Original Article

The Psychological World of Adolescence:
A Comparative Evaluation Between Rural and Urban Girls

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ABSTRACT

A cross-sectional study was conducted to get an insight into the psychological world of adolescence and to study the influence of locality and school-going activity on it. The study group comprised of 240 girls in the age group 12–18 years equally representing urban and rural areas. Using two psychological tests, namely Strengths and Difficulty Questionnaire and Health-Related Quality of Life Inventory, the results revealed that two-third of them were in the problematic and borderline category as per SDQ and one-third as per PedsQL. Further, there was a definite linear relationship between the total problem score of both scales. This was irrespective of the locale and school-going activity. The results indicate the need for building psychological infrastructure into the social system to help adolescents girls grow to their potential.

Key words: Adolescents, psychology, urban and rural locality

INTRODUCTION

Adolescence is an amazing natural process of a young girl blossoming into womanhood. Young girls undergo numerous conflicts during this period resulting in emotional ups and downs. Facing hitherto unknown physical and social situations are known to raise fears, concerns, and anxiety in them. They are very sensitive and their perception of mistakes may lead to a feeling of guilt. Also, pressures and expectations from home and society lead to the formation of a negative self-image.

They are also scantily understood segment of society. While every stage has its own problems, that of adolescence for the girls is especially different in view of perceived vulnerability of this age group and the accompanying customs and traditions which tend to be restrictive by and large. This concept of adolescence has been attempted by various professionals to understand its vivid dimensions and aspects. Still, there is a strong felt need to understand their complete psychology before planning any intervention programs for them. With this in view, the present study is an attempt to explore their inner world by way of two psychological tests, namely Strengths and Difficulty Questionnaire (SDQ) and Health-Related Quality of Life Inventory (PedsQL), version 3.

MATERIALS AND METHODS

Study area

The research carried out in 2002–2003 was purported to study the difference between urban and rural girls with regard to this situation. It was felt that slums in urban areas provided a better option for comparison with rural areas because of similar socioeconomic condition. It is admitted that residential comparison would hold ground only when other variables are held constant. It was felt that though social fabric was different, yet economic and accessibility factors were

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fairly comparable between the living conditions of the girls chosen from both these areas. It was with this in view that rural area abounding Bangalore rural district and slum areas around Chamrajpet (Bangalore urban district) were selected.

**Sample**
The sample included 240 girls in the age group of 12–18 years equally representing urban and rural areas and also school and nonschool going girls in each of the areas. Thus, each comprised 60 subjects (60 × 4 = 240) which was felt to be a fair enough number to deduce conclusions for this in-depth study of the psychological world of adolescent girls.

The details of the sample is as follows:

Adolescent girls (240)
- Rural (120): School going – 60; Non-school going – 60
- Urban (120): School going – 60; Non-school going – 60

**Instrument**
The following psychological tests were administered.

*Strengths and difficulties questionnaire*[^1]

It is a brief behavioral screening questionnaire with two versions, an informant rated and a self-rated version. The self-rated version was utilized for this study.

There are 25 items in this questionnaire which are divided between five scales, namely conduct problems, hyperactivity, emotional symptoms, peer problems, pro-social behavior.

To interpret the scores, the provisional bandings have been chosen so that roughly 80% of the children in the community are normal, 10% are borderline, and 10% are abnormal.

*Pediatric quality of life inventory (PedsQL)*[^2]

It is a 30-item measure that has multidimensional generic score scales encompassing the essential domains for pediatric health-related quality of life which are scored from 0 to 100 with 100 indicating highest HRQOL.

Data collection was carried out on one-to-one basis using the Kannada version of the tests prepared by a team comprising representative of NIMHANS, M. S. Ramaiah, Medical College and Karnataka Voluntary Health Association of India which was field tested on 10 adolescent girls. Sufficient care was taken to establish rapport and create a warm, friendly and trustful atmosphere before administering the test.

**RESULTS**

The data from the SDQ when analyzed revealed that the sample of the study faced greatest problem in the area of conduct followed by problem in the area of peer relations, prosocial behavior, and emotions (as reflected in the problematic category in Table 1). Total difficulty score which was arrived at by summation of scores of the above four areas showed that the sample was almost equally divided into three categories of normal, borderline, and problematic [Table 1]. This was irrespective of their place of stay as there was no significant difference by residence and school-going activity in the three of the scales, [Table 2] with the exception of the scale on conduct problems (CR value 2.35, \( P < 0.01 \)).

It can be deduced from Table 3, that school-going girls were seen to be significantly more in the normal category (CR value 3.19) of prosocial behavior which might be indicative of the fact that schools provided greater exposure to life each day and thereby provided opportunity to these young girls to feel more considerate, helpful, and sharing. However, the pressures of adhering to the social norms seemed to be more pressing upon the minds of school-going adolescent girls as their nonschool going counterpart. They admitted to losing temper, fighting, and cheating more often than they wished to [Table 3].

The least problematic area was hyperactivity [Table 1]. However, there were more number of urban (CR value

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[^1]: Venkatesh et al., 2009
[^2]: Dhoundiyal et al., 2009

### Table 1: SDQ scores at a glance in the study population (N = 240)

| Scale bands     | Prosocial behavior (%) | Hyperactivity problem (%) | Emotional problem (%) | Conduct problem (%) | Peer problem (%) | Total difficulty (%) |
|-----------------|-------------------------|---------------------------|-----------------------|---------------------|-----------------|----------------------|
| Normal          | 163 (67.9)              | 193 (80.4)                | 160 (66.7)            | 67 (28.8)           | 56 (23.3)       | 84 (35.0)            |
| Borderline      | 11 (4.6)                | 21 (8.8)                  | 25 (10.4)             | 56 (23.3)           | 101 (42.1)      | 75 (31.3)            |
| Problematic     | 57 (23.8)               | 20 (8.3)                  | 49 (20.4)             | 110 (45.8)          | 77 (32.1)       | 74 (30.8)            |
| Missing         | 9 (3.8)                 | 6 (2.5)                   | 6 (2.5)               | 7 (2.9)             | 6 (2.5)         | 7 (2.9)              |
3.84) and school-going girls (CR value 3.84) in the normal band of this variable [Table 4]. It can be deduced from the trend of the data that urban and school background provided more stimulating environment to the growing girls. Rural and nonschool-going girls reported more restlessness and distraction than their counterparts.

Data analysis of Health-Related Quality of Life Inventory, Version 3 (PedsQL) revealed that only one-fifth of the group experienced health problems sometimes in terms of having difficulty in doing different physical activities like running, walking, and exercising. 3.8% said they were most often unable to carry out the above physical activities. When enquired about their feelings of fear, anger, worry, and trouble in sleeping, almost half (sometimes 38.8% and often 10.4%) of them said they had problem in this area. Fifteen percent admitted that they had problems in getting along with other teens while 5% reported it to be an often occurrence. Almost half the group (49.2%) never had any trouble with school. The total problem score revealed that about one-third (30%) faced some problem or the other and a sizeable number (42.1%) did not face any problem at all [Table 5]. The latter was noted significantly more in urban girls (CR value 3.84) [Table 6]. Probably, the rural girls were more at guard in keeping with the social climate and were more modest and closed, in not sharing their problem readily. The location and school-going activity had significant influence only in problems related to school (CR value 3.11, \( P < 0.01 \)) and the total difficulty level (CR value 3.84, \( P < 0.01 \)) [Table 7].

The strength and nature of dependence of different psychological variables was further evaluated by way of Pearson correlation coefficient. It can be seen that [Table 8] feelings of fear, sadness, and aggression as depicted in Health Related Quality of Life Inventory (PedsQL) were positively correlated with problems related to conduct, emotions, hyperactivity, and total difficulty score (\( P < 0.01 \) level in each case). The health problem score as reflected in HQOL was positively correlated with emotional problems of SDQ (significant at 0.01 level) as also the summed value of different difficulty scales (significant at 0.05 level). It was seen that girls who stated worry, unhappiness, and nervousness were also the ones who scored high on

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### Table 2: Problematic band in different scales of SDQ by residence and school-going activity

| Problematic bands          | Rural (%) | Urban (%) | Non-school going (%) | School going (%) |
|----------------------------|-----------|-----------|----------------------|------------------|
| Hyperactivity problem      | 10.8      | 5.8       | 11.7                 | 0.0              |
| Emotional symptom          | 20.0      | 20.8      | 18.3                 | 22.5             |
| Conduct problem            | 53.3**    | 38.3      | 45.8                 | 45.8             |
| Peer problem               | 34.2      | 30.0      | 35.8                 | 28.3             |
| Total difficulty           | 30.8      | 30.8      | 33.3                 | 28.3             |

** \( P < 0.01 \)

### Table 3: Prosocial behavior as reflected in SDQ by residence and school-going activity (\( N = 240 \))

| Prosocial behavior         | Rural (%) | Urban (%) | Non-school going (%) | School going (%) |
|----------------------------|-----------|-----------|----------------------|------------------|
| Normal                     | 160 (66.7)| 166 (69.2)| 140 (58.3)           | 186 (77.5**)     |
| Border line                | 10 (4.2)  | 12 (5.0)  | 16 (6.7)             | 6 (2.5)          |
| Problematic                | 66 (27.5)| 48 (20.0)| 74 (30.8)            | 40 (16.7*)       |
| Missing                    | 4 (1.7)   | 14 (5.8)  | 10 (4.2)             | 8 (3.3)          |

\( * P < 0.01, \text{ } ** P < 0.05 \)

### Table 4: Hyperactivity problem as reflected in SDQ by residence and school-going activity (\( N = 240 \))

| Hyperactivity problem      | Rural (%) | Urban (%) | Non-school going (%) | School going (%) |
|----------------------------|-----------|-----------|----------------------|------------------|
| Normal                     | 184 (76.7)| 202 (84.2**)| 184 (76.7)| 202 (84.2**) |
| Border line                | 28 (11.7)| 14 (5.8)| 22 (9.2)             | 20 (8.3)         |
| Problematic                | 26 (10.8)| 14 (5.8)| 28 (11.7)            | 12 (5.0)         |
| Missing                    | 2 (0.8)  | 10 (4.2)| 6 (2.5)              | 6 (2.5)          |

\( * P < 0.01 \)

### Table 5: PedsQL scores at a glance in the study population (\( N = 240 \))

| HQOL              | Never (%) | Sometimes (%) | Often (%) | No response (%) |
|-------------------|-----------|---------------|-----------|-----------------|
| Problem in health | 176 (73.3)| 50 (20.8)     | 9 (3.8)   | 5 (2.1)         |
| Problem in feeling| 113 (47.1)| 93 (38.8)     | 25 (10.4) | 9 (3.8)         |
| Problem in getting along | 184 (76.7)| 36 (15.0)     | 12 (5.0)  | 8 (3.3)         |
| Problem in school  | 118 (49.2)| 56 (23.3)     | 8 (3.3)   | 58 (24.2)       |
| Total problem score| 101 (42.1)| 72 (30.0)     | 4 (1.7)   | 63 (26.3)       |
| Happy             | 29 (12.1)| 41 (17.1)     | 156 (65.0)| 14 (5.8)        |

### Table 6: Total problem score of the PedsQL by residence and school-going activity (\( N = 240 \))

| Total problem       | Rural (%) | Urban (%) | NSG (%) | SG (%) |
|---------------------|-----------|-----------|---------|-------|
| Never               | 8 (3.3)   | 4 (1.7)   | 6 (2.5) | 6 (2.5) |
| Almost never        | 65 (27.5) | 124 (51.7**)| 32 (13.3)| 118 (49.2**)|
| Sometimes           | 5 (2.1)   | 87 (36.1**)| 66 (27.5)| 78 (32.5) |
| Often               | 2 (0.8)   | 6 (2.5)   | 2 (0.8) | 2 (0.8) |
| Missing             | 110 (45.8)| 18 (7.5**)| 90 (37.5)| 36 (15.0**)|

\( * P < 0.01 \)

### Table 7: Almost never a problem as reflected in PedsQL (\( N = 240 \))

| Almost never a problem | Rural (%) | Urban (%) | Non-school going (%) | School going (%) |
|-----------------------|-----------|-----------|----------------------|------------------|
| Health                | 72.2      | 72.5      | 75.0                 | 71.7             |
| Feeling               | 45.0      | 49.2      | 45.8                 | 48.3             |
| Getting along         | 80.0      | 73.3      | 78.3                 | 75.0             |
| School                | 39.2      | 59.2**    | 40.0                 | 58.3**           |
| Total problem score   | 27.5      | 51.7**    | 30.0                 | 49.2**           |

\( * P < 0.01 \)
problems in getting along with others (significant at 0.01 level). Trend toward restlessness, fidgeting, distraction, and loss of attention as depicted in hyperactivity scale as also the summated difficulty score in different areas was also seen to be positively correlated with trouble in getting along with peers (significant at 0.05 and 0.01 level, respectively). Perceived problems of worry, nervousness, and the total difficulty score correlated positively with school problems of HQOL which comprised problems related to attention, forgetting, and keeping up with school work.

**CONCLUSION**

The SDQ revealed that about two-thirds of the adolescent girls were in problematic and borderline category in three of the scales. PedsQL data indicated a little less than one-third to be having problems in three areas. Further, there was a definite positive linear relationship between total problem score of the two tests. This was irrespective of locale and school-going activities which points out to the dire need of working upon a conducive environment by all stakeholders to promote the overall development of adolescent girls.

Reaching out to adolescent girls, while addressing issues like understanding themselves, their minds and bodies, and handling the social pressures, etc. could be organized in formal as well as nonformal school setting and outside it too. Participatory techniques such as role plays, street plays, folk dances, music, puppetry, posters, exhibition, slogan writing, etc. could be used extensively in this regard.

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