

# Voices Unheard: Exploring the Psychosocial Landscape of the Adolescent Girls

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## **Abstract**

*The adolescence period is the most conflicting time during adolescence. It is a time of confusion when the child is not an adult, and at the same time, the child is no longer in the childhood stage. Girls experience puberty much earlier than boys with a series of events. Considering these individual differences, each girl can progress through these changes differently. Girls in adolescence face more challenges from both physical and emotional aspects. The adolescent stage for girls is more challenging than boys, and they need more support to tackle such problems. Although studies have been conducted to discover such problems amongst adolescent girls, the review of such studies needs to be included in the literature. This paper has attempted to present a review of critical studies concerning psychosocial issues among adolescent girls. This paper can help bring forward such issues which need to be resolved for the welfare of girls.*

**Keywords:** *Adolescent Girls; Adolescence; Psychosocial, Stress, Emotional Issues.*

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## **1. Introduction**

Adolescence is a period of imaginative powers, liveliness, and massive enthusiasm for living (Silvers, 2022). It can also be a time for self-expression, curiosity, exploration, discovery, and adventure (Sawyer et al., 2012). Theory and research suggest that positive future expectations can facilitate optimal development and a successful transition into adulthood (Arnett, 2000; McDade et al., 2011; Schmid & Lopez, 2011). Some teenagers who assume a negative or pessimistic perception of their future are likelier to exhibit problematic behaviour (Dubow et al., 2001; Sipsma et al., 2011). Every adolescent faces some difficulties in adjustment to somatic variations and other psychosocial problems which may occur during puberty. Psychosocial refers to psychological development in a social environment, including interaction within. Research suggests that psychosocial problems are "a state of emotional and behavioural disorders synonymous with internalizing and externalizing conditions" (Bista et al., 2016).

Adolescents are mainly affected by school and the home environment. It is estimated that globally, one out of ten adolescents suffer from at least one behavioural problem. Adolescents experience the ill effects of psychosocial issues at various phases of their development. A large number of these issues are transient and are frequently unnoticed. Progressive youngsters may show these issues in one setting and not in another (e.g., home, school). A few critical transitional periods (moving from early essential to centre school, from centre school to secondary school or from secondary school to higher school) can exhibit new difficulties for these adolescents and manifestations of being broken may happen. Psychosocial problems, such as bodily and mental problems, increase during adolescence. Globally, 1 out of 10 (10%) adolescents encounter at least one behavioural problem. Half of lifetime mental disorders begin before the age of 14, and 75% begin by the age of 24 (Kessler et al., 2005). Notably, girls face more issues than boys at this stage due to their different biological setups. Understanding the effects of society and the environment on the growth and development of adolescent girls is therefore vital. From this perspective, it makes it of utmost importance to study the psychosocial problem of adolescent girls concerning societal, psychological and biological systems in society.

This makes it critical to study such issues amongst them to sort out the problems early.

This research article provides an essential perspective on the problems faced by adolescent girls and discusses some critical studies conducted on the topic. This article starts with an introduction segment followed by a literature review, research methodology and discussions.

## **2. Literature**

*Adolescence* is a decade-long process during which adolescents undergo several biological, social and psychological changes. The transition from adolescence to adulthood is the most challenging, unique, and crucial phase of human development. It is, thus, essential to provide them with a conducive environment where they can grow and develop into responsible adults. It has been observed that family support plays a critical role in adolescent development. An optimistic atmosphere has positive effects, decreasing feelings like anxiety, depression, alienation and loneliness in adolescents. When it comes to adolescent girls, there exist a plethora of problems for them, from psychological to social, as well as nutritional and educational problems. Early pregnancy leads to early childbearing, which potentially risks the lives of adolescent girls. This creates the inter-generational cycle of morbidity as most of such cases lead to maternal mortality and under-weight newborns. In India, it is observed that a large number of adolescents and women suffer from reproductive and sexual health problems. There is a lack of knowledge about HIV/AIDS and other sexually transmitted diseases. Family, parents and teachers in school do not provide them with sexual education, which may lead to life-threatening diseases amongst them. India, with a continuous increase in the cases of HIV/AIDS, records the second highest number of HIV cases in the world, which is second only to African nations. Without formal education, children turn to other sources to get information on sex, providing incorrect and inadequate information. The psychosocial factors amongst adolescents are affected by both internal and external factors. The physical and mental health, social interactions, relationships, support system, norms and behaviour of society all play an essential role in the psychosocial well-being of an individual. Psychosocial problems like low self-esteem, insecurity, adjustment and behaviour problems are widely seen in adolescent girls. Early identification of psychosocial problems can help solve them before they become complicated. It is observed that the knowledge about reproductive health and sex-related health among adolescent girls is significantly low in India.

Many research studies reveal significant relations between educated mothers, household self-sufficiency and children's nutrition (Borooah, 2014). For the initial ten years of an

adolescent's life, the needs of boys and girls are identical regarding energy and nutrient needs. Nevertheless, the literacy rate of females is fifty-four per cent (54%). Most women lack the power to make decisions for themselves; some of the decisions include using reproductive health services. State governments govern most health services, and most depend on the State Head's leadership and management skills. The situation can be assessed by the fact that To make progress in the lives of individuals and families and achieve economic development in poor communities worldwide, educating a girl child is one of the most successful ways to achieve progress (World Education, 2017). "Thirty-one million girls do not attend school, and two-thirds of illiterate adults are women" (Right to Education Initiative, 2017). Thirty-nine thousand child marriages take place every day globally (WHO, 2017). Illiteracy is not the only reason contributing to child marriage; issues related to pregnancy and childbirth are also among them. These are the most important causes of death in young women between fifteen and nineteen (WHO, 2017). Marriages such as tender age also make girls more prone to family or partner violence (WHO, 2017). Marriage before 18 years for a girl child has been rooted in sexual category discrimination, consoling premature childbearing and giving the preference for opposite gender education (UNICEF, 2016). Intimate partner violence (IPV) occurs worldwide, with prevalence figures of 1 in 3, i.e. 35% (WHO, 2016). Sexual category disparity and lack of quality education are some causes of IPV (WHO, 2016). IPV can lead to unexpected pregnancies, deliberate abortions, gynecological problems and STDs (WHO, 2016). The National Family Health Survey was conducted to determine gender equality among women based on data from the National Family Health Survey 2015-16 in terms of illiteracy, child marriages, and partner violence.

Adolescents face a lot of problems that arise out of maladjustment within society. In this stage, the adolescents feel independent in society and do not need society's approval. They don't care about the acceptance of their parents or society. Adolescence is also a phase when individuals become more sensitive and wary about things as their world of reality differs from society's natural world.

### **3. Methodology**

By the recommendations of Gough et al. (2017), a four-stage procedure/method was followed in this investigation. As seen below, this study inquiry was conducted meticulously.

## **Search and Evaluation Inclusion**

Only articles that included data on the study topics of “psychosocial problems,” “reproductive health”, “Stress”, “Depression”, “Anxiety”, “Poor Reproductive Health”, “Poor Nutrition”, “Education Level”, “ICDS”, “Adolescent Girls”.

i. To begin, "Google Scholar" was combed for relevant use of the project's keywords. After a cursory examination of the first fifty pages of search results, one hundred and fifty potentially relevant papers were identified. Following that, keywords for article searches were refined even more, leaving twenty-one articles.

ii. Using the needed keywords, the "Web of Science" database was methodically searched, giving a total of one hundred and thirteen papers. Only fifteen studies were identified after a preliminary review of the article titles.

iii. A comparable search utilising related keywords on "Scopus" returned one-hundred and ninety-two papers peer-reviewed article records. Following the first filtering of paper titles, only twelve matches were returned in association with the necessary keywords.

iii. A comparable search utilising related keywords on "J-store" returned ninety-five peer-reviewed records. Following filtering paper titles, only twelve records were returned in association with the necessary keywords.

Only sixty articles were located after merging four sources, including twenty duplicates. Twenty-five duplicate articles were later deleted.

## **The norm for Inclusion and Elimination**

Only manuscripts/studies from respected journals and publishing companies that meet the following criteria were chosen:

i. Peer-reviewed articles/papers published entirely in "English."

ii. The emphasis was on studies that addressed the researchers' critical concerns, including keywords.

iii. Over 31 years, the writings were published (1990- 2021). This timeline was chosen because it spans a period of fast growth in modern work studies.

## **Manuscripts were excluded if**

i. The study did not address the researcher's chosen subject of interest for this current project, and

ii. Editorials, reports, study data sets, editor letters, scientific community conversations, and book reviews were eliminated.

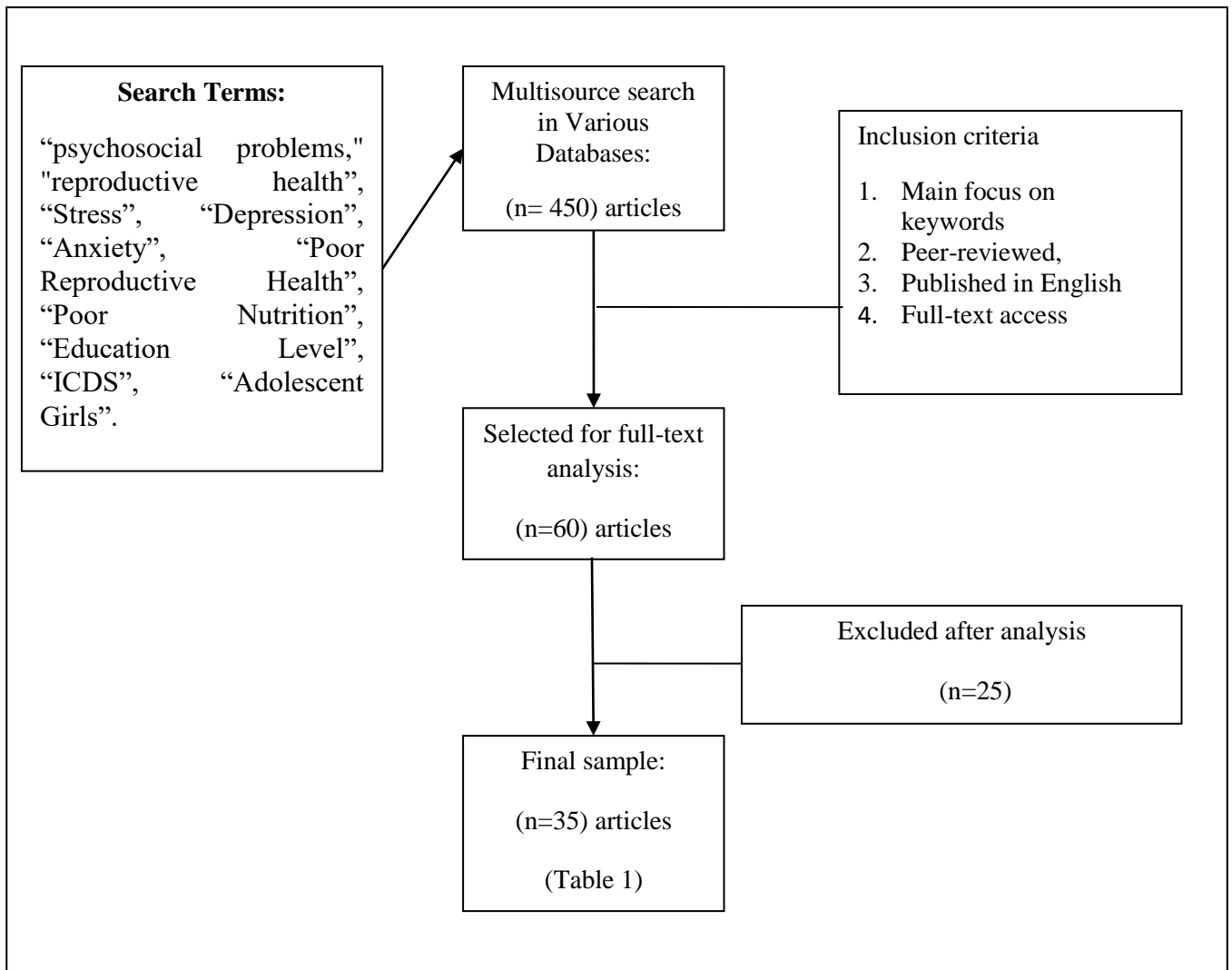
### **Ethical concern**

The researcher validated that the accuracy and objectivity of accessible scholarly data and the appropriateness of references were maintained throughout the current extensive literature review. All instances of duplication or redundancy in the publications, as well as concealed findings and, most importantly, plagiarism, were avoided (Wager & Wiffen, 2011). This was done via the use of the procedures detailed below.

i. The researcher explored online resources such as "Google Scholar," "Scopus" and "Web of Science" for articles/manuscripts.

ii. Only original studies with ethical approval, knowledgeable approval, and a mention/statement of 'no conflict of interest' were deemed suitable for this research work, and

iii. Only original studies published in English and with full access were evaluated in terms of meeting the research objectives.



**Figure 1 Systematic Literature Process**

#### **4. Findings**

The extensive review of literature by the researcher has tried to include the most critical studies in the field of psychosocial problems of adolescent girls. The review of literature is classified into the following broad categories:

1. Review of studies on psychosocial problems of adolescent girls.
2. Review of studies on adolescent girls concerning reproductive health
3. Stress, Depression, Anxiety, Poor Reproductive Health, Poor Nutrition and Education Level in Adolescent Girls
4. Review of studies on adolescent girls and ICDS in India

## **4.1 Results**

### **4.1.1 Somatic Complications, Social Withdrawal, Adjustment Problems, Attention and Sleep Problems of Adolescent Girls**

Kekkonen et al. (2015) researched school-going adolescent girls in Finland aged between 13-18 years. Two hundred eighty-eight girls were taken as the sample for the study, and the results showed that, in total, they had made 1411 visits to the healthcare facilities. The data suggest that adolescents frequently visit the health care centre as they suffer from psychosocial problems. Research by Ilana and Jeanne (1989) suggests that many adolescent girls suffer from an eating disorder caused by their concern for body image, physical growth and personality development. Another study by Caspi et al. (1995) revealed temperament and behavioural problems such as lack of control and sluggishness in adolescent girls. A research study conducted by Barua et al. (2007) tried to ascertain the support adolescent girls receive from their parents in Rajasthan. Adolescents constitute one of the most vulnerable groups in society due to the lack of targeted health services available to adolescents. In India, only 12 per cent of the female population uses sanitary pads, and the remaining female population uses only cloth pads or old clothes during menstruation. Lack of knowledge on menstruation hygiene and reproductive health makes adolescent girls prone to reproductive tract infections. Also, in school, many rural girls have no access to dispose of the used pads and a lack of privacy during menstruation results in high school dropouts. Tiwari and Ruhela (2012) researched 300 adolescents to investigate the relationship between 'social isolation' and depression' among adolescents. The sample consisted of 150 adolescent boys and 150 adolescent girls. The study's results revealed a significant correlation between social isolation and depression. As compared to the boys, scores for girls were higher on the association between social isolation and depression. Adolescents also tend to limit their social interaction, which can be caused by anxiety and depression. Rubin et al. (2010) suggest peer relationships correlate with children's social competence.

### **4.1.2 Adolescent Girls and their Reproductive Health**

The National Population Policy of India, 2000 (Sharanya, 2014) has recognised adolescents as a vulnerable group with specific needs. They comprise nearly 20 to 21% of India's population, and their numbers are expected to increase over time (Mittal & Goel, 2010). For healthy future generations, the reproductive health of adolescent girls is crucial. With urbanisation and liberal attitudes in contemporary Indian society, there is an increased



likelihood of indulging in sexual activities early, which can mostly lead to issues amongst females. Hence, adolescent girls are at risk of unwanted pregnancy, reproductive tract infections (RTIs), and a spectrum of social and psychological consequences such as discontinuation of education, forced early marriages, unplanned pregnancies, unsafe abortions, and depression (Shashikumar et al., 2012). Earlier millennium and sustainable development goals have focused on the reduction of pregnancy rates in 15–19-year-old girls (Rasanathan et al., 2015). For adolescents to make informed decisions, the Government of India has incorporated the Adolescent Reproductive and Sexual Health (ARSH) services into the school curriculum.

Chudasama et al. (2014) conducted a study to evaluate the infrastructure, coverage and utilisation of ICDS programmes in the 12 districts of the State of Gujarat. The study found that 73.3 per cent of Anganwadi Centres had concrete buildings, 53.5 per cent had adequate indoor space, and 61.7 per cent had toilet facilities that were child-friendly. It was revealed that all the Anganwadi workers were literate, and around 86.7 per cent had job training. Out of all the registered beneficiaries, 96 per cent of pregnant women, 97.8 per cent of lactating mothers, and 87.0 per cent of adolescent girls received the services through ICDS. 48.3 per cent of children were reported to have benefited from the supplementary nutrition coverage. It was found that only 10 per cent of children were immunized.

#### **4.1.3 Stress, Depression, Anxiety, Poor Reproductive Health, Poor Nutrition and Education Level in Adolescent Girls**

The right to nutrition and health is a fundamental right of every child. All children are entitled to certain "opportunities and facilities" that the Indian Constitution guarantees them. A large number of adolescents suffer from mental, emotional and behavioural disorders. They often find it difficult to concentrate; they suffer from attention deficit, hyperactive disorder and impulsiveness. Integrated Child Development Services is one of the world's largest welfare schemes catering to adolescent girls' needs. Even after 40 years of its existence, almost half of Indian children are still malnourished. A large number of Indian children do not have access to full immunization. Physical victimization is when individuals are mocked about their physical outlook, making them think they are lesser. Verbal victimization is when individuals are constantly bullied and threatened with words. The main psychological problems among adolescents are depression, loneliness, low social involvement, low self-esteem, lack of self-worth and anxiety. Several studies have noted that adolescent girls are at a higher risk of stress and anxiety. It has also been observed that adolescent girls reported

more negative events and experiences compared to boys. The reason is the different expectations of family and society for boys and girls. Sexual abuse is the cause of depression in females in later stages of life. The stereotypical expectation to behave a certain way is another cause of depression in adolescent girls. For instance, in an Indian context, girls are expected to speak quietly; restrictions on their visits outside the home and many other restrictions are also prevalent among them. The parenting styles and the stressful relationship with a sibling are also major causes of stress for adolescent girls. The environment at school, higher personal vulnerabilities, and heightened sensitivities all affect adolescent girls' mental health. The high level of stress and depression can increase negativity in adolescent girls. Related literature studies have also concluded that socialization factors enhance the stress level in adolescent girls. The physical comparison with others puts them at risk of depression and acute mental disorders. The obesity rate is higher in adolescent girls than in adolescent boys, which is another cause of stress for these girls (Strauman et al., 2011). In a study of adolescent girls in a South Indian city, it was found that depression was prevalent in 2 per cent of the girls and symptoms of anxiety were noted in 1 per cent of girls in the study group. The issues and problems of adolescent girls differ from those of male adolescents (Aradhya, 2013). For instance, Brooks-Gunn and Warren (1989) discuss the emotional difference between girls and boys. Contrary to the general perception that the changes in the hormonal level in girls lead to negative behaviour, they found that social factors accounted for a more negative effect on girls than the hormonal puberty factors. The behaviour of girls changes after the onset of puberty and breast growth. Apart from the behavioural changes, these changes affect an adolescent girl psychologically. Early adolescence is an important phase of psychological development in adolescence. This is when adolescents develop detachment from their parents and growing individualization amongst them. There is more dependency on peer groups and a sense of independence and self-dependency amongst the early adolescents. In their research, Steinberg and Silverberg (1986) found that adolescent girls are more autonomous in their behaviour than adolescent boys. Girls described themselves as self-reliant and independent (Steinberg & Silverberg, 1986). Most of the research on adolescent development talks about adolescents' emotional upheaval. According to Steinberg and Morris (2000), adolescents' psychosocial problems are temporary and are resolved during adulthood as their ability to think and solve problems increases. The most focused problems of adolescents discussed in Western literature are substance abuse and consumption of alcohol, unemployment and juvenile delinquency. However, the more serious issues include stress, anxiety and depression, which affect them mentally and physically. The psychosocial

problems of the adolescents also include their changing relationships with their parents, family and siblings, particularly the male sibling. Adolescence is also when they discover themselves as independent of their parents, family or society. They try to discover ways to adapt themselves and fit in the world. Erikson defined it as a time of self-exploration. Peer culture and peer group are synonymous with adolescent culture as adolescents create their group and social order different from society during this time. Adolescents try to spend more time alone and with their friends due to a lack of support from parents and family, which can increase their problems rather than solve them. Recent research in adolescent development has focused on adolescents' behavioural aspects, relationships with peers, parents, and siblings, and self-development. The focus of research in the area of psychosocial problems has been minimal. The researcher's interest has been more towards behaviour rather than the causes for such behaviour. The psychosocial problems of adolescent girls are a potential area of research which needs to be researched exhaustively and rigorously to make important interventions in this area.

#### **4.1.4 Adolescent Girls and ICDS in India**

Gupta et al. (2013) conducted a study on the functioning and the progress of ICDS and revealed that certain loopholes exist in the programme. Since its inception in 1975, ICDS has widely expanded its services. Until this study, ICDS covered around 7.6 million pregnant women, lactating mothers and approximately 36 million children under the age group of 0-6 years. Although there has been a rapid expansion in ICDS (Integrated Child Development Services) centres, not all are functioning correctly and optimally. It was reported by Gupta et al. (2013) that infrastructure and basic amenities under the purview of ICDS need to be strengthened. Inadequacy of the basic facilities is a significant cause of concern in preschool education in Anganwadi centres. The study concluded that the Anganwadi Centres' preschool environment needs improvement. The Anganwadi workers should be sensitized and trained to provide good quality services.

A study on adolescent girls' schemes in Kerala was conducted in four districts of Kerala: Malappuram, Palakkad, Wayanad and Kasargode, to evaluate the status of services under the Adolescent Girls Scheme (NIPCCD, 2009). The research found that 69.64 per cent of adolescent girls were aware of the Adolescent Girls Scheme under the ICDS programme. Ninety-two per cent of the adolescent girls felt empowered and needed to return to their studies. Eighty-eight per cent of the adolescent girls found the life skills training satisfactory.

Only 6.24 per cent of the adolescent girls felt that life skills training was not helping, and 5.76 per cent had no opinion. The study also found that the lack of financial assistance significantly hindered the success of the Adolescent Girls Scheme. The operation timing of the Anganwadi centre was also a significant reason for adolescent girls' non-participation in the scheme. The girls are also recommended to decide the session timings at the Anganwadi centre.

During the study, there were 4 ICDS blocks under which 802 Anganwadi centres were operational. It was found that ICDS projects were operational in all the district blocks but needed to provide supplementary nutrition to all the registered beneficiaries. The study found that the distance between the Anganwadi centres and the beneficiary households affected the implementation of the scheme. The researchers also found that preschool education, the core objective of ICDS, needed to be stronger and needed improvement.

The literature provides some relevant studies on adolescents, adolescent girls, and psychosocial problems among adolescents. In South Asian countries, most boys receive better and more nutritious food than girls as they are supposed to be the breadwinners in the family (Pande, 2003; Darnton-Hill, 2005; Carloni, 1981). The condition of women in India is usually low, except in the southern and eastern states. India has high maternal mortality, early marriage and early pregnancy, poor literacy and poor health among women and girls (Family Welfare Statistic, 2006). Adolescent girls drop out of school early and face several sociological and psychosocial problems. Adolescent malnutrition and other types of morbidities and gender-based discrimination exist. Poor quality of living standards, pregnancies, child marriage, and biased sexual class norms are the reasons that primarily prevent girls from attending school (Right to Education Initiative, 2017). In addition, girls in India face various taboos that restrict their access to education and health. Deep-rooted beliefs and superstitions regarding menstruation put various restrictions on women and adolescent girls. Menstruation and menstrual hygiene misinformation embarrass thousands of women and girls around the globe, and they are being discriminated which leads to myths and stigma. These myths and stigmas about menstruation disregard women's rights and their equality, integrity, privacy, and the right to freedom from ill-treatment (Kaiser, 2013). Psychosocial problems in adolescent girls are also a severe problem that must be addressed. Social factors have a prominent role in adolescent girls' emotional and behavioural problems. The most common psychosocial disorders are anxiety, depression, stress, delinquency, substance abuse, aggression, suicide, eating disorders and conduct disorders.

## **5. Conclusion & Discussions**

The above studies show that adolescent girls face numerous problems worldwide, especially in developing economies. Moreover, the problems faced by adolescent girls in India are also multi-pronged, as the social myths and taboos in India compound such problems. This paper provides an essential perspective on the problems faced by adolescent girls on many fronts, such as psychosocial, emotional, reproductive, and socio-economic, amongst others. These studies can provide an essential perspective for academicians to research this domain further and discover many other issues among adolescent girls. This can also help government agencies develop programmes to improve girls' health needs. Programme policy planners must also take lessons from other developed regions where such programmes run successfully. This would guide the policy planners in the present context and remove any deficiencies for successful programme implementation. Ultimately, the objective of influencing the lives of adolescent girls in a positive, caring and learning environment can be achieved. All the stakeholders need to be taken into confidence, and their support is essential for successfully achieving the desired goals and objectives. At the same time, a multi-dimensional approach is needed to provide proper care, support, education, and counselling to adolescent girls.

Strength-based approaches to the overall programme aim should be used to develop and augment the beneficiaries' abilities, knowledge, competencies, values, and learning. Health and hygiene awareness should be given special consideration. They need proper counselling and guidance, especially regarding their menstrual hygiene. ICDS centres should conduct proper medical examinations by registered doctors. Adolescent females can have regular medical checks at ICDS-hosted camps dedicated to health care for them. Adolescent girls suffer from a variety of psychosocial challenges as they transition from childhood to adolescence. The Integrated Child Development Scheme should provide them with access to trained and licensed counsellors who can assist them in coping with these challenges. ICDS centres play a critical role in the implementation of these types of programmes, making it imperative that their employees feel empowered to do their jobs. ICDS staff must be adequately trained and empowered to carry out programmes aimed at building adolescents' abilities.

Children's well-being is also influenced by the society in which they live. The community should endeavour to provide the necessary community resources to focus on quality

education and learning as a critical priority. Gender-related health difficulties need to be addressed by parents, who must be aware of their children's psychological and socio-emotional challenges. Social workers should educate parents and guardians about their responsibilities. Educators and school administrators need to recognise and comprehend the key influences on teenage development. For the benefit of the students, educators and other school stakeholders must make efficient use of community resources and include parents and other resource workers. Child-care groups should better support adolescent girls to help them learn to cope with their behaviour. In order for these plans to be successful, they must be well-known by panchayats and their members. Even the government of India's New Education Policy, 2020, recommends the use of school-based social workers and counsellors. Students, parents, and other community members would benefit from the engagement and cooperation of these educators.

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