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# A Study of Emotional, Health and Social Adjustment among Female Adolescents with Intellectual Disability

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## Abstract

**Aim:** The aim of the study was to observe emotional, health and social adjustment among adolescents with intellectual disability. **Material and methods**: A sample of 50 adolescent females with intellectual disability were selected from JSS Asha Kiran Special School and teacher-training institute, districts Hoshiarpur. For data collection, Bell's Adjustment inventory by R.K. Ojha was used. **Results**: Results revealed that female adolescents with intellectual disability obtained the highest average score in social adjustment, followed by emotional adjustment, whereas health adjustment recorded the lowest average score. **Conclusion:** It is concluded that the female adolescents demonstrated better social adjustment, followed by emotional adjustment, while health adjustment was comparatively lower.

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## Introduction

Adjustment is an important concept that refers to the process by which an individual modifies or changes their thoughts, feelings, attitudes and behaviour to maintain a satisfactory relationship with themselves and their environment. Human beings continuously face changes, demands, challenges, conflicts and stressful situations. Adjustment helps a person respond to these situations in an appropriate and effective manner. Adjustment is a continuous process. It is a dynamic process. Adjustment involves interaction between person and environment. It involves conflict. It requires flexibility. Adjustment is goal - oriented. There are different types of Adjustment like emotional adjustment, social adjustment, educational adjustment, occupational adjustment, family adjustment, health or physical adjustment.

Emotional adjustment refers to the ability to manage emotions and cope effectively with stress. Health adjustment involves maintaining physical and psychological well- being and adapting to health-related challenges. Social adjustment refers to the ability to establish satisfying interpersonal relationships and participate effectively in society. The characteristics of a well- adjusted person are – emotional stability, self – confidence, realistic self – perception, ability to handle frustration, healthy interpersonal relationships, flexibility, ability to solve problems, acceptance of limitations, appropriate emotional expression, ability to adapt to change, sense of responsibility, positive attitude towards life etc. Adjustment is influenced by several factors like Personality, intelligence, emotional maturity, family environment, social support, physical health, economic conditions, educational environment, life experiences, culture and social norms etc. Adjustment is closely related to mental health. Good adjustment helps an individual to maintain emotional stability, reduce unnecessary stress, develop healthy relationships, handle difficulties effectively, improve self- confidence, maintain psychological well-being. Poor adjustment may result in Anxiety, Frustration, stress, Depression, social withdrawal, relationship difficulties, poor academic or occupational performance. Poor adjustment by itself does not necessarily mean that a person has a mental disorder. When individuals face stressful situations, they may use different mechanism to cope. Positive mechanisms are problem solving, seeking social support, planning, positive thinking, communication, relaxation and acceptance. There are some negative mechanisms like denial, avoidance, aggression, excessive withdrawal, substance misuse, blaming others etc. Healthy adjustment generally involves constructive ways of dealing with problems rather than avoiding them permanently. Adjustment is important because it enables an individual to live successfully in society. Adjustment maintains health relationships. It manages stress and frustration. Adjustment achieves personal and educational goals. It maintains emotional stability. It improves quality of life. Adjustment develops psychological well-being. Adjustment handle conflicts effectively. Adjustment become more independent and responsible. Adolescence is a sensitive phase where individuals experience emotional, physical and social transitions. Girls with intellectual disability often encounter additional barriers such as low self-esteem, poor emotional control, limited peer interaction, health – related difficulties, stigma and reduced social participation. Intellectual disability is a neurodevelopmental condition characterized by significant limitations in intellectual functioning as well as adaptive behaviour, which affects conceptual, social and practical domains of everyday life. These limitations originate during the developmental period. Individuals with intellectual disability may experience difficulties in communication, learning, problem-solving, decision – making, self-care, social interaction and independent functioning. The degree to which these difficulties are experienced varies considerably from one individual to another. Therefore, intellectual disability should not be viewed only in terms of cognitive limitations; attention must also be given to the individual's emotional well- being, physical he of rapid physical health, social relationships and ability to adjust to the environment. Female adolescents with intellectual disability may experience particular challenges because adolescents is a period of rapid physical, emotional, cognitive and social development. They may need additional support to understand these changes, develop independence, establish relationships, manage emotions and protect themselves from exploitation or abuse. Major characteristics of intellectual disability are difficulties in intellectual functioning, difficulties in adaptive functioning, social domain, practical domain etc. Female adolescents with intellectual disability may experience difficulties in emotional adjustment. They may show difficulty identifying emotions, low frustration tolerance, emotional dependence, Anxiety, fear, irritability, low self-confidence, difficulty coping with failure, difficulty understanding complex emotional situations. Female adolescents with intellectual disability may sometimes experience difficulty in making friendships, communication difficulties, social judgement difficulties, social rejection etc. Female adolescents with intellectual disability may require additional support in maintaining health and personal care. Important areas include: menstrual hygiene, personal hygiene, sexual and reproductive health education etc. Research studies indicate that adolescents with intellectual disability are at greater risk for anxiety, depression, behavioural difficulties and poor psychosocial adjustment than their peers. Mueller and Prout (2009) found that adolescents with intellectual disability

reported more depression and poorer psychosocial adjustment than typically developing adolescents. Marsh and Ng (2017) reported higher levels of behavioural and emotional problems among adolescents with mild intellectual disability based on reports from parents and teachers. Jacob et al., (2022) examined social skills among adolescents with mild intellectual disability. Data was collected on 93 adolescents with mild intellectual disability, including 48% females, with a mean age of approximately 16 years. The researcher examined factors such as self- esteem and resistance to peer influence in relation to social - skills development. Westera, et.al. (2025) observed higher anxiety and depressive symptoms among adolescents with mild to borderline intellectual disability, especially those receiving residential care. Kiive et al., (2025) investigated health – related quality of life and psychological adjustment of middle school students with mild intellectual disability: The role of educational placement. The study included the caregivers and teachers of 76 students with mild intellectual disability. Students' quality of life was evaluated using the KINDL-R parent report. The SDQ version for parents and teachers was used to measure the difficulties of the students. As reported by caregivers and teachers lower quality of life was associated with a higher prevalence of behavioural emotional problems. Offutt and Rice (2026) reported that adolescent girls with developmental disabilities strongly desired friendships but experienced significant barriers to social participation. Jenisha et. al., (2026) studied 52 adolescent girls with mild-moderate ID, aged 10-19 years, found that 94.2% experienced dysmenorrhea; 67.3% had severe pain. Over 90% required partial or complete caregiver assistance with menstrual hygiene. Menstrual problems were associated with school absenteeism and functional limitations.

**Material & Methods**

The present study was conducted on fifty (N= 50) female adolescents with intellectual disability were selected from JSS Asha Kiran Special School and Teacher's Training Institute, Hoshiarpur Punjab, India. The age range of adolescents were between 13-17 years. To assess adjustment Bell's Adjustment Inventory was used (Ojha 1971).

**Results**

The mean scores of the variable of emotional adjustment of female adolescents with intellectual disability was 14.34 (SD = 3.52, SEM= 0.50). This indicates the average level of emotional adjustment among the female adolescents in the sample. The relatively moderate SD suggests some individual variation in emotional adjustment. The mean score for health adjustment was 11.22 (SD=4.55, SEM= 0.64). Among the three dimensions health adjustment has the lowest mean score and the highest standard deviation. This suggests that health related adjustment may be a comparatively weaker area and that there is greater variability among participants in this dimension.

**Table 1. Mean, SD and SEM of Emotional, Health and Social adjustment among adolescent Females with Intellectual Disability**

| Variables | Mean | SD | SEM |
|---|---|---|---|
| **Emotional Adjustment** | 14.34 | 3.52 | 0.50 |
| **Health Adjustment** | 11.22 | 4.55 | 0.64 |
| **Social Adjustment** | 17.74 | 3.95 | 0.56 |

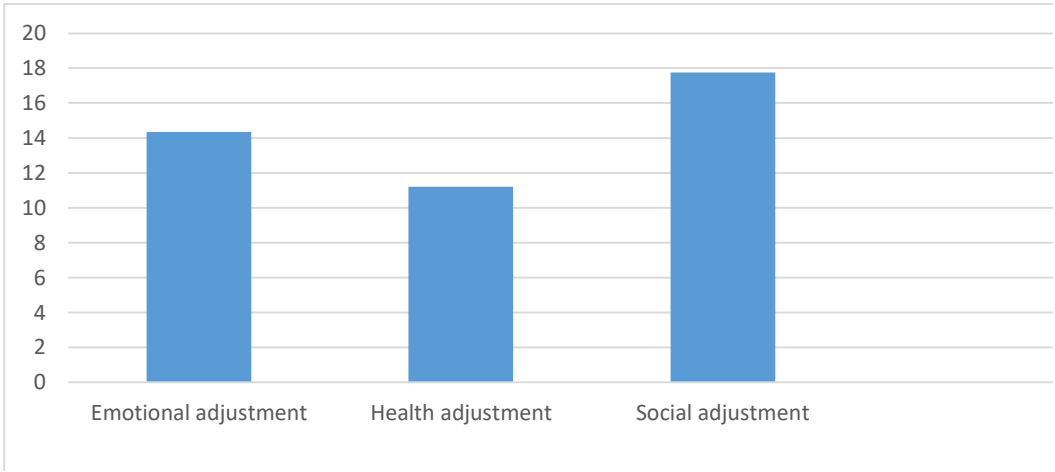


**Figure 1. Mean score of Emotional, Health and Social adjustment among Adolescent Females with Intellectual Disability**

The mean score of the variable of social adjustment of female adolescents with intellectual disability was 17.74 (SD=3.95, SEM= 0.56). It is the highest mean score among the three dimensions. This suggests that relative to emotional and health adjustment the participants demonstrated comparatively higher social adjustment if higher scores on the scale represent better adjustment.

When the three dimensions are compared, social adjustment showed the highest mean (17.74), followed by emotional adjustment (14.34), while health adjustment showed the lowest mean (11.22). This pattern suggests that social adjustment may be a relative strength, whereas health adjustment may require comparatively greater attention in this sample. The findings highlight the importance of providing a holistic approach to the development of female adolescents with intellectual disability. Educational programmes should not focus only on academic development. Equal importance should be given to emotional skills, health related behaviors, self- care, communication and social participation. The relatively greater variability in health adjustment also suggests that individual needs differ considerably. Therefore, interventions should be individualized rather than assuming that all adolescents with intellectual disability have similar adjustment needs.

**Conclusion**

Emotional, Health and social adjustment are essential aspects of psychological well – being among adolescent girls with intellectual disability. Understanding these adjustment patterns can guide educators, Psychologists and families in designing interventions that improve quality of life, self - confidence, social participation and overall mental health. It is concluded that the female adolescents demonstrated better social adjustment, followed by emotional adjustment, while health adjustment was comparatively lower.

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Conflict of Interest: None declared