	10(7.8%)	12(9.2%)	22(8.5%)	
Skilled	7(44.2%)	49(37.7%)	106(40.9%)	
Semiskilled	4(41.9%)	41(31.5%)	95(36.7%)	
Unskilled	5(3.9%)	26(20.0%)	31(12.0%)	
Total	129	130	259	

From the above table it is noted that majority (40.9%) of fathers of adolescents with depression were skilled workers and nearly 44.2% and 33.7% of them were residing in rural and urban area respectively. However the difference in depression with occupation of father was statistically significant. ($p < 0.002$)

Table: 21**Birth order and depression of study subjects**

Birth order	Rural	Urban	Total	P value
1	9(30.2%)	46(35.4%)	85(32.8%)	.367
2	1(39.5%)	56(43.1%)	107(41.3%)	
3	9(22.5%)	23(17.7%)	52(20.1%)	
3+	10(7.8%)	5(3.8%)	15(5.8%)	
Total	129	130	259	

When the depression analyzed according to birth order, depression was more in birth order of two (41.3%) followed by first birth order (32.8%) and third order (20.1%). This difference was not significant statistically.

Table: 22**Number of siblings and depression among study subjects**

Number of siblings	Rural	Urban	Total	P value
Nil	44(34.1%)	29(22.3%)	73(28.2%)	0.213
1	36(27.9%)	44(33.8%)	80(30.9%)	
2	40(31.0%)	47(36.2%)	87(33.6%)	
2+	9(7.0%)	10(7.7%)	19(7.3%)	
Total	129	130	259	

It is noted that depression was more in the subjects who had two siblings (33.8%) and less in the study subjects were having more than two siblings (7.3%).

Table: 23**Social problems and depression among adolescents**

Status of parents	Rural	Urban	Total	P value
Living with single parent	23(17.8%)	23(17.7%)	46(17.8%)	.057*
Living with no parent	10(7.8%)	2(1.5%)	12(4.6%)	
Living with both parents	96(74.4%)	105(80.8%)	201(77.6%)	
Total	129	130	259	

From the above table it is observed that majority (77.6%) of the study subjects were living with both the parents, followed by child living with single parent (17.8%) and 4.6% of them had no parent. However the difference in depression in Social problem family was statistically significant.

Table: 24**Type of family and depression among adolescents**

Type of family	Rural	Urban	Total	P value
Nuclear	50(38.8%)	43(33.1%)	93(35.9%)	.635
Joint & Three generation	79(61.2%)	87(66.9%)	166(64.1%)	
Total	129	130	259	

When the depression was analyzed according to type of family, depression was more in the study subjects who belonged to three generation and joint family (64.1%) and it was higher in urban than rural area (66.9%& 61.2%), followed by nuclear family (35.9%). This difference was not significant statistically.

Table: 25**Social problems in the family and depression among study subjects**

Social problems	Rural	Urban	Total	P value
Smoking	3(25.6%)	19(14.6%)	52(20.1%)	0.001*
Alcohol	2(24.8%)	20(15.4%)	52(20.1%)	
Gambling	4(3.1%)	3(2.3%)	7(2.7%)	
No problems	9(30.2%)	78(60%)	117(45.2%)	
Unemployment	0(15.5%)	9(6.9%)	29(11.2%)	
Drug addiction	1(0.8%)	1(0.8%)	2(0.8%)	
Total	129	130	259	

From the above table it is observed that majority (45.2%) of the study subjects had no social problems (30.2%vs 60%). Around 20 % of them had parent who were alcoholic and smoker. However the difference in depression with respect to problem in the family was statistically significant.

Table: 26**Scholastic performance in the recent examination and depression among adolescents**

Scholastic performance	Rural	Urban	Total	P value
>85%	16(12.4%)	34(26.2%)	50(19.3%)	0.003*
60-85%	41(31.8%)	46(35.4%)	87(33.6%)	
35-60%	47(36.4%)	31(23.8%)	78(30.1%)	
<35%	4(3.1%)	9(6.9%)	13(5.0%)	
Fail	21(16.3%)	10(7.7%)	31(12.0%)	
Total	129	130	259	

When the depression analyzed according to scholastic performance, depression was more in the study subjects who scored first class (33.6%) followed by second class(30.1%) and distinction (19.3%).This difference was significant statistically.

Table: 27**Socio economic status of parents (modified BG Prasad classification) and depression among the study subjects**

Socio economic status	Rural	Urban	Total	P value
I	5(3.9%)	32(24.6%)	37(14.3%)	.001
II	44(34.1%)	47(36.2%)	91(35.1%)	
III	47(36.4%)	33(25.4%)	80(30.9%)	
IV	30(23.3%)	17(13.1%)	47(18.1%)	
V	3(2.3%)	1(0.8%)	4(1.5%)	
Total	129	130	259	

When the depression analyzed according to socioeconomic status, depression was more in class II(35.1%) followed by class III (30.9%) and it was more in rural than urban area(36.4%vs 25.4%) in the same category this difference was statistically significant.

Table: 28**Prevalence of Stress according to Age and Gender among study subjects**

Age	Rural	Urban	Total	P value
10-13 years	25(31.6%)	22(37.9%)	47(34.3%)	0.36
14-16 years	31(39.2%)	16(27.6%)	47(34.3%)	
17-19 years	23(29.1%)	20(34.5%)	43(31.4%)	
Sex				0.71
Male	37(46.8%)	29(50.0%)	66(48.2%)	
Female	42(53.2%)	29(50.0%)	71(51.8%)	
Total	79	58	137	

From the above table it is noted that out of 137 study subjects who had stress. 79(57.6%) were from rural and 58(42.3%) were from urban area. There is no difference in the prevalence of stress in different age group. The comparison of stress among males and females shows that females have more stress(R-53.2%vs46.8%), (U-50%vs50%), compared to males. However the difference in stress in different age group and gender was not statistically significant

Table: 29**Distribution of stress according to occupational status of father**

Occupation of the father	Rural	Urban	Total	P value
Professional	2(2.5%)	1(1.7%)	3(2.2%)	0.002*
Semi professional	8(10.1%)	8(13.8%)	16(11.7%)	
Skilled	37(46.8%)	26(44.8%)	63(46.0%)	
Semiskilled	32(40.5%)	15(25.9%)	47(34.3%)	
Unskilled	0(0.0%)	8(13.8%)	8(5.8%)	
Total	79	58	137	

It is observed that majority (46%) whose fathers of the adolescents with stress were occupied as a skilled worker and nearly 46.8% and 44.8% of them were resided in rural and urban area respectively, followed by semi-skilled occupation (34.3%). However the difference in stress with occupation of father was statistically significant. ($p < 0.002$)

Table: 30**Stress and birth order status among study subjects**

Birth order	Rural	Urban	Total	P value
1	28(35.4%)	23(39.7%)	51(37.2%)	0.89
2	29(36.7%)	22(37.9%)	51(37.2%)	
3	18(22.8%)	11(19.0%)	29(21.2%)	
3+	4(5.1%)	2(3.4%)	6(4.4%)	
Total	79	58	137	

When the stress analyzed according to birth order, stress was more in birth order of two and one (37.2%) each followed by third birth order (21.2%). This difference was not statistically significant.

Table: 31

Stress according to Number of siblings among study subjects

Number of siblings	Rural	Urban	Total	P value
No sibling	32(40.5%)	13(22.4%)	45(32.8%)	0.17
One sibling	21(26.6%)	20(34.5%)	41(29.9%)	
Two sibling	23(29.1%)	22(37.9%)	45(32.8%)	
More than two	3(3.8%)	3(5.2%)	6(4.4%)	
Total	79	58	137	

From the above table it is noted that 32.8% of the study subjects with stress had two siblings and stress was more in rural areas (40.5%) than in the urban area (22.4%).

Table: 32

Type of family and stress among adolescents

Type of family	Rural	Urban	Total	P value
Nuclear	25(31.6%)	17(29.3%)	42(30.7%)	0.79
Joint & Three generation	54(68.3%)	41(70.7%)	95(69.4%)	
Total	79	58	137	

From the above table it is observed that majority (69.4%) of the study subjects with stress belonged to three generation and joint family and only30.7% belonged to nuclear. However the difference in stress in different types of family was not statistically significant.

Table: 33**Social problems in the family and stress among study subjects**

Living in problem family	Rural	Urban	Total	P value
Smoking	17(21.5%)	10(17.2%)	27(19.7%)	0.51
Alcohol	26(32.9%)	19(32.8%)	45(32.8%)	
Gambling	3(3.8%)	2(3.4%)	5(3.6%)	
No Problems	21(26.6%)	23(39.7%)	44(32.1%)	
Unemployment	11(13.9%)	4(6.9%)	15(10.9%)	
Drug addiction	1(1.3%)	0(0.0%)	1(0.7%)	
Total	79	58	137	

From the above table it is noted that 19.7% and 32.8% of the study subjects whose parents were smokers and alcoholics had stress respectively which was not statistically significant.

Table: 34**Stress and familial problems among adolescents**

Status of parents	Rural	Urban	Total	P value
Living with single parent	21(26.6%)	20(34.5%)	41(29.9%)	.057*
Living with no parent	10(12.7%)	1(1.7%)	11(8.0%)	
Living with both the parents	48(60.8%)	37(63.8%)	85(62.0%)	
Total	79	58	137	

When the stress analyzed according to familial problems (62%) of the study subjects were living with both the parents followed by child living with single parent (29.9%) had stress and it was higher in urban than rural area(34.5%vs 26.6%) respectively. However the difference in stress in problem family was statistically significant

Table: 35**Stress and scholastic performance among study subjects in the recent examination**

Scholastic performance	Rural	Urban	Total	P value
>85%	10(12.7%)	17(29.3%)	27(19.7%)	0.08*
60-85%	24(30.4%)	17(29.3%)	41(29.9%)	
35-60%	25(31.6%)	16(27.6%)	41(29.9%)	
<35%	3(3.8%)	0(0.0%)	3(2.2%)	
Fail	17(21.5%)	8(13.8%)	25(18.2%)	
Total	79	58	137	

When the stress analyzed according to Scholastic performance, stress was more (29.9%) in the adolescents who scored first and second class had stress each and 18.2% of the study subjects who failed had higher stress in rural than urban area(21.5%vs 13.8%) respectively. However the difference in stress with scholastic performance was not statistically significant.

Table: 36**Socioeconomic status and stress among study subjects**

Social class	Rural	Urban	Total	P value
I	4(5.1%)	13(22.4%)	17(12.4%)	0.002*
II	31(39.2%)	28(48.3%)	59(43.1%)	
III	29(36.7%)	14(24.1%)	43(31.4%)	
IV	15(19.0%)	3(5.2%)	18(13.1%)	
Total	79	58	137	

It is observed that majority (43.1%) of the study subjects belonged to class II had stress and it was higher in urban than rural area(48.3%vs 39.2%) and only 13.1% who belonged to class IV.

Table: 37**Prevalence of Anxiety according to Age and Gender among study subjects**

Age	Rural	Urban	Total	P value
10-13 years	43(30.7%)	80(40.2%)	123(36.3%)	0.19
14-16 years	50(35.7%)	64(32.2%)	114(33.6%)	
17-19 years	47(33.6%)	55(27.6%)	102(30.1%)	
Sex				0.36
Male	55(39.3%)	88(44.2%)	143(42.2%)	
Female	85(60.7%)	111(55.8%)	196(57.8%)	
Total	140	199	339	

From the above table it is observed that Out of total 339 study subjects having anxiety, 140(41.2%) were from rural and 199(58.7%) were from urban area. In the age group of 10-13 years the anxiety was more in urban area. The comparison of anxiety among males and females shows that females have more anxiety(R-60.7%vs39.3%), (U-55.8%vs44.2%), compared to males. However the difference in depression in different age group and gender was not statistically significant

Table: 38**Anxiety in adolescents according to Caste**

Caste	Rural	Urban	Total	P value
General merit	6(4.3%)	15(7.5%)	21(6.2%)	0.001*
Other backward class	55(39.3%)	118(59.3%)	173(51.0%)	
Schedule caste	47(33.6%)	56(28.1%)	103(30.4%)	
Scheduled tribe	32(22.9%)	10(5.0%)	42(12.4%)	
Total	140	199	339	

It is noted that 51% of the study subjects belonged to OBC had anxiety and it was higher in urban than rural area(59.3%vs 39.3%) followed by scheduled caste 30.4%.However the difference in anxiety in different caste was statistically significant.($p < 0.001$)

Table: 39**Occupational status of father and anxiety among study subjects**

Occupation of the father	Rural	Urban	Total	P value
Professional	3(2.1%)	10(5.0%)	13(3.8%)	0.001*
Semi professional	10(7.1%)	19(9.5%)	29(8.6%)	
Skilled	63(45.0%)	79(39.7%)	142(41.9%)	
Semiskilled	58(41.4%)	55(27.6%)	113(33.3%)	
Unskilled	6(4.3%)	36(18.1%)	42(12.4%)	
Total	140	199	339	

It is observed that majority (41.9%) whose fathers occupation was skilled had anxiety and nearly 45%& 39.7% of them were residing in rural and urban area respectively followed by semi-skilled (33.3%) However the difference in anxiety with occupation of father was statistically significant. ($p < 0.001$)

Table: 40**Type of family and anxiety among adolescents**

Type of family	Rural	Urban	Total	P value
Nuclear	53(37.9%)	72(36.2%)	125(36.9%)	0.84
Joint & Three generation	87(62.2%)	127(63.5%)	214(63.1%)	
Total	140	199	339	

When the anxiety analyzed according to type of family, anxiety was more in joint and three generation family (63.1%), followed by nuclear family (36.9%). However the difference in anxiety in different types of family was not statistically significant.

Table: 41**Birth order and anxiety among adolescents**

Birth order	Rural	Urban	Total	P value
1	41(29.3%)	65(32.7%)	106(31.3%)	0.26
2	59(42.1%)	95(47.7%)	154(45.4%)	
3	30(21.4%)	31(15.6%)	61(18.0%)	
3+	10(7.1%)	8(4.0%)	18(5.3%)	
Total	140	199	339	

It is observed that (45.4%) of the study subjects whose birth order of two had anxiety and it was higher in urban than rural area (47.7%vs 42.1%) followed by first birth order (31.3%). However the difference in anxiety with birth order was not statistically significant.

Table: 42**Number of siblings and anxiety among study subjects**

Number of siblings	Rural	Urban	Total	P value
Nil	47(33.6%)	30(15.1%)	77(22.7%)	0.001*
1	42(30.0%)	75(37.7%)	117(34.5%)	
2	42(30.0%)	76(38.2%)	118(34.8%)	
2+	9(6.4%)	18(9.0%)	27(8.0%)	
Total	140	199	339	

It is observed that anxiety was 34.8% in the adolescents who had two siblings followed by 22.7% in subjects without sibling and anxiety was higher in rural than urban area (33.6%vs 15.1%). However the difference in anxiety and no of siblings was statistically significant.

Table: 43**Familial problems and anxiety among study subjects**

Status of parents	Rural	Urban	Total	P value
Living with single parent	23(16.4%)	25(12.6%)	48(14.2%)	0.005*
Living with no parent	10(7.1%)	2(1.0%)	12(3.5%)	
Living with both the parents	107(76.4%)	172(86.4%)	279(82.3%)	
Total	140	199	339	

From the above table it is observed that majority 82.3% of the study subjects were living with both the parents and had anxiety and most of them (86.4%) were residing in urban area followed by child living with single parent (14.2%) and only 3.5% had anxiety in child living with no parent However the difference was statistically significant ($p < 0.005$)

Table: 44**Anxiety among study subjects according to scholastic performance in the recent examination**

Scholastic performance	Rural	Urban	Total	P value
>85%	16(11.4%)	46(23.1%)	62(18.3%)	0.004*
60-85%	44(31.4%)	70(35.2%)	114(33.6%)	
35-60%	55(39.3%)	56(28.1%)	111(32.7%)	
<35%	4(2.9%)	12(6.0%)	16(4.7%)	
Fail	21(15.0%)	15(7.5%)	36(10.6%)	
Total	140	199	339	

When the anxiety analyzed according to scholastic performance, anxiety was more in the study subjects who scored second class(32.7%) and it was higher among rural than urban area (39.3% vs 28.1%) and only 10.6% of the subjects had anxiety who failed in the exams. This difference is significant statistically.

Table: 45**Socioeconomic status and anxiety among study subjects**

Social class	Rural	Urban	Total	P value
I	7(5.0%)	39(19.6%)	46(13.6%)	0.003*
II	46(32.9%)	55(27.6%)	101(29.8%)	
III	50(35.7%)	62(31.2%)	112(33.0%)	
IV	34(24.3%)	36(18.1%)	70(20.6%)	
V	3(2.1%)	7(3.5%)	10(2.9%)	
Total	140	199	339	

It is observed that 33% of the study subjects who belonged to social class III had higher anxiety followed by class II (29.8%) and class IV (20.6%). However the difference in anxiety with socioeconomic status was statistically significant $p(<0.003)$

Table: 46**Social Problems in the family and anxiety among adolescents**

Social problems	Rural	Urban	Total	P value
Smoking	34(24.3%)	21(10.6%)	55(16.2%)	0.001*
Alcohol	32(22.9%)	20(10.1%)	52(15.3%)	
Gambling	4(2.9%)	4(2.0%)	8(2.4%)	
No problems	49(35.0%)	143(71.9%)	192(56.6%)	
Unemployment	20(14.3%)	10(5.0%)	30(8.8%)	
Drug addiction	1(0.7%)	1(0.5%)	2(0.6%)	
Total	140	199	339	

From the above table it is noted that 16.3% and 15.3% of the study subjects whose parents were smokers and alcoholics had anxiety respectively and it was higher among rural than urban area. However the difference was statistically significant ($p<0.001$)

Table: 47**Severity of depression in Age and Gender among study subjects**

Age	Severity of depression					Total	P value
	No	Mild	Moderate	Severe	Very severe		
10-13 years	87 (33.3%)	28 (32.2%)	44 (39.3%)	12 (24.5%)	4 (36.4%)	175 (33.7%)	0.76
14-16 years	84 (32.2%)	28 (32.2%)	39 (34.8%)	19 (38.8%)	2 (18.2%)	172 (33.1%)	
17-19 years	90 (34.5%)	31 (35.6%)	29 (25.9%)	18 (36.7%)	5 (45.5%)	173 (33.3%)	
Sex							0.23
Male	107 (41.0%)	28 (32.2%)	53 (47.3%)	25 (51.0%)	5 (45.5%)	218 (41.9%)	
Female	154 (59.0%)	59 (67.8%)	59 (52.7%)	24 (49.0%)	6 (54.5%)	302 (58.1%)	
Total	261 (50.1%)	87 (16.7%)	112 (21.5%)	49 (9.4%)	11 (2.11%)	520 (100%)	

From the above table it is observed that out of 520, nearly 49.8% of the study subjects had depression, 21.5% had moderate, 2% had very severe depression. Mild depression was more in late adolescence (35.6%), moderate (39.3%) in early adolescence, and severe (38.8%) in mid adolescence and very severe (45.5%) in late adolescence. The depression was more among females (58.1%vs41.9%) compared to males, and this difference was not significant statistically.

Table: 48**Problem families and severity of depression among study subjects**

Status of parents	Severity of depression						P value
	No	Mild	Moderate	Severe	Very severe	Total	
Child living with single parent& No parent	3 (1.1%)	2 (2.2%)	22 (19.7%)	28 (57.1%)	6 (54.5%)	61 (11.7%)	0.001*
Child living with both the parents	258 (98.9%)	85 (97.7%)	90 (80.4%)	21 (42.9%)	5 (45.5%)	459 (88.3%)	
Total	261 (50.1%)	87 (16.7%)	112 (21.5%)	49 (9.4%)	11 (2.11%)	520 (100%)	

It is observed that 2.2% of the children living with single and no parent had mild 19.7%(moderate), 57.1 %(severe) and 11.7%had very severe depression. However the difference in familial problems with respect to severity of depression was statistically significant ($p<0.001$)

Table: 49**Socio economic status and severity of depression among adolescents**

Social class	Severity of depression						P value
	No	Mild	Moderate	Severe	Very severe	Total	
I	24 (9.2%)	12 (13.8%)	18 (16.1%)	4 (8.2%)	3 (27.3%)	61 (11.7%)	0.001*
II	40 (15.3%)	23 (26.4%)	43 (38.4%)	21 (42.9%)	4 (36.4%)	131 (25.2%)	
III	114 (43.7%)	25 (28.7%)	34 (30.4%)	17 (34.7%)	4 (36.4%)	194 (37.3%)	
IV & V	83 (27.6%)	27 (26.4%)	17 (15.2%)	7 (14.3%)	0 (0.0%)	134 (25.8%)	
Total	261 (50.1%)	87 (16.7%)	112 (21.5%)	49 (9.4%)	11 (2.11%)	520 (100%)	

From the above table it is noted that 28.7% and 26.4% of the children who belonged to class III, class IV & V had mild depression, 30.4% & 15.2% (moderate), 34.7% & 14.3% (severe) 36.4% vs 0% (very severe) depression. However the difference in residing status with respect to severity of depression was statistically significant ($p < 0.001$)

Table: 50**Birth order severity of depression among study subjects**

BIRTH ORDER		Severity of depression					Total	P value
		Normal	Mild	Moderate	Severe	very severe		
	1	47 (18.0%)	24 (27.6%)	43 (38.4%)	14 (28.6%)	4 (36.4%)	132 (25.4%)	0.005*
	2	155 (59.4%)	37 (42.5%)	46 (41.1%)	19 (38.8%)	5 (45.5%)	262 (50.4%)	
	3	45 (17.2%)	19 (21.8%)	20 (17.9%)	12 (24.5%)	1 (9.1%)	97 (18.7%)	
	3+	14 (5.4%)	7 (8.0%)	3 (2.7%)	4 (8.2%)	1 (9.1%)	29 (5.6%)	
	Total	261 (50.1%)	87 (16.7%)	112 (21.5%)	49 (9.4%)	11 (2.11%)	520 (100%)	

From the above table it is noted that 50.4 % of the study subjects whose birth order is one had higher depression among which 42.5%vs 27.6% of them whose birth order is one and two had mild depression,41.1%vs 38.4%(moderate).38.8%vs28.6%(severe) 45.5vs36.4%(very severe) depression. However the difference in residing status with respect to severity of depression was statistically significant ($p<0.005$)

Table: 51**Severity of anxiety in Age and Gender among study subjects**

Age (years)	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
10-13	52 (28.7%)	35 (43.8%)	41 (33.6%)	27 (38.0%)	20 (30.3%)	175 (33.7%)	.436
14-16	58 (32.0%)	26 (32.5%)	41 (33.6%)	25 (35.2%)	22 (33.3%)	172 (33.1%)	
17-19	71 (39.2%)	19 (23.8%)	40 (32.8%)	19 (26.8%)	24 (36.4%)	173 (33.3%)	
Sex							
Male	75 (41.4%)	32 (40.0%)	45 (36.9%)	33 (46.5%)	33 (50.0%)	218 (41.9%)	
Female	106 (58.6%)	48 (60.0%)	77 (63.1%)	38 (53.5%)	33 (50.0%)	302 (58.1%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

From the above table it is observed that out of 520 adolescents, nearly 65.1% of them had anxiety, among whom 23.4 % (moderate), 13.6% (severe) and 12.6% (very severe) anxiety.

Mild anxiety was more in early adolescence (43.8%) followed by moderate (33%), severe (38.%) and very severe (36.4%) in late adolescence. The anxiety was more among females (58.1%vs41.9%) compared to males, however the difference in different age and gender with respect to severity of anxiety was not statistically significant.

Table: 52**Caste and severity of anxiety among study subjects**

Caste	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
General merit	5 (2.8%)	4 (5.0%)	8 (6.6%)	5 (7.0%)	4 (6.1%)	26 (5.0%)	.039*
OBC	67 (37.0%)	39 (48.8%)	67 (54.9%)	38 (53.5%)	29 (43.9%)	240 (46.2%)	
Schedule caste	69 (38.1%)	26 (32.5%)	31 (25.4%)	23 (32.4%)	23 (34.8%)	172 (33.1%)	
Schedule tribe	40 (22.1%)	11 (13.8%)	16 (13.1%)	5 (7.0%)	10 (15.2%)	82 (15.8%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

From the above table it is noted that 48.8% & 32.5% of the study subjects who belonged to OBC and scheduled caste had mild anxiety, 54.9%vs 25.4%(moderate).53.5%vs32.4%(severe) 43.9vs34.8%(very severe)anxiety. However the difference in residing status with respect to severity of depression was statistically significant.

Table: 53**Number of siblings and Severity of anxiety among adolescents**

Number of siblings	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
Nil	3 (1.7%)	4 (5.0%)	28 (23.0%)	30 (42.3%)	15 (22.7%)	80 (15.4%)	0.001*
1	101 (55.8%)	37 (46.2%)	39 (32.0%)	17 (23.9%)	24 (36.4%)	218 (41.9%)	
2	68 (37.6%)	31 (38.8%)	42 (34.4%)	21 (29.6%)	24 (36.4%)	186 (35.8%)	
2+	9 (5.0%)	8 (10.0%)	13 (10.7%)	3 (4.2%)	3 (4.5%)	36 (6.9%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

It is observed that 5%vs 46.2% of the children who had no siblings and one sibling had mild anxiety, 23%vs 32 % (moderate).42.3%vs23.9 % (severe) 22.7vs36.4 % (very severe) anxiety .However the difference in number of siblings with respect to severity of anxiety was statistically significant ($p<0.001$)

Table: 54**Problem families and severity of anxiety study subjects**

Status of parents	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
Living with single parent& no Parent	1 (0.6%)	2 (2.5%)	6 (4.9%)	16 (22.5%)	36 (54.6%)	61 (11.7%)	0.001*
Living with both the parents	180 (99.4%)	78 (97.5%)	116 (95.1%)	55 (77.5%)	30 (45.5%)	459 (88.3%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

From the above table it is noted that 2.5% of the children living with single and no parent had mild, 4.9%(moderate), 22.5%(severe) and 54.6 %had very severe anxiety. However the difference in familial problems with respect to severity of anxiety was statistically significant ($p<0.001$)

Table: 55**Birth order and severity of anxiety among adolescents**

Birth order	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
1	26 (14.4%)	21 (26.2%)	34 (27.9%)	31 (43.7%)	20 (30.3%)	132 (25.4%)	.001*
2	108 (59.7%)	47 (8.8%)	56 (45.9%)	24 (33.8%)	27 (40.9%)	262 (50.4%)	
3	36 (19.9%)	9 (11.2%)	23 (18.9%)	15 (21.1%)	14 (21.2%)	97 (18.7%)	
3+	11 (6.1%)	3 (3.8%)	9 (7.4%)	1 (1.4%)	5 (7.6%)	29 (5.6%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

It is observed that 26.2%vs 58.8% of the study subjects whose birth order is one and birth order two had mild anxiety,27.9%vs 45.9%(moderate).43.7%vs33.8%(severe) 30.3%vs 40.9%(very severe) anxiety. However the difference in residing status with severity of depression was statistically significant ($p<0.001$)

Table: 56**Socio economic status Severity of anxiety among study subjects**

Social class	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
I	15 (8.3%)	9 (11.2%)	20 (16.4%)	9 (12.7%)	8 (12.1%)	61 (11.7%)	.001*
II	30 (16.6%)	10 (12.5%)	32 (26.2%)	31 (43.7%)	28 (42.4%)	131 (25.2%)	
III	82 (45.3%)	32 (40.0%)	37 (30.3%)	20 (28.2%)	23 (34.8%)	194 (37.3%)	
IV	49 (27.1%)	23 (28.7%)	29 (23.8%)	11 (15.5%)	7 (10.6%)	119 (22.9%)	
V	5 (2.8%)	6 (7.5%)	4 (3.3%)	0 (0.0%)	0 (0.0%)	15 (2.9%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

From the above table it is noted that 40% & 23% of the adolescents who belonged to class IV & class V had mild anxiety, 30.3% vs 23.8% (moderate), 28.2% vs 15.5% (severe) 34.8% vs 10.6% (very severe) anxiety. However the difference in socio economic status with respect to severity of depression was statistically significant ($p < 0.001$)

Table: 57**Occupational status of father and severity of anxiety among adolescents**

Occupation of father	Severity of anxiety					Total	P value
	No	Mild	Moderate	Severe	Very severe		
Professional	2 (1.1%)	8 (10.0%)	2 (1.6%)	3 (4.2%)	0 (0.0%)	15 (2.9%)	.001*
Semi professional	10 (5.5%)	7 (8.8%)	6 (4.9%)	5 (7.0%)	11 (16.7%)	39 (7.5%)	
Skilled	55 (30.4%)	36 (45.0%)	43 (35.2%)	30 (42.3%)	33 (50.0%)	197 (37.9%)	
Semi-skilled	82 (45.3%)	18 (22.5%)	48 (39.3%)	31 (43.7%)	16 (24.2%)	195 (37.5%)	
Unskilled	32 (17.7%)	11 (13.8%)	23 (18.9%)	2 (2.8%)	6 (9.1%)	74 (14.2%)	
Total	181 (34.8)	80 (15.3%)	122 (23.4%)	71 (13.6%)	66 (12.6%)	520 (100%)	

From the above table it is observed that 45%vs 22.5% of the adolescent parents whose main occupation was skilled had mild anxiety, 35.2%vs39.3 % (moderate), 42.3%vs43.7 % (severe) and 50%vs24.2% had very severe anxiety. However the difference in occupational status of father with respect to severity of depression was statistically significant ($p < 0.001$)

Table: 58

Depression among studied adolescents & caste differences in urban and rural areas of Kolar taluk using multinomial logistic regression.

Caste	Rural	Urban	Total	P value	OR	Add OR	95 % CI
General merit	5 (3.9%)	12 (9.2%)	17 (6.6%)	.001*	.790	2.203	.587-8.26
OBC	52 (40.3%)	82 (63.1%)	134 (51.7%)		.687	1.989	.921-4.2
Schedule caste	45 (34.9%)	32 (24.6%)	77 (29.7%)		.009	1.009	.459-2.2
Schedule tribe	27 (20.9%)	4 (3.1%)	31 (12.0%)				
Total	129 (100%)	130 (100%)	259 (100%)				

From the above table it is observed that out of 259 adolescents who had depression and when subjected to multinomial logistic regression the adolescents who belonged to scheduled tribe , general merit category had 2.2 times higher chances of having depression followed by OBC & scheduled caste(add OR1.98vs 1) respectively.

Table: 59

Occupational status of father and depression among study subjects using multinomial logistic regression.

Occupation of the father	Rural	Urban	Total	P value	OR	Add OR	95 % CI
Professional	3 (2.3%)	2 (1.5%)	5 (1.9%)	0.002*	- .537	.585	.115- 2.96
Semi professional	10 (7.8%)	12 (9.2%)	22 (8.5%)		.500	1.649	.551- 4.93
Skilled	57 (44.2%)	49 (37.7%)	106 (40.9%)		.713	2.039	.932- 4.46
Semi-skilled	54 (41.9%)	41 (31.5%)	95 (36.7%)		.650	1.916	.871- 4.21
Unskilled	5 (3.9%)	26 (20.0%)	31 (12.0%)				
Total	129 (100%)	130 (100%)	259 (100%)				

From the above table it is noted With respect adolescents father whose occupation was unskilled, skilled profession had 2 times higher chances of having adolescent with depression followed by semi-skilled & semiprofessional(add OR1.91vs 1.64) respectively.

Table: 60**Problem families and depression among adolescents using multinomial logistic regression.**

Status of parents	Rural	Urban	Total	P value	OR	Add OR	95 % CI
Living with single parent	23 (17.8%)	23 (17.7%)	46 (17.8%)	.057*	1.462	4.316	.924-20.1
Living with no parent	10 (7.8%)	2 (1.5%)	12 (4.6%)		17.43	37239202 .635	.000-
Living with both the parents	96 (74.4%)	105 (80.8%)	201 (77.6%)				
Total	129 (100%)	130 (100%)	259 (100%)				

It is observed that out of 259 adolescents who had depression and when subjected to multinomial logistic regression. With respect to adolescents who had stayed with both the parents, child living with no parent had higher chances of depression when compared to child living with single parent.

Table: 61

Scholastic performance and depression among study subjects using multinomial logistic regression.

Scholastic performance in the recent examination	Rural	Urban	Total	P value	OR	Add OR	95 % CI
>85%	16 (12.4%)	34 (26.2%)	50 (19.3%)	0.003*	.121	1.129	.345-3.6
60-85%	41 (31.8%)	46 (35.4%)	87 (33.6%)		- .135	.874	.294-2.5
35-60%	47 (36.4%)	31 (23.8%)	78 (30.1%)		- .090	.914	.308-2.7
<35%	4 (3.1%)	9 (6.9%)	13 (5.0%)		.505	1.657	.382-7.1
Fail	21 (16.3%)	10 (7.7%)	31 (12.0%)				
Total	129 (100%)	130 (100%)	259 (100%)				

From the above table it is observed that adolescents who had depression and when subjected to multinomial logistic regression. With respect to adolescents who failed in the previous two exams , the adolescent who scored pass percentage had 1.6 times higher chances of having depression followed by distinction& first class(add OR1.1vs 0.8) respectively

Table: 62

Socioeconomic status and depression among adolescents using multinomial logistic regression.

Social class	Rural	Urban	Total	P value	OR	Add OR	95 % CI
I	5 (3.9%)	32 (24.6%)	37 (14.3%)	.001*	1.633	5.11 8	.842-31
II	44 (34.1%)	47 (36.2%)	91 (35.1%)		1.648	5.19 8	1.061-25.4
III	47 (36.4%)	33 (25.4%)	80 (30.9%)		.831	2.29 5	.548-9.6
IV	30 (23.3%)	17 (13.1%)	47 (18.1%)		.872	2.39 1	.575-9.9
V	3 (2.3%)	1 (0.8%)	4 (1.5%)				
Total	129 (100%)	130 (100%)	259 (100%)				

It is noted that out of 259 adolescents who had depression and when subjected to multinomial logistic regression. With respect to adolescents parents who belongs to class V , class I & class II had 5.1 times higher chances of having adolescent with depression followed by class IV& class III(add OR2.3vs 2.2) respectively

Table: 63**Caste and anxiety among study subjects using multinomial logistic regression.**

Caste	Rural	Urban	Total	P value	OR	adj OR	95% CI
General merit	6 (4.3%)	15 (7.5%)	21 (6.2%)	0.001*	.968	2.632	.618- 11.2
OBC	55 (39.3%)	118 (59.3%)	173 (51.0%)		.195	1.215	.586- 2.5
Schedule caste	47 (33.6%)	56 (28.1%)	103 (30.4%)		- .255	.775	.370- 1.6
Scheduled tribe	32 (22.9%)	10 (5.0%)	42 (12.4%)				
Total	140 (100%)	199 (100%)	339 (100%)				

It is observed that out of 339 study subjects who had anxiety and when subjected to multinomial logistic regression. With respect to adolescents who belongs to scheduled tribe , general merit category had 2.2 times higher chances of having adolescent with depression followed by OBC & scheduled caste(add OR1.98vs 1) respectively

Table: 64**Number of siblings and anxiety among study subjects using multinomial logistic regression.**

Number of siblings	Rural	Urban	Total	P value	OR	adj OR	95% CI
Nil	47 (33.6%)	30 (15.1%)	77 (22.7%)	.001*	3.285	26.710	5.214- 136.8
1	42 (30.0%)	75 (37.7%)	117 (34.5%)		-.739	.478	.176- 1.2
2	42 (30.0%)	76 (38.2%)	118 (34.8%)		-.507	.603	.230- 1.6
2+	9 (6.4%)	18 (9.0%)	27 (8.0%)				
Total	140 (100%)	199 (100%)	339 (100%)				

From the above table it is noted that out of 339 adolescents who had anxiety and when subjected to multinomial logistic regression. With respect to adolescents who had more than two siblings, the adolescents with no siblings had 26 times higher chances of having anxiety followed by two siblings and one sibling (add OR 0.6vs 0.4) respectively

Table: 65**Problem families and anxiety among adolescents using multinomial logistic regression.**

Status of parents	Rural	Urban	Total	P value	OR	adj OR	95% CI
Living with single parent	23 (16.4%)	25 (12.6%)	48 (14.2%)	0.005*	2.688	14.69 6	1.446 - 149.3
Living with no parent	10 (7.1%)	2 (1.0%)	12 (3.5%)		17.61 7	44757 452.1 55	.000-
Living with both the parents	107 (76.4%)	172 (86.4%)	279 (82.3%)				
Total	140	199	339				

From the above table it is observed that out of 339 adolescents who had anxiety and when subjected to multinomial logistic regression. With respect to adolescents parents who had no problems, the adolescents who are living with no parents had higher chances of having anxiety followed by a child living with single parent (add OR447vs 14) respectively

Table: 66

Scholastic performance and anxiety among study subjects using multinomial logistic regression.

Scholastic performance in the recent examination	Rural	Urban	Total	P value	OR	adj OR	95% CI
>85%	16 (11.4%)	46 (23.1%)	62 (18.3%)	0.004*	.016	1.016	.316-3.2
60-85%	44 (31.4%)	70 (35.2%)	114 (33.6%)		- .132	.876	.301-2.5
35-60%	55 (39.3%)	56 (28.1%)	111 (32.7%)		.317	1.373	.468-4.03
<35%	4 (2.9%)	12 (6.0%)	16 (4.7%)		.152	1.164	.270-5.01
Fail	21 (15.0%)	15 (7.5%)	36 (10.6%)				
Total	140	199	339				

It is observed that out of 339 study subjects who had anxiety and when subjected to multinomial logistic regression. With respect to adolescents who failed in the recent two exams , the adolescents the adolescents who scored second class had 1.3 times higher chances of having anxiety followed by the adolescent who were passed and who scored first class(add OR1.1vs 0.8) respectively

Table: 67**Socio economic status and anxiety among adolescents using multinomial logistic regression.**

Social class	Rural	Urban	Total	P value	OR	adj OR	95% CI
I	7 (5.0%)	39 (19.6%)	46 (13.6%)	0.001*	- .028	.972	.165- 5.7
II	46 (32.9%)	55 (27.6%)	101 (29.8%)		- .345	.708	.154- 3.2
III	50 (35.7%)	62 (31.2%)	112 (33.0%)		- .548	.578	.148- 2.2
IV	34 (24.3%)	36 (18.1%)	70 (20.6%)		- .182	.834	.216- 3.2
V	3 (2.1%)	7 (3.5%)	10 (2.9%)				
Total	140 (100%)	199 (100%)	339 (100%)				

From the above table it is observed that 339 adolescents who had anxiety and when subjected to multinomial logistic regression. With respect to adolescents parents who belongs to lower class , upper and upper middle class had 0.9 & 0.8 times higher chances of having adolescent with anxiety followed by lower middle & middle(add OR 0.8vs 0.5) respectively.

Table: 68**Caste and stress among adolescents using multinomial logistic regression.**

Caste	Rural	Urban	Total	P value	OR	Adj OR	95% CI
General merit	3 (3.8%)	6 (10.3%)	9 (6.6%)	.008*	1.261	3.527	.987-12.6
OBC	32 (40.5%)	35 (60.3%)	67 (48.9%)		.879	2.409	.994-5.8
Schedule caste	31 (39.2%)	15 (25.9%)	46 (33.6%)		.448	1.566	.623-3.9
Schedule tribe	13 (16.5%)	2 (3.4%)	15 (10.9%)				
Total	79 (100%)	58 (100%)	137 (100%)				

From the above table it is observed that out of 137 study subjects who had stress when subjected to multinomial logistic regression. With respect to adolescents who belongs to scheduled tribe , general merit category had 3.5 times higher chances of having adolescent with stress followed by OBC & scheduled caste(add OR2.4vs 1.5) respectively.

Table: 69**Familial problems and anxiety among study subjects using multinomial logistic regression.**

Status of parents	Rural	Urban	Total	P value	OR	Adj OR	95% CI
Living with single parent	21 (26.6%)	20 (34.5%)	41 (29.9%)	.057*	2.092	8.105	2.732- 24.04
Living with no parent	10 (12.7%)	1 (1.7%)	11 (8.0%)		3.955	52.212	3.604- 756.4
Living with both the parents	48 (60.8%)	37 (63.8%)	85 (62.0%)				
Total	79 (100%)	58 (100%)	137 (100%)				

It is observed that out of 137 study subjects who had stress and when subjected to multinomial logistic regression .With respect to adolescents parents who had no problems, the adolescents who are living with no parents had 52 times higher chances of having stress when compared to a child living with single parent(add OR8.1).

Table: 70

Scholastic performance and stress among study subjects using multinomial logistic regression.

Scholastic performance in the recent examination	Rural	Urban	Total	P value	OR	Adj OR	95% CI
>85%	10 (12.7%)	17 (29.3%)	27 (19.7%)	0.08	-.021	.979	.323-2.9
60-85%	24 (30.4%)	17 (29.3%)	41 (29.9%)		-.616	.540	.191-1.5
35-60%	25 (31.6%)	16 (27.6%)	41 (29.9%)		-.555	.574	.208-1.5
<35%	3 (3.8%)	0 (0.0%)	3 (2.2%)		- 1.602	.201	.033-1.2
Fail	17 (21.5%)	8 (13.8%)	25 (18.2%)				
Total	79 (100%)	58 (100%)	137 (100%)				

From the above table it is observed that out of 137 adolescents who had stress and when subjected to multinomial logistic regression .With respect to adolescents who failed in the recent two exams , the adolescents who scored distinction had 0.9 times higher chances of having stress followed by the adolescent who scored first & second class(add OR 0.5)respectively.

DISCUSSION

The term ‘psychosocial’ refers to the interplay between the biological, physiological, emotional, cognitive, social, environmental and the maturational factors. Each of these factors should be considered when the problems and the needs of the adolescents are evaluated. A cross sectional study of psychosocial problems among adolescents was carried out in rural and urban areas of Kolar taluk. Five hundred and twenty school and college going adolescents were studied.

In the present study it was surprisingly found that around 65% of the study subjects had psychosocial problems, the prevalence being very high is an alarming sign to take necessary steps in identifying, treating, counselling the adolescents and helping them to stay mentally healthier.

In various studies done across India, there is a wide variation in the prevalence of psychosocial problems (18 to 46%). A study done by Jain et al⁸⁰ at Uttar Pradesh on adolescents showed higher similar prevalence of psychosocial problems (45%).

Prevalence of psychosocial problems:

Various school based studies indicated that around 18 to 45 % of the adolescent population suffered from psycho social problems.^{1,31,32,80} In the present study it is observed that the overall prevalence of psychosocial problems was found to be 65.2% which was very high when compared to other studies in India.

Psychosocial problem and age:

In the present study it is observed that the overall prevalence of depression was found to be 49.8% and there was not much difference in depression in different

age groups, however early and mid-adolescence had more depression and the prevalence declined as age advanced. This is similar to observation made by Mishra et al and Ajay Kumar et al in their studies on adolescents.^{33,34} Where as Sharma et al observed that depression increases with age and is more in late adolescence unlike in the present study.³²

In the present study it is noted that the overall prevalence of anxiety was 65.2% and it was more in early adolescence (36.5%), and declined as age advanced. This is similar to observation made by Ajay Kumar et al in a study conducted at Jamshedpur.³⁴

Psychosocial problem and gender:

The present study showed the higher prevalence of psycho social problems among girls (57.1%) compared to boys (42%). Similar results were made in the studies conducted by Rambha et al, (24.8% vs 19.7%)³⁹ and Graber et al⁴¹(25% vs 20%) for boys and girls respectively. While Anita gaur et al³⁸, noted higher incidence of psychosocial problems among boys than in girls (18.3% vs 14%), Sharma et al,³² noted 48% vs 26% and Deb S et al³⁷, 20%vs 17.9% respectively.

Psychosocial problem and social class:

The present study showed higher prevalence of psycho social problems among other backward class (51.7%), while Anita gaur et al, in their study observed the incidence to be higher among scheduled caste (18.4%)³⁸.

Psychosocial problem and problem family:

The present study showed that majority of the study subjects had no problems in the family (88.3%). Only 12.7% had psychosocial problems and had loss of

parent in the family, the problem being higher in rural than urban area (12.8%vs10.7%).

While Bansal V et al, observed that 17.3% adolescents were getting mental distress with loss of parent.³⁶

Psychosocial problem and place of residence:

The present study showed that higher prevalence of psychosocial problems in rural than urban area i.e; in depression (54.8% vs 49.4%) and in anxiety (54%vs 74.4%) respectively for urban and rural areas. In contrast to the above finding in the present study stress was seen more common in urban area than in rural area (30.5% vs 22%) respectively. Similar findings were found in a study done by shiferaw et al,⁴⁰ demonstrating higher prevalence of psychosocial problems among adolescents of rural area compared to the urban area (61.6%vs 53.6%). While Sharma et al,³² noted higher prevalence of psychosocial problems among adolescents of urban area when compared to rural areas (46.5%vs34.5% respectively).

Psychosocial problem and Socio economic status:

The present study showed higher prevalence of psychosocial problems among adolescents belonging to class III and class II socio-economic strata (33% v/s 30%). Similarly Manmet Kaur et al,⁴² noted that socio- economic status of class III had 4.2% prevalence of psychosocial problems among adolescents, while Sanjiv basin et al, ⁴³in their studies observed no significant difference in the prevalence of psychosocial problems among adolescents belonging to different classes of socio economic status.

Psychosocial problem and type of family:

The present study showed that higher prevalence of psychosocial problems among adolescents belonging to three generation and joint family(64.1%) and it was more in urban when compared to rural area. Similarly Nagendra KN et al⁴⁴ noted 40.1% incidence, Anita gaur et al, observed higher incidence of psychosocial problems among adolescents belonging to nuclear families (17.3%) compared to joint families (15.8%). Sanjiv basin et al,⁴³ in his study on adolescents and psychosocial problems found no significant association of psychosocial problems with type of family.

Psychosocial problem according to birth order and number of siblings:

In the present study the study subjects whose birth order was two had higher psychosocial problems (41.3%). While Anita gaur et al,³⁸ observed that no significant association of psychosocial problems with birth order.

The present study found that the psychosocial problems were more among children with no siblings (32.1%). Similarly Nirmalaya manna et al,⁴⁵ in Kolkata observed significant association with absence of sibling.

Psychosocial problem and residing status of the adolescents:

In the present study the psychosocial problems were higher among adolescents who stayed in home (74.5%) compared to who stayed in hostels (25.5%). While Aradhya GH et al, observed higher psychosocial problems among adolescents whom who stayed in hostel than home.⁵²

Psychosocial problem and academic performance:

In the present study the psychosocial problems were more among adolescents who scored first class (36%) than those who scored second class and pass

percentage. While Havas J et al,⁴⁶ observed that adolescents with low academic performance had higher mental health problems.

Psycho social problems and depression:

Various studies conducted by different author's demonstrated varying prevalence of depression among adolescents ranging from 0.37% in a study done by Anita Gaur et al³⁸ to 70.7% in the study conducted by Manmeet Kaur Saudi et al.⁴²

In the present study it was found that the prevalence of depression among adolescents was 49.8% most (21.5%) of them had moderate depression, 9.4% of adolescents had severe depression and only 2% of them had very severe depression. Similarly a study by Nagendra KN et al,⁴⁴ observed 57.7% had depression among which moderate was more than mild and severe. Deb S et al³⁷ conducted a study in Pune observed very high prevalence of mild (74.5%), moderate (28.2%) and severe (25%) depression than the present study. Mumtaz NS et al⁵⁴ observed that nearly 27% of the adolescents had depression as the psychosocial problem.

Psycho social problems and anxiety:

In the present study it was observed that the prevalence of anxiety among adolescents was very high (65%) and majority of them had moderate anxiety (23.4%), followed by mild anxiety (15.3%). Alarming, 12.6% of the adolescents had very severe anxiety and 13.6% of them had severe anxiety which calls for immediate attention. In a study done by Sadichoo S et al,³⁰ observed that adolescents had mild (5.4%), moderate (12.3%) severe (1.5%) and very severe (5.2%) anxiety respectively showing the lower levels of severe anxiety among adolescents compared to the findings in the present study. Nirmalaya manna et al⁴⁵ at Kolkata observed that 19.2% had anxiety among which mild (15%) and moderate (39.9%) anxiety levels showing the moderate anxiety levels to be high as in the present study.

Similar findings were observed by Mumtaz NS et al⁵⁴ where the prevalence of anxiety was 60.76%. In contrast to the present study, Gayathri Hamanth Aradhay et al⁵² and Annes A et al¹ noted that only 1% and 3.8% of the studied adolescents had anxiety respectively.

Psycho social problems and stress:

Prevalence of stress among adolescents in the present study was found to be 26.4% among them majority had moderate stress (12.5%) followed by mild stress (10.9%). Only 0.3% of them were suffering from very severe stress. A study conducted at Ranchi city by Sadichoo S et al³⁰ had noted that adolescents had mild (7.1%), moderate(6%), severe(5.5%) and very severe(2.5%) stress levels , very severe stress levels being higher in the present study than other studies. Studies conducted by Dubat K et al⁷²(47.5%) and Rupali R et al⁷³(15.7%) showed higher levels of stress among adolescents compared to the present study.

SUMMARY

A prevalence study of psychosocial problems among adolescents was carried out in urban and rural areas of Kolar taluk. Five hundred and twenty study subjects were studied (218 boys and 302 girls) using mental health scales like GHQ12 and DASS 21. The adolescents were studied by visiting them in the private and government schools and colleges at urban and rural areas. Majority of the studied adolescents belonged to lower socio economic status group (43%), Hindu religion (94.2%), and OBC category (46.1%). Around 31.7% of the adolescents' father were illiterates and were skilled worker by occupation (37%). Majority of them belonged to joint and three generation families (62.4%) and 41.9% of the studied adolescents had one sibling. Around 9.4% of the children were living with single parent, nearly 10.4% of the adolescent parents were alcoholics and 12.3% were smokers. Around 36.3% of them scored first class percentage in the previous two tests and majority of the study subjects stayed at home (79.6%) and only 20.3% of them stayed in hostel.

A total of 520 adolescents were interviewed using GHQ-12 questionnaire and the means of the positively worded items(i.e, items 1,3,4,7,8 and 12) was 4.76 whereas mean for negatively worded items(i.e, items 2,5,6,9,10 and 11) was 1.74. The prevalence of mental distress was found to be 43.2% and it was more in rural (56.3%) than urban area (43.3%) respectively.

Using DASS 21 scale, it was found that 49.9% of them had depression among which 21.5% of the study subjects had moderate followed by mild(16.1%), severe (9.4%) and very severe(2.1%). Mild depression was more in urban area (17.9%) when compared to rural areas and very severe was also more in urban area (3.4%), the difference in the depression level being statistically significant. Depression was

more common among females, mid adolescents however the difference was significant statistically.

Nearly, 65.2% of them had anxiety and majority (23.4%) of them had moderate anxiety. Only 12.6% of them had very severe anxiety. Mild and moderate anxiety was more in urban area (26.3% & 27.4%) when compared to rural area (4.2% & 19.3%) respectively where as severe anxiety was more in urban area (17.4%), the difference in anxiety was statistically significant. Anxiety was more common among females, mid adolescents, however the difference was not statistically significant. 51% of the study subjects belonged to OBC category had anxiety and nearly 39.3% and 59.3% of them were residing in and this difference in anxiety in different caste was significant statistically.

Around 137 adolescents had stress and majority 43.1% of the study subjects belonged to class IV socioeconomic status had stress and 29.9% of the adolescents scored first class and second class in last two tests and nearly 30.4% and 29.3% of them were residing in rural and urban area, however the difference in scholastic performance was not significant statistically.

CONCLUSION

The study concludes that significant proportion of adolescents are suffering from psychosocial problems like depression, anxiety and stress and the factors influencing these are mainly modifiable.

Low socioeconomic status, social problems like smoking and alcohol, death of parents, no siblings, poor academic performance, caste (OBC & scheduled caste), and occupational status of father plays an important role in the occurrence of depression, anxiety and stress.

LIMITATIONS

This cross sectional study conducted on school and college going adolescents to study the prevalence and factors influencing the psychosocial problems. The prevalence of depression, anxiety and stress but not all the psychosocial problems and factors influencing the psychosocial problems are studied.

The Study recommends in depth study to explore the prevalence of all psychosocial problems among adolescents and factors influencing them.

RECOMMENDATIONS

There is a need for in depth study among adolescents at Kolar regarding the burden of various psychosocial problems, factors influencing them and consequences of these problems.

Establishment of counselling unit at school, stress on mental health checkup component in the regular examination, which is done periodically in schools.

The existing framework of Adolescent Reproductive and Sexual Health needs to be strengthened to explore the burden of psychosocial problems among adolescents and its management.

BIBLIOGRAPHY

1. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. IJCM 2007;32:219-21.
2. Arumugam B, Rajendran S, Nagalingam S. Mental health problems among adolescents and its psychosocial correlates. Indian Journal of research 2013;2:284-85.
3. UN Children's Fund (UNICEF). The State of the World's Children [Internet]. 2012 [cited 2013 Nov 13]. Available from: <http://www.refworld.org/docid/4f7c6b8f2.html>
4. Adolescents comprise 19% of Karnataka's population. Times of India. Bangalore Ed. [Internet]. 2013 [cited 2013 Nov 14]. Available from: <http://epaper.timesofindia.comDefaultClient.aspxskin=pastissues2&enter=Low Level>.
5. MOHFW. Orientation guide for medical officers to provide adolescent friendly reproductive and sexual health services IEC division. [Internet]. 2012 [cited 2013 Nov 14]. Available from: MOHFW Government of India Website:<http://nrhm.gov.in/about-nrhm/guidelines/nrhm-guidelines/adolescent-reproductive-and-sexual-health-arsh.html>.
6. Chaturvedi S, Kapil U, Gnanasekaran N, Sachdev HPS, Pandey RM, Bharti T. Nutrient Intake amongst adolescent girls belonging to poor socioeconomic group of rural area of Rajasthan. Indian Pediatr 1996;33:197-01.

7. Planning Commission, Government of India. Report of the Working Group on adolescents for the Tenth Five Year Plan. 2002: http://planningcommission.gov.in/aboutus/committee/strgrp/stgp_woman.pdf
8. Bezbaruah S, Janeja MK. Adolescents in India: A Profile. Inter-Agency Working Group - Population & Development (IAWG – P&D); 2000 Sep;1-5.
9. United Nations (UN): Department of Economic and Social Affairs, World Population Prospects: The 2008 revision. Available from: URL: http://www.un.org/esa/population/publications/wpp2008/wpp2008_highlights.pdf.
10. International Institute for population sciences (IIPS) and Macro international. 2007. National Family Health Survey (NFHS-3), 2005-06: Volume I Mumbai: IIPS
11. The World Health Report 2001, Mental Health: New Understanding, New Hope. Geneva, World Health Organization;2001:39-44.
12. Reproductive and Child Health: [cited 2014 Feb 14]. Available from: <http://mohfw.nic.in/index3> http://www.nhp.gov.in/reproductive-maternal-newborn-child-and-adolescent-health_pg
13. Sneha clinic: [cited 2014 May 14]. Available from: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rsk/afhcs/background.html>

14. Adolescent Reproductive and Sexual health: [cited 2014 Feb 14]. Available from: www.ihmp.org/arsh_report.html
15. Kishore J. National Health Programmes of India. District mental health programme, 10th edition, 2013. Century publication, New Delhi;488-94.
16. Sadock VA, Sadock BJ. Kaplan and Sadock's Comprehensive textbook of Psychiatry. 7th ed.Philadelphia, USA: Lippincot Williams and Wilkins Publishers;2000:2903-954.
17. Pratt HD.Principles of psychosocial assessment of adolescents. Indian J Pediatr. 2000;70:775-79.
18. Son SE, Kirchner JT. Depression in children and adolescents. [Review] [30 refs]. American Family Physician. 2000;62:2297-308.
19. Neinstein LS. Adolescent health care: A practical guide. 4th ed.Philadelphia: Lippincott Williams and Wilkins; 2002.
20. National Council of Education and Research Training (India). Growth and Development of Adolescents. New Delhi; NCERT 1992;10-16.

21. Ghai OP. Text book of Pediatrics. Adolescent Health and Development. 19th ed, 63.
22. Nelson. Text book of Pediatrics. Adolescent Growth and Development. 19th ed, vol (1) 27- 33.
23. IAP. Text book of Pediatrics. Adolescent nutrition and psychology. 4th ed, vol (2) 1180- 81.
24. Ghai OP. Text book of Pediatrics. Adolescent Health and Development. 19th ed, 63-67.
25. IAP. Text book of Pediatrics. Adolescent Care. 4th ed, vol (2) 1183.
26. Adolescent Reproductive Health Policy Project. 2003 Jan. Available from: http://www.policyproject.com/pubs/countryreports/ARH_India.pdf
27. Gupta P. Textbook of preventive and social medicine.3rd ed. New Delhi: CBS Publishers & Distributors Pvt. Ltd.; 2010:424-42.
28. WHO 10 facts on adolescent health. 2008 Sep. Available from: http://www.who.int/features/factfiles/adolescent_health/en/index.html
29. Singh J. Health of the adolescent girls in slum areas at Lucknow. Thesis submitted for M.D in Community Medicine, KGMU University, Lucknow: 1999.
30. Sahoo S, Khess CRJ. Prevalence of Depression, Anxiety, and Stress Among Young Male Adults in India. J Nerv Ment Dis 2010;198(12):901–4.

31. Bhosale S, Singru SA, Khismatrao D. Study of psychosocial problems among adolescent students in Pune India. *Al Ameen J Med Sci* 2015;8:150-55.
32. Sharma A, Luthra M, Mishra P. Psychosocial problems of adolescents: influence of age , sex & area of residence. *Journal of Advance Researches in Biological Sciences* 2014;6(2):130–3.
33. Mishra A, Sharma AK. Clinico social study of psychiatric morbidity in 12 to 18 years school going girls in urban Delhi. *Indian J Community Med* 2001;26(2):71-82.
34. Bakhla AK, Sinha P, Sharan R, Binay Y, Verma V, Chaudhury S. Anxiety in school students: Role of parenting and gender. *Ind Psychiatry J* 2013;22(2):131–7.
35. Nair MKC, Paul MK, John R. Prevalence of depression among adolescents. *Indian J Pediatr* 2004;71(6):523–4.
36. Bansal V, Goyal S, Srivastava K. Study of prevalence of depression in adolescent students of a public school. *Ind Psychiatry J* 2009;18(1):43–6.
37. Deb S, Chatterjee P. Anxiety among high school students in India: comparisons across gender, school type, social strata, and perceptions of quality time with parents. *Aust J* 2010;10:18–31.

38. Anita Gaur DR, Vohra AK, S Subash, Khurana H. Prevalence of Psychiatric Morbidity Among 6 to 14 yrs old Children. Indian Journal of Community Medicine 2003;133–7.
39. Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK, Goel NK. Behavioural and emotional problems in school going adolescents. Australas Med J 2011;4:15–21.
40. Solomon S, Mesganaw F, Abeba B. Psychosocial problems among students in preparatory school, in Dessie town, north east Ethiopia. Ethiop J Heal Dev 2006;20:47–54.
41. Graber J.A, Sontag L.M. Internalizing problems during adolescence. In:R.M.Lerner L. Steinberg, Handbook of adolescent psychology (2009);3:642.
42. Sodhi MK, Chhabra GS, Goel S. Psycho-socio-demographic correlates of school problems in adolescent males in Amritsar district of Punjab. 2012;3(1):10–5.
43. Bhasin SK, Sharma R, Saini NK. Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study. Indian J Pediatr 2010;77(2):161–5.
44. Nagendra K, Sanjay D, Gouli C, Kalappanavar N.K. Prevalence and association of depression and suicidal tendency among adolescent students. Int J Biomed Adv Res 2012;3:770–4.

45. Manna NS. A Study on psychological assessment of adolescent girls in rural schools of westbengal. GJMEPH 2014;13:32-7.
46. Havas J, Bosma H, Spreeuwenberg C, Feron FJ. Mental health problems of Dutch adolescents: the association with adolescents' and their parents' educational level. European Journal of Public Health 2010;20(3):258-64.
47. Reeva A. Recognizing and treating anxiety and depression in adolescents. Med Clin N Am 2000;84:891-903.
48. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th edition).Arlington, VA: Author.
49. Institute for Health Metrics and Evaluation (2013). The Global Burden of Disease: Generating Evidence, Guiding Policy. Seattle, WA: IHME. Retrieved September 19, 2013, from [http:// allafrica. com/ download/ resource/main/main/ idatcs/ 00060478 : d5f517b09653cf7b5bed47287bed1dae.pdf](http://allafrica.com/download/resource/main/main/يداتس/00060478:d5f517b09653cf7b5bed47287bed1dae.pdf)
50. Steinberg LD. Adolescence. 5th ed. New York: McGraw –Hill.
51. Gati, I., & Saka, N. (2001). High school students career related decision-making difficulties. Journal of Counseling and Development 79;3:331-40.
52. Aradhya GH. Psychosocial morbidities in school going adolescent girls: a study from a South Indian city. J Clin Diagn Res 2013;7(4):684–6.

53. Kumar V, Kumar S. Depression , Anxiety and Stress among the Indian and Iranian Students. *Psychology*. 2009;1:33–7.
54. Mumtaz NS. Psychosocial problems of adolescents at higher secondary level. *GJBSS* 2014;2:252-57
55. Al RA, Abdel-rasoul GM, Mohamed OA, Mohamed NR, Ibrahim RA. Prevalence of depression, anxiety and obsessive – compulsive disorders among secondary school students in Menoufia. 2013;44–8.
56. Deb S, Walsh K. Anxiety amongst High School Students in India. *Australian Journal of Educational and Developmental Psychology* 2010;10:18–31.
57. Srinath S, Girimaji SG, Gururaj G, Seshadri S, Subbakrishna DK, Bhola P, Kumar N. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian J Med Res* 2005;122:67–79.
58. Deb S. (2001, October). A study on the negative effects of academic stress. Paper presented at the International Seminar on Learning and Motivation, Kedah Darul Aman, Malaysia.
59. Barlow, D. H. (2002). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, 55, 1247-1263.

60. Hartley CA, Phelps EA. (2012). Anxiety and Decision-Making. *Biological Psychiatry* 72:113-18.
61. Srinivasa S, Chaithanya C. Nair, Ravindra L. S. “A Study on Prevalence of Anxiety Disorders among Higher Secondary School Students”. *Journal of Evolution of Medical and Dental Sciences* 2015;4:473-78.
62. Marilyn J. Hockenberry , David Wilson. WONG’S essentials of Paediatric Nursing. 8th edition. New Delhi: Mosby publications;2011.
63. Available from: http://www.stageoflife.com/StageHighSchool/OtherResources/statistics_on_High_School_Students_and_Teenagers.asp.
64. Arun P, Chavan BS: Stress and suicidal ideas in adolescent students in Chandigarh. *Indian J Med Sci* 2009;63(7):281-87.
65. Dhuria M, Sharma N, Taneja DK, Kumar R, Ingle GK: Assessment of mental health status of senior secondary school children in Delhi. *Asia-Pac J. Public Health* 2009;21(1):19-25.
66. Chhabra GS, Sodhi MK: Factors Contributing to Psycho-Social Ill-Health in Male Adolescents. *Online J Health Allied Scs* 2011;10(3):2.
67. What do children worry about? : A fact sheet for Teachers and Parents. Available _____ at:

http://www.nahec.org/KidsPoll/what_kids_worry_about/KidsPoll_Worries_Teacher_Handout.pdf

68. Monteiro R, Sebastian KV, Ashok L. Parental pressure, present educational system and their impact on adolescents. Health Action 2010 Jul;22-4.
69. Malik PR, Balda S. High IQ adolescents under stress: do they perform poor in academics. Anthropologist 2006;8(2):61-2.
70. Hindu. Concern over high stress levels among students. Monday, Feb 24;2003.
71. Elizabeth S. Stress Management. Be mindful of stress relief. Oct 2007: Available from <http://stress.about.com/>.
72. Dubat K, Punia S, Goyal R. A Study of Life Stress and Coping Styles among Adolescent Girls. Hum Dev 2007;14(2):191-4.
73. Roy R, Mukherjee S, Chaturvedi M, Agarwal T, Kannan AT. J Indian Assoc.child adloesc.Ment.Health 2014;10(3):150-66.
74. Tavafian SS, Aghamolaei T. Mental Health of High School Students in Bandar Abbas, Iran : A Cross- Sec- tional Study.1(4):201-3.
75. Sofie Karlsen B. Relationships between Social Anxiety and Mental Health Problems in Early Adolescents from Different Socioeconomic Groups: Results from a Cross-sectional Health Survey in Norway. J Psychol Abnorm Child 2014;03:03.

76. Aggarwal S, Prabhu HRA, Anand A, Kotwal A. Stressful life events among adolescents: The development of a new measure. Indian J Psychiatry 2007 Oct 16;49:96-02.
77. Sidhu TK. Evaluation of psychiatric morbidity in adolescents in Patiala District, Punjab. Indian J Community Heal 2012;24(1):63–6.
78. Sharma V. Depression Among Adolescents in Relation to Their Academic Stress. 2014;(May):183–5.
79. Hussain A, Kumar A, Hussain A. Academic stress and adjustment among high school students. Journal of the Indian Academy of Applied Psychology 2008;34:70-3.
80. Jain V, Singh M, Muzammil K, Singh JV. Prevalence of psychosocial problems among adolescents in rural areas of District Muzaffarnagar, Uttar Pradesh. Ind J Comm Health 2014;26(3):243-48.
81. Muzammil K, Kishore S, Semwal J. Prevalence of psychosocial problems among adolescents in district Dehradun, Uttarakhand. Indian Journal of Public Health 2009;53(1):18-21.
82. Kolar district. Available at www.kolar.nic.in/
83. Kolar district. Available at www.schooleducation.kar.nic.in

84. Goldberg D.P, Hillier V.F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9, 139-45.
85. Goldberg, D., & Williams, P. (1988). A user's guide to the General Health Questionnaire. Windsor, UK: NFER-Nelson.
86. Lovibond SH, Lovibond PF. Manual for the Depression Anxiety Stress Scales. Sydney: Psychology Foundation; 1995.
87. Lovibond PF. Long-term stability of depression, anxiety, and stress syndromes. *J Abnorm Psychol*. 1998;107(3):520-26.
88. Baharudin R. Using the 12 item GHQ to assess the psychological health of Malaysian students. *GJHS* 2010;2:73-80.
89. Park K. Park's Textbook of Preventive and Social Medicine 23rd Edition, Jabalpur, Banarsidas Bhanot Publishers, 2015.
90. Kuppuswamy B. Manual of socioeconomic status (urban). Delhi: Manasayan;1981.
91. Sharan Kumar H, Santosh A. Socioeconomic status scales- An update. *Annals of community Health*. 2013;1:24-27.

92. Press information Bureau, Govt of India. Ministry of Labour and employment, 2012. <http://pib.nic.in/newsite/erelease.aspx?relid=84958>

ANNEXURE-I

PROFORMA

A STUDY OF PSYCHOSOCIAL PROBLEMS AMONG THE ADOLESCENTS AT KOLAR.

PART-I SOCIO-DEMOGRAPHIC PROFILE

Instructions: a) Kindly answer all questions b) encircle the options that you feel is correct

Name:

Age:

Sex 1] Male 2] Female

Class/Std:

Caste: 1] ST 2] SC 3] OBC 4] GM

Religion: 1] Hindu 2] Muslim 3] Christian 4] Others

Postal Address:

Socio Economic Status = BPL/APL 1] Yes 2] No

Name	Education	Occupation
Total income of the family		

What is your birth order? 1]1 2]2 3]3 4]4

Number of siblings in your family? 1]0 2]1 3]2 4]3 5]4 6]>4

Does your family has any one of the following problems

1] Death of parents 2] divorce

Does your family has any one of the following problems

1] Smoking 2] Alcohol 3] Unemployment 4] Drug addiction 5] Gambling

Where are you staying?

1] Hostel 2] Home

What is the type of family?

1] Nuclear 2] Joint 3] Three generation

What was the percentage in the previous class?

1] Distinction 2]1st class 3] 2nd class 4] pass 5] Fail

PROFORMA

ವಿಷಯ:- ಕೋಲಾರದಲ್ಲಿ ಶಾಲೆಗೆ ತೆರಳುತ್ತಿರುವ ಹದಿಹರೆಯದ ಮಕ್ಕಳಲ್ಲಿ ಕಂಡುಬರುವ ಮಾನಸಿಕ ಹಾಗೂ ಸಾಮಾಜಿಕ ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಸಂಶೋಧನೆ

ಗಮನಿಸಿ:- ಅ) ಎಲ್ಲಾ ಪ್ರಶ್ನೆಗಳಿಗೂ ಉತ್ತರಿಸಿರಿ:

ಆ) ನಿಮಗೆ ಸರಿ ಎಂದೆನಿಸುವ ಆಯ್ಕೆಯನ್ನೂ ವೃತ್ತಾಕಾರದ ಮೂಲಕ ಗುರುತಿಸಿ:-

ಹೆಸರು:-

ವಯಸ್ಸು:-

ಲಿಂಗ:- ೧) ಗಂಡು ೨) ಹೆಣ್ಣು

ತರಗತಿ:

ಜಾತಿ:-

(೧) ಪರಿಶಿಷ್ಟ ಜಾತಿ (೨) ಪರಿಶಿಷ್ಟ ವರ್ಗ (೩) ಇತರೆ (೪) ಸಾಮಾನ್ಯ ವರ್ಗ

ಧರ್ಮ (೧)ಹಿಂದು (೨) ಮುಸ್ಲಿಂ (೩) ಕ್ರಿಸ್ತ (೪) ಇತರೆ

ವಿಳಾಸ:-

ಬಿ.ಪಿ.ಎಲ್/ಎ.ಪಿ.ಎಲ್ ಪಡಿತರ ಚೀಟಿ

ಹೆಸರು	ಕಲಿಕೆ	ಕೆಲಸ
ಕುಟುಂಬದ ಒಟ್ಟು ಆದಾಯ		

ನೀವು ನಿಮ್ಮ ಹೆತ್ತವರಿಗೆ ಎಷ್ಟನೇ ಮಗು?

ನಿಮಗೆ ಎಷ್ಟು ಜನ ಸಹೋದರ/ಸಹೋದರಿಯರಿದ್ದಾರೆ?

ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಈ ಕೆಳಗೆ ನಮೂದಿಸಿರುವ ಯಾವುದಾದರೂ ಸಮಸ್ಯೆಗಳಿವೆಯೇ.

(೧) ತಂದೆ/ತಾಯಿಯ ಮರಣ

(೨) ವಿಚ್ಛೇದನ

(೩)

ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಈ ಕೆಳಗೆ ನಮೂದಿಸಿರುವ ಯಾವುದಾದರೂ ಸಮಸ್ಯೆಗಳಿವೆಯೇ.

ನೀವು ಎಲ್ಲಿ ವಾಸವಾಗಿರುತ್ತೀರಿ?

ನಿಮ್ಮದು ಯಾವ ರೀತಿಯ ಕುಟುಂಬ.

ಹಿಂದಿನ ತರಗತಿಗಳಲ್ಲಿ ನಿಮ್ಮ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟ ಬೆಳವಣಿಗೆ/ಉನ್ನತಿ ಹೇಗಿತ್ತು?

ANNEXURE: II

GENERAL HEALTH QUESTIONNAIRE-12

Have you recently (1=Yes, 2=No)

1. Been able to concentrate on whatever you are doing (Y/N)
2. Lost much sleep over worry (Y/N)
3. Felt that you are playing a useful part in things (Y/N)
4. Felt capable of making decisions about things (Y/N)
5. Felt constantly under strain (Y/N)
6. Felt you couldn't overcome your difficulties (Y/N)
7. Been able to enjoy your normal day to day activities (Y/N)
8. Been able to face up your problems (Y/N)
9. Been feeling unhappy and depressed (Y/N)
10. Been losing confidence in yourself (Y/N)
11. Been thinking of yourself as a worthless person (Y/N)
12. Been feeling reasonably happy, all things (Y/N)

General Health Questionnaire-12

Have you recently (1=Yes, 2=No)

ನಿಮಗೆ ಇತ್ತೀಚಿನ ದಿನಗಳಲ್ಲ:-

1. ನೀವು ಮಾಡುತ್ತಿರುವ ಕೆಲಸ ಕಾರ್ಯಗಳಲ್ಲಿ ಗಮನವಿಡಲು ಸಾಧ್ಯವಾಗುತ್ತಿದೆಯೇ?
2. ಯೋಚನೆಗಳಿಂದಾಗಿ ಅಧಿಕವಾಗಿ ನಿದ್ರೆ ಕಡಿಮೆಯಾಗಿದೆಯೇ
3. ಯಾವುದೇ ವಿಷಯದಲ್ಲಿ ಉಪಯುಕ್ತವಾದ ಪಾತ್ರವನ್ನು ವಹಿಸುತ್ತಿರುವರೆಂದು ನಿಮಗನಿಸುತ್ತಿದೆಯೇ.
4. ಯಾವುದೇ ವಿಷಯದಲ್ಲಿ ನಿರ್ಧಾರ ತೆಗೆದುಕೊಳ್ಳುವ ಸಾಮರ್ಥ್ಯ ಇದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ.
5. ಯಾವಾಗಲೂ ಒತ್ತಡದಲ್ಲಿರುವ ಹಾಗೆ ಅನಿಸುತ್ತಿದೆಯೇ.
6. ನಿಮಗೆ ಒಂದೊಂದಿಗಿರುವ ಕಷ್ಟಗಳಿಂದ ಹೊರಗೆ ಬರಲು ಅನಿಸುತ್ತಿದೆಯೇ
7. ನಿಮ್ಮ ದೈನಂದಿನ ಚಟುವಟಿಕೆಗಳನ್ನು ಲವಲವಿಕೆಯಿಂದ ಮಾಡಲು ಸಾಧ್ಯವಾಗುತ್ತಿದೆಯೇ.
8. ನಿಮ್ಮ ಕಷ್ಟಗಳನ್ನು ಎದುರಿಸಲು ನಿಮಗೆ ಸಾಧ್ಯವಾಗುತ್ತಿದೆಯೇ.
9. ದುಃಖಿತರಾದಂತೆ ಅಥವಾ ಮಾನಸಿಕ ಖಿನ್ನತೆಗೆ ಒಳಗಾದಂತೆ ಅನಿಸಿದೆಯೇ.
10. ನಿಮ್ಮ ಮೇಲೆ ನಿಮಗೆ ಆತ್ಮಸ್ಥೈರ್ಯ ಕಡಿಮೆಯಾಗಿದೆಯೇ.
11. ನೀವು ಅಪ್ರಯೋಜನಕಾರಿಯೆಂದು ನೀವು ಯೋಚಿಸಿರುವಿರೇ.
12. ಎಲ್ಲಾ ವಿಷಯದಲ್ಲೂ ಕಾರಣವಿದ್ದೇ ಖುಷಿಪಟ್ಟಿರುವಿರೇ.

(೧)ಸಾಮಾನ್ಯ ಆರೋಗ್ಯ ಪ್ರಶ್ನಾವಳಿ ಹದಿಹರಿಯದವರು ಆರಕ್ಕಿಂತ ಕಡಿಮೆ ಅಂಕ ಪಡೆದವರಲ್ಲಿ ಅವರನ್ನು ಸಾಮಾನ್ಯ ಹದಿಹರಿಯವುಳ್ಳವರು ಎಂದು ಪರಿಗಣಿಸಲಾಗುವುದು

(೨)ಸಾಮಾನ್ಯ ಆರೋಗ್ಯ ಪ್ರಶ್ನಾವಳಿ ಹದಿಹರಿಯದವರು ಆರಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಂಕ ಪಡೆದವರಲ್ಲಿ ಅವರನ್ನು ಮಾನಸಿಕ ತೊಂದರೆಗೆ ಒಳಪಟ್ಟಿರಬಹುದೆಂದು ಪರಿಗಣಿಸಲಾಗುವುದು

ANNEXURE: III

DEPRESSION ANXIETY AND STRESS SCALE [DASS-21]

0=Did not apply to me at all

1=Applied to me to some degree for some of the time

2= Applied to me to a considerable degree or for a good part of time

3=Applied to me very much or most of the time

1. I found it hard to wind down (0/1/2/3)

2. I was aware of dryness of my mouth (0/1/2/3)

3. I couldn't seem to experience any positive feelings at all (0/1/2/3)

4. I experienced breathing difficulty [eg: breathlessness or excessive rapid breathing in the absence of physical exertion (0/1/2/3)

5. I found it difficult work up the initiative to do things (0/1/2/3)

6. I tended to overact to the situation (0/1/2/3)

7. I experienced trembling [eg: in the hands] (0/1/2/3)

8. I felt that I was using a lot of nervous energy (0/1/2/3)

9. I was worried about the situations in which I might panic and make a fool of myself (0/1/2/3)
- 10) Felt that I had nothing to look forward to (0/1/2/3)
11. I found myself getting agitated (0/1/2/3)
12. I found it difficult to relax (0/1/2/3)
13. I felt down hearted and blue (0/1/2/3)
14. I was intolerant of anything that kept me from getting on with what I was doing (0/1/2/3)
15. I felt I was close to panic (0/1/2/3)
16. I was unable to become enthusiastic about anything (0/1/2/3)
17. I felt that I wasn't worth much as a person (0/1/2/3)
18. I felt that I was rather touchy (0/1/2/3)
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat (0/1/2/3)
20. I felt scared without any good reason (0/1/2/3)
21. I felt life was meaningless (0/1/2/3)

Severity of DASS 21

	Normal	Mild	Moderate	Severe	V. Severe
Depression	0-9	10-13	14-20	21-27	28+
Anxiety	0-7	8-9	10-14	15-19	20+
Stress	0-14	15-18	19-25	26-33	34+

Depression Anxiety and Stress Scales[DASS-21]

ಇದು ನಿಮಗೆ ಅನ್ವಯಿಸುತ್ತಿಲ್ಲ

1. ಇದು ನನಗೆ ಸ್ವಲ್ಪ ಮಟ್ಟಿಗೆ ಅನ್ವಯಿಸುತ್ತದೆ/ಕೆಲವು ಸಮಯದಲ್ಲಿ ಅನ್ವಯಿಸುತ್ತೆ.
2. ಇದು ನನಗೆ ತಕ್ಕಮಟ್ಟಿಗೆ ಅನ್ವಯಿಸುತ್ತದೆ/ತಕ್ಕಮಟ್ಟಿನ ಸಮಯಕ್ಕೆ ಅನ್ವಯಿಸುತ್ತದೆ.
3. ಇದು ನನಗೆ ಬಹಳ ಅನ್ವಯಿಸುತ್ತದೆ/ಬಹುಮಟ್ಟಿನ ಸಮಯಕ್ಕೆ ಅನ್ವಯಿಸುತ್ತದೆ.
- 1) ಶಾಂತವಾಗಿರಲು ನನಗೆ ಕಷ್ಟವಾಯಿತು.
- 2) ಬಾಯಿ ಒಣಗಿ ಹೋಗಿರುವುದರ ಬಗ್ಗೆ ನನಗೆ ಜಾಗೃತಿ ಇತ್ತು.
- 3) ಸಕಾರತ್ಮಕ ಭಾವನೆಗಳನ್ನು ನಾನು ಯಾವತ್ತು ಅನುಭವಿಸಿಲ್ಲ.
- 4) ಉಸಿರಾಟದ ತೊಂದರೆಯ ಅನುಭವ ನನಗಾಯಿತು (ಏನೂ ಕೆಲಸ ಮಾಡದೆಯೇ ಉಸಿರಾಡಲು ತೊಂದರೆ. ಅಧಿಕ ಉಸಿರಾಟದ ಅನುಭವ).
- 5) ಯಾವುದೇ ಕೆಲಸಮಾಡಲು ಪ್ರಾರಂಭಿಕ ಹಂತದ ತಯಾರಿ ಮಾಡಲು ಕಷ್ಟವಾಯಿತು.
- 6) ಯಾವುದೇ ಪರಿಸ್ಥಿತಿಗೆ ಅತಿಯಾಗಿ ಸ್ಪಂದಿಸುತ್ತೇನೆ.
- 7) ನನಗೆ ನಡುಕ ಬರುತ್ತಿತ್ತು (ಉದಾಹರಣೆ: ಕೈಯಲ್ಲಿ)
- 8) ನಾನು ಅಧಿಕವಾಗಿ ನನ್ನ ನರಗಳ ಶಕ್ತಿಯನ್ನು ಉಪಯೋಗಿಸಿದ್ದೇನೆಂದು ನನಗೆ ಅನಿಸಿತು
- 9) ನನ್ನನ್ನು ಹೆದರಿಸುವಂತಹ/----- ಮೂರ್ಖನಾಗಿಸುವಂತಹ ಪರಿಸ್ಥಿತಿಗಳ ಬಗ್ಗೆ ನನಗೆ ಚಿಂತೆಯಾಗುತ್ತಿತ್ತು.
10. ಭವಿಷ್ಯದಲ್ಲಿ ಏನೂ ಇಲ್ಲ ಎಂದು ಅನಿಸುತ್ತಿತ್ತು
- 11) ನನಗೆ ಕೋಪ ಬರುತ್ತಿತ್ತು (ಗಾಬರಿ)
- 12) ವಿಶ್ರಾಂತಿಸಲು ನನಗೆ ಕಷ್ಟವಾಗುತ್ತಿತ್ತು.
- 13) ನನಗೆ ಧೈರ್ಯ ಕೆಡಿಸಿದಂತಿತ್ತು
- 14) ನಾನು ಮಾಡುತ್ತಿರುವ ಕೆಲಸಕ್ಕೆ ಅಡ್ಡಿಯಾದಲ್ಲಿ ನನಗೆ ಸಹಿಸಲಾಗುತ್ತಿಲ್ಲ.

15) ನನಗೆ ನಾನು ಭಯಕ್ಕೆ ಹತ್ತಿರವಾದಂತಾಯಿತು.

16) ಯಾವುದೇ ವಿಷಯದ ಬಗ್ಗೆ ಉತ್ಸುಕತೆಯನ್ನು ತೋರಿಸಲಾಗುತ್ತಿರಲಿಲ್ಲ

17) ಮನುಷ್ಯನಾಗಿ ನನಗೆ ಜಾಸ್ತಿ ಬೆಲೆ ಇಲ್ಲವೆಂದು ಅನಿಸಿತ್ತು.

18) ನನಗೆ ನಾನು ಹೆಚ್ಚಾಗಿ ಭಾವುಕನಾದಂತೆನಿಸಿತು.

19. ನಾನು ಯಾವುದೇ ದೈಹಿಕ ಕೆಲಸ ಮಾಡದಿದ್ದರು ನನ್ನ ಹೃದಯ ಬಡಿತ ಜಾಸ್ತಿಯಾಗುವುದು ಅರಿವಿತ್ತು.

20) ಯಾವುದೇ ಒಳ್ಳೆಯ ಕಾರಣವಿಲ್ಲದೆ ನನಗೆ ಹೆದರಿಕೆಯಾಗುತ್ತಿತ್ತು.

21. ಈ ಜೀವನಕ್ಕೊಂದು ಅರ್ಥವೇ ಇಲ್ಲವೆಂದು ನನಗೆನಿಸುತ್ತಿತ್ತು.

ಖನ್ನೆ	ಸಹಜ	ಸ್ವಲ್ಪ	ಮಿತ	ಅಧಿಕ	
	0-9	10-13	14-20	21-27	28+
ಆತಂಕ/ಭಯ	0-7	8-9	10-14	15-19	20+
ಒತ್ತಡ	0-14	15-18	19-25	26-33	34+

ANNEXURE IV:

CONSENT FORM

Principal Investigator: Dr Manjunath TL

I am the undersigned agree to participate in the study of psychosocial problems among school going adolescents at Kolar. I agree to provide all the information listed by you in the information sheet.

I have been explained about the study in the way I can understand it (both verbally and writing).I have the liberty to quit from the study anytime. I am participating in the study on my own will.

Name and signature

Witness:

- 1.
- 2.

ANNEXURE V

INFORMATION SHEET

Adolescents undergo physiological, psychological, mental and spiritual changes during adolescence. They suffer from psychosocial problems at one time or the other during their development. The commonly encountered psychosocial problems include depression, anxiety, mood functioning, stress, peer pressure which leads to alcohol and smoking abuse. Many of these problems are of transient in nature and are often not noticed. Further children may exhibit these problems in one setting and not in other.

The psychosocial behaviour of adolescents is a complex interaction of psychological growth, social environment, education and exposure to the outer world. Due to rapid urbanization majority of young couples are employed and live in unitary setup, so unavoidably they get less time to look after their children. Under these circumstances, psycho social problems are on the rise. Hence it becomes important to study different aspects of their psychosocial behaviour as health related outcomes are also affected by it. In view of this, the study has been undertaken to compare psycho social problems among adolescents in rural and urban area.

We will collect details on your health, socio-demographic details. We will be using a questionnaire to assess your psychosocial status. Kindly co-operate.

Date:

Signature:

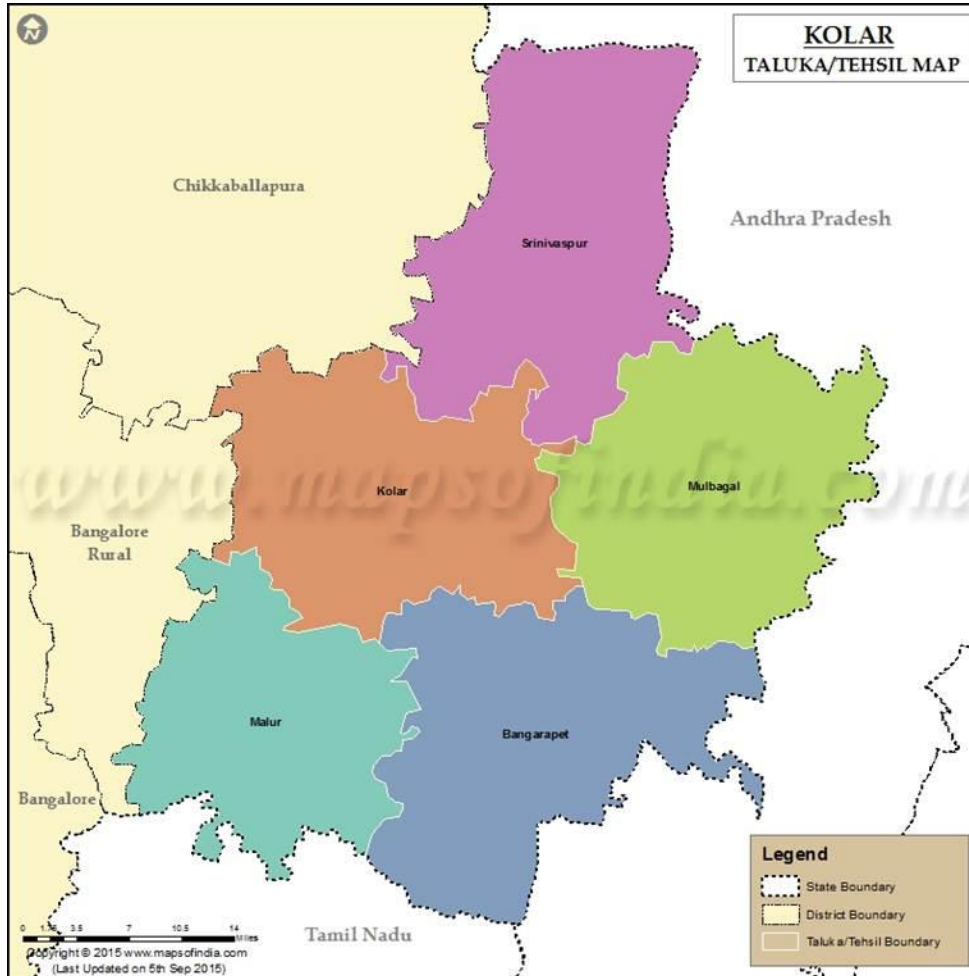
ANNEXURE- VI

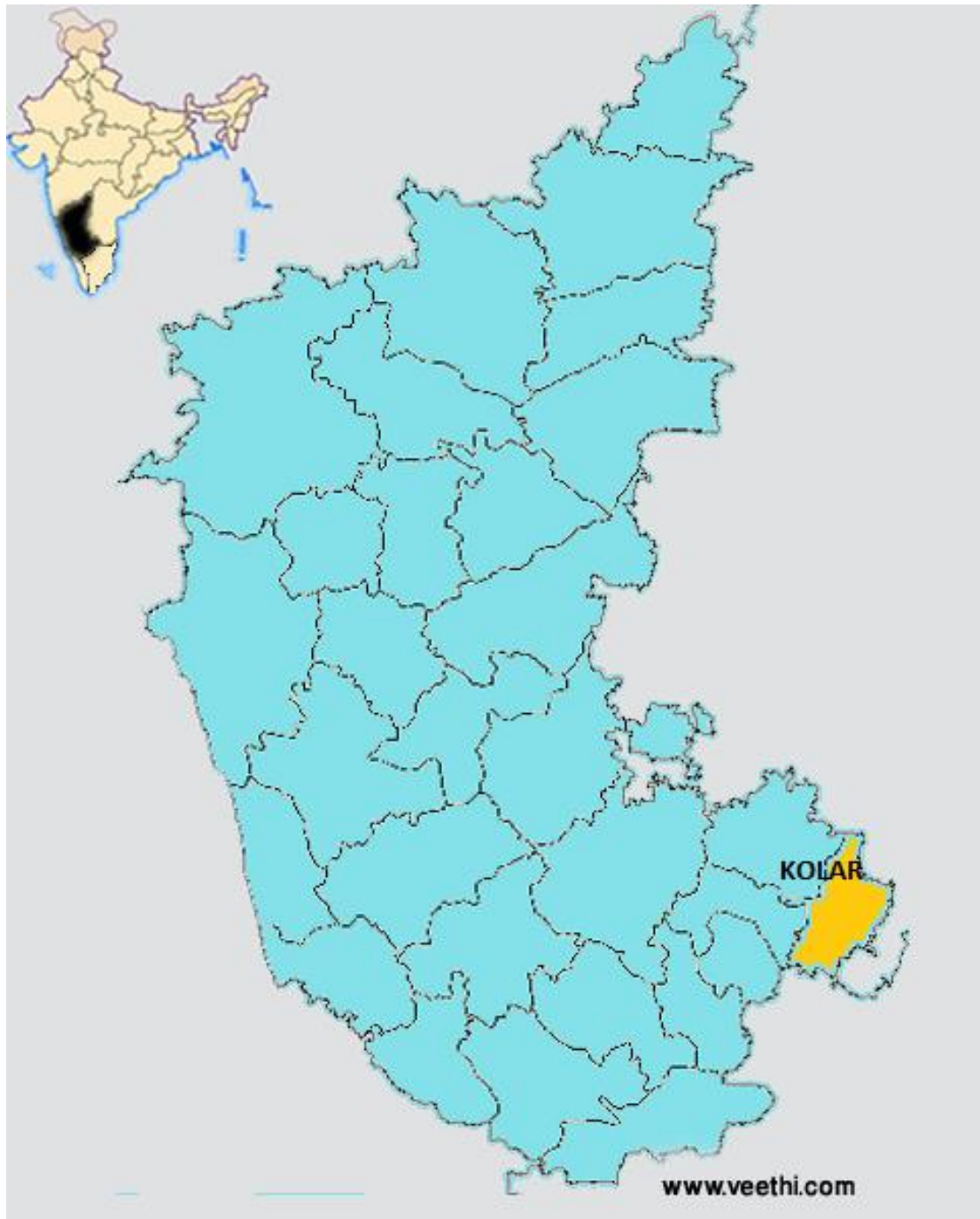
GANTT CHART

STEP	ACTIVITY	TIME PERIOD										
		2013			2014			2015				
		Aug to Nov	Nov	Dec	Jan	Feb to Mar	April to Dec	Jan to June	July to Aug	Aug to Sep	Sep to Oct	Nov
1	Topic search and selection											
2	Synopsis submission											
3	Approval by IEC											
4	Proforma Preparation and vaildation											
5	Pilot project											
6	Review of literature											
7	Data collection											
8	Data analysis											
9	Dissertation writing											
10	Submission of dissertation											

ANNERURE- VII

MAP SHOWING KARNATAKA STATE AND KOLAR DISTRICT IN KARNATAKA





ANNEXURE: VIII ^{91,92}

Socio-Economic status:

Modified B.G. Prasad classification was used for socioeconomic status for rural and urban families according to per capita income for month of Aug 2015(Consumer Price Index for Month of August- 264) latest updated.

SOCIO ECONOMIC CLASS	PER CAPITA INCOME
Class I (Upper)	6026 and Above
Class II (Upper Middle)	3013-6025
Class III (Middle)	1808-3012
Class IV (Lower Middle)	904-1807
Class V (Lower)	<904

ANNEXURE: IX

DEFINITION OF VARIABLES

OPERATIONAL DEFINITIONS:

- ❖ **DEPRESSION:** characterized by depressed mood which includes lowered self-esteem (or self-worth) , Changes in sleep patterns, that is, insomnia (inability to sleep), hypersomnia (excessive sleep) or broken sleep, Changes in appetite or weight , Inability to control emotions such as pessimism, anger, guilt, irritability and anxiety in the last two weeks

- ❖ **ANXIETY:** Characterized by anxious feelings or fear often accompanied by physical symptoms associated with anxiety, restlessness, tension, tachycardia in the last two weeks.

- ❖ **STRESS:** It is a feeling of strain and pressure in the last two weeks.
- ❖ **AGE:** The age was recorded as stated by the subject and also from the school register.
- ❖ **HOUSEHOLD:** Individuals living together under a common roof and took meal from a common cooking facility.
- ❖ **THE HEAD OF HOUSEHOLD:** the person who was perceived by household members to be the primary decision-maker in the family and who may or may not have been the main income-earner.
- ❖ **EDUCATION OF THE FATHER AND MOTHER:** completed years of formal schooling.

❖ **EDUCATION:**

Formal education was recorded as stated by the subject.

Primary: Subject with education up to VIIth standard.

Secondary: Subject with education between VIIIth and Xth standard.

Higher secondary: People with education up to Pre-University (up to XII standard).

Diploma: People above higher secondary education with a certified education of at least 6 months duration.

Graduate: People with university level of education (minimum 3 years)

Post Graduate: People with additional degree after Graduation.

❖ **PER CAPITA INCOME:**

Per capita income is total family income divided by family size.

$$\text{PCI} = \text{Total family income} / \text{Family members.}^{91}$$

❖ OCCUPATIONAL CLASSIFICATION:⁹⁰

Professional: Doctors, Senior administrative officers, senior lecturers, college principals, advocates, planters owning large estates, expert musicians, newspaper editors, auditors, architects, managing directors of firms, bank managers etc.

Semi-professional: Mechanical and Electrical engineers, high school teachers, lecturers, junior administrators, junior doctors, insurance inspectors, commission agents, musicians, research assistants.

Skilled worker: Clerk, typist, accountant, station master and station guard, news correspondent, salesman, insurance agents etc.

Semi-skilled worker: Factory or workshop laborer, laboratory or library attendant, car cleaner, petty shopkeeper etc.

Unskilled worker: Watchman, peon, domestic servant, rickshaw puller etc.

❖ TYPE OF FAMILY:⁸⁹

Nuclear: one which is composed of the husband, the wife, the minor children and direct dependent.

Joint: composed of two or more couple and their children, including older persons related to them.

Three generation family: Representatives from three generations residing there among the households.

❖ GHQ-12 CUT OFF SCORES TO ASSESS THE MENTAL STATUS OF ADOLESCENTS

GHQ12 Score <6 = No distress.

GHQ12 Score >6 = Mental distress.

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Suma	3	2	3	3	1	UPC	4	1	0	1	1	2	10000	1	3	3	1	3	2	0	3	5	1	1	5	2	3	4
Ruchita	3	2	3	2	1	UPC	4	2	1	1	2	1	10000	3	3	6	2	2	5	1	3	5	1	1	5	2	5	4
Gayathri	1	2	1	4	1	RGM	1	1	0	2	2	3	9000	2	3	6	2	3	2	3	3	4	2	2	4	1	3	4
Mallika	2	2	2	3	1	UPH	4	1	1	1	2	2	9000	1	3	6	1	1	2	3	3	4	2	1	5	2	4	4
Sahbarish	1	1	1	2	1	RGM	1	1	1	2	2	3	7000	1	3	6	1	3	3	4	3	5	1	4	2	1	4	4
Noor Pasha	1	1	1	2	2	RGM	1	1	1	2	2	3	7000	1	3	6	2	3	3	4	3	5	1	2	4	1	3	4
Karthik	1	1	1	3	1	RGM	1	1	1	2	3	3	7000	2	3	6	1	3	2	4	3	5	1	2	4	1	3	4
Sneha	1	2	1	2	1	RGM	1	1	1	2	2	2	9000	1	3	6	2	3	1	4	4	6	0	4	2	1	4	4
Chandana	1	2	1	4	1	RGM	1	1	0	2	2	4	5000	1	3	6	2	1	3	4	4	5	1	3	3	1	2	4
Sandhya	1	2	1	3	1	RGM	1	1	0	2	2	2	10000	1	3	6	2	3	3	4	4	6	0	3	3	1	4	5
Nivedita	1	2	1	3	1	RGM	1	1	1	2	4	4	6000	3	3	6	2	1	3	4	4	4	2	1	5	1	4	5
Veena	1	2	1	2	1	RGM	1	1	1	2	2	3	7000	1	3	6	2	1	2	4	4	5	1	3	3	1	3	5
Shymala	1	2	1	3	1	RGM	1	1	1	2	3	4	4000	1	3	6	2	1	2	4	4	5	1	3	3	1	4	5
Radha	1	2	1	1	1	RGM	1	1	1	2	4	3	7000	1	3	6	2	3	3	4	4	6	0	0	6	1	4	5
Kiran	2	1	2	3	1	RGH	1	1	1	2	4	4	5000	1	3	6	2	3	2	4	4	5	1	1	5	1	4	5
Pawan kumar	2	1	2	2	1	RGH	1	1	0	2	2	3	10000	2	3	6	2	3	5	4	4	3	3	3	3	1	4	4
Murali	2	1	2	3	1	RGH	1	1	0	2	3	3	9000	2	3	7	2	1	3	4	4	6	0	2	4	1	4	4
aruna	3	2	3	4	1	RGC	1	1	0	2	2	4	6000	2	3	6	2	1	5	4	4	5	1	2	4	1	4	4
Navyashree	1	2	1	2	1	RPM	2	1	1	1	2	1	20000	1	3	6	2	3	1	4	4	5	1	0	6	1	3	4
Kavyashree	1	2	1	1	1	RPM	2	1	1	1	1	2	17000	1	3	6	2	3	2	4	4	5	1	0	6	1	4	4
Chaya	1	2	1	3	1	RPM	2	1	1	1	2	1	50000	1	3	2	2	3	2	4	4	6	0	1	5	1	4	4
Akshita	1	2	1	3	1	RPM	2	1	1	1	1	2	13000	1	3	6	2	3	3	4	4	5	1	2	4	1	4	4
Samarksha	1	2	1	3	1	RPM	2	2	1	1	2	1	36000	1	3	6	2	3	1	4	4	5	1	0	6	1	4	4
Sahana	1	2	1	4	1	RPM	2	1	1	1	2	3	11000	2	3	6	2	3	3	4	4	4	2	1	5	1	4	2
Mounika	2	2	2	3	1	UGH	3	1	0	2	2	4	5000	2	3	6	2	3	5	4	4	6	0	0	6	2	4	4
Pavana	3	2	3	2	1	UGC	3	1	0	2	1	4	7000	3	3	6	2	1	2	4	4	6	0	2	4	2	5	4
Pavana	3	2	3	3	1	UGC	3	1	0	2	3	4	8000	2	3	6	2	3	2	4	4	5	1	1	5	2	5	4
Mohmmmed amin	2	1	2	2	2	UPH	4	1	1	1	1	2	9000	0	3	6	2	2	1	4	4	6	0	1	5	2	5	4
Venu	2	1	2	2	1	UPH	4	1	0	1	2	1	18000	1	3	6	2	2	2	4	4	5	1	0	6	2	5	4
Chandan	2	1	2	2	1	UPH	4	1	1	1	2	3	8000	2	3	6	1	3	2	4	4	6	0	3	3	2	3	4
Jae Melwin	2	1	2	4	1	UPH	4	1	1	1	2	3	9000	2	3	6	2	1	1	4	5	5	1	1	5	2	3	4
Anjan Kumar	2	1	2	3	1	UPH	4	1	1	1	2	3	8000	2	3	6	2	3	2	4	5	4	2	2	4	2	4	4
Vinay raju	2	1	2	2	1	UPH	4	2	1	1	2	1	75000	2	3	6	1	2	1	4	5	4	2	1	5	2	2	4
Tejesh	2	1	2	2	1	UPH	4	1	1	1	2	3	9000	2	3	6	2	3	3	4	5	6	0	0	6	2	3	4
Manjula	3	2	3	2	1	UPC	4	1	1	1	1	2	10000	1	3	3	1	3	2	4	5	5	1	0	6	2	5	4
Naveen Kumar	1	1	1	2	1	RGM	1	1	1	2	2	4	6000	2	3	6	2	3	2	5	5	5	1	2	4	1	3	4
Punith	1	1	1	3	1	RGM	1	1	1	2	2	3	9000	1	3	6	2	1	4	5	5	3	3	5	1	1	4	4
Anji	1	1	1	3	1	RGM	1	1	0	2	3	3	8000	2	3	2	2	1	4	5	5	4	2	3	3	1	3	4
Lavanya	1	2	1	2	1	RGM	1	1	0	2	4	3	8000	1	3	6	1	3	2	5	5	5	1	2	4	1	4	4
Devi	1	2	1	4	1	RGM	1	1	1	2	2	3	6000	1	3	6	2	1	2	5	5	6	0	4	2	1	4	4
Vinisha	1	2	1	4	1	RGM	1	1	1	2	4	4	7000	2	3	6	2	2	2	5	5	6	0	3	3	1	4	4
Santhosh kumar	2	1	2	3	1	RGH	1	1	1	2	2	3	6000	1	3	6	2	3	2	5	5	6	0	1	5	1	3	4
Naveen	2	1	2	3	1	RGH	1	1	1	2	2	3	10000	2	3	6	2	1	3	5	5	5	1	2	4	1	3	2
Aadi	2	1	2	2	1	RGH	1	1	1	2	3	3	9000	2	3	6	2	1	4	5	5	2	4	2	4	1	4	4
Kumar	2	1	2	3	1	RGH	1	1	1	2	2	4	5000	2	3	6	2	3	2	5	5	4	2	2	4	1	4	4
Nagesh	2	1	2	3	1	RGH	1	1	1	2	3	3	10000	2	3	7	2	1	3	5	5	6	0	1	5	1	3	2
Harshith	2	1	2	2	1	RGH	1	1	1	2	2	3	6000	1	3	6	2	1	4	5	5	4	2	1	5	1	3	4
Malin Taj	2	2	2	2	2	RGH	1	1	1	2	4	2	10000	1	3	6	2	1	2	5	5	5	1	1	5	1	3	5
Mounika	2	2	2	4	1	RGH	1	1	1	2	2	4	9000	2	3	6	2	1	2	5	5	4	2	2	4	1	4	5
Suguna	2	2	2	3	1	RGH	1	1	1	2	2	4	4000	1	3	6	2	3	1	5	5	4	2	2	4	1	4	5
Archana	2	2	2	3	1	RGH	1	1	1	2	3	4	5000	2	3	6	2	1	2	5	5	4	2	1	5	1	4	5
Gangothri	2	2	2	3	1	RGH	1	1	1	2	3	4	6000	2	3	6	2	1	3	5	5	4	2	2	4	1	4	4
Prasad	3	1	3	4	1	RGC	1	1	1	2	2	2	9000	1	3	7	1	3	1	5	5	5	1	1	5	1	3	2
Dhanush	3	1	3	2	1	RGC	1	1	1	2	2	4	8000	3	3	1	2	3	2	5	5	5	1	1	5	1	4	4
Sandeep	3	1	3	2	1	RGC	1	1	1	2	2	3	8000	1	3	7	1	1	3	5	5	6	0	0	6	1	4	4
Pawan kalyan	3	1	3	2	1	RGC	1	1	0	2	2	3	8000	1	3	7	2	3	2	5	5	5	1	1	5	1	4	4
Nataraj	3	1	3	4	1	RGC	1	1	0	2	2	4	6000	2	3	6	1	3	3	5	5	3	3	3	3	1	4	4
Gowthami	3	1	3	4	1	RGC	1	1	0	2	2	4	4000	1	3	6	2	1	2	5	5	2	4	4	2	1	4	4
Nataraj	3	1	3	4	1	RGC	1	1	0	2	2	3	7000	1	3	6	2	3	3	5	5	4	2	1	5	1	4	4
Lokesh	3	1	3	3	1	RGC	1	1	1	2	3	3	10000	2	3	7	1	1	2	5	5	5	1	1	5	1	3	4
Lokesh	3	1	3	3	1	RGC	1	1	0	2	3	4	6000	2	3	6	2	1	2	5	5	6	0	1	5	1	3	4
Manoj	3	1	3	3	1	RGC	1	1	0	2	2	3	6000	1	3	6	2	1	3	5	5	4	2	1	5	1	3	4
Pavan kumar	3	1	3	3	1	RGC	1	1	0	2	3	4	7000	2	3	6	2	2	3	5	5	5	1	1	5	1	3	2
Mahesh	3	1	3	2	1	RGC	1	1	0	2	3	4	5000	2	3	6	1	3	4	5	5	5	1	1	5	1	2	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Sunitha	3	2	3	3	1	RGC	1	1	0	2	2	3	6000	1	3	6	1	1	3	5	5	5	1	2	4	1	4	4
Vanitha	3	2	3	2	1	RGC	1	1	0	2	3	3	8000	2	3	6	2	1	2	5	5	6	0	1	5	1	3	4
Ankitha	3	2	3	2	1	RGC	1	1	1	1	3	3	9000	2	3	1	2	3	2	5	5	5	1	1	5	1	3	4
sanjana	3	2	3	4	1	RGC	1	1	0	2	1	2	9000	1	3	6	2	3	3	5	5	4	2	2	4	1	3	4
Dakshayini	3	2	3	3	1	RGC	1	1	0	2	2	5	4000	2	3	7	2	1	2	5	5	6	0	1	5	1	4	4
Hema	3	2	3	4	1	RGC	1	1	0	2	2	3	6000	1	3	6	2	1	2	5	5	5	1	1	5	1	4	4
Hema	3	2	3	4	1	RGC	1	1	0	2	2	3	8000	2	3	6	2	1	2	5	5	5	1	1	5	1	4	4
Pallvi	3	2	3	4	1	RGC	1	1	0	2	2	4	5000	2	3	6	2	3	2	5	5	4	2	2	4	1	4	4
Venkatesh	1	1	1	2	1	RPM	2	1	0	2	3	4	5000	1	3	6	2	3	1	5	5	3	3	3	3	1	4	4
Nikhil kumar	1	1	1	2	1	RPM	2	1	1	1	2	2	20000	1	3	6	2	3	4	5	5	4	2	2	4	1	4	4
Rahul	1	1	1	4	1	RPM	2	1	1	2	2	3	7000	1	3	6	2	3	1	5	5	5	1	1	5	1	4	5
Rahul	1	1	1	4	1	RPM	2	1	1	2	2	3	7000	1	3	6	2	3	1	5	5	6	0	0	6	1	4	5
Girish	1	1	1	2	1	RPM	2	1	0	2	4	3	9000	2	3	6	2	3	1	5	5	4	2	2	4	1	4	5
Girish	1	1	1	2	1	RPM	2	1	0	2	4	3	9000	2	3	6	2	3	1	5	5	6	0	0	6	1	4	5
Sudeep	1	1	1	2	1	RPM	2	1	0	2	2	3	7000	1	3	6	2	3	3	5	5	5	1	1	5	1	4	5
Uday kiran	1	1	1	2	1	RPM	2	1	0	1	1	2	10000	0	3	6	2	3	1	5	5	5	1	2	4	1	4	5
Pruthvi raj	1	1	1	2	1	RPM	2	1	1	1	2	1	20000	1	3	6	2	3	2	5	5	4	2	2	4	1	4	5
Prerana	1	2	1	2	1	RPM	2	1	1	1	2	1	25000	1	3	6	2	3	2	5	5	3	3	0	6	1	4	5
Vijay kumar	2	1	2	3	1	RPH	2	1	1	2	2	3	7000	1	3	6	2	3	3	5	5	5	1	3	3	1	2	2
Pawan kalyan	2	1	2	1	1	RPH	2	1	1	2	2	3	8000	2	3	6	2	3	1	5	5	5	1	0	6	1	3	4
Pawan Kalyan	2	1	2	1	1	RPH	2	1	1	2	2	3	8000	2	3	6	1	3	1	5	5	4	2	1	5	1	3	4
Nagendra	2	1	2	4	1	RPH	2	1	1	2	2	3	8000	1	3	6	2	1	5	5	5	6	0	1	5	1	4	4
Sanjay	2	1	2	3	1	RPH	2	1	1	2	1	3	8000	1	3	6	1	1	2	5	5	4	2	1	5	1	4	4
Abhilash	2	1	2	4	1	RPH	2	1	1	2	1	3	8000	1	3	6	2	1	3	5	5	6	0	1	5	1	2	4
Murali	2	1	2	2	1	RPH	2	1	1	2	3	3	10000	2	3	1	2	1	3	5	5	5	1	1	5	1	1	4
Sridhar	2	1	2	4	1	RPH	2	1	1	2	2	3	6000	1	3	6	2	2	3	5	5	4	2	1	5	1	3	4
Manoj	2	1	2	3	1	RPH	2	1	1	2	2	3	6000	1	3	6	2	1	3	5	5	6	0	0	6	1	2	4
Pavan kumar	2	1	2	3	1	RPH	2	1	1	2	3	4	7000	2	3	6	2	2	3	5	5	6	0	0	6	1	2	4
Mahesh	2	1	2	3	1	RPH	2	1	1	2	3	5	5000	3	3	6	2	3	5	5	5	6	0	1	5	1	3	4
Mala	2	2	2	2	1	RPH	2	1	1	2	2	3	6000	1	3	6	2	1	2	5	5	4	2	1	5	1	1	4
Sanjay kumar	3	1	3	3	1	RPC	2	1	0	2	1	4	4000	1	3	7	2	1	2	5	5	6	0	0	6	1	3	3
Murali	3	1	3	2	1	RPC	2	1	1	2	3	4	6000	2	3	7	2	1	5	5	5	5	1	2	4	1	2	3
Ramyashree	3	2	3	2	1	RPC	2	1	1	2	2	3	6000	1	3	6	2	3	2	5	5	5	1	2	4	1	3	3
Shilpa	3	2	3	3	1	RPC	2	1	1	2	2	4	5000	1	3	6	2	1	2	5	5	5	1	2	4	1	4	3
Vanitha	3	2	3	3	1	RPC	2	1	1	2	2	3	6000	1	3	6	2	1	2	5	6	4	2	1	5	1	5	3
Vanitha	3	2	3	3	1	RPC	2	1	1	2	2	4	5000	1	3	6	2	1	4	5	6	4	2	2	4	1	3	3
Sushmitha	3	2	3	3	1	RPC	2	1	1	2	2	3	6000	1	3	6	2	1	3	5	6	2	4	2	4	1	5	3
Chaitra	3	2	3	3	1	RPC	2	1	1	2	2	4	4000	1	3	6	2	3	3	5	6	4	2	1	5	1	5	3
Tabassum	3	2	3	2	2	RPC	2	1	1	2	2	3	6000	1	3	6	2	1	5	5	6	5	1	1	5	1	3	4
Sandhya	3	2	3	3	1	RPC	2	1	1	2	2	4	5000	1	3	6	2	3	2	5	6	4	2	2	4	1	3	4
Anitha	3	2	3	3	1	RPC	2	1	1	2	3	4	6000	2	3	1	2	1	3	5	6	6	0	3	3	1	3	4
Anitha	3	2	3	3	1	RPC	2	1	1	2	3	4	7000	2	3	1	2	3	3	5	6	5	1	3	3	1	2	4
Nagamani	3	2	3	3	1	RPC	2	1	1	2	4	5	5000	3	3	6	2	1	5	5	6	3	3	4	2	1	3	4
Sowmya	3	2	3	4	1	RPC	2	1	1	2	3	4	5000	1	3	6	2	3	3	5	6	5	1	1	5	1	3	4
Keertan	2	1	2	3	1	UGC	3	1	1	1	2	2	12000	2	3	6	2	3	1	5	6	6	0	1	5	2	4	4
Ramyashree	3	2	3	2	1	UGC	3	1	1	2	1	5	4000	2	3	6	2	1	2	5	6	6	0	1	5	2	5	4
Kavya	3	2	3	2	1	UGC	3	1	1	2	1	3	8000	1	3	6	2	3	2	5	6	6	0	5	1	2	5	4
Vandana	3	2	3	3	1	UGC	3	1	1	2	2	3	6000	1	3	6	2	1	3	5	6	6	0	1	5	2	4	4
Vandana	3	2	3	4	1	UGC	3	1	0	2	2	2	9000	1	3	6	2	3	3	5	6	4	2	2	4	2	4	4
Amrutha	3	2	3	3	1	UGC	3	1	0	2	3	3	10000	2	3	6	2	2	3	5	6	6	0	2	4	2	3	4
Amrutha	3	2	3	2	1	UGC	3	1	0	2	1	4	8000	3	3	6	2	2	3	5	6	4	2	0	6	2	5	4
Navya	3	2	3	2	1	UGC	3	1	1	2	1	3	8000	2	3	6	2	3	3	5	6	5	1	3	3	2	5	4
Chaitra	3	2	3	3	1	UGC	3	1	1	2	2	3	6000	1	3	6	2	1	3	5	6	5	1	1	5	2	3	4
Gowthami	3	2	3	2	1	UGC	3	1	0	2	2	3	8000	1	3	6	2	1	3	5	6	5	1	2	4	2	3	4
Gowthami	3	2	3	4	1	UGC	3	1	0	2	2	3	6000	1	3	6	2	3	3	5	6	5	1	3	3	2	4	4
Anitha	3	2	3	2	1	UGC	3	1	1	2	2	4	8000	3	3	6	2	3	2	5	6	4	2	2	4	2	4	4
Swathi	3	2	3	2	1	UGC	3	1	0	2	2	3	7000	1	3	6	2	1	3	5	6	4	2	2	4	2	4	4
Netravathi	3	2	3	3	1	UGC	3	1	1	2	3	3	7000	1	3	6	2	3	5	5	6	5	1	2	4	2	3	4
Pavithra	3	2	3	2	1	UGC	3	1	0	2	1	3	7000	1	3	6	2	2	3	5	6	4	2	1	5	2	5	4
Sowmya	3	2	3	2	1	UGC	3	1	1	2	3	3	9000	2	3	6	2	3	3	5	6	6	0	3	3	2	3	4
Sumalatha	3	2	3	4	1	UGC	3	1	1	2	1	2	10000	1	3	6	2	3	4	5	6	5	1	1	5	2	2	4
Sumalatha	3	2	3	4	1	UGC	3	1	0	2	2	3	7000	1	3	6	2	1	5	5	6	5	1	1	5	2	3	4
Mounika	3	2	3	3	1	UGC	3	1	0	2	2	4	5000	1	3	6	2	3	3	5	6	5	1	2	4	2	3	4
Akarsh	1	1	1	2	1	UPM	4	1	1	1	3	1	35000	1	3	6	2	2	3	5	6	5	1	2	4	2	5	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Sahshank	1	1	1	2	1	UPM	4	2	1	1	2	2	14000	2	3	6	2	3	4	5	6	6	0	1	5	2	5	4
Srikanth	1	1	1	4	1	UPM	4	1	1	1	1	4	7000	2	3	6	2	3	3	5	6	6	0	1	5	2	5	4
Shiva kumar	1	1	1	2	1	UPM	4	1	1	1	2	3	6000	1	3	6	2	3	2	5	6	6	0	1	5	2	5	4
Supriya	1	2	1	4	1	UPM	4	2	1	1	2	1	40000	2	3	6	2	1	2	5	6	4	2	1	5	2	4	4
Sukruthi	2	2	2	3	1	UPH	4	1	1	1	2	2	9000	1	3	6	1	1	1	5	6	4	2	0	6	2	4	4
sahana	2	2	2	2	1	UPH	4	1	1	1	2	3	7000	1	3	6	1	1	1	5	6	4	2	5	1	2	5	2
Aravind	3	1	3	1	1	UPC	4	1	1	1	1	2	9000	1	3	6	2	3	2	5	6	4	2	2	4	2	5	4
Anushsa	3	2	3	2	1	UPC	4	1	0	1	2	4	7000	2	3	3	2	3	2	5	6	6	0	2	4	2	5	4
appu	1	1	1	4	1	RGM	1	1	2	1	3	4	6000	2	3	6	2	3	3	6	6	4	2	2	4	1	4	4
Harguru	1	1	1	4	1	RGM	1	1	0	2	2	4	4000	1	3	6	1	3	2	6	6	5	1	2	4	1	4	4
Arshitha	2	2	2	4	1	RGH	1	1	0	2	2	3	6000	1	3	6	2	3	3	6	6	4	2	3	3	1	4	5
Chaitra	3	2	3	3	1	RGC	1	1	0	2	2	3	8000	2	3	6	2	3	2	6	6	5	1	2	4	1	4	4
Chaitra	3	2	3	3	1	RGC	1	1	0	2	2	5	4000	2	3	6	2	3	2	6	6	6	0	0	6	1	4	4
Supriya	1	2	1	4	1	RPM	2	2	1	1	2	1	40000	2	3	6	2	3	2	6	6	4	2	2	4	1	4	5
Ankitha	1	2	1	2	1	RPM	2	1	1	2	3	3	9000	2	3	6	2	3	1	6	6	3	3	0	6	1	4	5
Keerthana	1	2	1	2	1	RPM	2	1	1	1	1	2	15000	1	3	6	2	3	1	6	6	6	0	0	6	1	3	5
Rakshitha	1	2	1	3	1	RPM	2	1	1	1	2	2	13000	1	3	6	2	3	2	6	6	5	1	1	5	1	4	4
Amruth	1	2	1	3	1	RPM	2	1	1	2	2	2	9000	1	3	6	2	3	2	6	6	6	0	1	5	1	4	4
Naveen	2	1	2	4	1	RPH	2	1	1	2	2	2	10000	1	3	6	1	1	3	6	6	5	1	1	5	1	3	4
Nagendra	2	1	2	4	1	RPH	2	1	1	2	2	2	10000	1	3	6	1	1	3	6	6	6	0	1	5	1	4	4
Pallavi	2	2	2	3	1	RPH	2	1	1	2	2	4	7000	2	3	6	2	3	2	6	6	6	0	1	5	1	4	4
Anitha	3	2	3	2	1	RPC	2	1	1	2	2	4	5000	1	3	6	2	1	2	6	6	6	0	0	6	1	5	3
Pavitra	3	2	3	2	1	RPC	2	1	1	2	2	3	6000	1	3	6	2	1	3	6	6	3	3	2	4	1	5	4
Veena	2	2	2	2	1	UGH	3	1	1	2	2	3	6000	1	3	6	1	3	1	6	6	4	2	2	4	2	3	4
Shailaja	2	2	2	3	1	UGH	3	1	0	2	2	3	6000	1	3	6	2	3	1	6	6	2	4	4	2	2	3	4
Bharathi	2	2	2	2	1	UGH	3	1	1	2	1	3	6000	1	3	6	2	3	2	6	6	4	2	2	4	2	3	4
Taj	2	2	2	3	2	UGH	3	1	1	2	1	4	6000	2	3	6	2	3	2	6	6	5	1	2	4	2	5	4
Sheersha	2	2	2	2	1	UGH	3	1	0	2	2	3	6000	1	3	6	2	3	3	6	6	5	1	3	3	2	5	4
Aruna	3	2	3	3	1	UGC	3	1	0	2	4	3	7000	1	3	6	2	1	2	6	6	6	0	1	5	2	3	4
Aruna	3	2	3	3	1	UGC	3	1	0	2	3	4	6000	2	3	6	2	1	2	6	6	5	1	1	5	2	5	4
Meghana	1	2	1	3	1	UPM	4	2	1	1	1	2	20000	2	3	6	2	3	2	6	6	4	2	1	5	2	3	4
Meghana T	1	2	1	2	1	UPM	4	1	1	1	2	3	8000	2	3	6	2	1	2	6	6	5	1	0	6	2	4	4
Akshita	1	2	1	3	1	UPM	4	1	1	1	1	2	13000	1	3	6	2	1	3	6	6	5	1	2	4	2	4	4
Tejaswi	1	2	1	2	1	UPM	4	2	1	1	3	1	40000	2	3	6	2	3	2	6	6	5	1	3	3	2	3	4
Keerthana	2	2	2	3	1	UPH	4	1	1	1	4	3	9000	3	3	6	2	3	1	6	6	6	0	2	4	2	4	4
Punya	2	2	2	2	1	UPH	4	2	1	1	2	2	19000	2	3	6	2	1	1	6	6	6	0	1	5	2	4	4
Raja	2	2	2	3	1	UPH	4	1	1	1	2	3	8000	1	3	6	2	3	1	6	6	4	2	3	3	2	4	4
Sri Sakee	2	2	2	4	1	UPH	4	1	1	1	2	2	9000	1	3	6	2	3	1	6	6	3	3	5	1	2	3	4
Girish	3	1	3	3	1	UPC	4	1	0	1	2	2	11000	1	3	6	2	1	2	6	6	6	0	1	5	2	5	4
Bharghav	3	1	3	2	1	UPC	4	2	1	1	1	1	50000	1	3	6	2	3	2	6	6	3	3	1	5	2	5	4
Kalyan Kumar	1	1	1	4	1	RGM	1	1	0	2	2	2	10000	1	3	1	1	3	2	7	6	5	1	1	5	1	4	4
Gangothri	1	2	1	4	1	RGM	1	1	0	2	3	3	8000	2	3	6	2	1	1	7	6	5	1	2	4	1	4	4
Abhilash	2	1	2	3	1	RGH	1	1	2	2	2	4	4000	2	3	7	2	3	2	7	6	4	2	2	4	1	3	5
Chaitra	2	2	2	4	1	RGH	1	1	0	2	2	4	5000	1	3	1	2	1	2	7	6	3	3	3	3	1	4	5
Savitha	2	2	2	3	1	RGH	1	1	0	2	3	4	6000	2	3	6	2	3	2	7	6	4	2	2	4	1	4	5
Nitin	1	1	1	2	1	RPM	2	1	1	2	3	3	6000	1	3	1	2	3	2	7	6	6	0	1	5	1	4	4
deepak	2	1	2	2	1	RPH	2	1	2	2	2	4	4000	1	3	6	2	1	4	7	6	5	1	1	5	1	4	4
Nikhil	2	1	2	4	1	RPH	2	1	2	2	2	3	10000	1	3	6	2	1	1	7	6	5	1	2	4	1	3	4
Nikhil	2	1	2	4	1	RPH	2	1	2	2	2	3	7000	1	3	6	2	3	1	7	6	2	4	3	3	1	3	4
Kavitha	2	2	2	3	1	UGH	3	1	1	2	3	3	8000	2	3	6	2	3	3	7	6	5	1	3	3	2	5	4
Manjula	3	2	3	2	1	UGC	3	1	0	2	3	4	6000	2	3	6	2	1	3	7	6	4	2	3	3	2	5	4
Ypgesh	3	1	3	2	1	UPC	4	2	0	1	2	1	40000	1	3	1	1	3	2	7	6	5	1	1	5	2	5	4
Pallavi	3	2	3	3	1	UPC	4	2	2	1	1	1	45000	0	1	6	1	1	2	7	6	4	2	1	5	2	5	4
Mahesha	1	1	1	4	1	RPM	2	1	0	2	2	4	5000	1	3	1	2	3	2	8	6	6	0	1	5	1	4	4
Swathi	3	2	3	2	1	RPC	2	1	2	2	2	4	5000	1	3	6	2	3	3	8	6	5	1	2	4	1	3	3
Mahesha	1	1	1	4	1	UGM	3	1	0	2	2	4	5000	1	3	1	2	1	2	8	6	2	4	2	4	2	4	4
Rahul	1	1	1	4	1	UGM	3	1	1	2	2	3	7000	1	3	6	2	1	1	8	6	6	0	0	6	2	5	4
Girish	1	1	1	2	1	UGM	3	1	0	2	4	3	9000	2	3	6	2	2	1	8	6	2	4	1	5	2	5	4
Sudeep	1	1	1	2	1	UGM	3	1	0	2	2	3	7000	1	3	6	2	3	3	8	6	5	1	2	4	2	3	4
Jayachandra	1	1	1	3	1	UGM	3	1	0	2	2	3	6000	1	3	6	2	1	1	8	6	3	3	4	2	2	3	4
Ankitha	1	2	1	2	1	UGM	3	1	1	2	3	3	9000	2	3	6	2	3	1	8	6	5	1	3	3	2	3	4
Pushpa	1	2	1	3	1	UGM	3	1	1	2	1	3	6000	1	3	6	2	2	2	8	6	4	2	2	4	2	4	4
Amruth	1	2	1	3	1	UGM	3	1	1	2	2	2	9000	1	3	6	1	1	2	8	6	3	3	2	4	2	4	4
Vanitha	1	2	1	3	1	UGM	3	1	1	2	1	3	9000	2	3	6	2	2	2	8	6	4	2	0	6	2	5	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
VAnitha	1	2	1	3	1	UGM	3	1	1	2	1	5	4000	2	3	6	2	1	4	8	6	3	3	4	2	2	2	4
Navya	1	2	1	2	1	UGM	3	1	1	2	2	4	5000	1	3	6	2	1	3	8	6	5	1	1	5	2	5	4
Sushmitha	1	2	1	3	1	UGM	3	1	1	2	1	4	5000	2	3	6	2	2	3	8	6	4	2	1	5	2	3	4
Netravathi	1	2	1	3	1	UGM	3	1	1	2	3	5	4000	2	3	6	2	1	4	8	6	5	1	1	5	2	3	4
Lakshmi	1	2	1	2	1	UGM	3	1	1	2	2	2	9000	1	3	6	2	1	3	8	6	5	1	1	5	2	5	4
Farheen	1	2	1	2	2	UGM	3	1	1	2	2	5	4000	2	3	6	2	1	3	8	6	4	2	1	5	2	3	4
Ashwini	1	2	1	2	1	UGM	3	1	2	2	1	3	8000	1	3	6	2	1	3	8	6	6	0	0	6	2	1	4
Sandya	1	2	1	2	1	UGM	3	1	2	2	1	4	6000	2	3	6	2	1	3	8	6	4	2	3	3	2	1	4
Pavithra	1	2	1	4	1	UGM	3	1	2	2	2	3	8000	2	3	6	2	1	3	8	6	5	1	2	4	2	3	4
Nagamani	1	2	1	3	1	UGM	3	1	2	2	4	4	6000	3	3	6	2	1	3	8	6	5	1	2	4	2	3	4
Asha	1	2	1	3	1	UGM	3	1	2	2	1	4	7000	3	3	6	2	2	3	8	6	6	0	2	4	2	2	4
Shivaraj	2	1	2	3	1	UGH	3	1	0	1	1	4	7000	3	3	6	2	3	3	8	6	5	1	3	3	2	5	4
Sarvesh	2	1	2	2	1	UGH	3	1	0	2	2	3	8000	2	3	6	2	3	2	8	6	3	3	2	4	2	5	4
Ranjith	2	1	2	2	1	UGH	3	1	0	2	2	3	6000	1	3	6	2	3	2	8	6	4	2	6	0	2	4	4
Arun kumar	2	1	2	3	1	UGH	3	1	2	2	1	4	6000	2	3	6	2	3	2	8	6	3	3	4	2	2	4	4
Rajesh	2	1	2	3	1	UGH	3	1	0	1	2	4	7000	2	3	6	1	3	1	8	6	5	1	2	4	2	4	4
Mansoor	2	1	2	2	2	UGH	3	1	2	2	1	4	7000	3	3	6	1	3	2	8	6	3	3	2	4	2	4	4
Mudasir	2	1	2	2	2	UGH	3	1	2	2	2	3	6000	1	3	6	2	3	5	8	6	3	3	5	1	2	4	4
Yaseen	2	1	2	3	1	UGH	3	1	2	2	2	3	8000	2	3	6	2	3	3	8	6	6	0	3	3	2	3	4
Adarsh	2	1	2	2	1	UGH	3	1	0	1	1	5	4000	2	3	6	2	3	2	8	6	6	0	1	5	2	5	4
Manoj	2	1	2	2	1	UGH	3	1	2	1	1	3	6000	1	3	6	2	3	4	8	6	5	1	1	5	2	2	4
Madhu	2	1	2	3	1	UGH	3	1	0	2	1	4	5000	1	3	6	1	3	2	8	6	4	2	2	4	2	2	4
Prajwal	2	1	2	3	1	UGH	3	1	0	2	1	4	7000	2	3	6	2	3	2	8	6	4	2	2	4	2	3	4
zahid ahmed	2	1	2	2	2	UGH	3	1	0	2	2	4	6000	2	3	6	2	3	3	8	6	5	1	2	4	2	3	4
Vinay kumar	2	1	2	2	1	UGH	3	1	2	1	2	2	16000	1	3	6	2	3	3	8	6	5	1	1	5	2	3	4
Nishanth	2	1	2	2	1	UGH	3	1	2	1	2	2	11000	2	3	6	1	3	3	8	6	5	1	2	4	2	1	4
kishore	2	1	2	2	1	UGH	3	1	2	2	2	4	5000	1	3	6	2	3	2	8	6	6	0	0	6	2	1	2
Hanna	2	1	2	2	1	UGH	3	1	2	2	2	4	6000	1	3	6	1	3	2	8	6	5	1	3	3	2	1	2
Shivakumari	2	2	2	3	1	UGH	3	1	0	1	1	4	6000	2	3	6	1	3	2	8	6	1	5	2	4	2	3	4
Vaishnavi	2	2	2	2	1	UGH	3	1	2	2	2	3	6000	1	3	6	2	3	1	8	6	5	1	3	3	2	4	4
Vandana	2	2	2	2	1	UGH	3	1	0	1	2	4	5000	1	3	6	2	3	2	8	6	5	1	2	4	2	4	4
Avinash	3	1	3	2	1	UPC	4	1	2	1	2	2	11000	1	1	6	2	1	5	8	6	5	1	1	5	2	4	4
Ayesha	3	2	3	2	2	UPC	4	2	0	1	1	1	21000	1	3	6	1	3	2	8	6	6	0	2	4	2	3	4
Baby	3	2	3	2	1	RGC	1	1	0	2	2	2	9000	1	3	6	2	1	3	9	6	5	1	1	5	1	4	4
Ambika	3	2	3	4	1	RGC	1	1	0	2	2	3	9000	2	3	6	2	1	3	9	6	5	1	1	5	1	3	4
Harshitha	1	2	1	1	1	RPM	2	2	2	1	2	1	23000	1	3	6	2	3	3	9	6	5	1	4	2	1	3	5
Sahana	1	2	1	2	1	RPM	2	1	2	1	2	1	25000	0	3	6	2	3	2	9	6	6	0	0	6	1	3	4
Vijay kumar	2	1	2	3	1	RPH	2	1	2	2	1	2	10000	0	3	6	2	1	3	9	6	4	2	1	5	1	4	4
Ambika	2	2	2	4	1	RPH	2	1	2	2	2	4	5000	2	3	6	2	3	3	9	6	6	0	1	5	1	3	4
Varalakshmi	3	2	3	3	1	RPC	2	1	2	2	2	3	6000	1	3	6	2	3	2	9	6	5	1	2	4	1	4	3
Uma	3	2	3	4	1	RPC	2	1	2	2	3	3	6000	1	3	6	2	3	3	9	6	5	1	1	5	1	3	3
Shwetha	3	2	3	4	1	RPC	2	1	0	1	1	4	4000	0	3	6	2	3	3	9	6	5	1	3	3	1	5	3
Venkatesh	1	1	1	2	1	UGM	3	1	0	2	3	4	5000	1	3	6	2	2	1	9	6	6	0	3	3	2	3	4
Trisha	2	2	2	3	1	UGH	3	1	0	2	2	3	7000	1	3	6	2	3	5	9	6	6	0	0	6	2	3	4
Sowmya	3	2	3	3	1	UGC	3	1	0	2	2	3	6000	1	1	7	1	1	5	9	6	6	0	3	3	2	5	4
Vralakshmi	3	2	3	4	1	UGC	3	1	2	2	1	3	8000	2	3	6	2	1	3	9	6	5	1	1	5	2	3	4
Uma	3	2	3	2	1	UGC	3	1	2	2	3	5	5000	3	3	6	2	1	3	9	6	6	0	1	5	2	3	4
Ashwini	3	2	3	2	1	UGC	3	1	0	2	2	4	5000	1	3	6	2	1	2	9	6	6	0	2	4	2	2	4
Pavithra	3	2	3	2	1	UGC	3	1	0	2	3	5	4000	2	3	6	2	1	3	9	6	6	0	1	5	2	3	4
Shwetha	3	2	3	3	1	UGC	3	1	0	2	3	3	9000	2	3	6	2	1	3	9	6	6	0	3	3	2	4	4
Shwetha	3	2	3	3	1	UGC	3	1	0	2	2	3	10000	2	3	6	2	1	3	9	6	2	4	3	3	2	1	4
Mounika	3	2	3																									

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Khaleel	2	1	2	2	1	UPH	4	1	2	1	2	3	9000	2	3	6	2	3	3	9	6	6	0	2	4	2	3	4
Sadiya sameen	2	2	2	3	2	UPH	4	1	2	1	2	3	9000	2	3	6	1	1	1	9	6	3	3	3	3	2	1	4
Deepan	3	1	3	2	1	UPC	4	1	0	1	3	3	10000	2	3	1	1	3	5	9	6	3	3	2	4	2	5	4
Mohammed	3	1	3	2	2	UPC	4	1	0	1	4	3	9000	3	3	3	2	3	2	9	6	4	2	1	5	2	3	4
Bhuvana	3	2	3	1	1	UPC	4	2	2	1	3	1	28000	2	3	6	1	1	2	9	6	6	0	1	5	2	3	4
Ashwini	2	2	2	2	1	RGH	1	1	0	2	2	3	8000	1	3	7	2	2	2	10	6	4	2	2	4	1	4	5
Sangeetha	3	2	3	3	1	RGC	1	1	2	2	3	4	5000	2	3	7	1	1	3	10	6	4	2	2	4	1	4	4
Sharadha	3	2	3	4	1	RGC	1	1	0	2	2	3	10000	2	3	7	1	3	3	10	6	5	1	1	5	1	4	4
Chandana priya	2	2	2	2	1	UGH	3	1	0	2	2	3	6000	1	3	6	2	3	3	10	6	6	0	2	4	2	4	4
Suguna	3	2	3	3	1	UGC	3	1	0	2	4	4	6000	3	3	6	2	1	3	10	6	4	2	1	5	2	4	4
Suguna	3	2	3	1	1	UGC	3	1	0	2	3	4	5000	2	3	6	2	3	3	10	6	4	2	1	5	2	4	4
Nikhil kumar	1	1	1	2	1	UPM	4	1	2	1	2	1	20000	1	3	6	1	3	4	10	6	4	2	3	3	2	5	4
Uday kiran	1	1	1	2	1	UPM	4	1	2	1	1	2	10000	0	3	6	2	1	1	10	6	4	2	3	3	2	5	4
Senu	1	1	1	3	1	UPM	4	1	2	1	2	1	13000	0	3	6	2	1	1	10	6	2	4	4	2	2	5	4
Prerana	1	2	1	2	1	UPM	4	1	2	1	2	1	25000	1	3	6	1	1	2	10	6	6	0	1	5	2	3	4
Rakshith	1	1	1	2	1	RPM	2	2	2	1	2	2	15000	1	3	1	2	3	1	11	6	4	2	2	4	1	3	5
Aruna	2	2	2	4	1	RPH	2	1	2	2	2	3	8000	2	3	6	2	1	3	11	6	6	0	1	5	1	4	4
Archana	3	2	3	3	1	RPC	2	1	2	1	4	4	6000	3	3	6	1	1	3	11	6	5	1	1	5	1	4	3
Pushpa	3	2	3	2	1	RPC	2	1	2	2	3	4	7000	3	3	6	2	2	2	11	6	5	1	1	5	1	3	3
Amala	3	2	3	2	1	RPC	2	1	2	2	3	4	6000	2	3	6	2	1	3	11	6	5	1	1	5	1	5	3
Bhavana	1	2	1	3	1	UGM	3	1	2	1	3	3	8000	2	3	1	2	2	1	11	6	6	0	3	3	2	4	4
Archana	3	2	3	2	1	UGC	3	1	2	2	4	5	4000	2	3	6	2	3	2	11	6	5	1	5	1	2	4	4
Kantha	3	2	3	4	1	UGC	3	1	0	2	3	2	9000	1	3	6	2	1	4	11	6	3	3	1	5	2	4	4
Kantha	3	2	3	3	1	UGC	3	1	0	2	3	4	5000	2	3	6	2	3	4	11	6	5	1	3	3	2	4	4
Amala	3	2	3	2	1	UGC	3	1	2	2	1	4	7000	3	3	6	2	3	5	11	6	4	2	1	5	2	4	4
Rakshith	1	1	1	2	1	UPM	4	2	2	1	2	2	15000	1	3	1	2	3	1	11	6	5	1	0	6	2	5	4
Sneha	1	2	1	1	1	UPM	4	2	2	1	2	1	28000	0	3	6	1	1	2	11	6	6	0	1	5	2	4	4
Shashikala	1	2	1	3	1	UPM	4	1	2	1	1	2	9000	1	3	6	2	1	1	11	6	3	3	0	6	2	3	4
Shobha rani	3	2	3	2	1	UPC	4	1	0	2	2	2	11000	1	3	6	1	3	3	11	6	5	1	0	6	2	3	4
Kavya	3	2	3	2	1	UPC	4	1	2	1	2	2	10000	1	3	6	2	3	2	11	6	5	1	1	5	2	4	4
Afzal	1	1	1	2	2	RGM	1	1	2	2	4	4	4000	2	3	2	2	3	2	12	6	4	2	5	1	1	3	4
Venu	1	1	1	4	1	RGM	1	1	0	2	4	3	8000	2	3	1	2	3	3	12	6	6	0	3	3	1	1	4
Uffan	1	1	1	2	1	RGM	1	1	0	2	3	4	5000	2	3	2	2	1	3	12	6	5	1	1	5	1	3	4
Sunitha	1	2	1	4	1	RGM	1	1	2	2	4	3	8000	3	3	2	2	3	3	12	6	4	2	2	4	1	4	4
Mangala	1	2	1	2	1	RGM	1	1	2	2	1	2	7000	0	3	6	2	1	1	12	6	6	0	3	3	1	4	5
Bharathi	2	2	2	3	1	RGH	1	1	0	2	2	5	4000	2	3	1	2	1	2	12	6	4	2	2	4	1	4	4
Nagaveni	2	2	2	4	1	RPH	2	1	2	2	2	4	5000	2	3	2	2	1	3	12	6	4	2	2	4	1	3	4
Nagaveni	2	2	2	4	1	RPH	2	1	2	2	2	4	6000	2	3	2	2	3	3	12	6	5	1	1	5	1	4	4
Deepa	3	2	3	3	1	RPC	2	1	2	2	3	4	5000	2	3	6	2	1	2	12	6	6	0	0	6	1	3	3
Bhavani	3	2	3	2	1	RPC	2	1	2	2	2	3	6000	1	3	1	2	1	5	12	7	3	3	3	3	1	5	3
Tejaswini	3	2	3	4	1	RPC	2	1	0	2	3	4	7000	2	3	7	2	1	2	12	7	5	1	3	3	1	2	4
Nitin	1	1	1	2	1	UGM	3	1	0	1	3	4	6000	2	3	1	2	3	4	12	7	6	0	1	5	2	3	4
Heena kouser	2	2	2	3	2	UGH	3	1	0	2	1	3	5000	0	3	6	2	3	5	12	7	6	0	1	5	2	4	4
Deepa	3	2	3	3	1	UGC	3	1	0	2	3	4	8000	3	3	6	2	1	2	12	7	4	2	0	6	2	4	4
Keerthana	1	2	1	2	1	UPM	4	1	2	1	1	2	15000	1	3	6	2	3	1	12	7	6	0	2	4	2	4	4
Rakshitha	1	2	1	3	1	UPM	4	1	2	1	2	2	13000	3	3	6	2	3	2	12	7	4	2	2	4	2	3	4
Sameer pasha	2	1	2	2	2	UPH	4	1	2	1	2	1	30000	2	3	6	2	3	1	12	7	6	0	2	4	2	4	4
Prajna nayak	2	2	2	1	1	UPH	4	2	2	1	1	1	14000	0	3	6	2	3	2	12	7	6	0	1	5	2	4	4
Vinod kum,ar	3	1	3	2	1	UPC	4	1	2	1	1	3	8000	2	3	6	2	3	2	12	7	4	2	0	6	2	5	4
Manohar	3	1	3	1	1	UPC	4	1	2	1	1	1	15000	0	3	6	2	3	2	12	7	6	0	1	5	2	4	4
Kamalesh	3	1	3	2	1	UPC	4	1	2	1	2	2	9000	1	3	6	2	3	3	12	7	4	2	2	4	2	3	4
Khuda Fatima	3	2	3	2	2	UPC	4	2	2	1	3	1	40000	2	3	6	1	1	2	12	7	5	1	5	1	2	3	4
Sathish Kumar	1	1	1	3	1	RGM	1	1	2	2	3	3	6000	1	3	1	1	3	1	13	7	5	1	0	6	1	4	4
Keshav	1	1	1	4	1	RGM	1	1	2	2	1	2	8000	0	3	6	1	3	2	13	7	5	1	3	3	1	4	4
Tejaswini	1	2	1	2	1	RGM	1	1	2	2	1	3	6000	0	3	6	2	3	1	13	7	2	4	4	2	1	3	3
Chandan	1	2	1	2	1	RGM	1	1	0	2	1	2	8000	0	3	6	2	1	2	13	7	6	0	1	5	1	4	5
Pilla raju	2	1	2	1	1	RGH	1	1	0	2	1	3	6000	0	3	6	2	3	2	13	7	4	2	2	4	1	3	5
Thaseen	2	1	2	2	2	RGH	1	1	2	2	3	5	4000	3	3	1	2	1	1	13	7	3	3	2	4	1	3	4
Renuka	2	2	2	3	1	RGH	1	1	0	2	3	3	8000	2	3	1	1	1	2	13	7	4	2	2	4	1	5	4
Radha	2	2	2	3	1	RGH	1	1	0	2	4	5	4000	3	3	1	2	3	2	13	7	4	2	2	4	1	3	5
Vinutha	2	2	2	2	1	RGH	1	1	2	2	1	2	9000	0	3	6	2	1	1	13	7	4	2	2	4	1	3	4
Deepa	2	2	2	4	1	RGH	1	1	0	2	1	2	5000	0	1	7	2	3	3	13	7	5	1	1	5	1	4	4
Deepak	3	1	3	2	1	RGC	1	1	0	2	1	4	4000	0	3	6	2	1	5	13	7	3	3	3	3	1	3	4
Gayathri	3	2	3	4	1	RGC	1	1	0	2	2	4	4000	1	3	6	1	1	5	13	7	4	2	1	5	1	4	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Harish	1	1	1	3	1	RPM	2	1	2	1	3	1	35000	1	3	6	2	3	4	13	7	6	0	0	6	1	4	5
Yashaswini	1	2	1	2	1	RPM	2	1	2	2	2	2	11000	0	3	6	2	3	3	13	7	6	0	2	4	1	4	5
Suman	2	1	2	2	1	RPH	2	1	2	2	2	3	10000	2	3	1	2	1	3	13	7	4	2	1	5	1	4	4
Manoj	2	1	2	3	1	RPH	2	1	2	2	2	2	16000	1	3	3	2	1	3	13	7	6	0	0	6	1	3	4
Gayathri	3	2	3	4	1	RPC	2	1	0	2	2	3	8000	1	3	7	2	1	2	13	7	4	2	0	6	1	4	3
Sushma	3	2	3	3	1	RPC	2	1	2	2	1	3	6000	1	3	1	2	3	3	13	7	4	2	2	4	1	3	3
Meena	3	2	3	2	1	RPC	2	1	0	2	2	2	10000	1	3	1	2	1	3	13	7	3	3	2	4	1	5	3
Lakshmi	3	2	3	2	1	RPC	2	1	2	2	1	2	7000	0	3	6	2	1	3	13	7	4	2	3	3	1	5	3
Meena	3	2	3	2	1	RPC	2	1	2	2	2	3	6000	1	3	1	2	3	3	13	7	4	2	2	4	1	3	4
Murali	1	1	1	2	1	UGM	3	1	2	1	2	2	12000	2	3	1	2	1	2	13	7	5	1	0	6	2	5	4
Nanditha	1	2	1	2	1	UGM	3	1	0	2	2	4	4000	1	2	8	2	3	1	13	7	3	3	2	4	2	4	4
Naveen kumar	2	1	2	3	1	UGH	3	1	0	1	1	4	5000	2	3	6	2	3	2	13	7	5	1	2	4	2	5	4
Sandya	2	2	2	3	1	UGH	3	1	2	2	2	3	5000	0	3	6	2	3	2	13	7	2	4	4	2	2	4	4
Ramya bhai	2	2	2	2	1	UGH	3	1	2	2	2	3	6000	1	3	6	2	3	1	13	7	5	1	2	4	2	4	4
Priya	2	2	2	3	1	UGH	3	1	0	2	2	4	7000	2	3	6	1	3	3	13	7	4	2	1	5	2	3	4
Shilpa	3	2	3	3	1	UGC	3	1	0	2	3	4	8000	3	3	6	2	1	2	13	7	6	0	4	2	2	5	4
Kavya	3	2	3	4	1	UGC	3	1	0	2	2	4	5000	1	3	7	2	1	2	13	7	6	0	3	3	2	5	4
Harish	1	1	1	3	1	UPM	4	1	2	1	3	1	35000	1	3	6	2	3	4	13	7	5	1	1	5	2	5	4
Dhanush	1	1	1	2	1	UPM	4	1	2	1	1	3	10000	2	3	6	2	1	2	13	7	5	1	4	2	2	5	4
Prathana	1	2	1	2	1	UPM	4	2	3	1	2	2	8000	0	3	6	2	1	1	13	7	5	1	1	5	2	4	4
Sanjay	2	1	2	2	1	UPH	4	1	3	1	2	3	9000	2	3	6	1	3	3	13	7	2	4	6	0	2	5	4
Madhu	2	1	2	2	1	UPH	4	2	3	1	2	2	13000	1	3	6	2	3	2	13	7	6	0	0	6	2	2	4
Harshitha	2	2	2	1	1	UPH	4	2	3	1	1	1	19000	0	3	6	2	3	2	13	7	5	1	0	6	2	4	4
Sukrutha	2	2	2	3	1	UPH	4	1	3	1	1	2	11000	1	3	3	1	3	2	13	7	6	0	2	4	2	4	4
Tejaswini	2	2	2	2	1	UPH	4	1	3	1	1	3	9000	2	3	6	2	1	1	13	7	6	0	2	4	2	4	4
lakshmi	2	2	2	2	1	UPH	4	1	3	1	1	3	8000	1	3	6	1	2	1	13	7	5	1	0	6	2	4	4
bhavana	2	2	2	2	1	UPH	4	1	3	1	2	3	8000	2	3	6	1	2	2	13	7	5	1	1	5	2	5	4
Sunil	3	1	3	2	1	UPC	4	2	3	1	2	1	25000	2	3	6	1	3	2	13	7	6	0	1	5	2	3	4
Chethana	1	2	1	4	1	RGM	1	1	0	2	2	4	7000	2	3	6	2	3	2	14	7	5	1	2	4	1	3	4
Karthik	2	1	2	3	1	RGH	1	1	0	2	4	4	5000	3	3	1	2	2	3	14	7	6	0	0	6	1	4	5
Vijay Kumar	2	1	2	3	1	RGH	1	1	0	2	3	4	4000	2	3	1	2	1	2	14	7	6	0	2	4	1	4	4
Anusha	2	2	2	2	1	RGH	1	1	2	2	1	2	10000	0	3	6	2	3	5	14	7	4	2	2	4	1	3	4
Rajkesh	3	1	3	2	1	RGC	1	1	0	2	2	3	9000	2	3	7	1	3	2	14	7	4	2	2	4	1	4	4
Vinod kumar	1	1	1	4	1	RPM	2	1	2	1	2	3	5000	1	1	7	1	3	3	14	7	4	2	2	4	1	4	4
Vidya	1	2	1	1	1	RPM	2	1	0	2	2	2	7000	0	3	1	2	3	3	14	7	6	0	2	4	1	3	5
sunita	2	2	2	3	1	RPH	2	1	0	2	2	2	9000	1	3	2	2	1	2	14	7	5	1	1	5	1	3	4
Sushma	3	2	3	3	1	RPC	2	1	0	2	2	3	8000	1	3	1	2	1	3	14	7	5	1	3	3	1	3	3
Pushpa	3	2	3	4	1	RPC	2	1	0	2	2	3	8000	1	3	7	2	1	2	14	7	4	2	4	2	1	2	4
Muzamil	1	1	1	2	2	UGM	3	1	2	2	1	3	9000	2	3	1	2	3	4	14	7	4	2	4	2	2	2	4
Vidya	1	2	1	1	1	UGM	3	1	0	2	2	2	7000	0	3	1	1	1	3	14	7	4	2	0	6	2	3	4
Suvarna	2	2	2	2	1	UGH	3	1	2	2	1	4	5000	2	3	6	2	3	2	14	7	4	2	0	6	2	5	4
Bindu	2	2	2	2	1	UGH	3	1	2	1	2	3	7000	1	3	6	2	3	1	14	7	6	0	3	3	2	3	4
Amrutha	3	2	3	2	1	UGC	3	1	3	2	3	4	6000	3	1	7	1	3	3	14	7	5	1	1	5	2	3	4
Manjula	3	2	3	2	1	UGC	3	1	3	2	3	4	6000	2	3	7	2	1	3	14	7	4	2	2	4	2	5	4
Pavithra	3	2	3	2	1	UGC	3	1	3	2	3	3	8000	3	1	7	2	3	3	14	7	5	1	1	5	2	4	4
Nandish	1	1	1	2	1	UPM	4	1	3	1	1	1	14000	1	1	7	2	1	3	14	7	4	2	2	4	2	3	4
Sri hari	1	1	1	3	1	UPM	4	1	3	1	2	3	5000	0	3	6	2	1	3	14	7	4	2	0	6	2	2	4
Shashi teju	1	1	1	2	1	UPM	4	2	3	1	1	1	17000	0	3	1	2	3	4	14	7	3	3	1	5	2	3	4
Vivek	1	1	1	2	1	UPM	4	2	3	1	2	1	18000	0	3	6	1	1	4	14	7	5	1	1	5	2	2	4
Sahana	1	2	1	2	1	UPM	4	1	3	1	4	1	48000	2	3	6	1	3	1	14	7	4	2	3	3	2	3	4
Chaithanya	1	2	1	2	1	UPM	4	1	3	1	2	3	8000	1	3	1	2	1	4	14	7	6	0	2	4	2	1	2
Likitha k	1	2	1	2	1	UPM	4	1	3	1	2	1	24000	2	3	1	2	1	2	14	7	4	2	2	4	2	3	4
Sahana	1	2	1	2	1	UPM	4	1	3	1	2	1	25000	0	3	6	2	2	2	14	7	6	0	0	6	2	3	4
vishal	2	1	2	2	1	UPH	4	1	3	1	1	3	8000	2	3	2	2	3	3	14	7	6	0	1	5	2	4	4
Karthik	2	1	2	2	1	UPH	4	1	3	1	1	2	10000	0	3	6	2	1	1	14	7	6	0	2	4	2	5	4
Srinivas	2	1	2	2	1	UPH	4	1	3	1	2	3	9000	2	3	6	1	3	2	14	7	6	0	2	4	2	5	4
Vikil	2	1	2	2	1	UPH	4	1	3	1	2	2	10000	1	3	6	2	3	1	14	7	4	2	3	3	2	5	4
Varun kumar	2	1	2	3	1	UPH	4	2	3	1	1	1	50000	1	3	6	2	1	2	14	7	6	0	1	5	2	3	4
Vamshi	2	1	2	2	1	UPH	4	1	3	1	1	2	9000	1	3	6	2	3	2	14	7	5	1	1	5	2	3	3
Anusha	2	2	2	2	1	UPH	4	1	3	1	1	2	7000	0	3	6	1	1	1	14	7	5	1	5	1	2	3	4
Chandan	3	1	3	2	1	UPC	4	1	3	1	2	2	20000	2	3	6	1	1	2	14	7	6	0	1	5	2	3	4
Manohar	3	1	3	2	1	UPC	4	2	3	1	2	1	20000	1	3	6	2	3	3	14	7	5	1	1	5	2	3	4
Soumya	3	2	3	3	1	UPC	4	1	3	1	2	3	10000	2	3	6	2	3	2	14	7	4	2	0	6	2	3	4
Asha	1	2	1	3	1	RGM	1	1	2	2	2	3	6000	1	3	2	1	3	3	15	7	5	1	2	4	1	1	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Gangadhara	2	1	2	2	1	RGH	1	1	0	2	2	3	10000	2	3	1	2	3	2	15	7	3	3	1	5	1	3	5
Chalapathi	3	1	3	3	1	RGC	1	1	0	2	1	2	8000	0	3	6	2	2	3	15	7	4	2	2	4	1	2	4
Sanjana	3	2	3	4	1	RGC	1	1	0	2	1	2	10000	0	3	6	1	3	3	15	7	5	1	1	5	1	3	4
Muskan	1	1	1	2	2	RPM	2	1	0	2	1	2	7000	0	3	1	2	3	1	15	7	5	1	1	5	1	4	4
Yashith	1	1	1	2	1	UGM	3	1	3	1	3	2	9000	2	1	2	2	1	2	15	7	6	0	1	5	2	3	4
Ankitha	1	2	1	2	1	UGM	3	1	3	1	3	3	9000	2	3	1	2	2	2	15	7	5	1	2	4	2	3	4
Swarna kumar	3	1	3	3	1	UPC	4	2	3	1	3	2	20000	2	3	6	2	2	3	15	7	3	3	5	1	2	3	4
Sunayana18	3	2	3	1	1	UPC	4	1	3	1	2	1	100000	1	3	6	2	3	1	15	7	6	0	0	6	2	2	4
Srikanth	1	2	1	2	1	RGM	1	1	0	2	3	3	8000	2	2	6	2	3	2	16	7	6	0	3	3	1	4	4
Shaziya	2	2	2	2	2	RGH	1	1	0	2	1	2	8000	0	3	1	2	1	2	16	7	5	1	1	5	1	4	4
Chaithra	2	2	2	4	1	RGH	1	1	0	2	1	3	6000	0	3	6	2	3	1	16	7	3	3	3	3	1	4	5
Bhavana	1	2	1	3	1	RPM	2	1	2	1	3	3	8000	2	3	1	2	3	1	16	7	5	1	4	2	1	3	5
Anil	2	1	2	2	1	RPH	2	1	2	2	1	2	9000	0	3	6	1	1	3	16	7	5	1	3	3	1	4	4
Asha rani	3	2	3	4	1	RPC	2	1	2	2	1	2	10000	0	3	6	2	1	3	16	7	5	1	1	5	1	3	2
Sindhu	1	2	1	3	1	UGM	3	1	3	1	1	2	13000	1	3	1	1	1	2	16	7	6	0	3	3	2	4	4
Nagesh	1	2	1	3	1	UGM	3	1	0	2	3	4	6000	2	3	1	2	1	2	16	7	6	0	3	3	2	3	4
Vinay	2	1	2	3	1	UGH	3	1	3	2	1	3	10000	2	3	6	2	3	2	16	7	4	2	4	2	2	3	4
ankitha	2	2	2	1	1	UPH	4	2	3	1	1	1	18000	0	3	6	1	3	2	16	7	6	0	0	6	2	3	4
Ramakanth	3	1	3	2	1	UPC	4	1	3	1	3	2	11000	2	3	6	1	1	3	16	7	6	0	3	3	2	4	4
Uday kumar	3	1	3	1	1	UPC	4	1	0	1	2	2	11000	2	3	2	2	1	2	16	7	4	2	5	1	2	4	4
Rakesh	3	1	3	2	1	UPC	4	2	3	1	1	1	30000	1	3	6	2	3	2	16	7	3	3	3	3	2	4	4
madhavi	3	2	3	2	1	UPC	4	1	3	1	1	2	10000	1	1	2	2	3	2	16	7	6	0	2	4	2	4	4
Kavyashree	1	2	1	2	1	RGM	1	1	2	2	1	2	7000	0	2	2	2	3	2	17	7	5	1	2	4	1	4	4
Renuka	1	2	1	3	1	RGM	1	1	2	2	2	3	7000	1	3	1	1	1	2	17	7	6	0	3	3	1	4	4
Sowmya	2	2	2	2	1	RGH	1	1	2	2	1	2	10000	0	3	6	2	1	1	17	7	5	1	1	5	1	3	4
Sneha	1	2	1	1	1	RPM	2	2	2	1	2	1	28000	0	3	6	2	3	2	17	7	6	0	6	0	1	3	5
Renuka	1	2	1	3	1	RPM	2	1	2	2	2	3	7000	1	3	1	2	1	2	17	8	6	0	1	5	1	4	4
Thanushree	1	2	1	2	1	RPM	2	2	2	1	2	1	15000	0	3	6	2	3	3	17	8	6	0	0	6	1	3	4
Suman	3	1	3	2	1	RPC	2	1	2	2	2	4	6000	2	3	7	2	3	3	17	8	4	2	1	5	1	4	3
Bhavani	3	2	3	3	1	RPC	2	1	2	2	1	4	7000	2	3	1	2	3	2	17	8	3	3	1	5	1	3	3
Muskan	1	1	1	2	2	UGM	3	1	0	1	1	2	7000	0	3	1	2	1	1	17	8	4	2	2	4	2	1	4
Rahul	1	1	1	3	1	UPM	4	1	3	1	1	1	16000	1	1	2	2	3	2	17	8	4	2	2	4	2	5	4
Mohith	2	1	2	2	1	UPH	4	1	3	1	1	2	9000	0	3	6	2	3	1	17	8	5	1	0	6	2	2	4
manvitha	2	2	2	2	1	UPH	4	1	3	1	1	2	9000	0	3	6	1	1	1	17	8	6	0	3	3	2	3	4
Fizaameen	2	2	2	2	2	UPH	4	1	3	1	1	3	8000	2	3	6	1	1	1	17	8	5	1	0	6	2	3	4
Anil	1	1	1	3	1	RGM	1	1	0	2	3	3	6000	2	2	2	2	3	3	18	8	5	1	2	4	1	4	4
Rajendra prasad	1	1	1	3	1	RGM	1	1	3	2	1	3	6000	0	3	1	1	3	3	18	8	6	0	4	2	1	3	4
Manoj	1	1	1	3	1	RGM	1	1	0	2	1	2	7000	0	3	1	1	3	1	18	8	6	0	2	4	1	3	4
Indu	1	2	1	3	1	RGM	1	1	3	2	1	2	5000	0	1	6	1	3	3	18	8	5	1	1	5	1	3	5
Yeshwanth	2	1	2	2	1	RGH	1	1	0	2	1	2	8000	0	3	6	2	3	2	18	8	5	1	2	4	1	4	5
Anil Kumar	2	1	2	3	1	RGH	1	1	0	2	1	2	9000	0	3	1	2	1	3	18	8	5	1	3	3	1	4	4
Dhanush	2	1	2	2	1	RGH	1	1	0	2	3	4	4000	2	1	2	2	3	5	18	8	4	2	1	5	1	2	4
Mohan	2	1	2	3	1	RGH	1	1	3	2	3	3	9000	2	3	1	2	3	5	18	8	5	1	1	5	1	1	4
Chandra	2	1	2	3	1	RGH	1	1	0	2	2	2	9000	1	3	1	2	3	5	18	8	4	2	2	4	1	4	4
Nagaveni	2	2	2	3	1	RGH	1	1	0	2	3	3	6000	1	1	2	2	1	5	18	8	4	2	2	4	1	3	4
Pallavi	2	2	2	4	1	RGH	1	1	3	2	2	2	8000	1	1	7	2	3	5	18	8	4	2	2	4	1	3	4
Prathana	1	2	1	2	1	RPM	2	2	2	2	2	2	8000	0	3	6	2	3	1	18	8	6	0	1	5	1	4	4
Chandana	1	2	1	2	1	RPM	2	1	3	1	1	1	40000	0	3	6	2	3	2	18	8	5	1	1	5	1	3	4
Aravinda	2	1	2	2	1	RPH	2	1	3	2	2	4	5000	2	3	1	1	1	5	18	8	2	4	1	5	1	3	4
Aravind	2	1	2	2	1	RPH	2	1	3	2	2	4	7000	2	3	1	2	1	4	18	8	4	2	0	6	1	4	4
Shridhar	2	1	2	3	1	RPH	2	1	0	2	1	2	8000	0	3	3	1	2	3	18	8	5	1	2	4	1	3	4
amrutha	3	2	3	2	1	RPC	2	1	3	2	3	4	5000	2	1	2	1	1	5	18	8	4	2	0	6	1	3	3
Maresh	1	1	1	2	1	UGM	3	1	3	1	2	2	10000	0	3	1	2	3	1	18	8	6	0	2	4	2	4	4
Thanushree	1	2	1	2	1	UPM	4	2	3	1	2	1	15000	0	3	6	2	3	3	18	8	2	4	4	2	2	3	4
Vijay kumar	3	1	3	2	1	UPC	4	1	0	2	2	2	11000	1	3	6	2	3	3	18	8	6	0	1	5	2	4	4
Ambika	3	2	3	2	1	UPC	4	1	3	1	2	2	16000	1	3	1	2	3	3	18	8	6	0	1	5	2	4	4
Shweha	1	2	1	2	1	RGM	1	1	3	2	1	3	6000	0	3	1	2	1	2	19	8	6	0	2	4	1	4	5
Chandan	2	1	2	1	1	RGH	1	1	0	2	3	3	8000	2	3	1	2	3	3	19	8	4	2	2	4	1	4	4
Anil	3	1	3	2	1	RGC	1	1	0	2	1	4	4000	0	3	6	2	2	3	19	8	6	0	0	6	1	4	4
Nanditha	3	2	3	2	1	RGC	1	1	0	2	2	4	4000	1	2	1	2	3	1	19	8	3	3	3	3	1	4	4
Gayathri	3	2	3	4	1	RGC	1	1	3	2	4	3	9000	3	1	2	1	2	3	19	8	5	1	1	5	1	4	4
Prathana	1	2	1	2	1	RPM	2	2	3	2	2	2	8000	0	3	6	2	3	1	19	8	5	1	1	5	1	3	4
Manoj kumar	2	1	2	3	1	RPH	2	1	3	2	1	3	6000	0	2	6	2	1	5	19	8	6	0	1	5	1	2	4
sandeep	3	1	3	2	1	RPC	2	1	3	2	2	3	7000	1	3	7	2	1	2	19	8	5	1	0	6	1	4	3

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Pavithra	3	2	3	2	1	RPC	2	1	3	2	3	4	6000	3	1	6	2	3	5	19	8	3	3	0	6	1	3	4
Vijay	1	1	1	3	1	UGM	3	1	3	1	2	2	7000	1	1	2	2	3	1	19	8	6	0	3	3	2	3	4
Shwetha	1	2	1	2	1	UGM	3	1	3	2	1	2	9000	0	3	6	2	3	3	19	8	4	2	4	2	2	5	4
Aravind	2	1	2	3	1	UGH	3	1	4	1	2	3	8000	1	3	2	1	1	2	19	8	5	1	2	4	2	3	4
Pooja	2	2	2	2	1	UPH	4	2	3	1	2	1	40000	2	3	6	2	1	1	19	8	4	2	4	2	2	4	4
Deepika	2	2	2	2	1	UPH	4	1	3	1	3	4	8000	3	3	6	2	2	1	19	8	5	1	1	5	2	4	4
Bhagya	1	2	1	3	1	RGM	1	1	3	2	3	3	10000	2	3	2	2	3	2	20	8	3	3	2	4	1	4	5
Ajay	1	1	1	3	1	RPM	2	1	0	2	1	2	7000	0	1	2	2	3	1	20	8	6	0	0	6	1	4	5
Ajay	1	1	1	3	1	UGM	3	1	0	2	1	2	7000	0	1	7	2	3	1	20	8	5	1	4	2	2	3	4
Chaya	1	2	1	3	1	UPM	4	1	4	1	2	1	50000	1	3	2	2	1	2	20	8	4	2	2	4	2	4	4
Keerthi	2	2	2	2	1	UPH	4	1	4	1	2	3	8000	1	3	6	2	1	1	20	8	6	0	3	3	2	5	4
Ambaresh	3	1	3	2	1	UPC	4	1	4	1	2	2	11000	1	3	3	2	2	5	20	8	6	0	3	3	2	4	4
Kavitha	1	2	1	2	1	RGM	1	1	0	2	2	4	4000	1	3	2	1	3	2	21	8	5	1	1	5	1	3	5
Vivek	1	1	1	2	1	RPM	2	2	3	2	2	1	18000	0	3	6	2	3	4	21	8	4	2	3	3	1	4	5
Suhmith	1	2	1	2	1	RPM	2	1	3	2	1	2	8000	0	1	2	2	3	3	21	8	5	1	2	4	1	4	4
Naveen	2	1	2	3	1	RPH	2	1	0	2	2	3	7000	1	3	2	2	1	3	21	8	4	2	2	4	1	3	4
Sukanya	3	2	3	2	1	RPC	2	1	3	2	3	3	9000	2	3	7	2	1	2	21	8	4	2	0	6	1	4	4
Suhmith	1	2	1	2	1	UGM	3	1	4	2	1	2	8000	0	1	2	2	3	1	21	8	6	0	3	3	2	5	4
Nayana	1	2	1	4	1	RGM	1	1	0	2	3	3	8000	2	3	2	2	3	2	22	8	5	1	2	4	1	3	5
Narasimhappa	2	1	2	3	1	RGH	1	1	0	2	2	4	5000	1	3	7	2	1	3	22	8	5	1	2	4	1	3	4
Chandan	2	1	2	3	1	RGH	1	1	0	2	2	4	4000	1	2	2	2	3	5	22	8	5	1	2	4	1	3	4
Sudeep	3	1	3	3	1	RGC	1	1	3	2	1	2	7000	0	2	2	1	3	2	22	8	3	3	3	3	1	4	4
Munendra	3	1	3	3	1	RGC	1	1	0	2	3	4	5000	2	2	2	1	3	2	22	8	5	1	1	5	1	4	4
Sukanya	3	2	3	2	1	RGC	1	1	4	2	4	2	8000	3	3	7	1	1	2	22	8	5	1	1	5	1	2	4
Madhu	2	1	2	3	1	RPH	2	1	3	2	1	2	8000	0	3	3	1	1	3	22	8	6	0	0	6	1	3	4
Prajwal	2	1	2	2	1	RPH	2	1	3	2	3	4	5000	2	1	2	2	3	5	22	8	4	2	1	5	1	3	4
Mala	2	2	2	2	1	RPH	2	1	3	1	2	2	7000	1	1	6	1	1	5	22	9	6	0	1	5	1	2	4
Suma	2	2	2	1	1	RPH	2	1	0	2	2	3	8000	1	3	2	2	2	2	22	9	6	0	0	6	1	3	4
Suman	2	2	2	3	1	RPH	2	1	0	2	3	3	10000	2	3	2	2	2	2	22	9	5	1	1	5	1	3	4
Lavanya	3	2	3	3	1	RPC	2	1	3	2	2	3	6000	1	1	2	2	3	3	22	9	5	1	1	5	1	3	4
Sowmya	1	2	1	4	1	UGM	3	1	4	2	4	3	7000	2	1	2	2	2	3	22	9	3	3	2	4	2	3	4
Lavanya	1	2	1	3	1	UGM	3	1	4	2	2	3	6000	1	1	2	2	2	5	22	9	6	0	0	6	2	4	4
Meghana	2	2	2	2	1	UPH	4	1	4	1	1	3	9000	2	3	6	2	1	1	22	9	5	1	1	5	2	2	4
Yaseen	3	1	3	2	2	UPC	4	1	4	1	1	3	10000	3	3	3	2	3	1	22	9	5	1	1	5	2	3	4
Girish	3	1	3	2	1	UPC	4	1	4	2	1	2	11000	0	3	6	2	3	3	22	9	4	2	2	4	2	3	4
Chandra	3	1	3	3	1	RGC	1	1	4	2	2	3	6000	1	2	2	2	3	3	23	9	4	2	1	5	1	4	4
Venu	3	1	3	3	1	RGC	1	1	4	2	3	4	8000	2	2	7	2	3	2	23	9	4	2	1	5	1	4	4
Ambika	3	2	3	4	1	RGC	1	1	5	2	1	2	6000	0	1	7	1	1	2	23	9	5	1	1	5	1	4	4
Pushpa	3	2	3	4	1	RGC	1	1	5	2	2	3	7000	1	3	7	2	1	2	23	9	5	1	1	5	1	3	4
Madhu	2	1	2	4	1	RPH	2	1	0	2	4	3	10000	2	3	2	2	2	3	23	9	4	2	1	5	1	3	4
Baby	2	2	2	2	1	RPH	2	1	0	2	2	2	7000	1	1	2	2	1	5	23	9	6	0	0	6	1	2	2
Naseem Taj	1	2	1	2	2	UGM	3	1	4	1	3	3	7000	2	1	2	2	3	5	23	9	5	1	3	3	2	5	4
Manohar	2	1	2	2	1	UGH	3	1	4	1	1	4	7000	2	3	2	1	3	2	23	9	5	1	2	4	2	3	4
Vinod kumar	1	1	1	4	1	UPM	4	1	4	1	2	3	5000	1	1	2	2	1	3	23	9	5	1	0	6	2	5	4
Chandana	1	2	1	2	1	UPM	4	1	4	1	1	1	40000	0	3	6	1	3	2	23	9	3	3	3	3	2	2	4
Manojnkumar	2	1	2	3	1	UPH	4	2	5	1	1	1	17000	2	2	2	2	1	2	23	9	4	2	4	2	2	3	4
Praveen	3	1	3	2	1	UPC	4	1	0	2	3	2	20000	2	3	1	1	3	2	23	9	4	2	1	5	2	4	4
Pavithra	3	2	3	2	1	UPC	4	1	5	2	3	2	11000	2	3	1	1	3	3	23	9	4	2	3	3	2	5	4
Shreyas	3	1	3	3	1	RGC	1	1	1	2	2	2	10000	1	1	2	2	3	1	24	9	5	1	2	4	1	4	4
Abhilash	2	1	2	4	1	RPH	2	1	3	2	1	2	7000	0	3	6	2	1	3	24	9	5	1	1	5	1	3	4
Prajwal	2	1	2	2	1	RPH	2	1	3	2	3	3	6000	2	1	6	2	3	5	24	9	4	2	2	4	1	3	4
Anusha	3	2	3	4	1	RPC	2	1	4	2	2	2	10000	1	1	7	2	2	5	24	9	3	3	1	5	1	3	4
Mannjunath	2	1	2	2	1	UGH	3	1	5	2	2	2	6000	1	1	2	1	3	5	24	9	4	2	4	2	2	3	4
Babajan	2	1	2	2	2	UGH	3	1	5	1	2	2	10000	2	1	7	2	3	3	24	9	5	1	6	0	2	3	4
Arun kumar	2	1	2	3	1	UGH	3	1	5	2	2	2	10000	2	1	7	2	3	5	24	9	5	1	1	5	2	2	4
Fatima	3	2	3	2	2	UPC	4	1	5	2	3	2	11000	2	1	2	2	3	3	24	9	4	2	4	2	2	5	4
Yashith	1	1	1	2	1	RPM	2	1	4	2	3	2	9000	2	1	2	2	3	4	25	9	5	1	2	4	1	3	5
Tejaswini	2	2	2	3	1	RPH	2	1	0	2	4	3	7000	2	1	2	1	3	5	26	9	5	1	1	5	1	2	4
Anusha	3	2	3	4	1	RPC	2	1	4	2	2	2	9000	1	1	8	2	3	5	26	9	5	1	3	3	1	3	4
Ashwin	3	1	3	1	1	UPC	4	2	5	1	1	1	30000	0	3	7	2	2	5	26	9	6	0	0	6	2	2	4
Navyashree	1	2	1	3	1	UGM	3	1	6	2	1	2	6000	0	1	1	1	3	3	27	10	5	1	2	4	2	3	4
Navyashree	1	2	1	3	1	RPM	2	1	5	2	1	2	6000	0	1	7	2	3	3	29	10	3	3	1	5	1	2	4
Sreenidhi	1	2	1	1	1	UPM	4	1	6	1	3	1	39000	2	1	6	1	1	3	29	10	6	0	2	4	2	4	4
Roshan	3	1	3	2	2	UPC	4	1	6	1	2	3	8000	1	3	1	2	3	1	29	10	5	1	0	6	2	2	4

NAME	AGE	SEX	CLASS	CASTE	RELIGION	TYPE OF SCHOOL	school coded	SES	EOF	EOM	BIRTH ORDER	Modified BG prasad classification	Monthly income	NO OF SIBLINGS	Family Problems	Social problems	STAY	TOF	Schaolastic Performance	DASS21	GHQ12	POSITIVE. Y	POSITIVE. N	NEGATIVE. Y	NEGATIVE. N	PLACE	OOF	OOM
Gangaraju	3	1	3	2	1	UPC	4	1	0	2	4	3	10000	3	3	6	1	2	3	30	10	6	0	2	4	2	2	2
Chalapathi	2	1	2	4	1	RPH	2	1	0	2	1	3	6000	0	3	3	1	1	3	31	10	5	1	0	6	1	3	4
Sandya	1	2	1	3	1	UGM	3	1	6	2	2	3	8000	2	1	2	1	3	5	31	10	6	0	4	2	2	3	4
Chethan	3	1	3	3	1	UPC	4	1	0	1	1	2	11000	1	1	6	1	3	2	31	10	6	0	0	6	2	3	4
Supriya	3	2	3	2	1	UPC	4	1	6	1	1	2	11000	1	3	6	2	3	3	31	10	5	1	1	5	2	3	4
noor	1	2	1	2	2	UGM	3	1	6	1	2	2	9000	2	1	2	1	3	5	32	11	5	1	3	3	2	3	4
Supriya	3	2	3	1	1	UPC	4	1	6	1	2	1	20000	1	3	6	1	1	1	35	11	6	0	3	3	2	3	4
Likith gowda	2	1	2	2	1	UPH	4	1	6	1	2	1	32000	1	1	2	2	3	1	37	12	5	1	1	5	2	3	4