

A Study to Assess the Level of Anxiety and Coping Strategies Regarding Pubertal Changes among Pre Adolescent Girls in Selected Schools of Tiupati

A. Leelavathi¹, A. Padmaja²

¹M.Sc. Nursing II year, ²Professor, I/C Vice Principal (Administration), Child Health Nursing, College of Nursing, SVIMS, Tirupati

Abstract

Background of the Study: The word Puberty is derived from a Latin word “Pubertas”, which means ‘age of manhood’. Adolescent establish patterns of behaviour and make life style choices that affect both their current and future health. During this period they have more confusions and conflict among them.

Objectives: To assess the level of anxiety and coping strategies, to find the relationship between the level of anxiety and coping strategies and to associate the relationship between level of anxiety and coping strategies with selected demographic variables regarding pubertal changes among pre adolescent girls in selected schools of Tirupati, during 2018-19.

Method: Descriptive research design was chosen by using purposive sampling technique. The study was conducted at selected schools of Tirupati, which includes 110 pre adolescent girls. Descriptive and inferential statistics was used for data analysis.

Results: With regard to level of anxiety and coping strategies among 110 pre adolescents 49.1% (54) percent were having mild anxiety, 42.7% (47) had moderate anxiety and 8.2% (9) had severe anxiety levels and coping 38.2% (42) poor coping strategies, 50.0% (55) good coping strategies, and 11.8% (13) had very good coping strategies. The result of the study shows that there is significant relationship between anxiety and coping strategies regarding pubertal changes among pre adolescent girls.

Conclusion: The study findings revealed that most of the pre adolescent girls had mild anxiety levels and moderate adequate coping strategies. And there is need to conduct educational programmes in schools regarding pubertal changes.

Keywords: Anxiety, coping strategies, pubertal changes, pre adolescent girls.

Introduction

The word Puberty is derived from a Latin word “Pubertas”, which means ‘age of manhood’. It refers to physical rather than behavioural changes which occur when the individual become sexually mature and is capable of producing off springs.¹

During this transition period dramatic physical, cognitive, psychosocial and psychosexual changes take place that are exciting and at the same time frightening. This time is pressure packed with conflicts as the adolescent experience further collision between their own needs and the demands of their family and social environment.

In most girls the initial indication of puberty is the appearance of breast buds, an event known as thelarche, which occurs between 9 and 13 1/2 years. This is followed in approximately 2 to 6 months by growth of pubic hair on the mons pubis, known as adrenarche. The initial appearance of menstruation or menarche occur

Corresponding Author:

Dr. A. Padmaja

Professor, I/C Vice Principal (Administration),
Child Health Nursing, College of Nursing,
SVIMS, Tirupati.

Email: karanipadmaja@gmail.com

about 2 years after the appearance of the first pubescent changes, approximately 9 months after attainment of peak height velocity and 3 months after attainment of peak weight velocity.²

Girls experience puberty as a sequence of events but their pubertal changes usually begin before boys of same age. During puberty the biological changes reach a climax and their id sexual maturity in both boys and girls. The pubescent girls and boys will have more concerns about their bodily changes, which will bring about psychological consequences.³

Adolescent establish patterns of behaviour and make life style choices that affect both their current and future health. During this period they have more confusions and conflict among them. In this situation it is necessary to parents to prepare their adolescents children to cope with this changing situation, as it can lead to risky behaviour among them including problems related to sexuality.⁴

Stress is the response of the body and mind towards various changes in physical environment of a person. Though a human being undergoes changes throughout his life, adolescence id one period that witnesses most type of changes including physical, emotional, social and academic. Teenage is the period that is accompanied by maximum stress levels as they witness the puberty.⁵

The major landmark of puberty for females, it is menarche, the onset of menarche is menstruation, which occurs on average, between ages 12 and13. The age of menarche is influenced by heredity but a girl’s diet and lifestyle contribute as well. Girls usually reach full physical development by ages 15-17. Any increase in height beyond these ages is uncommon. Girls attain reproductive maturity about 4 years after the first physical change of puberty appear.

Material and Method

The research design selected for the present study was **descriptive research design**. The study was conducted at Sri Padamavathamma Girls High School and Sri Venkateswara High School in Tirupati. 110 pre adolescent girls regarding their pubertal changes were selected for the study by using purposive sampling technique. The results were tabulated, it was planned to analyse the data by using descriptive and inferential statistics for anxiety and coping strategies.

Section-I: Consists demographic data of pre adolescent girls such as age, class, religion, birth order,

medium of instruction, type of family, education of mother, occupation of mother, occupation of father, income of the family, residence of girls, type of diet, knowledge on pubertal changes, if yes.

Section-II: Consists of anxiety scale to assess the level of anxiety among the pre adolescent girls regarding pubertal changes. It is a self structured questionnaire prepared by the investigator. It consist of 20 items based on three levels (Never, Sometimes, Everytime)

Section-III: Consists of a coping scale to assess the coping strategies among the pre adolescent girls regarding pubertal changes. This [A-COPE] scale was developed by Dr. Hamilton Mc Cubbin and Dr. Jone Patterson. It was first published in June 1 2013 in “European Journal of Psychological Assessment”. It consist of 54 items which five scoring points. And the scale was modified by the researcher accordingly to the study and it consist of 20 items which has five possible answers (Never, Rarely, Sometimes, Quite often, Always).

Findings

Table:1 Distribution of Level of Anxiety regarding Pubertal Changes among pre adolescent girls

n=110

Level of Anxiety on pubertal changes	Frequency (F)	Percentage (%)
Mild	54	49.1
Moderate	47	42.7
Severe	9	8.2
Total	110	100

Table: 1 shows that 9(8.2%) pre adolescent girls had severe anxiety, 47(42.7%) had moderate anxiety and 54(49.1%) had mild anxiety levels.

Table: 2 Distribution of Coping Strategies regarding puberty changes among pre adolescent girls

n=110

Coping strategies regarding pubertal changes	Frequency	Percentage
Poor	42	38.2
Good	55	50.0
Very good	13	11.8
Total	110	100

Table: 2 shows that 42(38.2%) of pre adolescent girls had poor coping strategies, 55 (50.0%) of girls had good coping strategies and 13(11.8%) had very good coping strategies.

Table: 3 Relationship between the level of anxiety and coping strategies regarding pubertal changes among pre adolescent girls

n=110

Pair-1	Mean	N	SD	Std error mean	t-value	Sig
Anxiety scores	35.45	110	6.027	0.575	37.452**	0.000
Coping scores	67.14	110	8.970	0.855		

Table: 3 Shows that there is significant relationship between anxiety and coping strategies regarding pubertal changes among pre adolescent girls.

Association of level of anxiety and coping strategies with selected demographic variables regarding pubertal changes among pre adolescent girls.

There was association between level of anxiety and demographic variables such as age, class, religion, birth order, medium, education of mother, occupation of father, family income were significant at $p < 0.05$ level, diet was significant at $p < 0.01$ level and type of family, occupation of mother, residence, knowledge on pubertal changes and if yes were not significant at any level.

There was association between coping strategies and demographic variables such as age, class, religion, education of mother, occupation of mother, diet, knowledge on pubertal changes were significant at $p < 0.05$ level, type of family and income of the family were significant at $p < 0.01$ level and birth order, medium, occupation of father, residence and if yes were not significant at any level.

Discussion

This part deals with discussion according to the results obtained from statistical analysis based on the data of the study, the reviewed literature, hypothesis which was selected for the study is to reveal the facts about assessment of anxiety and coping strategies regarding pubertal changes among pre adolescent girls.

The first objective of the study to assess the level of anxiety and coping strategies regarding pubertal changes among pre adolescent girls

The result of the study shows that among 110 pre adolescents 49.1% (54) percent were having mild anxiety, 42.7% (47) had moderate anxiety and 8.2% (9)

had severe anxiety levels. And coping strategies shows that among 110 pre adolescent 38.2% (42) poor coping strategies, 50.0% (55) good coping strategies, and 11.8% (13) had very good coping strategies.

Sequeira D.F et al (2016) conducted a descriptive study on Anxiety and Coping patterns regarding pubertal changes among 540 pre adolescent girls of Udupi of 10-12 years by using cluster sampling technique. The results of the study showed that out of 231 pre adolescents who attained menarche (55%) had moderate anxiety and 52.4% had adaptive coping pattern.³

The second objective of the study is to associate the relationship between the level of anxiety and coping strategies regarding pubertal changes among preadolescent girls in selected schools of Tirupati.

The result showed that there is significant relationship between anxiety and coping strategies regarding pubertal changes among pre adolescent girls. The hypothesis formulated for this study was rejected.

Ghaydaa A Shehata conducted a study on “anxiety and coping strategies among patients with type 2 diabetes mellitus,” 90 sample of type 2 diabetes mellitus patients were selected for the study. The results showed that significant positive correlation was found between the coping strategies of total emotional security and total anxiety scale ($p=0.0001$).⁶

The third objective of the study was to associate the level of anxiety and coping strategies regarding pubertal changes among pre adolescent girls with selected demographic variables.

Present study showed that there is significant association between the level of anxiety regarding pubertal changes with selected demographic variables such as age, class, religion, birth order, medium, education of mother, occupation of father, family income were significant at $p < 0.05$ level and diet was significant at $p < 0.01$ level. The present study showed that there is significant association between the coping strategies regarding pubertal changes with selected demographic variables such as age, class, religion, education of mother, occupation of mother, diet, knowledge on pubertal changes were significant at $p < 0.05$ level and type of family and income of the family were significant at $p < 0.01$ level.

K.M. Jolly and Molly Babu et al (2018)

conducted a study by using explorative descriptive design purposive sampling technique was used, for “psychosocial problems of adolescent girls with early onset of puberty,” 100 adolescent girls between the age group of 10-12 years and attained menarche from 5, 6, 7 standards. Majority of 69% of pre adolescent were residing in rural areas and 53% had first menstruation between the age group of 11-12 years. There was an association between substance abuse with age, anxiety, eating disorders with religion, depression and education of mother at 0.05 level of significance.⁷

Conclusion

The study concluded that all study participants had anxiety regarding pubertal changes and had adaptive coping strategies. Therefore this study recommends that all the pre adolescent girls should be provided with educational programmes in the schools before and after pubertal changes to decrease the anxiety and improve the coping strategies in the pre adolescent girls.

Ethical Clearance: Was taken from the research committee of college of nursing, SVIMS, Tirupati.

Source of Funding: The funding for the study was self.

Conflict of Interest: Nil

Reference

1. Kevin Maddison David, “Psychiatric Nursing” 5th edition, Churchill Livingstone, pp-58-59.
2. Whalley and Wongs, “Essentials of Pediatric Nursing”, 5th Edition, Mosby publications, pp 466-483.
3. Sequeira D.F, D Souza A & Sanatombi Devi E “Anxiety and Coping Patterns regarding Pubertal Changes Among Pre adolescent girls”, Nitte University Journal of Health Sciences; 2016, 6(1); pp 33-38.
4. Bane.S, and Mc Auley E “Bodily image and exercise”, WV Fitness Information Technology pp 311-322.
5. Norman I Keltner, “Psychiatric Nursing anxiety related disorders, childhood emotional disorders”, 2nd edition, 1995; pp 423-425.
6. Ghaydaa A Shehata, Huda S Hassan, Ahmed Kamal, Ahmed H Yosef, “ anxiety and coping strategies among patients with type 2 diabetes mellitus”, Journal of Behavioural and Neurosciences; 2018, 1(1); 11-13.
7. K.M Jolly and Molly Babu “Psychosocial Problems of Pre adolescent with Early Onset of Puberty”, International Journal of Current Research and Academic Review; 2018, 6(2); pp 12-18.