

CHAPTER-I

INTRODUCTION

Adolescence is a critical period of development, marked by significant physical, emotional, and social changes. However, for adolescents growing up in low-income families, this journey is often fraught with additional challenges that can impact their psychosocial well-being. Poverty can exert a profound influence on an adolescent's life, affecting their mental health, relationships, and future opportunities. This study aims to explore the complex interplay between poverty and adolescent development, examining the psychosocial challenges that arise when economic disadvantage intersects with the vulnerabilities of adolescence. By understanding these challenges, we can begin to develop targeted interventions and support systems to promote resilience and healthy development among adolescents in low-income families. This vulnerable population is at higher risk of experiencing anxiety depression, substance abuse, and behavioral problem.

This scenario highlights the complex interplay between low income and adolescent development, include poverty related stress, caregiving burden social isolation emphasizing the need for comprehensive support systems to address these psychosocial challenges

1.1 Psycho-social challenges of Adolescent: A Global scenario

Studies around the world observed similar results regarding psycho-social challenges of adolescent among low-income family that adolescents from low-income families face unique psychosocial challenges, including high rates of depression, anxiety, and stress, due to factors like poverty, family conflict, and limited access to resources. These challenges can lead to severe consequences, including mental health problems, social problems, academic problems, and physical health problems. To address these challenges, effective interventions like family-based, community-based, school-based, and economic empowerment programs are necessary. This research aims to understand the global scope of these challenges, identify effective interventions, and provide recommendations to support adolescents from low-income families.

1.2 Psycho-social challenges of Adolescent: National scenario

In the Indian context, the present study reviewed number of studies and summarized it as adolescents from low-income families in India face unique psychosocial challenges, including high rates of depression, anxiety, and stress, due to factors like poverty, family conflict, and limited access to resources. These challenges are exacerbated by discrimination, stigma, and cultural expectations, leading to severe consequences like mental health problems, social problems, academic problems, and physical health problems. Effective interventions, such as family-based, community-based, school-based, and economic empowerment programs, are necessary to address these challenges and support the well-being and development of adolescents from low-income families in India

1.3 Psycho-social challenges of Adolescent: Mizoram Scenario

Adolescents from low-income families in Mizoram face unique psychosocial challenges due to the state's socio-economic and cultural context, leading to high rates of depression, anxiety, and stress. These challenges include poverty, limited access to education and resources, family conflict, social isolation, trauma, and cultural and religious pressures. If left unaddressed, these challenges can have severe consequences on mental health, social relationships, academic performance, and physical health. Effective interventions such as family-based, community-based, school-based, and economic empowerment programs are necessary to support the well-being and development of these adolescents.

1.4 Definition and Concepts

Adolescent: Adolescence as defined by the World Health Organization (WHO) as the second decade of life (10–19 years of age) is a time when significant physical, psychological, and social changes occur. Elliott and Feldman (1990) described early adolescence as 10 to 14 years, middle adolescence as 15 to 17 years, and late adolescence as 18 years to the mid-20s

Psycho-social: "Psycho-social" refers to the interaction between the individual's psychological development and the social environment, resulting in a dynamic interplay between the two (Erik Erikson (1963)). Jean Piaget (1954) defined the concept

of "Psycho-social" as the relationship between the individual's cognitive development and social interactions, emphasizing the role of social context in shaping cognitive processes. Psychosocial refers to the dynamic interplay between psychological and social factors that influence an individual's thoughts, feelings, and behaviors.

Low-income family:

1. Amartya Sen (1983), Defines low income as "the inability to achieve certain basic capabilities" such as being well-nourished, being healthy, and being educated.

2. David Gordon (2006): Defines as "the lack of resources, capabilities, and opportunities to live a life that is considered acceptable by society".

3. Thorat and Newman (2010): Define low-income families as those with incomes below ₹8,000 per annum for a family of five.

4. Siddiq Osmani (2003): Defines poverty as "the failure to achieve a minimum level of well-being, as reflected in basic capabilities such as health, education, and nutrition".

1.5 Statement of the problem

Adolescents belonging to low-income families face significant psycho-social challenges, including the strain of poverty, family conflict, limited access to resources, and pressures related to social and religious expectations. These factors often contribute to mental health issues, social isolation, and reduced opportunities for education and employment. This study seeks to investigate these challenges, focusing on the impact of financial stress within the family, lack of access to educational and recreational resources, social stigma, and how these issues collectively affect the mental health, social relationships, and academic performance of adolescents in low-income households. Effective interventions are needed to address these challenges and support the development and well-being of these adolescents.

1.6 Object of the study

1. To assess psychosocial challenges faced by adolescents among low-income family
2. To assess social challenges faced by adolescent among low-income family
3. To Identify the most common coping style of the respondents to Psycho-social challenges
4. To give suggestions to address Psycho-Social challenges of adolescent belonging to low-income family.

1.7 Chapter Scheme

Chapter-I: Introduction

Chapter-II: Review of Literature

Chapter-III: Methodology

Chapter-IV: Results and Discussion

Chapter-V: Conclusion.

CHAPTER-II

REVIEW OF LITERATURE

A literature review is a summary of a subject field that supports the identification of specific research questions. A literature review needs to draw on and evaluate a range of different types of sources including academic and professional journal articles, books, and web-based resources. The literature review is done based on studies on psychological challenges and Sociological challenges.

According to Ruthy, L., (2023), majority of adolescents with a certain socio-economic category belong to middle-class families. Adolescents are generally doing well, with average wellbeing. The well-being of adolescents is unrelated to their socioeconomic situation.

Smith JR, Brooks-Gunn J, Klebanov P.K., (2017), have shown how family poverty negatively impacts a variety of facets of a child's mental development. Although a number of paths and confounding factors related to the impact of poverty on the development of children have been uncovered, many questions remain. Furthermore, research has shown that clinical procedures and public policies have a positive, although not definitive, impact on the psychosocial development of impoverished children ramifications for services and policy. The following interventions have a track record of success when it comes to helping children living in poverty. Head Start and early intervention programs in the United States for low-income families with physically healthy pre-schoolers and premature babies.

Raffealli M; Silvia H, Koller, Cerqueira-Santos, E. (2007) investigated the effects of developmental risks on psychosocial well-being among impoverished Brazilian youth. Recruited from low-income neighborhoods, 918 participants (14-19 years, 51.9% female) reported high levels of risks in community, economic, and family domains. Gender, age, and race influenced risk levels and types. Associations between risks and psychological/behavioral adjustment differed by gender. The findings build on prior research, underscoring the value of international collaboration in understanding urban poverty's impact on youth development.

Harrison and Carmen, (2014), stated that living in low-income communities exposes adolescents to contextual stressors that negatively impact their mental health. This study investigated factors that influence the mental health of 173 school-going adolescents in the Western Cape, focusing on their relationships with depression, self-esteem, coping strategies, perceived social support, and resilience. Using a quantitative correlational design, the study found that high self-esteem, effective problem-solving coping strategies, strong social support, and high resilience were linked to lower depression levels. Conversely, avoidant coping strategies were associated with higher depression levels. These findings suggest that certain factors can buffer the negative effects of stressors, while others may increase vulnerability to depression. This research can inform interventions aimed at improving mental health and preventing depression in adolescents from low-income communities.

Black, Maureen M., Krishnakumar, & Ambika. (1998), observed that urbanization offers various political, cultural, economic, and educational opportunities for children and families but can also negatively affect their mental health, especially in environments marked by crime, violence, substance use, and poverty. While psychologists are well-positioned to address these issues, most services focus on children already experiencing problems, with less emphasis on preventive, population-based interventions. The study outlines some recommendations for urban interventions that leverage individual, family, and community strengths to enhance the mental health and well-being of urban children and adolescents.

Marla, B and Sokolowski, (2019), noted that children from low-income families are more likely to face health issues, educational struggles, and behavioral problems. This pattern is well-known in research. The study explored how teenagers' views of their family's social status affect their well-being. Researchers looked at British twins with similar backgrounds but different perceptions of their family's status. They found that by late adolescence, those who felt their family was better off had better health outcomes, like lower depression and anxiety, and were less likely to be involved in crime or not in school or work. These results remained even after considering other factors like family income and childhood intelligence. However, the study didn't find strong evidence that these perceptions were linked to biological factors or cognitive abilities. The researchers suggest future studies should investigate

if changing how teens view their social status can improve their well-being and opportunities in life.

Weitzman, M, & Lee L,. (2017), their studies show that family poverty negatively affects various aspects of a child's psychological and social development. Although researchers have identified several factors that explain how poverty impacts children, there are still many unknowns. Additionally, research indicates that certain public policies and clinical practices can significantly benefit the psychosocial development of children living in poverty.

Chinyoka, K, and Naidu, N. (2013), explored the impact of poverty on the academic performance of Form Three learners in Zimbabwe, specifically focusing on how poverty affects girls in various contexts, including family, home, neighborhood, and school. The study, grounded in Bronfenbrenner's ecological model, highlights the detrimental effects poverty has on learners' socio-emotional well-being and academic outcomes. The researchers not only identified the root causes but also considered potential solutions to address the challenges faced by children from impoverished households. While efforts by the Zimbabwean government and NGOs are making a difference in both urban and rural areas, the paper stresses that more comprehensive action is still needed.

Johnson, J.J. (2019), highlighted that adolescents in higher secondary school face significant academic and emotional challenges, such as anxiety, irritability, academic underachievement, and pressure from high expectations. These issues highlight the need for changes in the education system, particularly in improving career guidance and counseling services to help students manage academic pressures. Teachers, parents, and school staff should create a supportive environment that nurtures both the academic and emotional well-being of students. Emotional difficulties are intensified by the physical and psychological changes of adolescence. During this stage, adolescents seek independence and self-expression, and when these needs are unmet, they may deviate from social norms. To support adolescents, teachers and caregivers should recognize these developmental changes, treat them as individuals, and help reduce conflicts while promoting their emotional health.

Brooks-Gunn J, and Duncan, G.J. (1997), studied the impact of family poverty on children's health, academic achievement, and behavior, highlighting gaps in studies regarding the timing, depth, and duration of poverty. While there is a clear connection between poverty and negative child outcomes, few studies consider other factors—such as maternal age, education, and family structure—that might also influence these effects. The reviewed research suggests that family income is a key factor, with a stronger impact on academic achievement than on emotional well-being. Children who experience extreme or prolonged poverty face the most severe outcomes. The timing of poverty is also important, as children who face poverty during early childhood, especially before or during preschool years, tend to have lower school completion rates than those who experience poverty later in life. The article concludes that early interventions targeting childhood poverty may be most effective in reducing its long-term effects, though more research is needed to better understand how timing and duration of poverty influence child outcomes.

Duncan G.J, Brooks-Gunn J, and Klebanov, P.K. (1994), examines the impact of economic deprivation on child development, focusing on how poverty, family structure, ethnicity, and maternal education influence children's cognitive and behavioral outcomes. Using longitudinal data from the Infant Health and Development Program, the research shows that family income and poverty status are strong predictors of child development, even when other factors like family structure and maternal education are considered. The study finds that while the duration of poverty affects development, the timing of poverty in early childhood does not have a significant impact. Additionally, children in wealthier neighborhoods tend to have higher IQs, while those in low-income neighborhoods are more likely to exhibit behavioral problems. Overall, the study underscores the critical role of both family and neighborhood economic conditions in shaping children's development.

Khumalo, G. (2024), investigated the significant psychosocial challenges faced by adolescent learners in grades 10–12 in low- and middle-income countries (LMICs), focusing on South Africa. Conducted in two public schools in Johannesburg with 22 adolescents aged 15–19, the research reveals a range of difficulties including mistreatment by teachers, peer bullying, low self-esteem, transportation challenges, and a lack of basic resources. The students expressed a clear need for psychosocial

support services (PSS) at school, including mental health counseling, therapy, peer support groups, and community-driven initiatives for learning materials and uniforms. The study strongly advocates for the deployment of school social workers and psychologists in LMICs to address these issues and improve both the psychosocial well-being and academic performance of students. It also calls for targeted teacher training to better equip educators in supporting adolescents' development.

Smith J.R, Brooks-Gunn J and Klebanov P.K. (1997), explored the impact of growing up in poverty on children's development, focusing on both research findings and policy implications. It looks at various ways poverty affects children's well-being, including cognitive and academic development, health, and emotional well-being. The book also examines how family structure and economic resources influence children's outcomes, along with the effects of parental absence and financial hardship. It considers how poverty during adolescence can affect adjustment and academic success, and how race and gender may play a role in passing poverty across generations. The book highlights the role of family income, wealth, and parental attitudes in shaping children's future opportunities, and suggests that targeted policies are needed to address the long-term effects of poverty. With a range of data and references, it provides an in-depth look at the complex relationship between poverty, child development, and future prospects, while offering ideas for policy interventions to reduce these challenges.

CHAPTER-III

METHODOLOGY

Research methodology is a way of explaining how a researcher intends to carry out their research. It is a logical, systematic plan to resolve a research problem. a methodology details a researcher's approach to the research to ensure reliable, valid results that address their aims and objectives. It encompasses what data they are going to collect and where from, as well as how it's being collected and analyzed.

3.1 Field Setting

The study was conduct in Lunglei town among high schools students with in different schools. Lunglei is the second capital of the state of Mizoram which is located in southern part of the state with a population of 75,011 according to 2011 census. There are around 26 communities in Lunglei town, the present study covers three (3) communities such as Zohnuai, Zotlang and Serkawn.

About Zohnuai community: Zohnuai is one of the communities in Lunglei Block in Lunglei District of Mizoram State, India. It is located 1 KM towards East from District headquarters Lunglei. 1 KM from Lunglei. 108 KM from State capital Aizawl. The total household is 305 and population size is 1780 according to 2011 Census.

About Zotlang community: Zotlang community is a Village in Lunglei Block in Lunglei District of Mizoram State, India. It is located 1 KM towards East from District head-quarters Lunglei. 1 KM from Lunglei. 108 KM from State capital Aizawl. The total number of households is 553 and there are over 2825 population according to 2011 census.

About Serkawn community: Serkawn is one of the communities in Lunglei Block in Lunglei District of Mizoram State, India. It is located 1 KM towards North from District head-quarters Lunglei. It is 2 Kms away from Lunglei towards northern part and is 107 Kms distance from State capital Aizawl. As per 2011 census, the total number of households is 532 and the total population is 2250.

3.2 Research design

The study is descriptive research in design using both qualitative and quantitative methods. Attempt is made to identify the psycho social challenges among adolescence of low- income family and coping mechanisms among adolescent.

3.3 sampling

The present study followed multi-stage sampling procedure in order to draw samples to best represent Lunglei town.

Inclusion Criteria: 1. *Adolescent*
 2. *Low-income Family*

In the first stage, the three communities Zohnuai, Zotlang and Serkawn were purposively selected for the present study based on the convenience of the present investigator.

In the second stage, low-income family were identified with the help of their Local councils based on the status of Ration card viz., PHH and AAY.

In the final stage, out of the low-income household, the study identified 28 low-income households with adolescent in the family members in each community, and select nine (9) respondents each from Zohnuai and Serkawn, and 10 respondents from Zotlang community using disproportionate random sampling. The total sample size is 28.

3.4 Methods of data collection

The primary data is collected from the respondents through semi structured interview schedules. The schedule composes of profile of students, support network, coping strategies and levels of psycho-social. The study gathered secondary data from previous research findings, books etc.

3.5 Data processing and Analysis

The collected data from the respondents is processed using Ms word and Excel, and analysis is done with the help of SPSS .

CHAPTER-IV

RESULTS AND DISCUSSION

4.1 Personal Information:

It is necessary to know the demographic profile of the respondents in order to study the respondents. Personal Information of the respondents in this study include Age, religion, community, physically handicapped, type of family, size of family, form of family, ownership of house, parent's educational qualification, number of siblings, level of education (see table no-1).

Age: Age of the respondents plays a crucial role in this study since the respondents were categorized into two age groups such as middle and late adolescent. Table 1 shows that greater number of the respondents (60.7%) are belonging to the age group of middle adolescents. 14 to 17 years, the rest (39.3%) of the respondent is belonging to late adolescent. This represent that from the respondent's middle adolescent were play more particular role in this study.

Religion: Religion in this study is classified into Christianity, Muslim and Hindu. Since Mizoram is labelled as a Christian state in which all the respondents (100%) belonging to Christianity.

Community: It is necessary to Know about the community of the respondent and Community in this study is classified into Scheduled Tribe (ST), Scheduled Caste (SC), General, Other Backward Classes (OBC). The data presented in table (1) shows that all the respondent (100%) belonging to Schedule Tribe (ST).

Physically handicapped: Physical handicapped in this study is classified as Yes or NO. It is shows that all the respondents have no physical handicapped.

Type of family: Type of family is classified into Nuclear, Extended and Single parent. Out of the total respondents, majority (67.9%) belonging to nuclear family, 21.4 percent reported that they belong to single parent whereas the rest 10.7 per cent respondents are belong to extended type of family.

Size of family: Size of the family classified into 1-3 members, 4-6 members and 7&above. Out of the total respondents, majority (67.98%) belonging to 4-6 members. A little less than half (32.2%) respondent are belonging to 1-3 members and 7&above.

Form of family: form of family was classified into stable, broke and reconstituted. out of the total, the majority 96.4% is belonging to stable and another of the despondence falls into broken family which is 3.6%.

Owner ship of house: Owner ship of house is classified into owned and rent. Out of the total the majority is belonging to owned which is 872.1% and another family were liv in rented house which is 17.9%.

Parent's Educational qualification: Parent's Educational qualification is classified into Below HSSLC, HSLC, HSSLC and Graduate Above. Out of the total, one-third of the respondents (35.7%) parents' educational qualification is HSLC, followed by below HSSLC which is less than one-third of the respondents (32.1%), HSSLC (21.4%), and Graduate & Above (10.7%).

Number of siblings: Number of siblings is classified as 1-3 and 4-6 siblings. Out of the total respondent, the majority of the respondents (71.4%) have 1 – 3 siblings the remaining respondents (28.6%) reported that they have 4-6 siblings.

Level of education: Level of education is very important in personal information and it denote the qualification of the respondent, it is classified into Bellow HSLC, HSLC and HSSLC. It is observed that majority of the respondent (74.1%) level of education is found to be High School Leaving Certificate (HSLC), followed by HSSLC with less than one-fifth of the respondents (17.9%) and Below HSLC with little more than one-tenth respondents (10.7%).

Table No. 1: Personal Profile of the Respondents

		Frequency (N=28)	Percent
Age group	14-17	17	60.7
	18-21	11	39.2
Religion	Christian	28	100
Community	ST	28	100
Phy. Hadicapped	No	28	100
Type of family	Nuclear	19	67.9
	Extended	3	10.7
	Single parent	6	21.4
Size of Family	1-3 members	5	17.9
	4-6 members	19	67.9
	7 & above	4	14.3
Form of family	Stable	27	96.4
	Broken	1	3.6
Ownership of house	Owned	23	82.1
	Rented	5	17.9
Parents education qualification	Below HSLC	9	32.1
	HSLC	10	35.7
	HSSLC	6	21.4
	Graduate&Above	3	10.7
Number of siblings	1-3	20	71.4
	4-6	8	28.6
Level of education	Below HSLC	3	10.7
	HSLC	20	71.4
	HSSLC	5	17.9

Source: Computed

4.2 Economic Background

It is necessary to know the Economic background in order to study the respondents. The family economic background is classified into family economic status, No. of family member having regular income family primary occupation, monthly household income, family ineptness, saving money, owned personal bank account, employment status, name of job, nature of employment. This shows the economic background of the respondent.

Family economic status: Family economic status is classified into NON-NFSA, PHH and AAY. Out of the total respondent, majority of the respondents (67.9%) belonging to priority household (PHH). The other respondent is found belonging to Anthodia Anna Yojana (AAY) which is 32.1% of the respondent.

Number of family member having regular income: Number of family member having regular income is classified into 1-2 members and 3-4 members. Out of the total respondent, the majority of the respondents (89.2%) reported that they have 1-2 members in the family having regular income, whereas the remaining respondents (10.7%) reported having 3-4 members having regular income in the family.

Family primary Occupation: The primary occupation of the family is categorized into Agriculture, Daily Labor, Business, Government Service, and Others. The findings show that the majority of respondents (35.7%) have agriculture as their family's primary occupation. A quarter of respondents (25%) are involved in daily labor, while 17.9% report their family's primary occupation as business. Smaller proportions indicate government service (10.7%) and other occupations (10.7%).

Monthly/Annual household income: Monthly/ Annual household income is classified into different category Bellow 10000 and 10000-250000. The majority takes by 10000-25000 which is 89.3% of the respondent. And the other were belong to Below 10000 which is 10.8.- that they have debt in the Bank, the remaining 14.2 percent of the respondents fall under No-debt (7.1%) and Other financial institution (7.1%) respectively.

Saving scheme: Saving money of the respondent is classified into no-saving, self-saving and Saving in the Bank. Table (2) shows that the majority of the respondent

(85.7%) have saving scheme in the Bank, followed by self-saving (10.7%) and the rest little number of the respondents (3.6%) have no saving at all.

Owned personal bank account: Owned personal bank account is analyzed based on No personal bank account, Saving account and Joint account. It is observed that majority of the respondents (71.4%) owned their personal saving account, followed by little less than one-fifth respondents (17.9%) having joint-account, and the rest 10.7 percent respondents with no personal bank account.

Employment status: The employment status in this study is classified into employed and un employed. It is observed that all the respondent falls under the category of Un-employed status.

Table. 2: Economic Background

Economic Background		Frequency (N=28)	Percent
Family economic status	AAY	9	32.1
	PHH	19	67.9
No of family member having regular income	1-2 Members	25	89.2
	3-4 Members	3	10.7
Family primary occupation	Govt. servant	3	10.7
	Business	5	17.9
	Daily labor	7	25
	Agriculture	10	35.7
	Others	3	10.7
Monthly annual household income	Below 10000	3	10.7
	10000-15000	13	46.4
	15000-25000	12	42.9
Family Indebtedness	No debt	2	7.1
	Bank	24	85.7
	Other institution	2	7.1
Saving money	No saving	1	3.6
	Self-saving	3	10.7
	Bank	24	85.7
Owned personal bank account	No personal Acnt	3	10.7
	Saving acnt	20	71.4
	Joint account	5	17.9
Employment status	Unemployed	28	100

Source: Computed

4.3 Psychological challenges

Psychological challenges refer to difficulties or obstacles that effect an individual's mental health, well-being, and ability to cope with life's demands. It is necessary to know about the psychological challenges of the respondents. The present study analyzed psychological challenges based on three indicators such as Depression, Anxiety and low self-esteem, each indicator has three statements and the respondents had to rate on 3-Points Likert scale ranging from 1 (Never), 2 (sometimes) and 3 (Often) (see table no 4). The current study adopted scale range interpretation proposed by Alico & Guimba (see Table-3).

Table No-3: Scale range Interpretation (3-Points scale)

Range	Interpretation	Level
0.66 & Below	Never	Low
0.7 – 1.2	Sometimes	Moderate
1.3 and Above	Often	High

Source: Alico & Guimba

Depression: The above table depicts psychological challenges and responses of the respondents. Regarding depression, it is shows that out of the total respondent, majority (64.3%) being so restless that sometimes it is hard to sit still, the other (25%) of the respondent never experience the type of restless that it is hard to sit still, the rest (10.7%) falls as often.

The majority of respondents (71.4%) reported sometimes struggling to control or stop worrying, primarily due to financial concerns related to their family's low income, while (28.6%) never experienced such difficulties.

The study reveals that (53.6%) of respondents sometimes worry about their future and various aspects of life, the remaining (42.9%) often experience excessive worry, and a small minority (3.6%) rarely worry.

Anxiety: The study reveals that (82.1%) of respondents frequently experience feelings of sadness that cannot be alleviated by friends and family, while (10.7%) never feel this way, and (7.1%) experience it occasionally.

According to the study, (75%) of respondents sometimes experience feelings of sadness that cannot be alleviated by friends and family, while (21.4%) never feel this way, and (3.6%) often feel persistently down

The majority (46.4%) of respondents reported periodic feelings of failure or disappointment in their life, whereas (39.3%) remain unaffected, and (14.3%) experience persistent and profound dissatisfaction

Low Self Esteem: According to the study, (64.3%) of respondents sometimes feel inadequate or inferior to others, while (25%) never experience this sentiment, and (10.7%) often struggle with feelings of inadequacy

The majority (75%) of respondents reported periodic reluctance to speak up or share opinions, whereas (14.3%) frequently experience anxiety, and (10.7%) consistently feel empowered to express themselves.

The majority (75%) of respondents reported periodic bouts of negative self-talk and sadness, whereas (13.3%) rarely experience this, and (10.7%) consistently struggle with harmful self-talk.

Table No 4: Psychological Challenges (Mode)

Indicator	Statements		Frequency (N=28)	Percent
Depression	Being so restless that it is hard to Sit still	Never	7	25
		Sometimes	18	64.3
		Often	3	10.7
	Not being able to stop or control worrying	Never	8	28.6
		Sometimes	20	71.4
	Worrying too much about different things and future	Never	1	3.6
		Sometimes	15	53.6
		Often	12	42.9
Anxiety	I generally feel down friends and family can't cheer me up	Never	3	10.7
		Sometimes	23	82.1
		Often	2	7.1
	When I feel down friends and family can't cheer me up	Never	6	21.4
		Sometimes	21	75
		Often	1	3.6
	I feel like my life has been a failure or a disappointment	Never	11	39.3
		Sometimes	13	46.4
		Often	4	14.3
Low Self Esteem	I feel in adequate or inferior to other	Never	7	25
		Sometimes	18	64.3
		Often	3	10.7
	I afraid to speak up or share opinions	Never	3	10.7
		Sometimes	21	75
		Often	4	14.3
	I feel down and talk negatively to myself	Never	4	14.3
		Sometimes	21	75
		Often	3	10.7

Source: Computed

Table No 5: Psychological Challenges (Mean)

Psychological Challenges	N	Min	Max	Mean	Std. D
Being so restless that it is hard to sit still	28	1.00	3.00	1.8571	.59094
Not being able to stop or control worrying	28	1.00	2.00	1.7143	.46004
Worrying too much about different things and future	28	1.00	3.00	2.3929	.56695
I generally feel down friends and family can't cheer me up	28	1.00	3.00	1.9643	.42879
When I feel down friends and family can't cheer me up	28	1.00	3.00	1.8214	.47559
I feel like my life has been a failure or a disappointment	28	1.00	3.00	1.7500	.70053
I feel in adequate or inferior to other	28	1.00	3.00	1.8571	.59094
I afraid to speak up or share opinions	28	1.00	3.00	2.0357	.50787
I feel down and talk negatively to myself	28	1.00	3.00	1.9643	.50787

Source: Computed

The above table mean table (5) shows that all the statements of psychological challenges is found significant challenges as per interpretation adopted by this study at the level of High.

It is noted that from the above table that, out of the psychological challenges, there is no insignificant challenge, on the other hand, all the (9) statement of psychological challenges are found to be significant challenges.

It is further observed that “Worrying too much about different things and future”(2.39) is found to be the most challenge face by the respondent, followed by ‘I afraid to speak up or share opinions’(2.03),’ I feel down and talk negatively to myself’(1.96) and the table further shows that all the respondent were effect on their psychological status due to their family status so that they all are having significant challenge, respondents' psychological well-being is significantly affected by family-related factors, with top challenges including excessive worrying, fear of self-expression, and negative self-talk

Table No 6: Compute variables of Indicators

	N	Minimum	Maximum	Mean	Std. D
DEPRESSION	28	1.33	2.67	1.9881	.41058
ANXIETY	28	1.33	2.33	1.8452	.32052
LOW_SELFESTEEM	28	1.67	2.67	1.9524	.28276

Source: Computed

According to the table, the data reveals that Depression (mean score: 1.98) is the most significant challenge faced by respondents, largely influenced by family status. Low Self-Esteem (mean score: 1.95) ranks second, while Anxiety (mean score: 1.84) is the third most prevalent issue. Notably, Depression and Low self-esteem with the highest mean score have profound impact on respondents' psychology.

4.4 Sociological challenges

It is necessary to study the Sociological Challenges of the respondent and it is analyzed based on nine (9) statement such as Stigmatization of the family, Stigmatization from community, social withdrawal from the community, social rejection by the community, felt rejection by friends, felling run away from home, unable to enjoy day to day life and withdrawal from church activities (*see table no-7*).

The respondents had to rate the statement of sociological challenges based on three likert scale ranging from 1 (Never), 2 (Sometimes) and 3 (Often).

The table (6) depicted the frequency and percentage of the response. It is observed that half of the respondent (50%) reported that they sometimes faced stigmatization from family, followed by more than one-third respondents (42.9%) who never faced stigmatization from family and the remaining respondents (7.1%) fall under often faced stigmatization from their family.

Regarding Stigmatization from community, it is shows that the majority (71.4%) were never face stigmatization from their community, the rest of the respondent 26.6 percent were sometimes facing stigma from there community

Regarding Social withdrawal from the community, the study shows that the majority (64.3%) reported that they never faced social withdrawal from there community, follow by one-fourth respondent (28.6%) who sometimes faced social withdrawal from there community and the remaining respondent (7.21%) falls under often faced social withdrawal from their community.

It is observed that majority of the respondent (67.9%) never faced social rejection by their community, the remaining respondents (28.6%) reported that they sometimes face social rejection by their friends and the rest 3.6 percent were observed often experience social rejection by their community.

Concerning 'Felt rejection by friends' because of their social status, it is observed that the majority of the respondents (64.3%) never Felt rejection by friends. Whereas, the rest of the respondent (35.7%) were sometimes felt rejected by their friends.

The study shows that the majority of the respondents (67.9%) never felt running away from their home because of their low-income status and the rest of the respondent (32.1%) were sometimes experience felt running away from home.

It is observed from the study that great majority of the respondents (82.1%) reported that they sometimes experience unable to enjoy their normal day to day activities, which was followed by more than one-tenth respondents (14.3%) reported who never experience unable to enjoy their normal day to day activities and the rest of the respondent (3.6%) falls under often experienced unable to enjoy their normal day to day activities.

Regarding withdrawal from church activities, the majority of the respondents (60.7%) reported that they sometimes experienced withdrawal from church activities due to low-income family, the rest of the respondent (39.3%) were never withdrawal from church activities due to their income status.

From the above interpretation, it can be concluded that out of the nine (9) statement related to sociological challenges, only the three (3) statements which are “Stigmatization from the family”, “Unable to enjoy normal day to day activities” and “Withdrawal from church activities” are found to be sociological challenges faced by the participants.

Table No-7: Sociological Challenges

STATEMENTS		Frequency (N=28)	Percentage
Stigmatization from the family	Ever	12	42.9
	Sometimes	14	50.0
	Often	2	7.1
Stigmatization from the community	Never	20	71.4
	Sometimes	8	28.6
Social withdrawal from the community	Never	18	64.3
	Sometimes	8	28.6
	Often	2	7.1
Rejection by friends	Never	19	67.9
	Sometimes	8	28.6
	Often	1	3.6
Social rejection by the community	Never	19	67.9
	Sometimes	8	28.6
	Often	1	3.6
Felt rejection by friends	Never	18	64.3
	Sometimes	10	35.7
Felling run away from home	Never	19	67.9
	Sometimes	9	32.1
Unable to enjoy normal day to day activities	Never	4	14.3
	Sometimes	23	82.1
Withdrawal from church activities	Never	11	39.3
	Sometimes	17	60.7

Source: Computed

4.5 Coping style to Psycho-Social challenges

A copy style guide is a set of rules and best practices for creating consistent, high-quality written content across your startup.

it is necessary to know the coping style to psychological challenges poses by their low-income family status. The coping style in this study is analyzed based on seven statements (7) such as Ventilation (Expression to someone), Seeking spiritual support and relief, seeking professional help, Drugs and alcohol to avoid stress, self-isolation, Goal settings and Education resources (*see table no-8*)

As shown in Table 8, more than half of the respondents (53.6%) relied on ventilation, sharing their feelings with others, to cope with psycho-social stressors, whereas (46.4%) did not adopt this coping approach.

The data reveals that a significant majority of respondents (60.7%) rely on spiritual support and relief as their preferred coping mechanism, while less than two-fifths (39.3%) do not seek spiritual guidance

A great majority of the respondents (82.1%) reported that they do not seek professional help as a coping mechanism, while only 17.9% reported that they seek professional assistance as a coping style to their psychological challenges.

The majority of the respondents (71.4%) reported that they never use drugs and alcohol to cope with stress, while the remaining respondents (28.6%) are found to use substances as one of their coping styles to psycho-social challenges.

It is observed from the above table that more than half of the respondents (57.1%) said that they never use self-isolation as a coping style, whereas the remaining respondents (42.9%) resort to isolating themselves as a coping style to psycho-social challenges.

The majority of the respondents (78.6%) reported that they are setting goal as coping style, whereas the remaining respondent (21.4%) are reported that they are not setting goals as their coping style.

The majority of the respondents, (71.4%) reported that they are engage with educational resources as a coping style, whereas the remaining responding (28.6%) were reported that they do not engage with educational resources as a coping style.

Table No-8: Coping Style

Coping Style		Frequency (N=28)	Percent
Ventilation (Expression to someone)	Yes	15	53.6
	No	13	46.4
Seeking spiritual support and relief	Yes	17	60.7
	No	11	39.3
Seeking professional help	Yes	5	17.9
	No	23	82.1
Drugs and alcohol to avoid stress	Yes	8	28.6
	No	20	71.4
Self-isolation	Yes	12	42.9
	No	16	57.1
Goal-setting	Yes	22	78.6
	No	6	21.4
Education resources	Yes	20	71.4
	No	8	28.6

Source: Computed.

It can be inferred from the interpretation that out of the seven (7) coping styles, the study shows that most of the respondent's cope with stress through personal growth (78.6%), spiritual support (60.7%), and educational resources (71.4%). Less common strategies include seeking professional help (17.9%) and using substances (28.6%). Notably, 57.1% avoid self-isolation, indicating a preference for social connection. Overall, the findings show a strong tendency to rely on internal, non-professional coping mechanisms like personal development and education over external help.

CHAPTER-V

CONCLUSION

This chapter presents the conclusion from the study which was divided into three sections such as major findings, conclusion and suggestions.

5.1 Major Findings

The major findings in this section is divided into personal information, economic background, psychological challenges, sociological challenges and coping style of the respondents.

1. Personal Information

1. Majority of the respondents age group is middle adolescent (14-17 yrs).
2. All the respondents belonging to Christianity.
3. All the respondent belonging to Schedule Tribe (ST).
4. All the respondents have no physical handicapped.
5. Most common type of family is found to be nuclear family.
6. Out of the total respondents, majority belonging to 4-6 members,
7. Most common form of family is found to be stable family.
8. Majority of the respondents have their owned house.
9. Most of the parents' education qualification is below HSSLC.
10. Majority of the respondents have 1 – 3 siblings
11. Majority of the respondents' level of education is found to be High School Leaving Certificate (HSLC).

II. Economic Background of the respondents

1. Majority of the respondents belonging to Priority Household (PHH).
2. The majority of the respondents reported that they have 1-2 members in the family having regular income.
3. The result show that the, majority of respondents have agriculture as them family's primary occupation.
4. The result show that, majority of the respondent monthly household income is Rs.10000-Rs 25000.
5. The study shows that out of the total the majority of the respondent reported that they have debt in the Bank
6. The study show that, the majority of the respondent have saving scheme in the Bank.
7. The findings shows that that majority of the respondents owned their personal saving account.
8. The study shows that all of the respondent falls under the category of Un-employed status.

III. Psychological Challenges

The present study analyzed psychological challenges based on three indicators such as Depression, Anxiety and low self- esteem, each indicator has three statements.

1. It is found that Depression is the most significant issue faced by respondents.
2. Low self-esteem is found to be the second most psychological challenges faced by the respondents.
3. Anxiety as the third most common challenge
4. All nine statements regarding psychological challenges are found to be significant challenges.

IV. Sociological Challenges

Sociological Challenges is analyzed based on nine (9) statement such as Stigmatization of the family, Stigmatization from community, social withdrawal from the community, social rejection by the community, felt rejection by friends, felling run away from home, unable to enjoy day to day life and withdrawal from church activities

It is found that out of the nine (9) statement related to sociological challenges, only the three (3) statements which are “Stigmatization from the family”, “Unable to enjoy normal day to day activities” and “Withdrawal from church activities” are found to be sociological challenges faced by the participants.

V. Coping Style

The coping style in this study is analyzed based on seven statements (7) such as Ventilation (Expression to someone), Seeking spiritual support and relief, seeking professional help, Drugs and alcohol to avoid stress, self-isolation, Goal settings and Education resources.

1. It is found out and the result show that the most common coping strategies use by the respondent is Personal growth, Spiritual support, Education resources.
2. It is also found out from the study that the less common coping strategies use by the respondent is that seeking professional help and Substance use.
3. As a social coping it is found out that the respondent has avoid self-isolation and indicating a preference for social connection.
4. Strong reliance on internal, non-professional coping mechanisms (personal development, spiritual support, education) over external help.

5.2 Conclusion

The study highlights psycho-social challenges among adolescents, the study reveals that depression is the most pressing psychological challenge among respondents, significantly influenced by family dynamics. Low self-esteem and anxiety also contribute to their struggles, with all identified psychological challenges deemed significant. Sociologically, while stigmatization from the community was not seen as a major concern, the inability to “Stigmatization from the family”, “Unable to enjoy normal day to day activities” and “Withdrawal from church activities” are found to be sociological challenges faced by the respondent emerged as a critical issue, highlighting the profound effect of sociocultural factors on individual well-being. In coping with these challenges, respondents predominantly turned to educational resources, reflecting their student status, and engaged in goal-setting to manage their difficulties. Additionally, the search for spiritual relief played a crucial role, emphasizing the importance of faith in their coping strategies. Together, these findings suggest a multifaceted approach to understanding and addressing both psychological and sociological challenges, with implications for targeted support systems that encompass educational, personal, and spiritual dimensions.

5.3 Suggestions

1. Parent-child interaction therapy- A social worker helps low-income families by reducing stress, teaching parenting skills, providing resource connections, improving communication, and advocating for systemic support to enhance parent-child interactions in therapy.
2. Family counseling: social worker and the other professional can gives family counseling to addressing, their stress, provide copying strategies, connecting to resources, and offering support to strengthen family dynamics in counseling sessions.
3. Seeking Professional help- *Encourage Adolescent to seek professional services-* available in their area is another great concern of this study.
4. Local churches or faith-based organizations- Local churches or faith-based organizations can provide emotional support, mentorship, resources, safe spaces, and spiritual guidance, helping adolescents from coping with the challenges.

5. Skills Job training programs- Linkage with Government skilling programs and schemes In India, skill job training programs like Skill India, Pradhan Mantri Kaushal Vikas Yojana (PMKVY), and National Skill Development Corporation (NSDC) empower adolescents with vocational skills for better employment opportunities and support from their status.

6. Educate adolescents about Government Educational assistance- Educating adolescents from low-income families about government educational assistance programs, such as scholarships and financial aid, helps them access opportunities for higher education and overcome financial barriers.

7. *Social Work Intervention*- As part of suggestions, the present study concerns the possible social-work intervention at the level of micro (Casework, family etc) and Mezzo-group work (community, church etc).