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SCOPE OF SOCIAL WORK PRACTICE IN PROMOTING HEALTH SEEKING BEHAVIOUR OF ADOLESCENT GIRLS IN CHENNAI SLUMS – AN ECLECTIC APPROACH

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ABSTRACT:

Adolescence is the transition period in which an individual attains the skills necessary to become a productive adult. Near a quarter of India's population are contributed by Adolescents forming the largest ever cohort in human history. This paper aims to unfold the scope of social work practice with Adolescents with special reference to Health Seeking Behavior. The study involves quantitative approach of collecting data from 300 unmarried adolescent girls in Chennai slums using a structured interview schedule. The major findings show that 57% of the respondents have poor health-seeking behaviour. The need for social work intervention is depicted through model.

KEYWORDS: *Adolescent, Social work, Health, Health-seeking Behavior, Adolescent Girls .*

INTRODUCTION

"Every human being is the architect of his own health. He who has health has hope. And he who has hope has everything."

Adolescence is a period from the onset of puberty to the age of the maturity. It is a period of rapid physical and biological changes which may lead to confusion, tension, frustration and feeling of insecurity. Adolescence is said to be a period of "stress and strain", "storm and strife" because of restlessness and disturbances due to nature of development that takes place during the period. It is a crucial period of transition where the changes in attitudes and behaviour are most rapid. It is the transition time in which the developing individual attains the skills and attributes necessary to become a productive and reproductive adult.

Near a quarter of India's population (Census India, 2011) are contributed by Adolescents forming the largest ever cohort in human history who claim support in specific health and development needs to overcome personal stress or problems, to which adolescent girls are more vulnerable. In spite of the biological and psychological problems faced during these vital years, girls were susceptible to various other social desires of developing women hood, gender inequity, the burden of domestic works, and so on. These pressures make them forget the need to seek health and the importance of taking care of their health remains latent.

Meanwhile, the very conception of 'health for all' is based on a 'holistic paradigm of social development' where human wellness is accorded priority. Health (Sharma, 2016) is a state of complete physical, mental and social well being not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of 'the highest possible level of health' is a most important worldwide social goal for which the primary health care service provides promotive, preventive,

curative and rehabilitative services and promotes maximum community and individual self-reliance and participation in planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources.

The social determinants of health range beyond income and education to include water, sanitation, nutrition, environment, gender, social stability and social status. Lack of energy and security, especially in India, where many women and children are badly affected by indoor air pollution from the burning of solid biofuels like wood and dung forms a factor in depleting health. WHO Commission on Social Determinants of Health (2005) recommended that health equity gaps must be bridged within a generation, through determined action on the social determinants of health so that conditions conducive to health are created in all societies. As British economist Tawney pointed out in his seminar book Equality, over 80 years, people need *'not just an open road, but also an equal start'* in a society that promises social justice.

Health seeking behaviour is a positive behaviour which helps the persons to improve their health continuum from negative health to positive health. In the broadest sense, health seeking behaviour includes all behaviours, associated with establishing and maintaining a healthy physical and mental state, deal with any digression from the healthy state and reducing impact and progression of an illness.

The study focuses on measuring the health-seeking behaviour of the adolescent girls residing in the Chennai slums and attempts to provide a holistic model to support them in enhancing their health-seeking behaviour.

BACKGROUND

Health for the world's adolescents (WHO, 2014) is a dynamic, multimedia, online report which describes why adolescents need specific attention, distinct from children and adults. It presents a global overview of adolescents' health and health-related behaviours, including the latest data and trends, and discusses the determinants that influence their health and behaviours. It features adolescents' own perspectives on their health needs. The report brings together all WHO guidance concerning adolescents across the full spectrum of health issues. It offers a state-of-the-art overview of four core areas for health sector action: providing health services, collecting and using the data needed to advocate, plan and monitor health sector interventions, developing and implementing health-promoting and health-protecting policies and mobilizing and supporting other sectors.

The UN has provided the Sustainable Development Goals (UN, 2015) which meant to entire world to attain the complete and even-handedness in development despite various differences in income, geographical location, cultures, tradition and lifestyle. The Goal 3 focuses on 'Ensuring healthy lives and promote well-being for all at all ages' and goal 5 prescribes as Achieve gender equality and empower all women and girls whose targets are to end all forms of discrimination and violence against every women and girls globally, recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate, ensure universal access to sexual and reproductive health and reproductive rights as agreed, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action.

India (Reddy, 2016) signed up to the SDGs in September 2015, at the United Nations. The health agenda set by SDGs is highly relevant to India, as is the broader development agenda. India's health priorities resonate well with the SDG targets. India needs to work towards greater policy coherence in harmonising actions across the different development sectors so that they enable and not erode each other. The government of India (Dureja, 2016) has recognized the importance of influencing the health seeking behaviour of adolescents. Since the health situation of this age group is a key determinant of India's overall health, mortality, morbidity and population growth scenario, the government has ensured various schemes targeting adolescent in order to enhance their health.

The literature review on "Health Seeking Behavior among Adolescent Girls in slums" gave a wide spectrum of research works in health-seeking behaviour and its related area. This helps us to understand the assessment and description of different variables undergone in research.

The health status of adolescent girls in slums can be studied in various perspectives – housing, education, marital, employment, nutritional, social, psychological and economic factors.

The major research work dealt with reproductive health-seeking behaviors among married and unmarried adolescent girls including health indicators and health risks like – reproductive morbidity which includes sexual initiation, menstrual hygiene, dysmenorrhea, gynecological problems, early age pregnancy & improper pregnancy spacing, childbearing, high rates of maternal mortality, family planning, perceived fertility problems, reproductive tract infection and related physical health problems such as backache.

Fewer studies focus on adolescent behaviour problems relating to substance abuse and deviant behaviours, psychosocial health problems such as nutritional deficiency, teen suicide and violence exposure and increased depressive symptoms, anxiety, externalizing problem behaviour.

A study proves that the majority of adolescent depression is being influenced by a parent-adolescent relationship such as less supportive, more punitive blurring of intergenerational boundaries, parents behaving as peers and adolescent assumption of parent roles.

The sampling method varies based on easy accessibility, size of slum and the problem of language, representativeness. The commonly used sampling methods were Quota sampling, Combined sample, Multistage sampling, Multistage stratified cluster sampling, WHO 30 cluster sampling, Systematic Random sampling, Simple random sampling, Cluster random sampling.

The area of research covers Indian and international research work covering Seattle-Tacoma, US, Nairobi, Kenya, South East Asia, Beijing and Oyo state, Nigeria abroad. The health-seeking behaviour of adolescent girls inside India was studied along Western part of Pune city, Lucknow, Chennai, West zone of Ahmedabad, Maharashtra, Meerut, Topiwala, Mumbai, Guwahati, Andhra Pradesh, Western Maharashtra and Nagpur.

The review talks about two theories Resilience of Illness model which helps in Understanding how positive health protective factors (social integration, family environment, courageous coping and derived meaning) may influence resilience outcomes and Problem Behavior theory by Jessor in the US.
The literature strongly suggests for Organization of health and Nutritional activity for slum dwellers, the Government initiative to increase its investment in medical and health services for the slums and Need for sex and reproductive health education. It also recommends that life skill training for adolescent girls can improve the quality of health.

CONCEPTUAL FRAMEWORK

The conceptual framework of the paper has been depicted in the Figure 1 with the help of following five theories. It shows the relation between the specific concept from the theory and its relevance to the health seeking behaviour and adolescence.

Mead's theory of "ADOLESCENCE"

- Margaret Mead in 1996 under a cultural anthropological standpoint implored as to whether adolescence is a biologically determined period of storm and stress as advocated by Hall or simply a reaction to social and cultural conditions in her book, *Coming of Age in Samoa.* She theorized that gender roles are created by societal influence and not anything biological. These theories helped influence the way that women behave today in various situations such as dating and in a relationship with men.
- This theory indicates the gender roles in adolescent girls are determined by the cultural and social context in slums.

Rosenstock theory of "PERCEIVING"

- Rosenstock (David F. Marks, 2011) in 1966 assigned a crucial role of perceiving in developing the cognition model of health-related behaviour, Health Belief Model. Rosenstock considered the

cognition model for examining predictors and precursors to health behaviour which contains four constructs – Perceived susceptibility, perceived severity, perceived barriers and perceived benefits.

- This theory indicates the importance of perceiving as an individual factor affecting health-seeking behaviour among the adolescent girls in slums.

Bandura theory of "SELF-EFFICACY"

- Bandura (David F. Marks, 2011) in 1986 explained two important constructs – observational learning and Self Efficacy in his Social Cognitive Theory. Bandura examines the social origin of behaviour in addition to the thought process that influences human behaviour and functioning. He (1994) defined the concept of 'perceived self-efficacy' as 'People's belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.
- This theory indicates the effects of perceived self-efficacy in cognitive, motivational, affective and selection process of health seeking behaviour of adolescent girls in slums.

Erikson's theory of "Identity Vs Role Diffusion"

- Erik Erikson in 1950 explained the Identity and Role Diffusion as the characteristics of the adolescence where puberty rites "confirm" the inner design for life in the fifth stage of Psycho-social theory. Erikson explains Identity as the accrued experience of the ego's ability to integrate these identifications with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social roles and Role Diffusion as the strong danger of this stage where one's sexual identity, delinquent and outright psychotic incidents are not uncommon but if diagnosed and treated correctly, these incidents do not have the same fatal significance which they have at other ages.
- This theory indicates the capability of the adolescent girls in slums to develop health-seeking behaviour.

Aneshensel theory of SOCIAL STRESS

- Aneshensel in 1991 explained the socio-environmental conditions differ in the capacity to evoke stress in the social stress theory. Aneshensel illustrates various strategies developed to weight life events according to the average amount of readjustment required. He explains that social support, Role occupancy, Economic strains, Inconsistency of social standing, Gender differences will cause stress.
- This theory indicates the factors that cause social stress in the health seeking behaviour of adolescent girls in slums.

MATERIALS AND METHODS

The study involves the quantitative design of collecting samples from 300 unmarried adolescent girls residing in the slums of Chennai. The samples are selected using Probability Proportional to Size Linear Systematic Sampling from all the three regions of Chennai. 30 slums were selected randomly using cumulative population frequency and 10 unmarried adolescent girls from each slum were selected. The pretested interview schedule had been administered by the researcher to collect data. The data were analysed using SPSS version 20. Statistical analysis was carried out by applying cross tabulations, ANOVA and correlation.

RESULTS

The response rate of the study was 100%. Most of the adolescent girls in the study were between 11 and 17 years of age. The cross-tabulation of health seeking behaviour with Demographic features of the study population showed that only a single respondent showed the desirable health-seeking behaviour while the rest showed moderate and poor health seeking behaviours. (Table 1).

The health-seeking behaviour of the adolescent girls based on fifteen zones as per Chennai Metropolitan divisions of zones has been classified in bar charts (Figure 2 Zone-wise Health Seeking

Behaviour of the respondents). It shows that zone 4 (Tondiarpet) had higher undesirable health-seeking behaviour which consist of the densely occupied slums and the number of slums is larger in spite of the small area. The proximity of the residence can account for the undesirable responses. In contrast to which the single desirable health-seeking behaviour of the study population had been identified in zone 4. The zone 6 (Thiru. Vi. Ka) also showed high numbers of undesirable responses in health while the zone 1(Thiruvotriyur), zone 3 (Madhavaram) and zone 13 (Adayar) showed higher frequencies of moderate health-seeking behaviour.

Health seeking behaviour varies with the respondents with increased number of family members and siblings. The Analysis of Variance (Table 2) showed that there exist a statistically significant difference between the health seeking behaviour and number of family members [$F(2,297) = 4.410$, $p<0.05$] and so with the number of siblings in a home [$F(2,297) = 5.805$, $p<0.05$].

The correlation matrix (Table 3) of the health-seeking behaviour of the adolescent girls showed that there exists a strong positive correlation between the type of family (0.142) at 0.05 confidence interval and number of family members (0.160) and the number of siblings (0.194) at 0.01 confidence interval. Also, the correlation matrix shows the strong negative relationship between health-seeking behaviour and the type of fuel they use for domestic purposes. This shows that reduction in fuel that causes adverse effect can help in improving the health seeking behaviour of the adolescent girls.

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

The study covers all the geographical region of the Chennai which recognizes the randomness of the study population. The strong theoretical base leads to the significance of health-seeking behaviour in the emerging human potential State, India where a near quarter of the population were adolescents. The adolescent girls are perceived as the future of the potential State whose developmental perspectives remain dormant in almost all aspects. The negative influences or nil motivation of this community will be the major gap and challenges in future development discourse of the country. The health forms the basic aspects of the development paradigm. Trends show the increased population of adolescent girls living in the slums and the health-seeking behaviour of the adolescent girls residing in these underprivileged belts is hardly desirable. Majority of the study population showed undesirable health-seeking behaviour while only one respondent showed the desirable health-seeking behaviour and the rest moderate health-seeking behaviour.

National Association of Social Workers (NASW) expects social work with adolescents to be carried out by people who have the necessary competence, knowledge, and values. Thus, NASW establishes standards to define and describe professional social work practice as 'Practice of Social Work with Adolescents' are designed to guide social workers in a variety of settings as they help young people become competent and healthy adults.

This shows that the professionals who practice social work with adolescents can be better able to empower them in enhancing their health-seeking behaviour leading from undesirable to moderate and moderate to the desirable level. Addressing health-seeking behaviour of the adolescent girls is not only the need of the hour but is essential to the growing human potential. The issue can be dealt with by the social worker in different ends and in different settings which can be depicted in a model. (

Figure 3)

Adolescent girls are valuable human capital of our nation since they form the basis for tomorrow's nation in contributing themselves as a healthy human potential and also as an only source to reproduce and empower the nation's pride with human capital. To make this possible adolescent girl

must develop desirable health-seeking behaviour which can be made vibrant only with the support and dedicated networks of social work professionals which in other hands, this unfolds the scope of social work professionals in the country like India with a vast difference in culture, geographical location, language and so on. Thus, this study evidences of the opportunities to social work professionals.

"To keep the body in good health is a duty, for otherwise, we shall not be able to trim the lamp of wisdom, and keep our mind strong and clear. Water surrounds the lotus flower, but does not wet its petals."

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Appendix – 1 List of Tables

TABLE 1 HEALTH SEEKING BEHAVIOUR AND DEMOGRAPHIC FEATURES OF THE RESPONDENTS

	Health Seeking Behavior			
	Undesirable	*Moderate*	*Desirable*	Total
Division				
North	68	51	1	120
Central	59	41	0	100
South	46	34	0	80
Age				
10-13 years	73	53	0	126
14-16 years	56	45	1	102
17-19 years	44	28	0	72
Education				
Illiterate	2	2	0	4
Primary	5	8	0	13
Middle	70	60	0	130
SSLC	60	33	1	94
Hr. Sec.	26	17	0	43
Diploma	1	1	0	2
Graduate	9	5	0	14
School				
Government	86	78	1	165
Government Aided	36	17	0	53
Private	49	30	0	79
No Schooling	2	1	0	3
Religion				
Hindu	133	94	0	227
Christian	30	22	1	53
Muslim	10	10	0	20
Type of family				

Nuclear	148	96	1	245
Joint	25	25	0	50
Separated	0	5	0	5
Number of family members				
0-2	2	2	0	4
3-5	145	86	1	232
More than 5	26	38	0	64
Number of siblings				
0	12	12	0	24
1	117	66	0	183
2	40	25	1	66
3	2	12	0	14
More than 3	2	11	0	13
Type of house				
Hut/Thatched	74	56	1	131
Slum Board House	62	48	0	110
Multistoried	13	8	0	21
Individual	24	14	0	38
Number of dwelling rooms				
1	72	63	0	135
2	59	33	1	93
3	28	22	0	50
More than 3	14	8	0	22
Source of water				
Tap	50	26	0	76
Hand pump	53	45	1	99
Tube well	19	8	0	27
Can water	32	38	0	70
Purified	3	0	0	3
Corporation water	16	8	0	24
Type of Drainage				
Closed	129	99	0	228
Open	33	16	1	50
No Drainage	11	11	0	22
Total	**173**	**126**	**1**	**300**

TABLE 2 ANALYSIS OF VARIANCE OF HEALTH SEEKING BEHAVIOUR OF THE RESPONDENTS

Demography		*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Age	Between Groups	3.264	2	1.632	.327	.721
	Within Groups	1480.772	297	4.986		
	Total	1484.037	299			
Birth order	Between Groups	1.399	2	.699	.642	.527
	Within Groups	323.731	297	1.090		
	Total	325.130	299			
Education	Between Groups	3.037	2	1.519	1.215	.298
	Within Groups	371.159	297	1.250		
	Total	374.197	299			
School	Between Groups	2.755	2	1.378	1.764	.173
	Within Groups	231.912	297	.781		

	Total	234.667	299			
Number of Family Members	Between Groups	1.615	2	.808	4.410	.013
	Within Groups	54.385	297	.183		
	Total	56.000	299			
Number of siblings	Between Groups	8.824	2	4.412	5.805	.003
	Within Groups	225.723	297	.760		
	Total	234.547	299			

TABLE 3 CORRELATION MATRIX OF HEALTH SEEKING BEHAVIOUR OF THE RESPONDENTS

Correlation (2 tailed significant)	Age	Birth order	Education	School	Religion	Type of family	Number of Family Members	Number of siblings	Source of water	Type of Drainage	Type of Fuel
Health Seeking Behavior	-.043	-.041	-.085	-.104	.049	.142*	.160**	.194**	.042	-.001	-.161**

Appendix – 1 List of Figures

FIGURE 1 CONCEPTUAL FRAMEWORK OF HEALTH SEEKING BEHAVIOUR

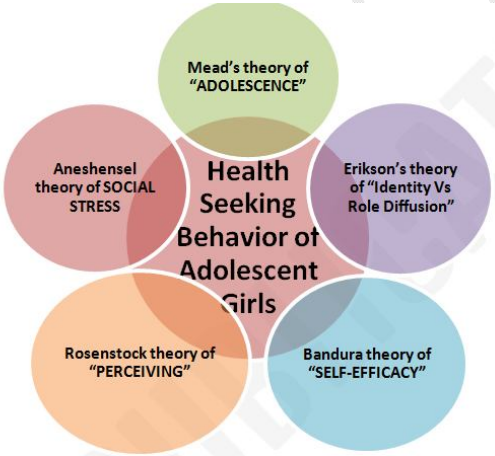

FIGURE 2 ZONE-WISE HEALTH SEEKING BEHAVIOUR OF THE RESPONDENTS

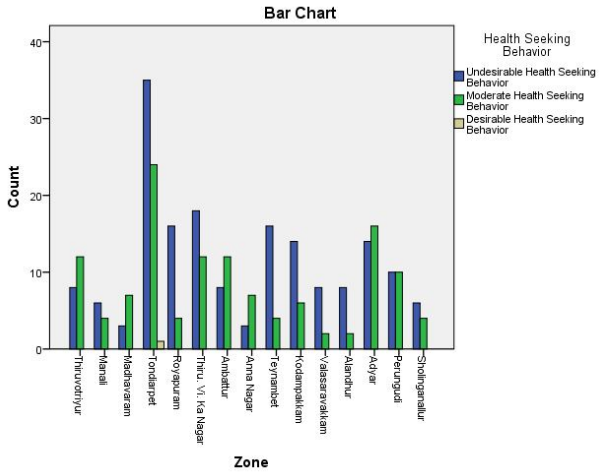

Figure 3 Model showing the scope of Social Work in addressing Health Seeking Behaviour of Adolescent Girls

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