

Lifestyles impact on  
adolescent stress  
levels in india  
psychology essay



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The mismatch between the personal resources and environmental demands lead to stress. Such conceptualizations are examples found in the P-E Fit theory and Lazarus' theory of stress. These definitions lay great importance on the emotional component of stress. The three different approaches in explaining the concept of stress are: medical, psychological and sociological. The first viewpoint explains stress as a bodily response to environmental demands and also involves physiological components; the second viewpoint explains it as the cognitive appraisal (mental picture) of the environment. The third as the resultant of stressful societal conditions. Stress consists of any event in which environmental demands, internal demands, or both go beyond the adaptive resources of the individual, social system or tissue system (Farmer, Monahan and Hekeler, 1984).

Thus, since the 1960's, the West has been turning to the East for respite from the materialistic lifestyle. In contrast, life in the East appeared simpler. However, today things are changing in the East too (Agarwal, 2001).

However, today things are changing in the East too. A recent report by Political and Economic Risk Consultancy (PERC), Hong Kong, revealed that there is an increase in stress levels in Asia. In the year 1997, Asia was considered to be a much more stressful. India ranked after Vietnam, South Korea, Thailand, Hong Kong, the Philippines, China, Indonesia, Singapore and Japan. Lots of research has been explored for adults in a range of low-income countries for health consequences as a result of rapid cultural and economic change but comparable research in children and adolescents is currently lacking (McDade, 1810). The awareness and concern about the health of adolescents surged in the mid-1960's with the so-called "teenage bulge". An

important contribution to the shift in attention to adolescents was their socially disturbing behaviors-drug taking, dropping out of school, running away from home, homicide, suicide, teenage pregnancy and childbearing. (Brunswick, 1984).

An adolescent is a transitional phase, between childhood and adulthood. A lot of biological, physical, mental and emotional changes are taking place during this stage, as well as there is a shift in responsibility and role (Sulaiman, et. al. 2009). Today's adolescents are under more stress than previous generations. Not much of research has been done to measure the stress levels or their effects on adolescents. (Youngs Jr., et. al. 1990).

Number of factors that contribute to situational changes in many areas of an adolescent's life. Such stress has been related to delinquent conduct (Novy and Donahue, 1985), academic performance (Fontana & Dourdo, 1984), and classroom burnout (Finian & Cross, 1986). Lifestyle is also taking place quite steadily in countries, especially in urban areas and in the affluent class (Singh and Joshi, July 2008). The rise in death rate could be controlled if one would eat healthier foods, reduce on alcohol consumption, practice safe sex, eliminate smoking, and exercise regularly. It was seen that during the 1980's there was a decline in the death rates from lifestyle related causes, with the exception of deaths from smoking (US Department of health and human services, 1991). Lalonde, 1974 reported that the leading cause of premature death can be attributing to lifestyle, his decision making, his behavior which determines a person's quality of life. Recently, there has been an increase in the awareness relating to knowledge and habits. For example, in the country, saturated fatty acids, full-fat milk and red meat are being replaced

with low saturated fats, semi-skimmed milk and white meat. Also there is an encouragement to reduce one's intake of agents that maybe harmful to one's health (eg: smoking and alcohol)(Curtis, 2000).

In a research work by Brunswick (1984) reported that males and females differed in the nature of their nutrition problems as young adults. He found that the second most frequent problem by males was being underweight (29 per cent); young adult females it was overweight (40 per cent). Headaches ranked third among females (35 per cent) and seventh among males (19 per cent). It was also reported that headaches and anemia are on an increase among females than males. Females remained ahead of males in their self-reported rates of a nervous-emotional problem, stomach pains, vomiting, dizziness and fainting, even though males report also an increased on this latter complaint. Males increased more than females in their reports of gonorrhoea, syphilis, and a serious accident or injury. The speech problem remained constant among males although in females it declined.(Brunswick, 1984).

Different stress levels exist among students because of different genetic inheritance. Mohd. Daud (1990) reported that research by genetic scientists revealed that different organisms possess different defense mechanism towards different types of stress. Stress is also responsible an increased risk for attempted or completed suicides. It was seen that people high on life stress have higher tendency for suicidal ideation or suicidal attempts. This finding is consistent to earlier findings. For example Overholser and Gould et al. (2003) who have found that serious life stressors may be a risk factor that might result in developing a negative affect and thus leading to suicidal

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behavior among adolescents. In a study by Singh and Joshi (2008) 35.3% of suicide victims were the youth (15-29) years. Suicide rates in India have shown a gradually increasing trend (Gould, Fisher, Parides, Flory and Shaffer, (1996) as a result of stressful life events which have been associated with completed suicide in adolescence and have been reported by Singh and Joshi, (2008). The rate of suicide rose in the 1970's-1990's in youths between age ranges of 15 to 19 years (Commission on Adolescent Suicide Prevention, 2005). Kessler, Borges and Walters (1999) in their study found that the rate of attempted suicide rise precipitously during adolescence. The researchers namely Borst, Noam and Bartok (1991) observed that the advent of puberty with their ages changes in social and cognitive areas leading to a more internal than external attributions of unhappiness.(Singh and Joshi, 2008). Suicide is the third leading cause of death among young people; however the incidence of attempted suicide is much more. It has been observed that after puberty, rate of suicide increases with age until it stabilizes in young adulthood. This increase in suicide may be attributed to the onset and increase in depressive and other disorders during adolescents as compared to childhood (Shaffer, Gould, Fisher, Trautman & Moreau, 1996) as well as an increase in suicidal intent with age (Brent, Baugher, Bridge, Chen & Chiappetta, 1999). As compared to adult males, it has been found that adolescent males complete suicide at rates five times higher than rates for adolescent's females (Kochanek, Murphy, Anderson & Scott, 2004). And this may be attributed to the fact that lethal preferred method of attempt for suicide is less. After observing that changes in males psychological symptoms which were largely due to inhalants and methadone experience, not heroin, it was found that the role of lifestyle variables were associated <https://assignbuster.com/lifestyles-impact-on-adolescent-stress-levels-in-india-psychology-essay/>

with poor health. With females, similarly, the addition of the lifestyle variables failed to attenuate the already reported association of health and drug use (Brunswick, 1984). There is lack of researches regarding suicidal behavior in relation to depression, life stress and personality on adolescents in the Indian context. This increase is attributable to rising rate of depression, the increased availability of firearms and other means among adolescents (Commission on Adolescent Suicide Prevention, 2005).

The personality of an individual can also be the source of stress. Personality refers to the personal characteristic of an individual. For example, a student with a personality that likes to bottle up emotion, always fearful, rigid and narrow minded will be more prone to stress especially when faced with a situation which is not in lieu to his/ her personality . If the fitting-in process during teenage life occurs easily, it will involve stress at a minimum level (Sulaiman, et. al. 2009). It has been found by Kerby, 2000, Lolas Gomez and Suarez, 1991, Velting 1999 that neuroticism is positively related to neuroticism. Increased suicidal ideation has also been associated with low levels of extraversion, which reflects a low propensity to experience positive emotions (Kerby, 2003; Lolas et al., 1991). Studies by Kerby (2000) have also reported that psychoticism is significantly related to suicide (Kerby, 2003).

It has been found by Longitudinal studies that the drug abusers are the troubled young people who express their unhappiness through antisocial acts, impulsive disruptive, sensation-seeking style in early childhood.

Compared with other young people, their drug taking starts early (Chassin and Ritter, 2001) even though it also has genetic roots and other relating environmental factors that promote it. These factors include low SES, family  
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mental health problems, parental and older sibling drug abuse, lack of parental warmth and involvement, physical and sexual abuse, and poor school performance. It was found that peers encouragement- friends who engage in high levels of deviant talk (including rule breaking), who use drugs, and who provide access to illegal substances predicts an increase in substance abuse and other antisocial behavior (KilPartick et al, 2000; Patterson, Dishion, Yoerger, 2000). Adolescent substance abuse often has lifelong consequence. When teenagers depend on alcohol and hard drugs to deal with daily stress, they fail to learn responsible decision making skills and other coping techniques, these young people show serious adjustment problems, including depression and anti social behavior (Luther and Crushing, 1997). They often entry into marriage and child bearing and work world prematurely and fail at them. (Berk, Laura. E, 2003).

Recent surveys in India point to different conclusions about the extent of substance use among Indian adolescents. Surveys by Beauvais and Oetting and their colleagues have high rates of alcohol and drug use among Indian adolescents as compared to non-Indian adolescents (Beauvais, Oetting, Wolf, W., et al.). It was found that in 1986-87, an average 10 of 81 percent of Indian students studying in grades 7 to 12 had used alcohol; 61 percent had used marijuana; 24 percent had used inhalants; 25 percent had used stimulants; 8 percent had used cocaine; 10 percent had used hallucinogens; 11 percent had used sedatives; and 5 percent had used heroin.

Studies by (Rohson and Mccutcheon, 1980) and Broger (1980), showed to be relevant to self esteem. studies on self-esteem and alienation suggest that

Indian adolescents have negative views of themselves.

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