A PRELIMINARY SURVEY OF EMOTIONAL BEHAVIOR AND HEALTH AWARENESS AMONG ADOLESCENT GIRLS OF CHANDIGARH AND ADJOINING STATES OF INDIA

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Abstract - Adolescence is the most important period of transition in life. It requires proper knowledge of health, diet, and hygiene. Lack of timely information and guidance on these matters may cause complications for individuals in adulthood. Today’s youth is exposed to many pressures. Health issues need to be discussed and their concerns addressed in nonjudgmental manner. Good relationship with parents, other family members, teachers and easy access to adolescent friendly health facilities will help adolescent enjoy a positive health leading to healthy adulthood. A survey was conducted on general health and behavior of 1000 adolescent girls of Chandigarh and adjoining states of India studying in PG Govt. College for Girls, Sector-11, Chandigarh. The survey was based on the awareness of adolescent towards allergies, acne, medication, visit to doctors, headache, backache, dizziness, depression, emotional stress etc. It was observed that the adolescent period is most vulnerable period that affects the overall growth and development of youth and expose them to many health risks. Careful and unobtrusive attention to each aspect of health at this stage will help adolescents grow into healthy and responsible adults.

Keywords: Adolescent, awareness, behavior, health, survey

INTRODUCTION

Adolescence is the most important and turbulent period of transition in life where there are many physical, psychological, and emotional changes. It requires proper knowledge of health (physical, mental, reproductive) diet, and hygiene. Therefore, adolescents are most susceptible to behavioral changes as they enter puberty with incomplete knowledge. Lack of timely information and guidance on these issues may cause health and mental complications in adulthood. These health issues need to be discussed and the concerns must be addressed in nonjudgmental manner. Cordial relationship with parents, teachers, relatives, and easy access to adolescent friendly health facilities help adolescents to enjoy a healthy adulthood. In a descriptive study, an overall 17.4% of the adolescent girls were not even aware about the facts of adolescent physical changes and menarche whereas many girls either had partial awareness. (Sadhna and Achala, 2006). Jashim and Mannan (2008) presented the awareness status of rural Bangladeshi adolescent girl’s about reproductive health. Their data revealed that a substantial percentage of adolescent girls had incorrect knowledge about the fertile period, reproduction, sexually transmitted diseases such as HIV/AIDS. The authors suggested a strong need to improve awareness and to clarify misconceptions about reproductive health among adolescent girls about reproductive health that can be achieved by increasing access to mass media and educational activities. Das et al., (2010) aimed to improve the knowledge and attitude among adolescent girl students (N = 282) on health after the health education intervention via simple random sampling technique in three senior secondary schools of North Kolkata belonging to age group of 13 - 19 years. The health education intervention showed a significant
improvement in the knowledge on adolescent health, in various aspects of sex differences in pubertal spurts, probable causes of health problems during adolescence, physical changes in adolescent boys and girls, and psychological problems of adolescence. A significant improvement in positive attitude was observed, with their opinion on drug abuse in the adolescent period and importance of sex education for adolescents. Qidwai et al., (2010) identified the lifestyle and behavioral patterns in adolescent people and came up with issues that needs special attention. Nagar and Aimol (2010) revealed that 28% of the girls did not have any knowledge and understanding of menstrual changes while 72% had feeble knowledge on the subject. Valverde et al., (2012) identified the main behavioral and emotional problems perceived by adolescents. They concluded that there is a need for mental health workers to integrate the health staff providing care to adolescents. Aparna et al., (2015) studied the prevalence of risk behaviors in adolescents that included substance abuse, high risk sexual behavior, STIs and HIV/AIDS, domestic violence, juvenile misbehavior and mental health. Pevekar et al., (2015) focused on psychological problems, health issues (including mental status examination, higher mental functions, personality, decision making capacity, hemoglobin status, body Mass index) and stressed on to plan out future and informative activities for school going adolescent girls (N = 1290) of age group 11-20 years. The study indicated 78.46% girls with abnormal expression, poor hygiene, low decision making, 72.47% were underweight and 47.22% were anemic adolescents. This suggested that more active measures are needed to be taken for care of Psychological and Physical health of adolescents. Awareness programmes needs to be implemented for students, parents, teachers and general public also. Das et al., (2016) assessed the psychosocial, emotional and family life knowledge about adolescent tribal girls and investigated the health status and spectrum of various other problems faced by them. A total of 170 tribal adolescent girls were assessed from the age group 10-19 years divided into early (10-14 years) and elder (15-19 years) adolescents. The data revealed an insight to implement adolescent friendly effective awareness programmes to screen routine adolescent health problems. Gedam (2017) did a retrospective study to find the menstrual problems, reproductive health problems and nutritional status among the adolescent girls of 10 -19 years age group. The results indicated frequency and percentages of common menstrual problems like dysmenorrhea (29.58%), premenstrual syndrome (26.39%), heavy menstrual bleeding (16.49%), intermenstrual bleeding (24.34%) and primary amenorrhea (1.57%). The study recommended that most of the adolescent girls suffered from various types of menstrual problems, reproductive morbidities and nutritional problems. The findings suggested the dire need to create awareness among the adolescent girls to take appropriate decision on medical care and treatment. Shankar et al., (2017) conducted the study to assess the reproductive health awareness and most preferred source of information of adolescent girls through a descriptive cross-sectional study of classes 6th-12th of a Government High School in an urban slum of Maharashtra. Out of total 250 girls, 211 responses were analyzed, and all girls were educated about reproductive health and life skills issues, 80% were unaware of the appearance of secondary sexual characteristics in both the genders, less than 30% were aware of contraceptives, 57% were concerned about bringing a bad name to themselves and their family on premarital sex, 9 % reported reproductive tract infections and 29 % cited HIV/AIDS and other ill effects. The results also revealed that 70% girls felt comfortable discussing regarding reproductive health issues with friends rather than parents, teachers, or medical professionals. Sigfusdottir et al., (2017) aimed to analyze the effects of biological, social and environmental factors experienced during developmental periods during adolescence and presented a brief framework to examine the effects of stress on diverse behavioral outcomes among adolescents, including drug use, suicidal behavior, self-inflicted harm, and delinquency. Ray et al., (2018) aimed to assess knowledge and attitude of adolescents about the various mental health issues related to them by conducting a pilot study with questionnaire on adolescent schoolgirls (N=107, 12 to 18 years age) from rural background of West Bengal. The study assessed knowledge and attitude of adolescent girls and suggested the need to inform adolescents about various mental health issues that requires larger and more inclusive studies to generalize the findings on the concept. Chhabra and Annapurna (2018) did a survey on 772 rural adolescent school dropout girls from 53 villages, that neither were going to school, nor were on fixed job, nor married. The study was carried through face to face interviews and pre-tested questionnaire in local language. The overall results indicated that a healthy approach was needed to carry out
community based awareness so as to ensure reproductive health in rural girls as many of them have never
gone to school and some have stopped going early in their life due to various reasons like finance, distance
of school from home, some were not allowed to go, some failed in examination and many other reasons.
Mewton et al., (2019) investigated the extent to which an adolescent-specific lifestyle risk factor index
predicts indicators of the leading causes of adolescent morbidity and mortality. Rose-Claire et al., (2019)
aimed to identify priorities for community interventions to serve adolescents and their families via
interviews in 50 purposively sampled villages of West Singhbhum district, Jharkhand on girls aged 10–19
years. The study identified several priorities to improve adolescent girl’s health, nutrition and wellbeing
in largely tribal areas of Jharkhand. The parameters included physical and mental health, disability, diet
and nutrition, sexual and reproductive health, gender norms, decision-making ability, educational facilities
and domestic violence. Out of an estimated 4068 girls, 82% were from Scheduled Tribes, 89% of younger
girls aged 10–14 and 46% of older girls aged 15–19 were in school or college, 37% of the girls dropped
out of school because of household work/family business (22%). Over one third reported anemic
symptoms but less than a fifth had a blood test. The occurrence of thinness was 14% for younger girls and
6% for older girls, 45% of girls were stunted while 40% reported emotional violence, 14% suffered
physical violence, 0.7% sexual violence and 12% had concerns associated with depression/anxiety, 30%
aged 15–19 years had heard of contraception, while 10% married girls and their husbands had ever used
methods to prevent pregnancy. Swetaa et al., (2019) aimed to check the awareness of mental health among
teenagers through extensive questionnaires among school students (N = 101 students). Results showed
that 95% of the population spend most of the time with their gadgets, 73% were a single child to their
parents, 53% of the students were forced to perform extracurricular activities due to their parents pressure,
73% of them experienced a stressful life. The study concluded that mental illness is a major concern
worldwide that affected 19% of the adult population, 46% of teenagers, and 13% of children every year.
Tayebi et al., (2020) studied the emotional and behavioral problems of 9–18 year old girls and their
relationship to menarche age. The study was done using cluster sampling methodology with a selection of
total 2000 students. The results indicated 48% of the individuals with abnormal score. Most individuals
(46%) had abnormal emotional and behavioral problems in the menarche age of 11–12 years. The
emotional symptoms were the most common problem encountered in adolescents. A significant
relationship between the menarche age and emotional and behavioral problems was found and the study
suggested the need to be familiar with the problems of adolescent girls during adolescence and the way
to deal with it. Risky alcohol use, drug use, unprotected sex, sleeps duration and smoking are good predictors
of health outcomes associated with comprehensive burdens of diseases amongst adolescents. Therefore,
the present study is an attempt to expose the changes in emotional behavior and to create awareness about
various health factors among adolescent girls.

METHODOLOGY
The survey was conducted on 1000 adolescent girls of PG Govt. College for Girls, Sector-11, Chandigarh
hailing from Chandigarh and adjoining states. The survey included structured questionnaire on general
health and hygiene of adolescent girls. Participants included were all between 12–19 years of age. Strict
confidentiality was maintained throughout the process of data collection, entry and analysis.

RESULTS AND OBSERVATIONS
Adolescence is a beautiful period of life and generally a healthy one. But this is also a period when a
person is most vulnerable; the overall growth and development and the physical, reproductive and
psychological changes expose the adolescents to many health risks. Careful and unobtrusive attention to
each aspect of health at this stage will help adolescents grow into healthy and responsible adults. During
the surveys it was recorded that nearly 16% girls suffer from allergies (Fig-1). Allergies are now-a-day
very common problem among adolescents because of increased pollution, dust, plant pollen, medicine and
feeding habits.
It was found that about 12% girls took medication daily while 88% girls are normal and do not take frequent medication (Fig-2) and 6% girls visited doctors or specialist regularly (Fig-3). 38% girls visited eye specialist regularly as they suffered from red & watery eyes, focusing problems, aching & tired eyelids, eye muscle spasm, backache and headache eye strains because of increased use of computers. In such an environment, eye exercise must be done regularly to give ample rest to the eyes (Fig-4).

It was recorded that 35% girls visit dentist regularly because of some orthodontic treatment like crooked teeth, extra teeth, missing teeth, under-bite, overbite, jaw joint disorder, and incorrect jaw position (Fig-5). It was found that 5% girls faced hearing and other ear problems due to seasonal viral infections (Fig-6).

Tension-type headache were found to be the most common types of headache among adolescents with 53% girls suffering from frequent headache (Fig-7). Acute headaches were usually due to an illness, infection, cold or fever, sinusitis, pharyngitis or otitis. In girls, migraine frequency increases many times because of hormone changes.
Proper knowledge and management is essential for its control among adolescent girls. Girls in the early months of puberty often have complaint of recurrent abdominal pain. One of the most common reasons for abdominal ache was lack of fibrous food in the diet which leads to constipation. In the survey it was recorded that 10% girls showed fainting or dizzy spells because they either skipped breakfast or kept on standing still for long periods of time or probably hormonal changes of puberty were associated with fainting and dizzy spells (Fig-8). Sometimes adolescent girls experience shortness of breath while visiting areas of high elevation or areas with warm or very cold temperatures, exposure to dust, cigarette smoke and environmental pollutants. Nearly 20% girls suffered from chest pain or shortness of breath with exercise. In girls, the reporting of low back pain increased in frequency during puberty until maturity, regardless of age and there is a clear-cut relationship between these problems and prolonged sitting, reading or using the computer (Fig-9). In the present survey 33% girls suffered from backaches, neck pain, bone or joint pain (Fig-10).

Hormones fluctuations caused acne that is why about 48% girls wanted to have opinion regarding acne and skin problems during puberty or right before their periods. Hormonal disturbances, escalated peer pressures and academic expectations increased stress, anxiety and the risk of depression among all adolescent girls. 44% girls were found to be depressed, anxious or had other emotional concerns in the present survey. Different symptoms appeared in response to depressed or anxious conditions were changes in sleep patterns, appetite, energy, growing inability to pay attention and concentrate.
Adolescence is the most important period of transition in life. It requires proper knowledge of health, diet, and hygiene. Lack of timely information and guidance on these matters may cause complications for individuals in adulthood. Today’s youth is exposed to many pressures. Health issues need to be discussed and their concerns addressed in a nonjudgmental manner. Good relationship with parents, other family members, teachers and easy access to adolescent friendly health facilities will help adolescent enjoy a positive health leading to healthy adulthood.

CONCLUSION
Adolescent girls face challenges in identifying their true health and hygiene status. The health of an adolescent girl depends on her own behavior and the behavior of people with whom she interacts. The behavioral and psychological factors in adulthood have their origin in adolescence and therefore the study of adolescent life is a topic of interest among researchers and more people are trying to expand and expose the behavioral patterns of this transition period. Nutritional status of adolescent girls contributes to the nutritional status of the community. The previous studies have shown that one of the most common health concerns among adolescent girls is malnutrition, anemia, worm infestations and menstrual abnormalities. Studies have also shown that reproductive health issues in adolescent girls also need to be addressed urgently. (Shankar et al., 2017). Headache education is very important for its management which includes identifying and recording what factors triggers headache, such as lack of sleep, not eating at regular times, eating certain foods or additives, caffeine, environment or stress. There is an urgent need for improving overall nutritional status of adolescents through nutritional education, community-based awareness and supplementation programmes specifically for female adolescents. The target of education should be on encouraging consumption of daily nutritious breakfast (pulses and balanced nutritive food). For this, education should be provided about nutritive values and calorie count of various foods to make healthy food choices (Kaushal & Bharti, 2018). Nutrition component needs to be included in the college curriculum. Most of the services are designed for children or adults that are often inaccessible to adolescents. There is lack of consistency in policy making and legislation regarding how to provide the information and services to adolescents. There is an urgent requirement of making policies and finding solution in coordination with health officials, parents and teachers for healthy society. Our study stressed on to find the proportion of factors that cause psychological problems and health issues in adolescent girls in the studied area so that we can provide treatment facilities, counselling, awareness programs to these adolescent girls. The study has revealed a very high percentage in terms of anxiety, depression, acne, skin problems, back aches, joint pains, dizziness and other health and emotional concerns. Therefore, it becomes important to identify the problem so that psychological testing can be conducted by the psychologist. At the academic’s level, it is very important that teachers should have a friendly and cordial relation with these students. Each educational institution should have a counsellor and apart from formal academic teaching extra time should be given to guide the adolescents about the strategies to combat behavioral changes in their life.

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