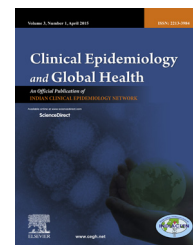


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Student's Section

Social health problem of adolescent girls aged 15–19 years living in slums of Dibrugarh town, Assam



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ABSTRACT

Introduction: Adolescence in girls, a phase of transition period between childhood and womanhood, is the most eventful for mental, emotional and psychological well being.

Aims and objectives: To study the social health problem and its determinant among adolescent girls aged 15–19 years living in slums of Dibrugarh town, Assam.

Materials and methods: A community-based cross-sectional study was conducted among 300 adolescent girls aged 15–19 years residing in slums of Dibrugarh town, Assam during the period from June 2014 to May 2015.

Results: Mean age of adolescent girls was 16.57 ± 1.45 years. Majority were Hindu (67.7%), belonged to nuclear family (74.3%) and had socio-economic status IV (53%). 1.3% were illiterate and 8.4% were married. Overall thinness and stunting were prevalent among 39.4% and 33%, respectively. Stunting decreased significantly with increase in age and overall thinness decreased significantly with attainment of higher socio-economic status, higher educational status and nuclear family. In this study, depression was prevalent among 7% and mild anxiety among 12.7% of adolescent girls. Depression increased significantly with increase in age and with lower socio-economic class. Exposure of domestic violence was reported among 2.3% and it had significant association with socio-economic status.

Conclusions: These multi-dimensional problems of adolescent girls can be addressed through social empowerment of female and enlightenment such as female literacy and employment.

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1. Introduction

Adolescents (10–19 years) constitute about 22.8% of India's population, of which almost half are girls between 10 and 19 years.¹ Within the age group of 10–19 years, the profile of disease burden is significantly different for younger (10–14 years) and older adolescents (15–19 years). Outcome of sexual behaviour and mental health are prominent causes of disability and death in 15–19 years age group.² Though both adolescent girls and boys are equally susceptible to mental health problems while they undergo a complex process of transition, the problem gets compounded for girls particularly due to societal factors.³

Adolescent girls constitute a vulnerable group, especially in the developing countries where they are traditionally married off at an early age.⁴ In India, among 15–19 years adolescent girls, 25% in rural areas and 10% in urban areas were illiterate, 27% were married, 47% of currently married (aged 15–19 years) were chronic energy deficient and 21% experienced physical violence.¹ In general, adolescent girls are the worst sufferers because of their increased nutritional needs and low social power.⁴

Keeping in view the increasing health needs during this transitional period of life living in compromised situation in urban slum of Dibrugarh, the study has been undertaken to study the social health problem and its determinant among adolescent girls aged 15–19 years living in slums of Dibrugarh town, Assam.

2. Materials and methods

A community-based cross-sectional study was conducted among adolescent girls aged 15–19 years (both married and unmarried) residing in slums of Dibrugarh town, Assam during the period from June 2014 to May 2015.

3. Sample size

Considering the prevalence of thinness as 25.7% among adolescent girls in urban slums of Dibrugarh,⁵ taking 20% relative error and 95% Confidence Interval, the sample size was calculated to be 278, which was rounded up to 300.

4. Exclusion criteria

(1) Girls who were not willing to give consent, (2) Pregnant adolescent girls in 2nd and 3rd trimester and adolescent girls within puerperal period.

5. Sampling design

All 10 registered slums in Dibrugarh town were included in the study. Number of adolescent girls aged 15–19 years included from each slum was determined by using proportional allocation. In each of the slums, the first house was selected

randomly; thereafter, consecutive houses were visited until the required number of study subjects in each slum area was obtained. The same procedure was repeated in all the slums until the required sample size was achieved. All the study subjects present in each selected house were included in the study.

6. Ethical clearance

Ethical clearance was obtained from the Institutional Ethics Committee of Assam Medical College and Hospital, Dibrugarh. For 15–17 years adolescent girls, a written informed assent from the study participants and written informed consent from their guardians was obtained prior to the onset of the study. For 18–19 years adolescent girls, written informed consent was obtained from the study participants.

7. Study tool

Data were collected by interviewing the study participants using a pre-designed and pre-tested proforma and were examined for anthropometric parameters and general examination using standardized technique. The adolescent girls were interviewed about any illness in the present or within past 3 months prior to the interview. To assess nutritional status, height for age and body mass index for age were calculated using WHO Growth reference 2007.^{6,7} Depression and Anxiety were assessed by using 6-ITEM Kutcher Adolescent Depression Scale⁸ and the Generalized Anxiety Disorder 7-Item Scale,⁹ respectively. Definition of domestic violence was taken as maltreatment of the adolescent females by the husbands, parents or other family members including minor to major physical harassment. The reference period for exposure of domestic violence was considered as last 1 year from the date of interview.

8. Statistical analysis

Statistical analysis was done using Chi-square test and Fischer's exact test.

9. Results

Majority (32.3%) of adolescent girls aged 15 years with mean age 16.57 ± 1.45 years. Majority of them were Hindu (67.7%), belonged to nuclear family (74.3%) and socio-economic status IV (53%) according to modified BG Prasad's classification 2014. 38% were Middle school educated followed by Primary school (33.7%) while 1.3% were illiterate. In the present study, 8.4% were married and among them, majority (68%) got married before 18 years of age. Of married adolescent girls, 20% were pregnant and all were registered for antenatal care (ANC), either in government or private hospital.

Out of 300 adolescent girls, 74.3% were studying, 24.4% were school dropouts and 1.3% never attended school. Majority (45.3%) reported financial hardship followed by marriage

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