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CORELATES OF LEVEL OF ANXIETY OF RURAL ADOLESCENT GIRLS OF VARANASI

Community Medicine

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ABSTRACT

Introduction: Adolescence is a period of unpredictable behaviour. During this period, they experience several psychological and emotional problems. Complex life style, competitiveness, and radiant anxiety make adolescents more vulnerable to anxiety. **Method:** A community based cross-sectional design was adopted for this study. 376 adolescent girls were selected from rural Varanasi by adopting appropriate sampling technique. Pretested schedule and Sarasona's Test Anxiety Scale was applied to assess the level of anxiety. **Results:** Out of 376 subjects 9.1%, 85.6% and 5.3% were in low, average and high grade of anxiety, respectively. Status of anxiety is significantly high among adolescent girls who have sibling ≤4 (338 vs 38, p=0.016). and with their menstrual status (247 vs 129, p=0.035). **Conclusion:** Menstrual period of adolescent girls needs more care and counselling services in a friendly and conducive environment.

KEYWORDS

Adolescent girls, anxiety level, personal characteristics, rural.

INTRODUCTION:

Anxiety effects an adolescent girl's performance, future career and quality of life, competence, appearance, own health and when school performance deteriorates the girl becomes irritable with disturbed sleep. During adolescence normal level of anxiety promotes healthy growth and development. The adolescent girls may have anxiety about separation from the family, may become excessively shy or self-conscious and is apprehensive of new social experiences. But too much or too little anxiety results in detective adaptation of the adolescent. Anxiety may cause psychic, behavioral and somatic manifestations. An anxious child spends too much of his time in thinking about it and this interferes with his social, occupational and academic achievements and functioning. Some adolescent develops recurrent obsessive-compulsive disorders with intrusive, distressing and senseless thoughts.[1]

adolescence is characterized by significant physical, emotional and intellectual changes, and changes in social roles, relationships and expectations.[2] During this stage some of adolescents, experience anxious feeling and overwhelming sense of fear. Anxiety disorders in adolescents have significant impairment in social and academic functioning; produces a substantial distress for both students and family.[3] If not treated, these disorders tend to persist, and increase the risk for medical illnesses, impaired well-being, and various psychiatric disorders particularly depression and substance abuse.[4]

OBJECTIVE:

1. To assess the extent of anxiety level among rural adolescent girls.
2. To pinpoint predictors of anxiety in adolescent girls.

METHODOLOGY:

Setting:

A community based cross sectional design was adopted for this study.376 rural adolescent girls were selected from four villages of Chiraigaon Community Development Block of Varanasi district in the state of Uttar Pradesh, India.

Sampling Methodology:

Following steps were involved in the selection of study subjects

Stage 1:

In the first stage, one Community Development Block (i.e. Chiraigaon) was selected from eight Community Development Blocks of Varanasi District by simple random sampling method.

Stage 2:

In the second stage, in the selected block 4 villages was selected by stratified random sampling. \The selected villages were *Chakbasdev, Tilmapur, Ashapur and Ukathi.*

Stage 3:

In the selected villages families was selected according to their probability proportion to size adopting simple random sampling.

Tools Of The Study: The tools used for this study were:

[A] Pre designed and pretested interview and examination schedule:

The primary tool in this study was a pre designed and pretested interview and examination schedule for recording of information pertaining to subject and her family. viz. age, literacy status and occupation of subject, father and mother, caste, religion, marital status, family income, total members in the family, number of siblings, dietary intake and dietary practices of the study subjects.

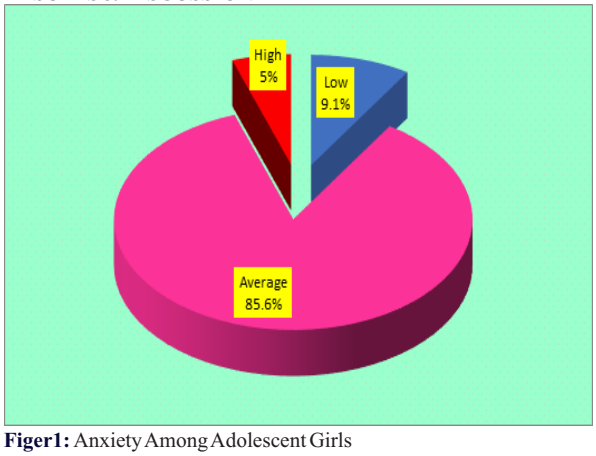
[B] Sarasona's Test Anxiety Scale:

For the collection of data Sarasona's Test Anxiety Scale was used to measure anxiety among adolescent girls. It has 30 items. Based on each item rating score, level of anxiety is scored.

Ethical Clearance: This study was approved by ethical committee of Banaras Hindu University (BHU) Varanasi, India.

Statistical Analysis: Microsoft excel 10 and Statistical Package for Social Sciences (SPSS 21 version) were used for data handling. For qualitative data X^2 was used.

RESULTS & DISCUSSION



Figer1: Anxiety Among Adolescent Girls

Out of 376 subjects whose anxiety status was assessed 9.1%,85.6% and 5.3% were in low, average and high grade of anxiety. (Figer1)

Status of Anxiety among adolescent girls according to their demographic characteristics is given in Table.1. As much as 85.8%, 82.7%, 91.7% subjects belonging to age groups 10-14, 15-17, 18-19 years, respectively had average anxiety. High anxiety in respective age categories were 4.4%, 8.3% and 1.7% (p>0.05). There existed no significant (p>0.05) association between anxiety status and religion; 11.1% Muslim and 9.0% Hindu adolescent girls have low anxiety. Similar findings from Deb et al. (2010).[5] There existed no significant (p>0.05) association between status of anxiety of study subjects and their caste, type and size of family, family income and socioeconomic status, their own and mother's literacy status and occupation of parents.

Table:1. Status Of Anxiety Among Adolescent Girls According To Their Demographic Characteristics n=(376)

Parameters	Particulars	n	Status of Anxiety						Test of significance		
			Low		Average		High		X^2	df	P
			No.	%	No.	%	No.	%			
Age(Years)	10 – 14	183	18	9.8	157	85.8	8	4.4	4.883	4	0.300
	15 – 17	133	12	9.0	110	82.7	11	8.3			
	18 - 19	60	4	6.7	55	91.7	1	1.7			
Religion	Hindu	367	33	9.0	314	85.6	20	5.4	0.545	2	0.761
	Muslim	9	1	11.1	8	88.9	0	0.0			
Caste	SC	72	5	6.9	61	84.7	6	8.3	8.427	4	0.077
	OBC	168	22	13.1	137	81.5	9	5.4			
	Others	136	7	5.1	124	91.2	5	3.7			
Type of family	Nuclear	204	20	9.8	174	85.3	10	4.9	0.438	2	0.803
	Joint	172	14	8.1	148	86.0	10	5.8			
Family size	< 3-6	232	20	8.6	201	86.6	11	4.7	1.266	4	0.867
	7-12	123	11	8.9	104	84.6	8	6.5			
	13-15	21	3	14.3	17	81.0	1	4.8			
Per capita income	<972	140	12	8.6	119	85.0	9	6.4	0.581	2	0.748
	>972	236	22	9.3	203	86.0	11	4.7			
Socio economic status	Lower	22	2	9.1	20	90.9	0	0.0	5.532	6	0.478
	Lower middle	205	22	10.7	170	82.9	13	6.3			
	Middle	133	10	7.5	116	87.2	7	5.3			
	Upper Middle- High	16	0	0.0	16	100.0	0	0.0			
Literacy status of Father	Illiterate	30	5	16.7	24	80.0	1	3.3	14.730	8	0.065
	Primary	67	3	4.5	60	89.6	4	6.0			
	Up to middle	54	6	11.1	42	77.8	6	11.1			
	High school	91	12	13.2	73	80.2	6	6.6			
	Intermediate+ Graduation and above	134	8	6.0	123	91.8	3	2.2			
Mother Literacy	Illiterate	122	13	10.7	104	85.2	5	4.1	6.581	8	0.582
	Primary	93	11	11.8	76	81.7	6	6.5			
	Up to middle	62	5	8.1	52	83.9	5	8.1			
	High school	76	3	3.9	69	90.8	4	5.3			
	Intermediate+ Graduation and above	23	2	8.7	21	91.3	0	0.0			
Literacy status of subject	Up to Primary	75	10	13.3	65	86.7	0	0.0	9.207	4	0.056
	Middle + High school	243	21	8.6	204	84.0	18	7.4			
	Intermediate+ Graduation	58	3	5.2	53	91.4	2	3.4			
Father occupation	Dead	7	0	0.0	7	100.0	0	0.0	6.187	8	0.626
	Job	80	4	5.0	73	91.2	3	3.8			
	Business	113	11	9.7	94	83.2	8	7.1			
	Labour/ Skilled Labour	160	16	10.0	136	85.0	8	5.0			
	Farmer+ others	16	3	18.8	12	75.0	1	6.2			
Mother occupation	Dead	3	1	33.3	2	66.7	18	5.0	5.395	6	0.494
	Job	9	0	0.0	8	88.9	1	14.3			
	Labour	7	0	0.0	6	85.7	1	11.1			
	House wife	357	33	9.2	306	85.7	0	0.0			

Table: 2. Status Of Anxiety Of Adolescent Girls According To Their Personal Characteristics n= (376)

Parameters	n	Status of Anxiety						Test of significance		
		Low		Average		High		X^2	df	P
		No.	%	No.	%	No.	%			
Sibling										
<4	338	26	7.7	295	87.3	17	5.0	8.320	2	0.016
5->7	38	8	21.1	27	71.1	3	7.9			
Menstrual Status										
Menstruating	247	19	7.7	210	85.0	18	7.3	6.727	2	0.035
Nonmenstruating	129	15	11.6	112	86.8	2	1.6			
Nature of diet										
Vegetarian	120	7	5.8	106	88.3	7	5.8	5.235	4	0.264
Non-Vegetarian	161	18	11.2	132	82.0	11	6.8			
Eggetarian	95	9	9.5	84	88.4	2	2.1			
Frequency of meal										
2 times	43	5	11.6	37	86.0	1	2.3	1.295	4	0.862
3times	320	28	8.8	274	85.6	18	5.6			
4times	13	1	7.7	11	84.6	1	7.7			
Timing of meal										
Fixed	30	5	16.7	25	83.3	0	0.0			
Irregular	346	29	8.4	297	85.8	20	5.8			
Nutrition Information										
No	265	27	10.2	224	84.5	14	5.3	1.435	2	0.488
Yes	111	7	6.3	98	88.3	6	5.4			
Breakfast Habit										
Regular	44	7	15.9	36	81.8	1	2.3	3.553	2	0.169
Irregular	332	27	8.1	286	86.1	19	5.7			

Table: 3. Anxiety Status Of Adolescent Girls According To Other Psychosocial Components n= (376)

Parameters	n	Status of Anxiety						Test of significance		
		Low		Average		High		X^2	df	P
		No.	%	No.	%	No.	%			
Depression										
Normal to Mild	97	18	18.6	79	81.4	0	0.0	32.648	4	0.00
Moderate	84	6	7.1	78	92.9	0	0.0			
Major	195	10	5.1	165	84.6	20	5.3			
Psychosocial risk status										
Mild	134	18	13.4	111	82.8	5	3.7	14.838	4	0.005
Moderate	213	16	7.5	187	87.8	10	4.7			
Severe	29	0	0.0	24	82.8	5	17.2			
Life Skills										
Poor	130	5	3.8	106	81.5	19	14.6	39.234	6	0.000
Average	206	23	11.2	182	88.3	1	0.5			
Good	34	5	14.7	29	85.3	0	0.0			
Very Good	6	1	16.7	5	83.3	0	0.0			

Anxiety status of adolescent girls according to their dietary practices and nutrition related knowledge is given in Table 2. There existed significant ($p<0.05$) association between Anxiety status of adolescent girls and their menstrual status. As much as 85.0% menstruating and 86.8% non-menstruating subjects were at risk of average level of Anxiety; corresponding value for severe Anxiety were 7.3% and 1.6% respectively.

There existed significant ($p<0.05$) association between number of siblings and status of anxiety of study subjects; low anxiety was 7.7% and 21.1% in subjects with number of siblings < 4 and 5- > 7 respectively. As much as 5.8% vegetarian, 11.2% non-vegetarian and 9.5% eggetarians were without Anxiety. Nature of diet, Frequency of meal and timing of meal did not influence significantly ($p<0.05$) Anxiety status of adolescent girls. As much as 84.1% subjects having regular breakfast habit were at the risk of Anxiety; corresponding value for irregular breakfast habit was 91.8%; extent of severe Anxiety in the respective categories were 2.3% and 5.7%.

Anxiety Status of adolescent girls according to other psychosocial components is given in Table 3. Anxiety status of adolescent girls was significantly ($p<0.01$) associated with their psychosocial status, depression level and life skills. Out of 367 subjects 134(35.6%), 213 (56.6%) and 29 (7.8%) subjects were categorized as having normal to mild, moderate and severe psychosocial status; in respective categories 25.8%, 22.4% and 51.8% subjects had one or other form of Anxiety. All the subjects with high depression level had severe anxiety whereas 26.6% subjects with low and 85.6% subjects with average depression were categorized as at the risk of severe Anxiety. With improving life skills there was decrease in the subjects at risk of Anxiety Table 3.

CONCLUSION:

On the basis of findings of the study it can be concluded that rural adolescent girls are at risk of level of anxiety, so there is need to sensitize them on the issues of anxiety and educational programs should be planned to teach management of anxiety among rural adolescent girls.

RECOMMENDATION:

Parents and teachers should be taken into confidence, counseling is helpful. Environmental stress and conflict should be reduced or resolved. Treatment should be multi-faceted and not rely on a single approach.

REFERENCE:

1. Gupta Piyush. Essential Pediatric Nursing. CBS Publishers: Page 189-193.
2. Radmanovic-Burgiă M, Gavriă Z, Burgic S. Eating attitudes in adolescent girls. Psychiatr Danub. 2011;23(1):64–8.
3. Lyneham HJ, Rapee RM. Evaluation and treatment of anxiety disorders in the general paediatric population: a clinician's guide. Child Adolesc Psychiatr Clin N Am. 2005; 14:845–61.
4. Woodward L, Fergusson D. Life course outcomes of young people with anxiety disorders in adolescence. J Am Acad Child Adolesc Psychiatry. 2001; 40:1086–93.
5. Deb S., Chatterjee P., and Walsh K. Anxiety among High school students in India Comparisons across gender, school type, social strata and perception of quality time with parents. Australian J. Edu. & Develop.Psychol.,2010; 10:18-31.