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Original Research

A comparative study of interpersonal relationships of male adolescents among rural and urban population of Amritsar district of Punjab

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ABSTRACT:
Background: Adolescence is a critical developmental period for successful transition to adulthood. This phase is most vulnerable phase of life as interaction with outer world is maximum in this period. Effect of outer world is clearly seen as maximum cases of drug addiction, suicides and violence are reported in this age group. **Aims:** To know the interpersonal relationships of male adolescents and to compare the interpersonal relationships of male adolescents among rural and urban populations. **Study Design:** A Cross Sectional study was carried out among the adolescent males born between 1st January1991 to 31st December 1992 in rural and urban areas of district Amritsar. **Methods & Material:** Written informed consent was obtained from all the study subjects. The male adolescents was interviewed and physical parameters were measured. **Results:** In rural area, only 5(1.7%) adolescents were having problem in relationship, whereas among urban male adolescents 18(6.0%) were having problem in relationship. Those who were facing some problem in relationships shows that in adolescents with rural background majority 3(60.0%) 68(22.7%) were having problem on moral values and 2(40.0%) were having problem with girls issues whereas among urban male adolescents, majority 6(33.3%) were having problem on moral values followed by attitude 8(44.4%) and addiction issues 4(22.2%). **Conclusion:** It was concluded from the study that the urban adolescents were having more relationship issues than rural adolescents and the differences comes out to be statistically significant.
Keywords: Adolescence, interpersonal relationships, rural population, urban population.

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INTRODUCTION

The word adolescence is Latin in origin, derived from the verb adolescere, which means "to grow into adulthood." Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood.[1] There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual's behaviour, development, and relationships. These transitions are biological, cognitive, social, and emotional. During adolescent period there occur various changes, which can be physical, psychological, economic and social development1.[1,2,3]

During this time period the interpersonal relationships are one of the domain which is the root cause of various conflicts and settlements. Psycho-social development includes establishing identity,

becoming independent, self governed person within relationships and becoming comfortable with ones' sexuality. It is the period when the child moves from dependency to autonomy. It is a period demanding significant adjustment to the physical and social changes which distinguish childhood behaviour from adult behaviour.[4]

Piaget viewed the increased ability for abstract thinking as a giant step in mental development. The teenager may become fascinated with this newfound intellectual tool and this factor contributes to the self-centred behavior and narcissistic value system ("What is right is what makes me feel good", "What is right is what I want") adolescents often display. Hence much activity in adolescence is impulsive with little thought about consequences.[5]

Adolescence is a critical developmental period for successful transition to adulthood. This phase is most vulnerable phase of life as interaction with outer world is maximum in this period. Effect of outer world is clearly seen as maximum cases of drug addiction, suicides and violence are reported in this age group. [6] The 70% of the mortality in adulthood is linked to habits picked up during adolescence (risk-taking behaviour, substance abuse, eating habit and conflict resolution.) Prevailing malnutrition, anaemia, stunting and lack of immunization have adverse impact on MMR, IMR, and morbidity and have intergenerational effects.[7]

But it has been seen that many adolescents die prematurely due to accidents, suicides, violence, and pregnancy related complications and other illnesses that are either preventable or treatable. As compared to adults, sexually active adolescents are at higher risk of acquiring STI's due to combination of developmental, behavioural and biological reason.[7]

Along with negative factors, this age group has lot of positivity as they got right to vote, driving license, right to take his/her own decisions, right to do any job, right to marry (in case of girls).[7]

The range of this age group varies from pure vegetarian to a very addicted person who can't live without drugs. From a totally illiterate to a genius one. From a totally dependent to only earning member of family. From a couch potato to an all rounder who along with studies plays, participate in games, do theatre and wins trophies. From a student to a businessman. From a poor who have to drop studies due to lack of money to spoiled ones enjoying every luxury of life.[8]

All these positive and negative factors originates from the community only. This is very important to identify these factors in the community, discourage the development of those with negative impact while encouraging the positive ones.

Social background is identified to be a major factor which is having spectrum of impacts on the young generations. In India there are lots of differences in parameters of rural and urban India including literacy, as rural areas usually lack in case of literacy. The rate of growth in decade ending 2001 has been higher in rural areas at 14.75 as compared to 7.2 in case of urban. Despite these improvements, literacy in urban areas was 80.3% whereas in case of rural it was 59.4%. If we look at health facilities, we will find although with the emergence of concept of NRHM, health facilities and health scenario in rural India is improving, but still the rural areas lacks behind in case of health facilities as compared to urban.[9]

Rural adolescents have narrow choice for getting treatment i.e. either from doctor at PHC/SHC (that too from 9 am to 2 pm) or from local practitioner and many like to go to faith healers. There are also differences in occupation i.e. in case of rural setting; majorities are cultivators and few representing non-agricultural pursuits. Whereas in case of urban setting they engage primarily in manufacturing, commerce, professionals, governing and other non-agricultural occupants, that too vary from city to city.

Environment is also different in both. In rural setting, there is predominance of nature over anthropologico-social environment and direct contact with nature. Whereas in urban setting, there is predominance of manmade environment. When we talk about race and psychology, we find that in case of rural setting, population is more homogenous in case of race and psychological traits whereas it is heterogeneous in case of in case of urban setting.[9]

Most of the programmes running in our country have emphasized upon females and adolescent boys has not given due place. So, there is need to develop comprehensive programme for adolescents, highlighting the needs of safety, belongingness and self-esteem.[10]

Adolescents are not only in large numbers but are the future citizens and work force of tomorrow. Our knowledge about interpersonal relationships of adolescent males is limited as most of the studies are of western countries, urban areas or done in schools. So, most of the rural and school dropouts has been mostly leftout. There is lack of community based study of interpersonal relationships of adolescent males in rural and urban areas in this age group. The age group of 18 years has passed through all the stages of adolescence and can provide lot of information regarding the entire adolescent period from their experience. Hence, this study was planned to study the interpersonal relationships of male adolescent population of Amritsar.

AIMS AND OBJECTIVES

- To know the interpersonal relationships of male adolescents of amritsar district.
- To compare the interpersonal relationships of male adolescents among rural and urban populations

METHODOLOGY

Study Design: A Cross Sectional study was carried out among the adolescent males born between 1st January1991 to 31st December 1992 in rural and urban areas of district Amritsar

Study Duration: one year.

Study Area: Rural and urban area of Amritsar district. For study in the rural areas, out of the three Primary Health Centers attached to Government Medical College, Amritsar was selected by draw of lots. The area that was selected was Community Development Block Majitha. For survey in urban areas, wards were taken as unit of study.

Population Covered: Rural area - One Community Development Block

Urban area- Total population- 986765

Sampling technique: 30 cluster sampling for rural and urban population.

Sample Size: 600 male adolescents.

Study Tool: A self structured proforma was used to record the information obtained by interview.

Strategy: Before inclusion written informed consent was obtained from all the study subjects. The male adolescents was interviewed and physical parameters were measured.

Data Analysis: The data thus obtained was compiled and analysis was done using epi info and valid conclusions were drawn.

OBSERVATION AND DISCUSSION

Table 1
Distribution of male adolescents having cordial relationship with different members

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Parents	300	100%	298	99.3%	598	99.7%
Siblings	300	100%	296	98.7%	596	99.3%
Relatives	300	100%	292	97.3%	592	98.7%
Friends	297	99.0%	298	99.3%	595	99.2%
Others	298	99.3%	294	98.0%	592	98.7%

Multiple responses were permitted to this question

Table 1 shows that among rural male adolescents, 300(100%) had cordial relationship with parents, siblings and relatives, 298 (99.3%) were having cordial relationship with others and 297(99.0%) had cordial relationship with friends. Among urban male adolescents, 298(99.3%) were having cordial relationship with parents, 296(98.7%) were having cordial relationship with siblings, 292(97.3%) with relatives, 298(99.3%) with friends and 294(98.0%) were having cordial relationship with others.

Table 2
Distribution of male adolescents having any problem in relationship

	Rural		Urban		Total	
	No.	%	No.	%	No.	%
No	295	98.3%	282	94.0%	577	96.3%
Yes	5	1.7%	18	6.0%	23	3.7%
Total	300	100.0%	300	100.0%	600	100.0%

Chi sq=9.248 df=1 p<0.05

Table 2 shows that among rural male adolescents 5(1.7%) and among urban male adolescents 18(6.0%) were having problem in relationship. The difference in distribution of male adolescent's population according to problem in relationship in rural and urban area was found to be statistically significant. Among total 600 male adolescents 23(3.7%) were having problem in relationship.

Table- 3
Distribution of male adolescents according to reason for having problem

	Rural		Urban		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
Moral Values	3	60.0%	6	33.3%	9	39.1%
Girls	2	40.0%	0	0.0%	2	8.7%
Attitude	0	0.0%	8	44.4%	8	34.8%
Addiction	0	0.0%	4	22.2%	4	17.4%
Total	5	100.0%	18	100.0%	23	100.0%

Chi sq=11.244 df=3 p<0.05

Table 3 shows that among the rural male adolescents having some problem, 3(60.0%) were having problem on moral values and 2(40.0%) were having problem with girls issues. Among urban male adolescents who were having some problem, 6(33.3%) were having problem on moral values, 8(44.4%) were having problem on attitude and 4(22.2%) were having problem on addiction issues. Among total 23 male adolescents having problem in relationship 9(39.1%) were having on moral values, 2(8.7%) were having on girls, 8(34.8%) were having on attitude and 4(17.4%) were having on addiction.

The difference in distribution of male adolescent's population according to reason for problem in rural and urban area was found to be statistically significant.

Table- 4
Showing whether they have discussions with parents along with topics

	Rural		Urban		Total	
	No.	%	No.	%	No	%
Academic	162	54.55%	200	67.5%	362	60.6%
Career	205	69.0%	261	88.2%	466	78.7%
Health /Reproductive	123	41.4%	182	61.5%	305	51.1%
General	253	85.2%	251	84.8%	504	84.3%
Any other	9	3.0%	0	0%	9	1.5%
Total	296	100%	296	100%	592	100%

*** Multiple responses were permitted to this question**

Table 4 shows that majority of male adolescents among rural and urban area discussed various topics with parents i.e. 296 (98.7%) from each rural and urban. Majority, 253(85.2) in rural area discussed general topics whereas in urban area, 261(88.2%) discussed about career. Among rural male adolescents, 205(69.0%) discussed about career, 162(54.5%) discussed about academics, 123(41.4%) discussed about health or reproductive topics and 9(3.0%) discussed some other topic. Among urban male adolescents, 251(84.8%) discussed general topics, 200(67.5%) discussed about academics, 182(61.5%) discussed about health or reproductive topics. Among total 592 male adolescents who have discussions with parents, 504(84.3%) discussed general topics whereas in urban area, 466(78.7%) discussed about career, 362(60.6%) discussed about academics, 305(51.1%) discussed about health or reproductive topics and 9(1.5%) discussed some other topic.

Table 5
Distribution of Male adolescents having difference of opinion with parents

	Rural		Urban		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
Travelling	28	28.3%	12	24.0%	40	26.8%
Friends	8	8.1%	4	8.0%	12	8.1%
Study	11	11.1%	23	46.0%	34	22.8%
Work	38	38.4%	5	10.0%	43	28.9%
Others	14	14.2%	6	12.0%	20	13.4%
Total	99	100.0%	50	100.0%	149	100.0%

Chi sq=28.818 df=4 p<0.001

Table 5 shows that majority, 199(66.3%) male adolescents from rural area and 250(83.3%) from urban area had no difference of opinion with parents. Among those having difference of opinion among rural male adolescents, 38(38.4%) had difference of opinion on work issue, 28(28.3%) had difference of opinion on travelling issue, 11(11.1%) had difference of opinion on study issue, 8(8.1%) had difference of opinion on friends and 14(14.2%) had difference of opinion on other issues. Whereas in urban area, 23(46.0%) had difference of opinion on study issue, 12(24.0%) had difference of opinion on travelling issue, 5(10.0%) had difference of opinion on work issue, 4(8.0%) had difference of opinion on friends and 6(12.0%) had difference of opinion on other issues.
Among total 151 male adolescents having difference of opinion with parents, 43(28.9%) had difference of opinion on work issue, 40(26.8%) had difference of opinion on travelling issue, 34(22.8%) had difference of opinion on study issue, 12(8.1%) had difference of opinion on friends and 20(13.4%) had difference of opinion on other issues.
The difference in distribution of male adolescents population according to difference of opinion with parents in rural and urban area was found to be statistically highly significant.

Table 6
Distribution of male adolescents having difference of opinion with siblings

	Rural		Urban		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
Study	2	6.7%	0	0.0%	2	5.0%
Work	28	93.3%	7	70.0%	35	87.5%
Others	0	.0%	3	30.0%	3	7.5%
Total	30	100.0%	10	100.0%	40	100.0%

Chi sq=6.815 df=2 p<0.05

Table 6 shows that majority, 270(90.0%) male adolescents among rural area and 290(96.7%) male adolescents had no difference of opinion with siblings. Among those having difference of opinion with siblings, majority had on work issues i.e. 28(93.3%) in rural and 7(70.0%) in urban. Among rural male adolescents 2, (6.7%) had difference of opinion on study issues and among urban male adolescents, 3(30.0%) had difference of opinion on other issues. Among total 40 male adolescents having difference of opinion among, 35(87.5%) had difference of opinion on work issue, 2(5.0%) had difference of opinion on study issue, and 3(7.5%) had difference of opinion on other issues.
The difference in distribution of male adolescents population according to difference of opinion with siblings in rural and urban area was found to be statistically significant.

Table 7
Distribution of male adolescents having difference of opinion with other family members

	Rural		Urban		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
No	297	99.0%	292	97.3%	589	98.2%
Yes	3	1.0%	8	2.7%	11	1.8%
Total	300	100.0%	300	100.0%	600	100.0%

Chi sq=2.027 df=1 p>0.05

Table 7 shows that only 3(1.0 %) of rural male adolescents and 8(2.7%) urban male adolescents had difference of opinion with family members other than parents and siblings. Among those having difference of opinion reason was mainly family and money.
The difference in distribution of male adolescents population according to difference of opinion with other family members in rural and urban area was found to be not statistically significant.

CONCLUSION

In rural area, only 5(1.7%) adolescents were having problem in relationship, whereas among urban male adolescents 18(6.0%) were having problem in relationship. Those who were facing some problem in relationships shows that in adolescents with rural background majority 3(60.0%) 68(22.7%) were having problem on moral values and 2(40.0%) were having problem with girls issues whereas among urban male adolescents, majority 6(33.3%) were having problem on

moral values followed by attitude 8(44.4%) and addiction issues 4(22.2%).

Majority 592(98.7%) of adolescents were doing healthy discussion with their parents to become more aware of their power to make choices and decisions about their lives. But here there was no difference in prefering the topic of discussion according to social background as both in rural area 123(41.4%) as well as in urban area 182(61.5%) majority of adolescents discussed about health or reproductive topics. The reason being that these topics remain untouched by all the social supports of the adolescents i.e. teachers , parents, relatives etc.

It was observed in the present study that difference of opinion with their parents was more in the rural area i.e. 101(33.7%) as compared to urban area i.e. 50(16.7%).Among rural male adolescents, majority 38(38.4%) had difference of opinion on work issue. Whereas in urban settings, majority 23(46.0%) had difference of opinion on study issue.

Again difference of opinion among siblings was observed more in 30(10%) in rural area as compared to 10(3.3%) urban area. But the difference of opinion among siblings was mainly on work issue in both rural 28(93.3%) and urban 7(70%) areas.

230(38.3%) were allowed to go outside late night, prevalence equal in rural and urban area. Among those who were allowed to go outside late night, majority 161(69.4%) were allowed to go alone.

RECOMMENDATIONS

Strengthen the public health care system at all levels, particularly RCH services, with clearly specified strategies and activities focusing on male adolescent population. The public health system needs to develop additional physical facilities and equipment and enhance and provide additional resources.

Develop a systematic and in-depth assessment of adolescents' health and development needs.

The assessment should be participatory and reflect the perspective of adolescents. It will require biomedical, social, and psychological research to understand the issues related to adolescents' behaviour, myths and misconceptions, practices, and risks associated with sexual and reproductive behaviour.

Network with and involve NGOs to a much greater extent. There should be information sharing and capacity building of NGOs. More importantly, there should be a common understanding of issues and approaches to meet adolescents' reproductive and psychosocial needs.

Involve parents in reproductive education and one-one-one, home-based counselling, which could result in a path-breaking success. This would require that parents be educated, be able to change their perceptions and attitude about reproductive and sexual health, and show a willingness to initiate age appropriate dialogue with their children.

Activate youth forums at the village level to remove myths and misconceptions about sexual health, and channel the energy of youth and adolescents in constructive, income-generating activities.

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