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Original research article

A study on the social adaptability of adolescent girls between the age group of 10-17 years

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Abstract

Adolescence is a period spans the developmental phase between childhood and adulthood that is marked by intense biological, cognitive, intrapsychic, and interpersonal changes. Adolescence is generally differentiated into three phases: early, middle and late adolescence. All adolescent girls between the age group of 10-17 years coming to OPD or getting admitted in hospital were included in the study after taking informed consent. Adding 10% non-responsive rate, the minimum sample size required for the study is 101. We collected 106 study samples for this study. Among 106 children, 45(42.5%) were having above average school performance, 33(31.1%) had excellent school performance, 27(25.5%) had good school performance. Among 106 study subjects, 45(42.5%) was having 1-3 best friends, 31(29.2%) were having 4-6 best friends, 24(22.6%) were having 7-10 or more friends. 6(5.7%) didn't have any best friends.

Keywords: Social adoptability, adolescent girls, school performance

Introduction

Children develop secondary sexual characteristics and reproductive competence by a complex process called puberty which is normally originated centrally, with gonadal function being driven by increased gonadotropin-releasing hormone (GnRH) and gonadotropin secretion [1]. Adolescence is an important stage in the growth and development of girls. There has been a change in sectoral trend in the onset of puberty and menarche which is highly influenced by today's lifestyle which includes both diet, exercise and social factors [2].

Adolescence is a period spans the developmental phase between childhood and adulthood that is marked by intense biological, cognitive, intrapsychic, and interpersonal changes. Adolescence is generally differentiated into three phases: early, middle and late adolescence [3].

Early adolescence is probably the most stressful of all developmental transitions. This would include the chronological ages of 10 to 13 years [4].

Methodology

Study Subjects

All adolescent girls between the age group of 10-17 years coming to OPD or getting admitted in Hospital.

Study Design

Cross-sectional study.

Sampling Procedure

All adolescent girls between the age group of 10-17 years coming to OPD or getting admitted in hospital were included in the study after taking informed consent.

Inclusion Criteria

- All school going children belonging to the age group of 10-17 yrs.
- Children belonging to the same area of distribution to avoid the variation in race, lifestyle and ethnicity.

Exclusion Criteria

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- Any handicapped or physically disabled children.
- Adolescents who have been married at an early age.
- Adolescents with any genetic or predisposing factors.
- Those whose parents are not willing to give consent.

Sample Size

Adding 10% non-responsive rate, the minimum sample size required for the study is 101. We collected 106 study samples for this study.

Results

Table 1: Marital status of parent of study subjects

Marital status	Frequency	Percentage
Married	103	97.2
Single (Widow/Widower)	3	2.8
Total	106	100.0

Among 106 study subjects, 103(97.2%) were having married parent and 3(2.8%) were having single parent.

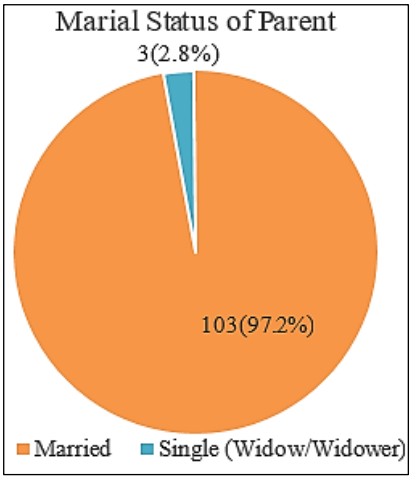

Fig 1: Marital status of parents of study subjects

Table 2: Subjective School performance

School Performance	Frequency	Percentage
Above average (75% to 89% marks)	45	42.5
Excellent (more than 90% marks)	33	31.1
Good (55% to 74% marks)	27	25.5
Poor (less than 55% marks)	1	.9
Total	106	100.0

Among 106 children, 45(42.5%) were having above average school performance, 33(31.1%) had excellent school performance, 27(25.5%) had good school performance.

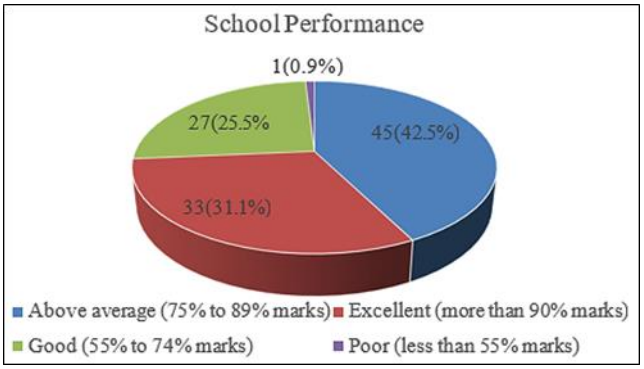

Fig 2: Subjective school performance

Table 3: No: of best friends

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No: of best friends	Frequency	Percentage
0	6	5.7
1-3	45	42.5
4-6	31	29.2
7-10 OR MORE	24	22.6
Total	106	100.0

Among 106 study subjects, 45(42.5%) was having 1-3 best friends, 31(29.2%) were having 4-6 best friends, 24(22.6%) were having 7-10 or more friends. 6(5.7%) didn't have any best friends.

Table 4: Frequency of listening to best friends

Frequency of listening to best friends	Frequency	Percent
Always	58	54.7
Sometimes	42	39.6
Never	6	5.7
Total	106	100.0

58(54.7%) always listen to friends, 42(39.6%) sometimes listen to friends, 6(5.7%) never listen to friends.

Discussion

O Neil *et al*. (2014) [5] systematically reviewed 12 epidemiological studies to determine whether an association exists between diet quality and patterns and mental health in children and adolescents; 9 explored the relationship using diet as the exposure, and 3 used mental health as the exposure. They found evidence of a significant, cross- sectional relationship between unhealthy dietary patterns and poorer mental health in children and adolescents and also identified a consistent trend for the relationship between good-quality diet and better mental health and some evidence.

Abdel Aziz *et al*. (2014) [6] did a study to assess HRQOL and psychiatric co-morbidities in 50 obese children and adolescents and 50 controls and their relationship to body mass index (BMI). Obese children had total HRQOL score: 69.1 ± 8.4 versus 81.1 ± 7.8 respectively, $p < 0.001$ and their parents had total score: 62.9 ± 9.5 versus 74.9 ± 7.2 respectively, $p < 0.001$. Obese children reported lower health-related QOL scores in all domains than controls. Obese children and adolescents have lower health-related QOL that correlated negatively with BMI, also they are more susceptible to anxiety and depression symptoms than non-obese children.

Latty *et al*. (2013) [7] did a study to assess how ecological factors and hence overall well-being were related to body mass index (BMI) in 847 youths. Significant associations existed between BMI and depression, suicidal ideation (combined data), use/abuse of drugs (combined data), race, age, parental marital status, and parental employment status.

Kubzansky *et al*. (2012) [8] did a study to assess whether adolescents' psychological distress was associated with body mass index (BMI). Among them normal weight (48.8%), overweight (36.7%), obese who become overweight (3.7%), obese (9.4%), and severely obese (1.3%). Greater distress was associated with higher baseline BMI and, therefore, class membership. Psychological distress is associated with higher BMI class during adolescence.

M K Gupta and C P Mishra (2011) [9] did a study to formulate a comprehensive scoring system for assessing psychosocial risk status of 400 adolescent girls through WHO's 'HEEADSSS' approach. 40.0%, 43.6% and 11.75% study subjects had mild, moderate and severe risk for psychosocial abnormality.

Gray and Leyland (2008)10 did a study to examine associations between psychological distress and being overweight in 635 male and 613 females adolescents. There was significantly increased risk of being overweight associated with high GHQ12 score for girls but not boys.

Conclusion

- Among 106 children, 45(42.5%) were having above average school performance, 33(31.1%) had excellent school performance, 27(25.5%) had good school performance.
- Among 106 study subjects,45(42.5%) was having 1-3 best friends, 31(29.2%) were having 4-6 best friends, 24(22.6%) were having 7-10 or more friends. 6(5.7%) didn't have any best friends.
- 58(54.7%) always listen to friends, 42(39.6%) sometimes listen to friends, 6(5.7%) never listen to friends.

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