

ORIGINAL ARTICLE

Psycho-Social and General Health Status of Adolescent Girls in Rural Area of Gurugram, Haryana

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ABSTRACT

Introduction: Adolescence is a transitional stage of physical and psychological development. Especially for girls, late adolescence is a challenging period to move from adolescence and step into womanhood. **Material and methods:** A cross-sectional study was conducted among 156 adolescent girls coming to the weekly health camps organized by the institute, aged 17 to 19 years living at Garhi Harsaru in Gurugram, from June 2023 to September 2023. **Results:** Mean age for adolescent girls was 18.23±0.52 years. Majority of the girls were unmarried (99.4%) and belonged to nuclear family (61.5%) with monthly family income upto 5 lakh (57.7%). The proportion of undernutrition and overweight among the adolescent girls was 15.4% and 20.5% respectively. The majority of the girls were satisfied with their looks (87.8%) and complexion (91.7%) and 28.2% of girls were concerned for their height and weight. Regarding social dimensions, most of the girls (69.9%) were scolded at home and 30.8% were beaten at home. Other social problems encountered ranged from feeling humiliated (19.9%), hurt physically (7.7%) and forced for sex (5.8%). Approximately half (55.8%) of the girls have expressed their desire to report the violence incidence. **Conclusion:** The social dimension of adolescent girls needs urgent action. Physical dimension of health also needs to be addressed. Overall empowerment of adolescent girls is needed in the society.

KEYWORDS

Adolescent Girl; Body Image; Social Problems And “Me Too” Movement

INTRODUCTION

Adolescence is an important stage in human development marked by significant changes in physical, psychological, and social aspects of life. During this time individuals define their perceptions and shape their identity. In developing countries, the growth and nutrition of adolescents is influenced adversely by inadequate diet and unfavourable environment. Gender discrimination makes adolescent girls vulnerable and at risk of malnutrition and other diseases(1). The adolescent girls are the neglected population in our society and their needs are often ignored. Adolescence is an age of rapid growth that requires increased

nutrient intake and overall support from family and society to achieve full developmental potential (1). Haryana, a northern state in India, contends with unique regional health challenges. The state's rapidly urbanizing population and diversified socio-economic and cultural landscape highlight the need for a comprehensive understanding of the health concerns affecting this vulnerable population. Therefore, the present study was conducted with an aim to assess the psycho-social and general health status of adolescent girls residing in the Village Garhi Harsaru. The objectives of this study were to assess the health status of adolescent girls

and to find out its association with their socio-demographic characteristics.

MATERIAL & METHODS

It was a cross-sectional study conducted among adolescent girls aged 17-19 years at Garhi at the health camps at Garhi Harsuru, organized by Department of Community Medicine, Faculty of Medicine and Health Sciences, SGT Medical College and Research Institute, Gurugram, Haryana from June to September 2023. Considering the prevalence of thinness (10.7%) in adolescent girls(2), taking 5% absolute precision at 95% confidence interval, using the formula- $N = Z^2 * P (1-P) / d^2$ the sample size calculated was 146, by rounding of which we collected the data of 150 adolescent girls.

The health camps at Garhi Harsuru were organized by the Department of Community Medicine once a week. Adolescent girls (17-19 years) coming to the health camps were enrolled for the study. Each subject was explicitly explained about the objective of the study by the investigator. A written informed consent was obtained from the subject before inclusion in the study. A written consent was taken from the parent or guardian accompanying the study subject. A semi structured interview-based questionnaire which consisted of 3 sections was used for data collection.

First section was to collect socio-demographic details of study participants (characteristics of the participants such as age, gender, religion, education status, mother's education, father's education, mother and father occupation etc).

Second section was for general physical examination, clinical history, and history of substance use. This included general appearance, anthropometric measurements such as weight, height, Body Mass Index (BMI). Height was measured in centimetres (cm) using a stadiometer, weight was measured in kilograms (kg) using digital weighing scale kept on a flat surface and BMI was calculated using a digital calculator by dividing weight in kg by height² in m².

The third section was related to mental and social health (history of satisfaction with looks, mirror image, concerned about height and weight, history of physical violence etc.)

Ethical clearance: Prior ethical approval was taken from an institutional review board (IRB) for the study.

Data analysis: Data was first entered into MS Excel and after cleaning it was imported to SPSS version 26 for further analysis. Proportions were calculated for descriptive variables. Chi-square test was used to determine associations and significance among variables with P value less than 0.05 taken as significant.

RESULTS

Adolescent girls from 17-19 years were included in the study. The mean age of participants in our study was 18.23±0.52 years. All were studying in 11th - 12th standard in school. One girl in our study was married, the rest were unmarried. Further socio-demographic details are shown in Table1. Particulars of general health and substance use are shown in Table 2.

Table 1 Socio-demographic characteristics of the study participants (Sample size n=156)

Variable	Study Participants n (%)		
Type of family	Nuclear	96	(61.5)
	Joint	49	(31.4)
	Three Generation	11	(7.1)
Family income (monthly)	< 1 lakh	66	(42.3)
	1-5 lakh	85	(54.5)
	>5 lakh	05	(3.2)
Marital status	Married	01	(0.6)
	Unmarried	155	(99.4)
Education status of parents			
Father's Education	Illiterate	01	(0.6)
	Up to matriculation	13	(8.4)
	Matriculation to Graduate	103	(66.0)
	Graduate to Post-Graduate	39	(25.0)
	Graduate		
Mother's Education	Illiterate	02	(1.3)
	Up to matriculation	22	(14.1)
	Matriculation to Graduate	95	(60.9)
	Graduate		

Variable	Study Participants n (%)	
	Graduate to Graduate	37 (23.7)
Occupation status of parents		
Father's Occupation	Unemployed	01 (0.6)
	Private Job	129 (82.7)
	Govt. Job	26 (16.7)
Mother's Occupation	Unemployed	115 (73.7)
	Private Job	21 (13.5)
	Govt. Job	20 (12.8)

Table 2 Particulars of general health and substance use among study participants (n=156)

Variable	Study participants n (%)	
Height (centimetres)	<150 cm	12 (7.7)
	150-160 cm	65 (41.7)
	>160 cm	79 (50.6)
Weight in kilogram	40-50 kg	34 (21.8)
	50-60 kg	88 (56.4)
	>60 kg	34 (21.8)
Body Mass Index (BMI)(3)	<18.5	24 (15.4)
	18.5-24.9	100 (64.1)
	>24.9	32 (20.5)
History of any illness	Yes	8 (5.1)
	No	148 (94.9)
History of smoking	Yes	10 (6.4)
	No	146 (93.6)
Any other addiction (Alcohol)	Yes	03 (1.9)
	No	153 (98.1)

Table 3 shows the perception regarding body image and social problems among the adolescent girls. Majority of the girls (91.7%) were satisfied with

their complexion, like their mirror image and their look (87.8%).

Table 3 Body image and social problems among study participants (n=156)

Variable	Yes n(%)	No n(%)
Study related problem	23 (14.7)	133 (85.3)
Satisfied with your look	137 (87.8)	19 (12.2)
Satisfied with your complexion	143 (91.7)	13 (8.3)
Concerned about height/weight	44 (28.2)	112 (71.8)
Like mirror image	143 (91.7)	13 (8.3)
Scolded at home	109 (69.9)	47 (30.1)
Hurt Physically	48 (30.8)	108 (69.2)
Sufficient pocket money	117 (75.0)	39 (25.0)
Felt humiliated	31 (19.9)	125 (80.1)
Forced for sex	09 (5.8)	147 (94.2)
Ever reported to law enforcing agency	0 (0.0)	156 (100.0)
Would you report violence incidence	69 (44.2)	87 (55.8)
Heard "Me too" movement	85 (54.5)	71 (45.5)

DISCUSSION

This study presents the general health status and body image and social problems faced by the adolescent girls belonging to a village in Haryana. Girl education is a significant issue in rural areas. Mostly in India, especially in rural areas, there is a trend of early marriage in girls. Some of them don't

even start college education. Clarke et al (2) conducted a community based study on adolescent girls and reported that the majority of girls attended school and as they got older, many dropped out of school. However, this was not the case in our study. All participants were studying in school and all except one were unmarried. More

than half of the study participants' fathers and mothers were educated between matriculation to graduate. This was different from the finding reported in another study done by Bhattacharya et al. (4) in which both mother (42.95%) and father (30.28%) of the study subjects were illiterate. Parents' education has been found to be a factor associated with overall physical and social health of adolescents. (5)

Malnutrition is a public health concern in both children and adolescents. Undernutrition still remains a big challenge in developing countries, despite economic growth(6). The prevalence of undernutrition and overweight in adolescent girls in our study was 15.4% and 20.5% respectively. Majority of the girls (64%) had a BMI between 18.5-24.9. Similar proportion was reported by a study done by Latha et al (7) 67.8% adolescent girls had normal BMI. Other studies have reported different results. Bhattacharya et al (4) reported that among 230 adolescent girls, 73.3% girls were under-nourished ($BMI \leq 18.5$) and none of the girls was found to be overweight or obese. Shivaramkrishna et al (8) in their study found out that 55.79% adolescent girls were malnourished. Other factors have also been found associated with nutrition of adolescent girls, like Singh et al(5) reported that the adolescent girls who were underweight, had association with father's education level and number of people in the family. Several studies have shown higher malnutrition among Indian adolescents, especially in rural and tribal areas. (9,,10,11)

Regarding substance abuse, alcohol and smoking are two of the commonly abused substances among adolescents. We did not find smoking and alcohol abuse in the majority of the girls. However, even if it is a small proportion (6.4% and 1.9% respectively), it needs to be addressed as others may also start abusing these substances under peer influence. A study(11) reported that almost one-third (26.9%) of the rural substance abusers had influenced their peers into taking up the habit.

Adolescents are also prone to body image issues because of social media standards and other social factors. Body image and nutrition also goes hand in hand as they both affect each other. Around 88% of the girls were satisfied with their look and most of them (91%) were satisfied with their complexion and liked their mirror image. However, 28.2% (approximately one fourth) of the study participants were concerned about their height or weight. A study done by Malla et al (12) also reported that 75.2% adolescent girls were found to have body image dissatisfaction. Another study by Carvalho et al (13) reported that 75% had body dissatisfaction, 41.4% wishing for a smaller

silhouette and 33.7% wishing for larger silhouettes. Such concerns are common and can lead to several eating disorders, malnutrition and mental health issues. In addition, the environment at home and school has been found to be associated with girls' attitudes and behaviors regarding social media and body image.(14) In a study conducted by Latha et al(7) majority (86%) of the female adolescent college students desired to be slim. While in that study very few (3.2%) of the female adolescents were overweight (BMI). On the contrary, Dixit et al (15) in their study reported that 73.4% adolescent girls were satisfied with their body image.

There are several social issues associated with adolescent age group like emotional abuse, physical and sexual abuse. In our study, around 70% girls received scolding at home, 30.8% were hurt physically and 19.9% felt humiliated at home. Nine girls (5.8%) reported that they had been forced for sex. Clarke et al (2) in their study reported that 44 % of adolescent girls had been exposed to emotional abuse, 18% to physical violence and 0.3% to sexual abuse. Exposure of domestic violence was reported among 2.3% of girls in a study by Barman et al (16). Daral et al (17) reported that physical abuse was faced by 42.6%, sexual abuse by 26.6%, emotional abuse by 37.9% of the adolescent girls.

CONCLUSION

Healthy adolescent girls are a foundation of good maternal health and future for a country. Girls in the adolescent age group need a good nurturing environment at home as well as school. There was a double burden of malnutrition among adolescent girls. Nutritional assessment studies can provide more insight into the causes of malnutrition burden. Social problems like domestic abuse can be addressed by talking to the parents and one on one counselling.

RECOMMENDATION

Adolescent girls have specific health problems which should be addressed through the collaborative efforts of healthcare providers, parents and society. Special attention must be given to the social problems faced by adolescents.

LIMITATION OF THE STUDY

This was a cross sectional study done on adolescent girls living in a rural area so the results may not be generalisable to the overall adolescent population.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

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DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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