

Original Article**Contemporary adolescent social – behavioural issues among urban school going girls**

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Abstract

Background: Adolescence is a critical time of formative growth and development, which is highly influenced by their peer groups and family. Behaviours they adopt during this period have strong bearing on their whole life and family.

Aim: This study aims to elaborate various socio-behavioural issues among school going adolescent girls.

Methods: The study was school based descriptive cross-sectional study conducted in a school of Haryana. All the girls of class 9th and 11th present during study period were studied and analysed. The study tool was self-administered semi structured questionnaire. Data was entered and analysed on Microsoft excel and SPSS 16 and appropriate test were applied according to data. **Results:** Total 93 girls of class 9th and 11th were enrolled during study period. Adolescent girls belonged to age group 12-18 years. Out of 93 girls, 3 girls reported history of substance use, 25 girls reported no physical activity and 4 girls reported disturbed sleep. Feeling of inferiority in academics and looks was present in 15.1 % and 11.8% girls respectively. Some girls (8.6%) also reported peer pressure for smoking. Most adolescent girls shared very good or good relationship with their friends (82.8%), parents (86.0%) and teachers (83.8%). In this study, 33.3% girls reported disturbance in their studies.

Conclusion: This study concludes the significant presence of serious socio-behavioural problems among school going adolescent girls, which may have detrimental effect on their current and future health.

Keywords: Socio-behavioural issues, adolescent health, school girls, peer pressure.

Introduction

Adolescence is a critical time of formative growth to achieve human potential. It is a fascinating period of profound physical, psychological, and emotional change, which is marked by both vulnerability, and opportunity [1]. The development that takes place in an adolescent is quite uneven as physical maturity takes place in advance of psychological maturity. Nowadays reproductive capabilities are established at an earlier stage than in past.

Adolescent growth and development are highly influenced by their social environment. Family and peer groups play a key role in determining their behavior. Peer groups influence adolescent socialization and identity by allowing a young person to explore individual interests and uncertainties while retaining a sense of belonging and continuity within a group of friends. Peer pressure has been considered as the “price of group membership”. Various researchers have linked it to a variety of potential problems like substance abuse, risk-taking behavior and delinquency as well as dating attitudes and sexual behavior [2].

Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence causes various risk-taking behaviors, increasing the probability of debilitating noncommunicable and communicable diseases. It can not only jeopardize their current health but also their health as adults [3].

This study aims to focus on social and behavioral issues among school going adolescent girls as an adolescent girl is a major link in life cycle with perpetuating health to next generation.

Schools form an important setting to reach out to adolescents, as it is a less threatening environment. In addition, it forms an important place where correct information can be imparted and healthy behaviors can be encouraged. Moreover, there is lack of studies focussing on socio-behavioral issues among school going adolescent girls. Most of the studies on adolescent girls have mainly focussed on their reproductive health and nutrition.

Methodology

Study design

The study was a school-based descriptive cross-sectional study conducted in a school in a city of Haryana. This is one of the schools catered by Community Health Department (CHD) of a tertiary care hospital of Delhi. This is a co-education school up-to 12th standard. Total strength of the school is 1353 students: 831 boys and 522 girls. The health screening of all the students had been done in the month of November every year for last 6 years. This study was done in adolescent girls of classes 9th and 11th due to unavailability of class 10th and 12th because of Board examinations. Class 6th to 8th were not included in the study as high rate of non-response was expected. Also, permission for 6th to 8th class students was not given by principal as she found it too sensitive for the young adolescent. All the girls who were studying in classes 9th and 11th available during the study period i.e. 1st -15th of November 2016 and gave the consent/assent were included in the study. Those girls who did not give consent/assent for the study were excluded. Total 93 girls were included and analyzed in the study. A semi-structured study tool was used which was designed at CHD with the assistance of the faculty members and other experts. The interview schedule included the demographic variables that covered their personal characteristics such as age and gender, as well as educational level and socioeconomic status. The socioeconomic status has been determined by BG Prasad scale 2016 [4, 5].

Outcome variables

Various social and behavioral issues have been determined. Substance use, physical inactivity and sleep disturbance were some of behavioural issues that have been enquired and among social issues, peer pressure, inferiority complex to looks and academics and disturbance in studies have been assessed among study subjects. For substance use, we included only those who were current users at the time of the study. To collect data on physical activity, we defined it in two categories: students doing regular, irregular and no physical activity. Regular physical activity defined as at least 60 minutes moderately intense activity daily in which we included brisk walking, jogging, cycling, swimming, skipping, outdoor games like lawn tennis, badminton, volleyball, basketball etc. [6]. For sleep disturbance, subjective self reported disturbance in sleep has been recorded which included difficulty in initiation of sleep, early arousal and/or interrupted sleep. For inferiority complex, we have assumed positive response if subjects reported feeling of inferiority as compared to their peers in looks and academics. Similarly, for peer pressure, we have asked about any subjective experience of feeling pressured, urged, or dared by others to do certain things or actually doing particular things because others have pressured, urged, or challenged to. Relationship with friends, family, and teachers has been measured on 4 point likert scale- a) Very good b) Good c) Satisfactory d) Could be better. Disturbance in the study was recorded if a subject has inability to focus on studies and inability to perform daily homework and specified reasons have been recorded as well.

Data were entered into Microsoft Excel and analyzed on Statistical Package for the Social Sciences (SPSS version 16). Proportions were calculated for qualitative data and compared by using chi-square test. P-value <0.05 was considered significant.

Proper ethical approval was taken from School Principal and assent/consent from adolescent girl students. The students could withdraw from the study at any point of time without any repercussions.

Results

Socio-demographic profile

In this study, total 93 adolescent girls were enrolled. Adolescent girls belonged to age group 12-18 years. Majority girls i.e. 84 (90.3%) were Hindu and 75 (80.6%) belonged to Nuclear families. Out of 93, 75 (80.6%) adolescent girls' fathers were educated up to higher secondary and above whereas only 57 (61.3%) adolescent girls' mothers were educated up to higher secondary and above. Approximately half of girls 44 (47.3%) belonged to upper socioeconomic status by BG Prasad classification 2016. None of the subjects were from lower socioeconomic status (Table-1).

Table-1: Distribution of adolescent girls based on socioeconomic status (BG Prasad classification 2016)

Socioeconomic status	Frequency (%)
Upper class	44 (47.3)
Upper middle	17 (18.2)
Middle class	2 (2.2)
No response	30 (32.2)
Total	93(100.0)

Behavioral issues

In our study, 3 (3.3%) girls reported the history of substance use (use of alcohol was reported by 1 girl and some other substance like meethi supari, paan in 2 girls). Non-response rate was 5.3%. Out of 93 girls, physical inactivity was present in 25 girls (26.9%), whereas 66 girls (70.9%) reported that they do one or other physical activity regularly and 2 (2.2%) girls do it irregularly. Out of 68 girls who were engaged in physical activities, 85.4% girls were mainly

engaged in outdoor activities like, walking (32.4%), skipping (23.5%), jogging (22.1%) and cycling (7.4%). Eight girls (11.8%) were engaged in some household activities and 2(2.9%) girls did not specify any physical activity. Majority i.e., 93.5% girls had normal sleep but 4 girls reported disturbed sleep while 2 girls gave no response to this question.

Social issues

Feeling of inferiority in academics as compared to peers was present in 14 (15.1%) adolescent girls whereas the feeling of inferiority in looks was present in 11 (11.8%) girls only.

Out of 93 girls, 8 (8.6%) girls reported peer pressure for smoking. In addition, peer pressure for dating, alcohol, and the party was also present. (Table-2)

Table-2: Peer pressure among adolescent girls

Peer pressure	Frequency (%)
Smoking	8 (8.6)
Dating	1 (1.1)
Alcohol	1 (1.1)
Party	1 (1.1)
Drugs	0 (0.0)
Sex	0 (0.0)
No response	3 (3.2)
No peer pressure	79 (84.9)

In our study, most adolescent girls shared very good or good relationship with their friends (82.8%), parents (86.0%) and teachers (83.8%). Five girls (5.4%) reported that their relationship could be better with friends whereas 3(3.2%) said that the relationship could be better with both parents and teachers. (Table-3)

Table-3: Relationship status with Friends, parents and Teachers among adolescent girls

Relation status	Friends N (%)	Parents N (%)	Teachers N (%)
Very good	35 (37.6)	56 (60.2)	39 (41.9)
Good	42 (45.2)	24 (25.8)	39 (41.9)
Satisfactory	9 (9.7)	8 (8.6)	11 (11.8)
Could be better	5 (5.4)	3 (3.2)	3 (3.2)
No response	2 (2/2)	2 (2.2)	1 (1.1)

Table- 4 shows around 1/3rd of girls in the study reported that they feel a disturbance in their studies. Self-illness (11.8%) and stressful relationship with family (6.4%), were the main reasons reported for study disturbance.

Table 4- Disturbance in studies and its causes among adolescent girls

Disturbance in studies	Cause of disturbance	Frequency (%)
Yes		31 (33.3)
	Illness of self	11 (11.8)
	Stressful relation with family	6 (6.4)
	Illness of family member	1 (1.1)
	Financial problem	1 (1.1)
	Responsibility of family	1 (1.1)
	Affair	1 (1.1)
	Others*	6 (6.4)
	No response	4 (4.3)
No disturbance		62 (66.7)

*It could not be specified to keep anonymity.

In our study non-response to family income came out to be very high (32.3%). So, we tried to compare different socio-behavioral issues between two groups; Respondent Group and Non-Respondent Group. No significant difference was found between these two groups except for sleep disturbance ($X^2 13.46, p=0.001$) (Table-5).

Table 5- Comparison of study subjects based on response to family income

Socio-behavioural problems	Responder (N=63) (%)	Non Responder (N=30) (%)	P value*
History of substance use	2(3.17)	1(3.3)	0.087
No/irregular physical activity	17(26.9)	10(33.3)	0.320
Sleep disturbance	0(0.0)	4(13.3)	0.001**
Inferiority to academics	7(11.1)	7(23.3)	0.112
Study disturbance	17(26.9)	14(46.6)	0.146
Peer pressure for risk behaviour	8(12.7)	3(10.0)	0.706

*Chi-square test **statistically significant

Discussion

The present study is purely descriptive, aimed to focus on social and behavioral issues particularly related to school going adolescent girls. This study is a sincere effort to quantify these issues. This could help in prioritizing and better planning of Information Education Communication (IEC) and Behavior Change Communication (BCC) programmes among school going adolescent girls.

In our study 3 (3.3%) girls reported substance use. Another school-based study by Tsering *et al.*, 2010 [7] claimed 0.0% rate of substance use among school going adolescent girls in an urban school of West Bengal.

In our study 66% adolescent girls were doing adequate and regular physical activity according to WHO guidelines whereas Dhanpal *et al.*, 2014 [8] has reported adequate physical activity (i.e. adequate physical activity is defined as performing aerobic exercises for more than 20 minutes and more than 3 times a week) in 37.0% adolescent girls which is low as compared to our study. Globally, this data is further low as only 1 in 4 adolescent meets the recommended guidelines for physical activity [3]. Moreover, schools going adolescent girls were less active than boys, with 84% versus 78%, not meeting WHO recommendations [9]. It could be due to the fact that our study has been conducted in only private school as compared to the previous study [8], which measured physical activity in both government and

private schools. Private schools usually focus more on physical activity as compared to government schools [8]. A study conducted by Gulati *et al.*, 2014 [10] has shown a significant decrease of physical activity with low socioeconomic status. This might be another reason for a higher rate of physical activity in our study as most of the students were from well off family.

Sleep disturbance was reported by very few girls 4 (4.3%). According to a study, adolescents do not get enough sleep as school schedule requires waking up earlier, whereas school workload, social obligations, and work pattern require staying up late at night [11]. These days growing use of smartphones and internet has deteriorated the sleep quality of children and adolescents [12].

Feelings of inferiority for looks and academics were present in our study which is of major concern. This leads to a feeling of inferiority complex and may even harbor feelings of jealousy. It could lead to various mental and physical disorders like sleepiness, depression, loss of appetite and headaches and even delinquent behavior in adolescents [13, 14].

Peer pressure for various experimentations like smoking, alcohol, dating, and party was present in 11.9 % girls. In the study by Sujay, 2009 [15], 10 % girls reported having felt peer pressure for having a boyfriend.

Disturbance in the study is another issue which was found in around 1/3rd girls (33.3%). Self-illness and family issues were reported as two important reasons. Disturbance in studies was one of our outcome variables but we could not get any other study/literature to compare it with.

In our study, most of the adolescent girls shared very good or good relationship with their friends (82.8%), parents (86.0) and teachers (83.8%). Few girls had a satisfactory relationship with friends, parents, and teachers. This is higher than the study by Sujay, 2009 [15] which revealed that 2/3rd of the female students had good relations with their parents and reported

that their parents were very understanding. Sixty-six percent female students reported good relationships with their friends and frequent social interactions with them [15]. Paul D *et al.*, 2006 [16] had found that majority (65.6%) of the adolescents got along well with their peers. There are a few limitations of the study. First limitation is the small sample size, which is the main drawback due to which full spectrum of behavioral and social issues could not be determined for school going adolescent girls. Moreover our study was confined to one private school. So study results could not be generalized to government schools.

Second limitation is we did not use pre-validated scales for screening of socio-behavioral issues as this study was planned to be an initial conversation starter. Use of scales would have made the questionnaire very lengthy and difficult to understand for students. Our objective was to find out as much as possible about the magnitude of these issues faced by adolescent girls. A more specific and detailed study can be planned to address each one of these issues separately.

To conclude, findings of the study are a major concern for our society. It has thrown light on various socio-behavioral issues among adolescent girls. Though substance use was present in few girls, peer pressure for substance use has been reported by 9.7% of girls which is a matter of concern. Another important finding 'inferiority for looks and academics' was substantially present among school girls. We sincerely recommend that schools should have some confidential tool/method for anonymous feedback/reporting by students so that they could complain or report issues being faced by them which they are unable to report publically. Awareness programmes like role play, poster competitions etc for students should be organized regularly. These should emphasize on harmful effects of substance use like alcohol, smoking, and other harmful substances. Teachers can play an important role here by creating good teaching environment and giving equal attention to all girls with special focus on poorly performing students

General counseling sessions should be organized for parents to apprise them about the common socio-behavioral issues being faced by students. Then only the parents would be able to reassure the child and ensure complete acceptance of the child. This will be irrespective of their academic performance or physical appearance and thus will facilitate their growth and development into a healthy and mentally robust adult.

Conflict of interest: None declared.

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