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Assessing Psychological Adjustment: Validation and Prevalence in Adolescent Population

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ABSTRACT

The present study employed cross sectional research design to validate and check the prevalence of psychological adjustment in adolescents. The study was carried out in two stages: prevalence and validation. A convenience sample of 100 teenagers from Gujarat, ages 13 to 19, was chosen for the validation phase. To evaluate convergent and divergent validity, a 20-item Psychological Adjustment Scale was used in conjunction with the Suicide Scale for Adolescents, Moral Disengagement Scale, and Social Anxiety Scale. To assess validity and reliability, Pearson correlation and internal consistency were calculated. The finished 20-item scale was used to gather data from 700 adolescents during the prevalence phase. Participants' and guardians' informed consent and all required approvals were acquired. Confidentiality and ethical considerations were guaranteed. In SPSS-24, frequencies and percentages were used to examine the data. The convergent validity showed significant correlation value of .345 establishing validity. The divergent validity showed no relationship with psychological adjustment problems. Further the prevalence of psychological adjustment problems was found to be 51.0 percent with low psychological adjustment problems. Psychological adjustment scale for adolescents was a reliable and valid instrument for assessing psychological adjustment problems of adolescents in Pakistan.

Introduction

Human beings go through different stages of growth and development right from the time of beginning till their death. Each of this stage is characterized by different and unique characteristics, which are different from the previous stage. The stage of growth that is manifest by the beginning of puberty and come to an end by the accomplishment of physiological and psychological development is known as adolescence (Kapur, 2015).

Adolescence

Adolescence is a stage of life with particular health, developmental needs and human rights. A time to build up skills and knowledge, to deal with emotions, relations, obtain characteristics and capabilities that are essential for enjoying the adolescents years (World Health Organization, 2017). The number of adolescents and young people in the world is at an all-time high, but if global fertility declines further, that number may not rise much more in the ensuing decades. There were 1.6 billion people in the world between the ages of 12 and 24 in 2012. Of these, 721 million were adolescents between the ages of 12 and 17, and 850 million were young people between the ages of 18 and 24. If global fertility continues to decline, the numbers in both age groups are predicted to stay within small ranges for the remainder of the century. By 2040, there will be 883 million young people and 755 million adolescents worldwide (United Nations, 2012). These adolescent populations face many problems but the current study check their psychological adjustment.

Psychological adjustment

Psychological adjustment refers to the behavioral process in which humans and other animals keep sense of balance among their various needs or between their needs and the hurdles of their environments (Searle & Ward 1990).

When someone has difficulty to cope with a stressor and lack of ability to make a normal adjustment to some environmental needs and stress, he or she can be diagnosed with adjustment disorder. Emotional or behavioral symptoms occur in reaction to a certain stressor that occurs within three months, DSM-5 (American Psychiatric Association, 2013). The distress is out of proportion and symptoms extend disability to perform social work, professional work and create disturbance in the performance of other important areas of life. Adjustment disorder specifies with depressed mood, anxiety and disturbance of conduct. Depressed mood means to feel sad, weepy, awful and to experience a lack of enjoyment in the things that used to enjoy. Anxiety includes tension, worry, difficulty to concentrate and feeling down. Disturbance of conduct, it's including behavioral problems such as fighting or out of control. Youth may skip school or break property. The proportion of individual's adjustment disorder in outpatient mental health settings ranges is around 5 percent to 20 percent and in hospital psychiatric consultation setting is 50 percent, DSM-5 (American Psychiatric Association, 2013).

Why to validate a scale?

A large portion of the work in the behavioral, social, and health sciences depends on the development and validation of scales (Boateng, et al., 2018). Accurately describing the intended underlying concepts in research findings can be ensured by proper scale development and validation. Fundamental to empirical research is the significance of collecting reliable and valid data (Lamm, et al., 2020). Research has confirmed that the results of the questionnaire must be validated. Meaning they must possess the psychometric qualities of validity, reliability, and sensitivity, in order to be useful for any use (Perrot, et al., 2018).

Why to measure prevalence?

The percentage of a population that possesses a particular trait throughout a specified time frame is known as its prevalence. (National Institute of Mental Health, n.d). Here, it is important to note that statistics of prevalence alone do not adequately capture the burden of mental illness. It includes the economic toll on healthcare systems, the social repercussions that ripple throughout

communities, and the human experience of pain. In order to effectively tackle mental health issues on a worldwide scale, we must first comprehend their complete scope and consequences. For efficient policymaking, resource allocation, and the advancement of mental healthcare globally, it is imperative to measure this burden precisely.

Prevalence of Psychological Adjustment

According to research currently available, adjustment disorder is a disorder that is highly prevalent across children and adolescents with substantial morbidity and poor outcomes for kids and teenagers. Low reliability, the prevalence of mixed rather than distinct symptom presentations in children and adolescents, and the persistence of symptoms for more than six months in a sizable portion of cases (Newcorn & Strain, 1992). The proportion of individual's adjustment disorder in outpatient mental health settings ranges is around 5 percent to 20 percent and in hospital psychiatric consultation setting is 50 percent,DSM-5 (American Psychiatric Association, 2013).

This study was conducted to check the validation of psychological adjustment scale and prevalence of psychological adjustment problems in adolescent population.

Significance of the Study

Rapid physical, emotional, and social changes that can have a major impact on psychological well-being characterize adolescence, a crucial developmental stage. For the early detection of emotional and behavioral issues that could impair social interactions, academic achievement, and general mental health, psychological adjustment in this population must be evaluated. By providing psychometric validation of the Psychological Adjustment Problem Scale in teenage populations, this study advances the field by guaranteeing the validity and reliability of the instrument for use in both research and practice.

Additionally, the study provides important insights into how adjustment issues appear and change during adolescence by examining the prevalence of psychological adjustment disorders across various age groups. These results can help educators, psychologists, and legislators create age-appropriate treatments and mental health prevention initiatives for communities and schools. In the end, the project will promote healthy psychological development and well-being among teenagers by encouraging early detection, prevention, and assistance.

Objectives of the Study

- To the validation of Psychological Adjustment Scale for Adolescents.
- To establish the prevalence of the Psychological Adjustment Scale for Adolescents.

Material and Methods

In this section the process of validation of psychological adjustment scale for adolescents from age (13-19) has been described and the steps which were taken to do the prevalence of psychological adjustment.

Validation of Psychological Adjustment Scale for Adolescents

Research Design

Sample

The validation of scale was done on the sample of 100 participants from the city of Gujrat by using convenient sampling.

Measures

The 20 items psychological adjustment scale for adolescents that was confirmed after exploratory and confirmatory analysis was used for data collection.

To access the convergent validity of psychological adjustment problems, Suicide scale for Adolescents (Bano, Aslam & Naz, 2019) was used. The scale was in Urdu so can be easily understand by respondents. The scale was consisted of 25 items with never, often, occasionally, very less, always response options. For divergent validity two scales were used named, Moral Disengagement Scale for Adolescents (Riaz & Bano, 2018) Urdu version. It was a 4-point Likert scale with 24 items. Finally, Social Anxiety Scale (Ahmad & Bano, 2013) was on 5-point Likert scale with 18 items.

Procedure

A scale battery was developed after attaching newly developed Psychological Adjustment Scale, Suicide Scale for Adolescents, Moral Disengagement Scale for Adolescents and Social Anxiety Scale. The data was collected from respondents after oral and written permission.

Data Analysis

Internal consistency was computed to check the reliability of scale. Pearson r was used to calculate validity of scale on psychological adjustment.

Prevalence Study

Sample

Further the data was collected for prevalence study from 700 adolescent's respondents (male and female) of ages between 13 to 19 years by using the convenient sampling technique, from different educational institutions of Gujrat.

Measure

Data was collected using the final 20 items of the Psychological Adjustment Scale for Adolescent, which had previously been used for validation.

Procedure

Authorities granted permission to collect data, and pupils were contacted during scheduled classes. Prior to administration, a brief overview of the scale was also provided, and participants were assured that their information would be kept private. Participants gave their informed consent after being informed of the study's directions, goal, significance, and importance. The guardians' consent was also obtained. The ethical concerns surrounding their involvement in the study were also explained to the participants. They were also given explicit instructions and response ranges.

The participants were asked to select the best response based on their emotional state. In the end, the participants were commended for their cooperation and support during the study.

Data Analysis

The data was analyzed using frequencies and percentages using SPSS-24.

Results

Cronbach's alpha was used to analyze the data in order to evaluate the reliability and internal consistency of the recently created scale. Furthermore, in order to demonstrate both divergent and convergent validity, Pearson's product-moment correlation was utilized to investigate the connections among psychological adjustment, suicide, social anxiety, and moral disengagement. Descriptive statistics, such as frequencies and percentages, were calculated to determine the prevalence of psychological adjustment issues.

Table 1: Cronbach Alpha of Psychological Adjustment Scale for Adolescents (N=100)

	Total Items	**Cronbach Alpha**
Psychological Adjustment Scale for Adolescents	20	.895

Table shows the Cronbach Alpha reliability value of .895.The analysis indicated high alpha reliability of the Psychological Adjustment Scale for Adolescents.

Table 2: Correlation among Psychological Adjustment, Suicide, Social Anxiety and Moral Disengagement in Adolescents (N=100)

Measures	**1**	**2**	**3**	**4**
Psychological Adjustment Scale	—			
Suicide Scale for Adolescents	.345**	—		
Social Anxiety Scale	.032	.063	—	
Moral Disengagement Scale for Adolescents	.001	.079	-.192	—

Note: ** *P*<.01

The results confirmed that positive correlation exists between the newly developed scale of psychological adjustment for adolescents and suicide scale for adolescents establishing the convergent validity of the scale. Further, results indicate that psychological adjustment scale has no significant correlation with the social anxiety scale and moral disengagement scale, hence confirming the divergent validity.

Table 3: Psychological Adjustment Ranges

Scores Ranges	**Description**
48-60	High level of psychological adjustment
34-47	Moderate level of psychological adjustment
20-33	Low level of psychological adjustment

The table shows the high, moderate and low level of psychological adjustment ranges.

Table 4: Prevalence of Psychological Adjustment Problems (N=700)

SCORE RANGE	Overall (n=700)	Male (N=384)	Female (N=316)
	f (%)	f (%)	f (%)
20-33	357(51.0)	194(54.3)	163(45.7)
34-47	328(46.85)	183(55.8)	145(44.2)
48-60	15(2.14)	7(46.7)	8(53.3)

Table shows the prevalence of psychological adjustment (N=700). Majority of adolescents have low psychological adjustment problems followed by moderate and there is less difference between low and moderate.

Table 5: Prevalence of Psychological Adjustment according to Ages (N=700)

Age	Levels	N (%)
13-14	High	8(53.3)
	Moderate	89(27.1)
	Low	110(30.8)
15-16	High	4(26.7)
	Moderate	126(38.4)
	Low	116(32.5)
17-19	High	3(20.0)
	Moderate	113(34.5)
	Low	131(36.7)

The prevalence of psychological adjustment levels in various age groups (N = 700) is shown in the table. The largest proportion (30.8%) of participants who were 13–14 years old reported having low psychological adjustment, followed by moderate levels (27.1%) and high levels (53.3%). The majority of participants in the 15–16 age group (38.4%) indicated moderate psychological adjustment, followed by low psychological adjustment (32.5%) and high psychological adjustment (26.7%). The majority (36.7%) of the 17–19 age group also received a low adjustment score, followed by a moderate score (34.5%) and a high score (20.0%). Overall, the findings show that psychological adjustment was more common at low to moderate levels in all age groups, with older teenagers (17–19 years old) having the lowest percentage of high adjustment scores. This pattern implies that during adolescence, psychological adjustment issues could worsen with age.

Discussion

This study was conducted to validate the measurement of psychological adjustment problems faced by adolescents. Psychological adjustment is the process of behavior in which humans and other animals keep sense of balance among their various needs or between their needs and the hurdles of their environments (Searle & Ward 1990). The construct of dimensions of Psychological adjustment problems was not well developed in surroundings of Pakistan. The existing assessment tools are in English language and developed by the western society and those instruments are difficult to apply in Pakistani society.

The current study was on the validation of psychological adjustment scale for adolescent and to check its prevalence. Adolescents represent about 32.6% of Pakistan's population (Qidwai & Ashfaq, 2010). Adolescence go through by many cognitive ,biological, social and psychological changes, some adolescents are able to deal with these changes successfully, but some may not be able to move ahead because of many reasons (Dodge & Pettit 2003) .

In validation study of 100 adolescents the alpha value was .895 and previous literature specified that the value of Cranach's alpha coefficient 0.70 or above is acceptable (Abraham & Barker, 2014). The validation of Psychological Adjustment Scale was established. Its validity was established through construct validity two subtypes, convergent and divergent validity. For divergent validity two scales were used named Moral Disengagement Scale for Adolescents in Urdu version (Riaz & Bano, 2018) and Social Anxiety Scale (Ahmad & Bano, 2013). The divergent validity showed no relationship with psychological adjustment scale.

To access the convergent validity of psychological adjustment scale, Suicide scale for Adolescents (Bano et al., 2019) was used. The convergent validity showed the significant correlation value of .345. The results confirmed that there was positive correlation exists between the newly developed Scale of Psychological Adjustment for Adolescents and Suicide Scale for Adolescents establishing the convergent validity of the scale

Furthermore, the prevalence of psychological adjustment problems in adolescents was explored. The 700 adolescents (384 male & 316 female) were assessed. Adolescents were divided in to 3 categories of age ranges 13-14, 15-16 and 17-19 respectively. Participants that scored between ranges 48-60 show those who have high level of psychological adjustment problems, 34-47 score show the moderate level of psychological adjustment and between ranges 20-33 show low level of psychological adjustment problems.

Results showed that majority of adolescents have low psychological adjustment problems. The general prevalence of this scale is 51.0 percent with low psychological adjustment problems, greater number of boys reflected psychological adjustment problems. The general prevalence of this scale is closed to previously done studies. A study was conducted at Jimma University and the prevalence of adjustment problem was found 48 percent. Another study was done in Malaysia and North Jordan and found that 50 percent of universities students have adjustment problems (Ababu, et al., 2018).

Conclusion

A validated measure on psychological adjustment problems has been developed. And 51% of the population has low level of psychological adjustment problems.

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