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

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.

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.

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%).

<table>
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<th>Age</th>
<th>Number</th>
<th>Percent</th>
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<tr>
<td>10</td>
<td>29</td>
<td>5.8</td>
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<tr>
<td>11</td>
<td>38</td>
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<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100</td>
</tr>
</tbody>
</table>

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

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].
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.

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REFERENCES
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