

Psychosocial Morbidities in School Going Adolescent Girls: A Study from a South Indian City

GAYATHRI HEMANTH ARADHYA

ABSTRACT

Introduction: Adolescents form about 20-30% of our population. Like the children of any other ages, adolescents have the so called usual problems and problems which are specific for their age and developmental peculiarities. The present study was undertaken to assess the prevalence of the psychosocial problems of adolescent girls and to counsel the girls with problems or those who were problem prone.

Methods: This was a cross-sectional study in which 500 adolescent girls from 6 higher secondary schools were selected via a simple random sampling method. A psychiatrist was consulted before the study was undertaken. A pre-designed proforma was given to be filled up and the data was analyzed later.

Results: Sixty percent of the girls were in the age group of 14 to 15 years. Depression was noted in 10 girls (2%), symptoms of anxiety were noted in 5 girls (1%), stuttering and a poor concentration were observed in 10 girls (1% each), 2 girls (0.4%) came from broken families, 5 girls (1%) were suffering from anorexia nervosa, 3 girls (0.6%) were suffering from bulimia nervosa and 10 girls (2%) had psychosomatic symptoms. 5 girls (1%) reported interpersonal violence among their hostelmates.

Conclusion: Finding out the prevalence of the psychosocial problems among adolescent girls and counselling them appropriately can decrease the major psychosocial morbidities which are prevalent in the community.

Key Words: Adolescent girls, Anxiety, Depression, Psychosocial problems

INTRODUCTION

Adolescence is divided into the early (10-13 years), middle (14 to 16 years) and the late (17 to 20 years) stages. During this period, changes occur in the pattern of thinking, attitudes, ideas, relationships and moral standards among adolescents and this transition is uneven, which results in an earlier physical maturity and a reproductive capability, than a *psychological and a social maturity* [1]. 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 [2].

MATERIAL AND METHODS

This study was conducted in a south Indian city. 500 adolescent girls from 6 schools were taken up for the study. Oral consents were taken from the girls, before the commencement of the study.

Six schools were selected via a simple random sampling procedure. This was a cross-sectional, observation study. This study was conducted during the period between Jan 2005 and Jan 2008. Before this study was conducted, a psychiatrist was consulted. Adolescent girls in the age group of 10-17 years, who were from the high school, were supplied with a pre-designed proforma (which was adopted from Goldberg's General Health Questionnaire) [3]. They were explained about the content of the proforma and how it had to be filled. They were allowed to take the proforma home and to fill it with parental assistance.

Psychological problems like depression were recorded by using the underlying diagnostic criteria-symptoms of depressed mood, disturbances in sleep, decreased concentration and attention, changes in the appetite and weight, feelings of helplessness, hopelessness with or without a suicidal ideation or intent; the symptoms must have been present for at least 2 weeks in the absence of another medical or psychiatric condition and may occur as discrete or recurrent episodes [4].

RESULTS

[Table/Fig-1] shows the number of girls in each age group. The highest number of girls was seen in the 14 years age group (37%) followed by the 15 years age group (23.8%) and the least number of girls was seen in the 17 years age group (0.4%).

Age	Number	Percent
10	29	5.8
11	38	7.6
12	23	4.6
13	86	17.2
14	185	37.0
15	119	23.8
16	18	3.6
17	2	0.4
Total	500	100

[Table/Fig-1]: Distribution of Adolescent Girls According to the Age (years)

[Table/Fig-2] shows the distribution of the various psychosocial problems among adolescent girls. 10 girls (2%) were suffering from depression, a prevalence of anxiety was seen in 5 girls (1%) and stuttering and poor concentration were seen in 10 girls (1% each). 2 girls (0.4%) came from broken families, one girl was born to a unmarried mother and one girl's family was abandoned by the father. 5 girls (1%) were suffering from anorexia nervosa and 3 girls (0.6%) were suffering from bulimia nervosa. 10 girls (2%) had psychosomatic problems like a recurrent abdominal pain, headache and chronic fatigue. 5 girls (1%) reported interpersonal violence among their hostelmates.

	Number	Percent
Depression	10	2
Anxiety	5	1
Stuttering	5	1
Poor concentration	5	1
Abandoned by father	1	0.2
Unmarried mother	1	0.2
Anorexia nervosa	5	1
Bulimia nervosa	3	0.6
Psychosomatic symptoms	10	2
Interpersonal violence	5	1

[Table/Fig-2]: Table Showing Psychosocial Morbidities in Adolescent Girls

DISCUSSION

Approximately 20% of the adolescents have some type of psychosocial problems that impair their ability to function. Adolescents are vulnerable to a psychological dysfunction when they suffer physical injuries, psychological trauma, or major changes in their environment, especially in the absence of strong support systems. The term 'psychosocial' refers to the interplay between the biological, physiological, emotional, cognitive, social, environmental and the maturational factors. Each of these factors should be considered when the problems and the needs of the adolescents are evaluated [5].

The term 'depression' can describe a normal human emotion and it may be a part of the adolescent developmental process, which results from the giving up of the childhood security in the drive of separation and independence. Moderate and severe depression can affect the scholastic performance. Extreme depression can lead to suicidal tendencies. Suicide has become one of the most common causes of death among the adolescents and the young population. In our study, the prevalence of depression was 2%. It was due to the parents' death in some, internal family conflicts in some and in some, it was due to overweight. In a study which was done at Thiruvananthapuram, India, the prevalence of depression was 2.6%, which was almost similar to that in our study [6]. In a study which was done at north Carolina, overweight was associated with a poorer quality of life in terms of the social/interpersonal relationships, self esteem, daily living and the self efficacy [7]. The prevalence of anxiety was 1% in our study. In a study which was done on school going adolescent girls in Delhi, it was found that the most common problem was anxiety/depression, which accounted for almost 10% of all the problems which were faced by adolescents [8]. Stuttering and poor concentration were seen in 1% of the girls each. In a similar study which was done in urban Delhi, the prevalences of stuttering and poor concentration were high i.e, 5.3 and 9.5% respectively [9].

The most commonly seen eating disorders among adolescent girls were anorexia nervosa, bulimia nervosa and binge eating [10]. In our study, the prevalence of anorexia was 1% and 0.6% were suffering from bulimia. Psychosomatic disorders are typically defined as those in which psychological factors are thought to contribute significantly to the development, exaggeration or the maintenance of the illness [11]. The common psychosomatic symptoms are a recurrent abdominal pain, headaches, chest pain, musculoskeletal pain, chronic fatigue and non specific symptoms. In our study, the prevalence of the psychosomatic symptoms was 2%. In a study which was done at Vellore, Tamil Nadu, India, it was found that females (63.3%) constituted a larger group with temperament disorders and that they presented with unexplained physical symptoms [12]. In our study, the interpersonal violence rate was 1%, which was reported among hostelmates. In a study which was done at Philadelphia, it was found that 39% of the adolescent girls were involved in interpersonal violence [13].

CONCLUSION

Adolescents should be considered as a special group in developmental, educational and health programmes. Regular screening programmes should be instituted in target areas like schools and colleges, where a large number of adolescents get together. Their problems should be recognized early and solutions should be provided accordingly. For a society which is in transition, like ours, the rising trend of the psychiatric morbidity in adolescent girls, who will be mothers in future, is alarming and therefore, immediate positive measures should be taken at appropriate levels.

ACKNOWLEDGEMENTS

Staff of Department of Pediatrics, J.J.M. Medical College, Davangere, Karnataka, India.

REFERENCES

- [1] Nair MKC, Pejawa (editors). Adolescent care 2000 and beyond, 1st ed. Bangalore. Prism Books. 2001 ;1-7.
- [2] Mukherjee CG, Chakraborty AK, Pradhan S, Kar A. Knowledge of reproductive health issues among the school going teenagers of rural Bengal. *Ind J Obstet and Gynecol.* 2001;51(1):115-18.
- [3] Goldberg BP, et al. Manual of the General Health Questionnaire. Windsor, England: NFER Publishing;1978.
- [4] Reeva A. Recognizing and treating anxiety and depression in adolescents. *Med Clin N Am.* 2000;84:891-903.
- [5] Pratt HD. Principles of psychosocial assessment of adolescents. *Indian J Pediatr.* 2000;70:775-79.
- [6] Nair MKC, Paul MK, John R. Prevalence of depression among adolescents. *Indian J Pediatr.* 2004;71:523-24.
- [7] Fallon EM. Health related quality of life in overweight and non overweight black and white adolescents. *J Pediatr.* 2005;147:443-50.
- [8] Mishra A, Sharma AK. A clinico-social study of psychiatric morbidity in 12 to 18 years school going girls in urban Delhi. *Ind J Comm Med.* 2001;26:71-75.
- [9] Datta Banik ND. Psycho-social behavioural problems of children during adolescence. *Indian J Pediatr.* 1979;46:121-25.
- [10] Kriepe RE, Mou SM. Eating disorders in adolescent and young adults. *Obstet Gynecol Clin N Am.* 2000;27:101-24.
- [11] Greene JW, Walker LS. Psychosomatic problems and stress in adolescence. *Pediatr. Clin. North. Am.* 1997;44:1557-72.
- [12] Raghutaman G, Cherian A. Temperament of children and adolescents presenting with unexplained physical symptoms. *Indian J Psych.* 2003;45:43-47.
- [13] Mollen CJ, Fein JA, Localio AR, Durbin DR. Characterization of interpersonal violence events involving young adolescent girls vs events involving young adolescent boys. *Arch Pediatr Adolesc Med.* 2004;158:545-50.

AUTHOR(S):

1. Dr. Gayathri Hemanth Aradhya

PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Paediatrics,
J.J.M. Medical college, Karnataka, Inida.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Gayathri Hemanth Aradhya,
2969, 6th Main, M.C.C 'B' Block, Davangere - 577004,
Karnataka, Inida.
Phone: 9844222057
E-mail: gats_h@yahoo.co.in

FINANCIAL OR OTHER COMPETING INTERESTS:

None.

Date of Submission: **Sep 05, 2012**

Date of Peer Review: **Nov 26, 2012**

Date of Acceptance: **Jan 29, 2013**

Date of Publishing: **Apr 01, 2013**