

A study of psychosocial problems among junior college students

Ramakant M Gokhale¹, Sandhya Gokul Ingole^{2*}

¹Professor and HOD, Department of Community Medicine, V.M. Government Medical College, Solapur, Maharashtra, INDIA.

²Assistant Professor, Department of Community Medicine, Government Medical College, Miraj, INDIA.

Email: rmgokhale21@gmail.com

Abstract

Background: Psychosocial health is an important aspect of adolescent development. The term “Psychosocial” reflects both the externalizing or behavioural problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc. and internalizing or emotional problems like anxiety, depression etc. The emotional problems have been relatively neglected compared to behavioural problems because these are not easy to be detected by the parents or teachers. **Aim and Objectives:** To study of Psychosocial Problems among junior college students in rural area served by Rural Health Training Centre affiliated to a medical college. **Material and Methods:** The present cross sectional study was undertaken to determine psychosocial problems among adolescents in junior college students of the rural area, which is rural field practice area of a tertiary health care centre of the same district. Total 360 students were included in the study, 180 boys and 180 girls. The proforma consisted of two parts. **Results:** It was seen that out of 180 boys 42(23.3%) had psychosocial problems and out of 180 girls 45 (25%) had psychosocial problems. The domain of Behaviour problems, Emotional problems and Educational problems in boys and girls did not show significant difference. However in the domain of social problems the difference between boys and girls was significant and mean score in girls was higher than boys. On average 43.5% boys and 43.6% girls had behavioural problems and the significant difference between boys and girls was not seen with respect to Behavioural problems. 46% boys and 50% girls had emotional problems. In boys 76.2% were under stress and in girls 84.4% had hot temperedness. There was no significant difference between boys and girls with respect to Emotional problems. It was observed that on average 68% boys and 65% girls had educational problems. There was no significant difference between boys and girls with respect to Educational problems. On average 26% boys and 27% girls had social problems and there was significant difference ($p<0.05$) between boys and girls with respect to Social problems. **Conclusion:** Thus we conclude that the overall prevalence of psychosocial problem in adolescents was found to be 24.8%. The boys and girls independently showed prevalence of 23.3% and 25%. Among the four domain of ‘Psychosocial problem Inventory’ scale Behaviour problems, Emotional problems and Educational problems in boys and girls did not show significant difference while social problems score was significantly higher in girls was than boys.

Key Word: Psychosocial Problems, junior college students

*Address for Correspondence:

Dr. Sandhya Gokul Ingole, Assistant Professor, Department of Community Medicine, Government Medical College, Miraj, INDIA.

Email: sandhya.ingole777@gmail.com

Received Date: 23/03/2019 Revised Date: 12/05/2019 Accepted Date: 02/07/2019

DOI: <https://doi.org/10.26611/10111134>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:
21 September 2019

INTRODUCTION

Adolescence is a period of transition between childhood and adulthood.¹ Adolescence has been defined by World Health Organization as a period of life spanning the age between 10 and 19 years and in terms of a phase of life marked by special attributes.² These attributes include: rapid physical growth and development; physical, social and psychological maturity.² “Erikson” in his book “life cycle crisis of psycho-social development” has written: An adolescent is in the stage of “Identity vs. Confusion”, before he/she enters the stage of “Intimacy vs. Isolation.”³ The origin of word adolescence is from a Greek Latin word “adolescere”, which means to grow or to grow to

maturity.⁴ It is variously described as “Neither children nor adults” or as “Growing-up years”.⁵ There are about 1.2 billion adolescents in the world, which is equal to one fifth of the world’s population and their numbers are increasing. Out of 1.2 billion adolescents in the world, 5 million adolescents are living in developing countries. India’s population has reached the 1 billion mark, out of which 21% are adolescents.⁶ According to the Population Reference Bureau 2013 data sheet; there are 1.8 billion youth (10-24years) in the world and they form 25% of the world population. In India there are 362 million youth, forming 28% of the national population.⁶ Over the next decade, the number of adolescents will increase and by the year 2025 they will represent about 27% of the total population in developing countries.⁷ During this period, changes occur in adolescence in the attitudes, pattern of thinking, ideas, relationships and moral standards and this transition is uneven, which results in an earlier physical maturity and a reproductive capability, than a *psychological* and a *social maturity*.⁸ Although adolescence comprises of one decade of a life span, it is a prelude to the ultimate life that the individual will be destined to live. Thus, those who are going through this period of life require special attention from the family, community and the society as a whole.⁹ Psychosocial health is an important aspect of adolescent development. The term “Psychosocial” reflects both the externalizing or behavioural problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc. and internalizing or emotional problems like anxiety, depression etc. The emotional problems have been relatively neglected compared to behavioural problems because these are not easy to be detected by the parents or teachers.¹⁰ Psychosocial problems are an important aspect of overall adolescent health. Proper identification of psychosocial problems is of utmost importance for planning adolescent health programs, thereby emphasizing the areas which need attention. Hence the present study was undertaken in rural area served by Rural Health Training Centre affiliated to a medical college.

MATERIAL AND METHODS

The present cross sectional study was undertaken to determine psychosocial problems among adolescents in junior college students of the rural area, which is rural field practice area of a tertiary health care centre of the same district. The study was conducted from February 2016 to November 2017. Junior college students in Shirur

Nagar Parished jurisdiction who were willing to participate and age less than 20 years were enrolled in the study. Students who were under treatment for known psychological problems were excluded. Sample size was calculated to be 170, considering prevalence(p) of psychosocial problems as 41.43%¹¹, confidence level is 95%, taking power of the test 80% and absolute precision (E) of 15%. Thus Minimum sample size was 170 boys and 170 girls, for present study but we included 180 boys and 180 girls. So the total sample size was 360. There were four junior colleges in the area. Principals of all colleges were requested for permission to conduct study in their colleges. Two out of four college principals agreed to participate in the study. The purpose of study was explained to the principal and also to the teachers. Total 360 students were included in the study, 180 boys and 180 girls. The number of boys and girls included in the study in XI and XII standards from two colleges were proportionate to number of students (both boys and girls) studying in XI and XII class. Principals/Vice-principals was requested to fix suitable date and time for collecting information from the students of XI and XII standards. The students of junior college selected randomly for study. They were selected randomly from roll call number. Those who were absent they were interviewed by second visit to college. The purpose of study was explained to the study participants. Written Informed consent was taken from students before taking interview.

The proforma consisted of two parts. The first part was used to obtain preliminary information on age, gender, type of family structure, socioeconomic class and other demographic factors. The second part consisted of Structured and pre-tested questionnaire which was used for data collection. ‘Psychosocial problem Inventory’ (Mumthas and Muhsina, 2012)¹² comprising of Fifty Five items was used for reference for identifying the extent of Psycho-social problems of adolescents. The questions showing duplication and not found to be suitable were omitted and forty items questionnaire was finalised and used to obtain information about four domains of psychosocial problems i.e. Behavioural, Emotional, Educational and Social. Data was collected, coded and compiled using Microsoft Excel and analysed by using Statistical software EpiInfo Version 7.2. The association of psychosocial problems with socio-demographic variables was assessed using qualitative tests such as chi-square or fisher exact tests and student t-test. P values less than 0.05 were considered as statistically significant.

RESULTS

Table 1: Distribution of study subjects according to age and gender

Age (years)	Boys n=180 (%)	Girls n=180 (%)	Total n=360 (%)	Chi square value	p value
15-<16	09 (5)	13 (7.2)	22 (6.1)	2.26	0.6873*
16-<17	74 (41.1)	79 (43.9)	153 (42.5)		
17-<18	84 (46.7)	71 (39.4)	155 (43)		
18-<19	12 (6.6)	16 (8.8)	28 (7.7)		
19-<20	01 (0.5)	01 (0.5)	02 (0.5)		

* Not significant

Out of 360 students included in the study, 180 were boys and 180 were girls. In boys 09 (5%) belonged to 15-<16 years, 74 (41.1%) from age group 16-<17 years, 84 (46.7%) from age group of 17-<18 years, 12 (6.6%) from age group 18-<19 years and 01 (0.5%) were from 19-<20 years of age group. Similarly, in girls, 13 (7.2%) belonged to 15-<16 years age group, 79 (43.9%) from 16-<17 years, 71 (39.4%) from 17-<18 years, 16 (8.8%) from 18-<19 years and 01 (0.5%) were from 19-<20 years of age group. No significant difference ($p>0.05$) was noted between boys and girls with respect to age group, therefore they were comparable to each other.

Table 2: Distribution of students according to severity of psychosocial problems

Gender	Boys(n=180)	Girls(n=180)	Total (n=360)	P value
Normal	138 (76.7%)	135 (75%)	n=273 (75.83%)	0.7119
Mild	41 (22.7%)	45 (25%)	n=86 (23.89%)	
Moderate	01 (0.6%)	00 (00%)	n=1 (0.28%)	
Severe	00 (00%)	00 (00%)	n=0 (0.00%)	

It was seen that out of 180 boys 42(23.3%) had psychosocial problems and out of 180 girls 45 (25%) had psychosocial problems. The severe category had no student and the moderate category had only one boy and no girl. The one boy in moderate category was clubbed in mild category for calculation and application of test of significance. Thus the psychosocial problems were compared as, no problems (normal) and with some problems (mild, moderate and severe). There was no significant difference ($p>0.05$) between boys and girls with respect to psychosocial problems.

Table 3: Comparison in boys and girls with respect to four domains of psychosocial problem

Psychosocial Domains	Psychosocial problems		t test	p value
	Boys(n=42) Mean \pm SE	Girls(45) Mean \pm SE		
Behaviour Problems	43.5 \pm 7.16	43.5 \pm 8.77	0	>0.9999
Emotional Problems	46.89 \pm 5.19	50.57 \pm 7.09	-0.4341	0.6653
Educational Problems	68.25 \pm 4.75	65.41 \pm 6.6	0.345	0.7309
Social Problems	26.7 \pm 5.56	27.35 \pm 5.5	2.628	0.0101

Comparison between boys and girls was done with respect to four domains of psychosocial problems i.e. Behavioural, Emotional, Educational and Social was done. It was seen that the domain of Behaviour problems, Emotional problems and Educational problems in boys and girls did not show significant difference. However in the domain of social problems the difference between boys and girls was significant and mean score in girls was higher than boys.

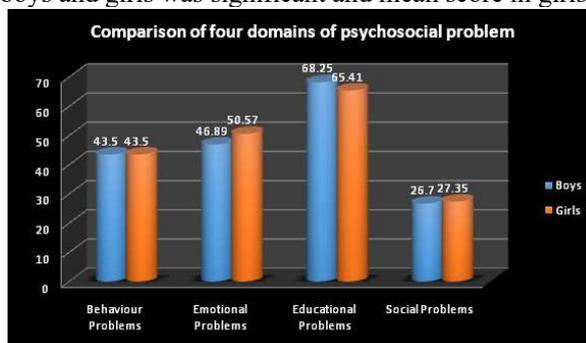


Figure 1

Table 4: Comparison of psychological problems among adolescent boys and girls

	Psychological problems	% of occurrence		
		Boys	Girls	
Behavioural Problems	Violence	25.5	11.1	
	Stealing	4.3	1.8	
	Lying	65.9	81.5	
	Impatient	68	51.8	
	Shyness	74.5	59.2	
	Self- harm behaviour	8.5	5.6	
	Over dependent	25.5	57.4	
	Tendency to violate rules	57.4	20.4	
	Hyperactivity	46.8	44.4	
	Extreme passivity	42.5	42.6	
	Talkative	46.8	43.56	
	Loneliness	33.3	37.8	
	Rapid mood swing(depression)	50	68.8	
	Day dreaming	38.1	24.4	
Emotional Problems	Excessive fears and worries	52.4	73.3	
	Anxiety	59.5	80	
	Lack of sleep	23.8	37.8	
	Suicidal feeling	4.8	6.7	
	Apathy	61.9	51.1	
	Hot temperedness	61.9	84.4	
	Feeling of inferiority	52.4	53.3	
	Feeling of insecurity	40.5	20	
	Stress	76.2	82.2	
	I am always true/right.	54.8	40	
	Decreased motivation	45.2	40	
	School absence	59.5	53.3	
	Disinterested in school activities	66.7	66.6	
	Strict rules of college/school	50	31.1	
Educational Problems	Academic underachievement	78.6	68.9	
	Poor memory	78.6	84.4	
	Lack of concentration	88.1	82.2	
	Over expectation of parents	76.2	77.8	
	Fear of failure in exam	71.4	84.4	
	Not interested in other activities (sports, entertainment and shopping)	30.9	44.4	
	Isolation from family	30.9	22.2	
	Attraction to opposite sex	50	37.8	
	Social Problems	Participation in antisocial activities (physically fight with my family members/ destroy the things on purpose)	23.8	22.2
		Superstitious belief	30.9	28.9
Social withdrawal		4.8	35.6	
Addiction		11.9	0	

It was seen that on average 43.5% boys and 43.6% girls had behavioural problems. 74.5% of adolescent boys had problem of shyness and 81.5% adolescent girls were habituate to lying. Only 4.3% boys and 1.8% girls indulged in stealing at home. The significant difference between boys and girls was not seen with respect to Behavioural problems. On average 46% boys and 50% girls had emotional problems. In boys 76.2% were under stress and in girls 84.4% had hot temperedness. Nearly 4.8% boys and 6.7% of girls had suicidal feelings. There was no significant difference between boys and girls with

respect to Emotional problems. It was observed that on average 68% boys and 65% girls had educational problems. In boys 88.1% had lack of concentration and 84.4% girls had poor memory and fear of failure after exam. 42.2% boys had decreased motivation. There was no significant difference between boys and girls with respect to Educational problems. On average 26% boys and 27% girls had social problems. 50% boys had over attraction towards opposite sex followed by 30.9% adolescent boys were not interested in other activities like sports, entertainment and shopping, they felt that they

were isolated from family and had superstitious belief. 44.4% girls were not interested in other activities, like sports, entertainment and shopping. There was significant difference ($p < 0.05$) between boys and girls with respect to Social problems.

DISCUSSION

The present study was conducted in adolescent population. The present study was undertaken in rural area served by Rural Health Training Centre affiliated to a medical college. The study population consisted of students of junior colleges and majority of them were late adolescents followed by middle adolescents. WHO classifies adolescent period as early adolescence (10-13 years), middle adolescence (14-16 years) and late adolescence (17-19 years). The study population consisted mainly middle and late adolescents. 51.2% were in late adolescence while 48.8% in middle adolescence. In middle adolescents also majority i.e. 41.1% boys and 43.9% girls were in age group of 16-17 years. In late adolescence majority of boys i.e. 46.7% and 39.4% girls were in age group of 17-18 years. Anees Ahmad *et al.* (2007)¹³ in their study found that major proportion of the population belonged to early (10-13 yrs.) and mid adolescents (14-15 yrs.) age group. Proportions of adolescents in middle and late stages were similar to that found in other studies also, the finding were similar to study done by Vaibhav Jain *et al.* (2014)¹⁴ in a rural area of District Muzaffarnagar, where majority of the adolescents i.e., 82 (39%) belonged to 17-19 years of age group (late adolescents) and the least number of 58 (27.6%) were in the 14-15 years of age group (mid adolescents). It was seen that out of 180 boys 42 (23.3%) had psychosocial problems and out of 180 girls 45 (25%) had psychosocial problems. The severe category had no student and the moderate category had only one boy and no girl. The one boy in moderate category was clubbed in mild category for calculation and application of test of significance. Thus the psychosocial problems were compared as, no problems (normal) and with some problems (mild, moderate and severe). There was no significant difference ($p > 0.05$) between boys and girls with respect to psychosocial problems. Comparison between boys and girls was done with respect to four domains of psychosocial problems i.e. Behavioural, Emotional, Educational and Social. The domains of Behaviour problem, Emotional problem and Educational problems in boys and girls did not show significant difference. However in the domain of social problems the difference between boys and girls was significant and mean score in girls was higher than that of boys. Various questions were asked to the study subjects to assess the problems in different domains like Behavioural,

Emotional, Educational and Social domain. The response to each question was recorded and percentage was calculated independently for boys and girls. At the end the mean percentage was calculated separately in each domain both for boys and girls. The responses to various questions to assess Behaviour problems were asked to boys and girls independently. In boys the responses ranged from 4.3% stealing as a problem to 74.5% where shyness was a problem. Hyperactivity, talkativeness, tendency to violate the rules, impatient was observed in more than 40% of boys. Lying was observed in 65.9% boys. In girls the responses ranged from 1.8% stealing as a problem to 81.5% where lying was a problem. Problems like lying, impatient; shyness, over dependent, hyperactivity; extreme passivity and talkativeness were seen in more than 40% of girls. Surprisingly lying was reported more in girls than boys and shyness was reported more in boys than girls. The overall percentage comparison did not show significant difference.

In present study out of 42 adolescents boys and 45 girls, on an average 43.5% of adolescents were having behavioural problems. Mumthas, N.S. and Muhsina, M (2014)¹² in their study concluded that on an average 27% of adolescents were had behavioural problems. Gayatri Hemant Aradhya (2013)¹⁵ in their study found that 5 girls (1%) reported interpersonal violence among their hostelmate. Poornima Bhola *et al.* (2016)¹⁶ done study on 1336 students and found that 12.6% adolescence were suffering from hyperactivity/inattention. In boys responses to various questions to assess emotional problems ranged from 4.8% (suicidal tendency/feeling) to 76.2% where stress was a problem. Depression, excessive fear and worry, Anxiety, hot temperedness, feeling of inferiority, was observed in more than 50% of boys. In girls the responses ranged from 6.7% (suicidal feelings) to 84.4% (hot temperedness). In girls also depression, excessive fear and worry, anxiety, hot temperedness, feeling of inferiority, was observed in more than 50% subjects. Stress was observed in more than 75% of boys and girls. The overall percentage comparison did not show significant difference. In present study 50% boys and 68.8% girls had depression, 59.5% boys and 80% girls had anxiety and 76.2% boys and 82.2% girls were in stress. Al-Gelban KS (2006)¹⁷ in their study found that more than one-third of the participants (38.2%) had depression, while 48.9% had anxiety and 35.5% had stress. Depression, anxiety and stress were strongly, positively and significantly correlated. Gayatri Hemant Aradhya (2013)¹⁵ in their study revealed that depression was noted in 10 girls (2%); symptoms of anxiety were noted in 5 girls (1%). K Sathish Kumaret *al.* (2017)¹⁸ in their study found that the prevalence of depression,

anxiety, and stress were 19.5%, 24.4% and 21.1% respectively. In present study 46.9% of adolescent boys and 50.7% of adolescent girls were suffering from emotional problems. Mumthas, N.S. and Muhsina, M (2014)¹² in their study concluded that, 32% of adolescents are suffering from emotional problems. In present study depression and anxiety in boys and girls was maximum in late adolescence. Poornima Bhola *et al.* (2016)¹⁶ studied on 1336 students and found that 9% adolescents were at risk for emotional symptoms. In boys responses to various questions to assess educational problems ranged from 45.2% (decreased motivation) to 88.1% (lack of concentration). Problems like school absenteeism, disinterested in school/college activities, lack of concentration, over expectations of parents, fear of failure in exam were observed more than 50% in boys. In girls, problems ranged from 31.1% (strict rules of college/school) to 84.4% (poor memory). In girls also, school absenteeism, disinterested in school/college activities, lack of concentration, over expectations of parents, fear of failure in exam were observed more than 50% subjects. Lack of concentration was major problem in boys and poor memory and fear of failure in exam were major problems in girls. There was no significant difference in boys and girls with respect to educational problems. In present study, on an average 68.3% of adolescents' boys and 65.1% girls were having educational problems. Mumthas, N.S. and Muhsina, M (2014)¹² in their study concluded that, 34% of adolescents had educational problems. In our study lack of concentration and poor memory were main educational problems and we had tested these problems with respect to middle and late adolescence and found that these problems were more in late adolescence than mid adolescence both for boys and girls. Vaibhav Jain *et al.* (2014)¹⁴ in their study found that mid adolescent boys and late adolescent girls had more educational difficulties as compared to other groups (40.0 and 25.4% respectively). K Sathish Kumare *et al.* (2017)¹⁸ in their study found that around four-fifth (81.6%) of the respondents had at least one of the studied disorders. Gayatri Hemant Aradhya (2013)¹⁵ in their study concluded that poor concentration were observed in 10 girls (1% each). In boys responses to various questions to assess social problems ranged from 4.8% (social withdrawal) to 50% (over attraction to opposite sex). Problems like not interested in other activities (like sports, entertainment and shopping), superstitious belief were seen in more than 30% of boys. 23.8% boys participated in antisocial activities. Addiction was seen in 11.9% of boys. In girls, social problems range from 22% (isolation from family) to 44.4% (not interested in other activities like-sports, entertainment and shopping). Over attraction to opposite sex and social

withdrawal were found more than 30% in girls. Addiction not observed even in single girl. There was significant difference in boys and girls with respect to social problems which shows social problems more in girls than boys. In present study out of 42 adolescence boys and 45 girls 26.2% boys and 27.4% girls adolescents were facing social problems. Mumthas, N.S. and Muhsina, M (2014)¹² in their study concluded that, 24% of the adolescents were facing social problems. Poornima Bhola *et al.* (2016)¹⁶ in their study found that 13% adolescents had antisocial behaviour.

CONCLUSION

Thus we conclude that the overall prevalence of psychosocial problem in adolescents was found to be 24.8%. The boys and girls independently showed prevalence of 23.3% and 25%. Among the four domain of 'Psychosocial problem Inventory' scale Behaviour problems, Emotional problems and Educational problems in boys and girls did not show significant difference while social problems score was significantly higher in girls was than boys.

REFERENCES

1. Chaturvedi S, Kapil U, Gnanasekaran N *et al.* Nutrient Intake Among Adolescent Girls Belonging To Poor Socioeconomic Group of Rural Area of Rajasthan. *Indian Pediatr.*1996; 33: 197-201.
2. Adolescence: - The critical phase, the challenges and potential published by WHO: Regional office for South East Asia, New Delhi 1997.
3. Bezbaruah S, Janeja MK. Adolescents in India: A Profile. Inter-Agency Working Group - Population and Development (IAWG – PandD). 2000; Sep:1-5.
4. Bansal RD, Mehra M. Adolescence girl-an emergency priority. *Indian journal of Public Health.*1998Jan-March; 22(1):1-2.
5. Ghai OP, Gupta PV. *Essential Paediatrics* 6th edition. Kolkatta: CBS Publisher; 2005.
6. Population Reference Bureau the World's Youth: 2013 data sheet.1- 17. Assessed on 8/6/16 Available from <http://www.prb.org/pdf13/youth-data-sheet-2013.pdf>.
7. WHO. Adolescent nutrition:A review of the situation in selected South East Asian countries. Regional office for South-East Asia. New Delhi. 2006 Mar. Accessed on 15/4/ 16. Available from http://apps.searo.who.int/pds_docs/B0239.pdf.
8. Nair MKC, Pejower, editors. *Adolescent care 2000 and beyond*. 1st. Bangalore: Prism Books; 2001:1-7.
9. Mukherjee CG, Chakraborty AK, Pradhan S, *et al.* Knowledge of reproductive health issues among the school going teenagers of rural Bengal. *Ind J Obstet and Gynecol.* 2001; 51(1):115-18.
10. Sushma Basavaiah Vijayaprakash, Srinivasan Venkatesan and Khyrunnisa Begum. Prevalence of Behaviour Problems among School Children and their Demographic

- Correlates. *Guru Journal of Behavioural and Social Sciences*. 2013 Oct.;1(4):203-212.
11. Muzammil K, Kishore S, Semwal J. Prevalence of psychosocial problems among adolescents in the District Dehradun, Uttarakhand. *Indian Jr Public Health* 2009; 53(1):18-21.
 12. Mumthas, N. S and Muhsina, M. Psycho-Social Problems of Adolescents at Higher Secondary Level. *Guru Journal of Behavioural and Social Sciences*. 2014 Jan-March;2(1):251-257.
 13. Ahmad A, Khalique N, Khan Z, *et al.* Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med* 2007; 32: 219-21.
 14. Jain Vaibhav, Singh Mayank, Muzammil Khursheed *et al.* Prevalence of psychosocial problems among adolescents in rural areas of District Muzaffarnagar, Uttar Pradesh. *INDIAN JOURNAL OF COMMUNITY HEALTH*. 2014 JUL – SEP;26(3):243-248.
 15. Aradhya GH. Psychosocial Morbidities in School Going Adolescent Girls: A Study from a South Indian City. *J Clin Diagn Res*. 2013 Apr;7(4):684–686.
 16. Bholra Poornima, Sathyanarayanan Vidya, Dorothy P Rekha *et al.* Assessment of self-reported emotional and behavioural difficulties among pre-university college students in Bangalore, India. *Indian J Community Med*. 2016; 41: 146-50.
 17. Al-Gelban KS. Depression, anxiety and stress among Saudi adolescent school boys. *J Roy Soc Health*. 2006; 126: 1–5.
 18. Kumar KS and Singh BA. Depression, Anxiety and Stress among Higher Secondary School Students of Imphal, Manipur. *Indian J Community Med*. 2017 Apr-Jun;42(2):94–96.

Source of Support: None Declared
Conflict of Interest: None Declared

