

Health and Quality of Life Concerns in Adolescent Girls

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ABSTRACT:- Children from a young age start to formulate ideas, beliefs and attitudes about their health and well-being. Understanding their perception of health and health issues is of vital importance to understand how children and adolescents engage with their health and can result in both short term and long-term population health gains. Children and adolescents need health services that are responsive and sophisticated to their needs and easy to access (Russell and Barker, 2005). The World Health Organization has stated that ‘the health of young people is significant for the well-being of this age group and also for future public health’ (WHO, 1993).

The present study aims to identify the levels of Health related Quality of Life among the adolescent girls at different developmental stages, such as pre-teens, early adolescents and late adolescents. A sample of 120 adolescent girls belonging to the three adolescent stages was selected from different schools and colleges in Tirupati. KIDSCREEN – 52 developed by Raven`s et.al (2007) was used to assess their levels of Health related Quality of Life. Results revealed that, Pre-teens and early adolescent girls have a better health related quality of life than the late adolescent girls. There is difference between the three age groups of adolescent girls – pre-teens, early adolescents and late adolescents with regard to their Health related Quality of life.

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I. INTRODUCTION:

Globally, the number of young people between ages **10 and 24 is** at an all time high of more than **1.8 billion**. Over 90 percent of those live in developing countries, where people under the age of 25 make up as much as 47 percent of the population. The reality for many of these youth, particularly adolescent girls and young women, is troubling. Because they are in developmental transition, adolescents and young adults are particularly sensitive to environmental—that is, contextual or surrounding—influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues can either support or challenge young people’s health or well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population. The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases in adulthood.

Why Is Adolescent Health Important?

Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. Adolescent girls’ education, health and overall well-being are essential to countries’ future economic and social development. Health is a complex concept with many components, although health is frequently assessed through classical health indicators derived from the biomedical model. The 2001 report Health of our children called for greater emphasis on prevention and health promotion in our approach to children’s health (Department of Health and Children, 2001a). The World Health Organization’s definition of health is: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, 1948). This definition holds an important expansion of the view of health, which is not only understood by somatic indicators, but also comprises how a person feels, psychologically and physically, and how he or she manages with other persons and copes with everyday life (Rosser, 1988; Spiker, 1990).

Children from a young age start to formulate ideas, beliefs and attitudes about their health and well-being. Understanding their perception of health and health issues is of vital importance to understanding how children and adolescents engage with their health and can result in both short term and long-term population health gains. Children and adolescents need health services that are responsive and sophisticated to their needs and easy to access (Russell and Barker, 2005). The World Health Organization has stated that ‘**the health of young people is significant for the well-being of this age group and also for future public health**’ (WHO, 1993).

II. UNDERSTANDING ADOLESCENT HEALTH:

Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.

As illustrated by the following examples of research findings, health outcomes are linked to multiple environmental factors.

Family:

Adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors. Parents who provide supervision and are involved with their adolescents' activities are promoting a safe environment in which to explore opportunities. The children of families living in poverty are more likely to have health conditions and poorer health status, as well as less access to and utilization of health care.

School:

Academic success and achievement are strong predictors of overall adult health outcomes. Proficient academic skills are associated with lower rates of risky behaviors and higher rates of healthy behaviors. High school graduation leads to lower rates of health problems and risk for incarceration, as well as enhanced financial stability during adulthood. The school social environment affects students' attendance, academic achievement, and behavior. A safe and healthy school environment promotes student engagement and protects against risky behaviors and dropping out.

Neighborhoods/Social factors:

Adolescents growing up in distressed neighborhoods characterized by concentrated poverty are at risk for a variety of negative outcomes, including poor physical and mental health, delinquency, and risky sexual behavior.

Media Exposure:

Adolescents who are exposed to media portrayals of violence, sexual content, smoking, and drinking are at risk for adopting these behaviors.

What is health-related quality of life?

The term **quality of life (QOL)** references the general **well-being** of individuals and societies. Standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging.

Within the field of healthcare, quality of life is often regarded in terms of how it is negatively affected, on an individual level, a debilitating weakness that is not life-threatening, life-threatening illness that is not terminal, terminal illness, the predictable, natural decline in the health of an elder, an unforeseen mental/physical decline of a loved one, chronic, end-stage disease processes. Researchers at the University of Toronto's Quality of Life Research Unit define quality of life as "**The degree to which a person enjoys the**

important possibilities of his or her life"

The concept of **health-related quality of life (HRQOL)** and its determinants have evolved since the 1980s to encompass those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental. On the individual level, this includes physical and mental health perceptions and their correlates—including health risks and conditions, functional status, social support, and socioeconomic status.

In the light of the above literature, the present is aimed in the direction with the following **objective**,

1. To assess Health related Quality of life among the three adolescent age groups – pre-teens, early adolescents and late adolescent girls.

Sample:

The sample of the present study consists of 120 adolescent girls randomly selected from various schools and colleges in and around Tirupati Mandal of Chittoor District of Andhra Pradesh State, India. The subjects belonged to three age groups - **pre-teens** (11-13 years), **early adolescents** (14-16 years) and **late adolescents** (17-19 years).

Assessment of Health Related Quality of Life:

The Health related quality of Life of the adolescent girls was measured using the KISCREEN -52 developed by Ravens et.al (2007). Kidscreen-52 is a five point 52- item self- report measure that assesses an

individual's health related Quality of life in ten dimensions namely- Physical well being, Psychological well being, Moods and Emotions, Self-perception, Autonomy, Parent-relation and Home life, Social Support and peers, School environment, Social Acceptance and Financial resources. The Cronbach's alphas range from 0.76 (social acceptance) and 0.89 (Psychological well being).

III. RESULTS AND DISCUSSIONS

Table 1: Means of scores on HRQOL:

| DIMENSIONS | 11-13 YEARS | 14-16 YEARS | 17-19 YEARS |
|--------------------------------------|--------------------|--------------------|--------------------|
| Physical well being | 20.1 | 17.1 | 15.0 |
| Psychological well being | 22.4 | 24.2 | 19.2 |
| Moods and Emotions | 26.3 | 23.3 | 22.4 |
| Self Perception | 20.3 | 20.3 | 19.3 |
| Autonomy | 16.5 | 17.2 | 14.4 |
| Parent-relation and home life | 25.5 | 26.9 | 24.0 |
| Social Support and Peers | 24.4 | 23.1 | 22.2 |
| School environment | 23.7 | 24.3 | 22.6 |
| Social Acceptance | 12.9 | 12.9 | 11.9 |
| Financial resources | 10.3 | 12.4 | 10.6 |

Table 1 shows the means of the three age groups with regard to their Health related Quality of life. Higher the mean value, higher is the quality of life. The early adolescent girls have obtained the highest means in Physical well being, Moods and Emotions, Self-perception, Social Support and peers and Social Acceptance than compared to the other two groups – pre-teens and late adolescents. This indicates that the early adolescent girls have a better health related quality of life in these dimensions. The early adolescent girls show higher means in the Psychological well being, Self-perception, Autonomy, Parent-relation and Home life, School environment, Social Acceptance and Financial resources. However, late adolescent girls, have obtained the least means in all dimensions related to QOL thus, this group of girls in the study have a poor quality of life than compared to the other adolescent groups. The health related quality of life has deteriorated as the age has advanced.

IV. FINDINGS OF THE STUDY:

1. Pre-teens and early adolescent girls have a better health related quality of life than the late adolescent girls.
2. There is difference between the three age groups of adolescent girls – pre-teens, early adolescents and late adolescents with regard to their Health related Quality of life.

Implications of the study:

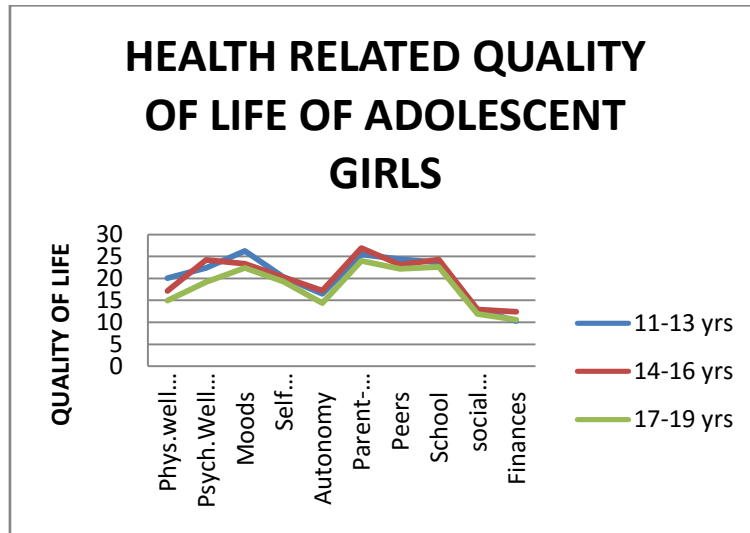
Focusing on HRQOL as a national health standard can bridge boundaries between disciplines and between social, mental, and medical services.

Measuring HRQOL can help determine the burden of preventable disease, injuries, and disabilities, and it can provide valuable new insights into the relationships between HRQOL and risk factors.

Measuring HRQOL will help monitor progress in achieving the nation's health objectives.

V. IMPORTANCE OF QUALITY OF LIFE STUDIES:

In recent years, HRQoL is increasingly gaining importance in the health field and is becoming a central research theme. HRQoL is a broad multidimensional concept and is relevant on many levels to almost all levels of human function (Evans et al, 1994). HRQoL has been introduced into epidemiology to provide a descriptor of perceived health in the population as a basis for planning, monitoring and evaluating health-related interventions. Research has shown that including HRQoL in child and adolescent health surveys is feasible. The KIDSCREEN project has developed this crosscultural element to include the measurement of child and adolescent HRQoL.



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