

# Assessment for the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia

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**Abstract:** *Background:* Stress is characterized by feelings of nervousness, disappointment, be concerned unhappiness and withdrawal that frequently preceding from a few hours to a minority days. Despair is both more severe and longer lasting. The finding that nine percent of high school students are rigorously stressed which is important since stress is the most important risk factor for depression and suicide. (Kessler, et al., 2005). *Objectives:* To assess the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. *Method:* A cross-sectional survey was conducted at Centers of Primary Health Care, Saudi Arabia. Self-administered questionnaire was provided to 200 Adolescent Females in the research setting to assess the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. *Results:* The findings showed that in relation to the assessment of the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. There was a high level of stress among the majority of the female adolescents' in relation to comparison of the stress level among the studied sample (61%) . While, the findings shows a moderate level of stress among the female adolescents' (58%). On the other hand, there was a low level of stress among the minority of the studied sample (10%). *Conclusions:* The current study results revealed that there were high levels of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia

**Keywords:** Stress; Adolescent Females & Primary Health Care

## 1. Introduction

All-inclusive, studies have consistently shown adolescents to have higher rates of emotional and behavioral problems than other age groups. Numerous studies show an increased risk of adult affective disorder after loss in early childhood. The studies sustain theories that link depression with the quality of the child's psychological reaction to the death or other loss of a person who is significant to them. The childhood experiences of stress that lead to depression or anxiety in adulthood. (Spear, 2000).

Blakemore, (2008), mentioned that adolescence has been considered, almost by definition, a period of sharp stress as a result of the many changes experienced concurrently, as well as physical maturation, force for autonomy, greater than before salience of social and peer interactions, and brain development. Although innovative found independence can be stimulating it may also cause thoughts of being besieged by change, which has traditionally result in distinguish adolescence as ridden with stress.

According to Casey, Jones, & Hare, (2008), the controversial stress' perspective is strengthen by information that the beginning of numerous of psychiatric illnesses which increases penetratingly from childhood to adolescence on the results of statistics on mortality associated with this time of life. The evidence based practice focus on empirical behavioral, imaging and genetic findings to assist elucidate why a number of teens are at greater threat for stress during this developmental period. This perception considers both risk and resilience during adolescence.

Furthermore, period of adolescence is exemplified by physical maturation, giving rise to strong psychological and

physical changes. It was concluded that, one primary class of psychological change representative of adolescents is a reduction of emotional incident these sharp emotional experiences have been dispute to be the starting point of psychopathology and suicidal behavior. The stage of adolescence is the most common time of life for psychiatric illness to emerge with reported anxiety reaching its lifetime peak and suicide being the fourth leading cause of death. These findings, in combination with adult data showing anxiety disorders to be the most widespread class of psychiatric illness .Underscores the importance of understanding the developmental and neurobiological substrates that provide rise to worried states and associated with pathological changes. (Kessler et al., 2005),

Yurgelun, (2007), a number of cognitive and neurobiological hypotheses have been postulated for why adolescence may be a period of heightened turmoil and stress. In a review of the literature on human adolescent brain development, suggests that development through the adolescent years is associated with progressively greater efficiency of cognitive control capacities. This efficiency is described as dependent on maturation of the prefrontal cortex as evidenced by increased activity within focal prefrontal regions and diminished activity in irrelevant brain regions

Eaton et al., (2008), stated that, the universal blueprint, of improved cognitive be in charge of with maturation of the prefrontal cortex, recommended a linear increase in progress from childhood to the stage of adulthood. Nevertheless, the behaviors observed during adolescence represent a nonlinear change that can be illustrious from childhood and adulthood, as evidenced by the National Center for Health Statistics on adolescent behavior and mortality.

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According to Crone et al., (2007) , stipulation immature prefrontal cortex were the basis for teen behavior then children should look remarkably similar or even of inferior quality than adolescents, specified their less residential prefrontal cortex and cognitive abilities. Consequently, immature prefrontal function alone, cannot consider as a justification for adolescent manners.

Somerville, Jones, & Casey, (2010), concluded that, to understand this developmental period, transitions into and out of adolescence are essential for distinguishing individual characteristics' of this phase of development. The theoretical model of adolescence must account for nonlinear changes for instance deflections or inflections during adolescence relative to both childhood and adulthood. A model of brain development that accounts for the distinctive emotional and behavioral changes that take place throughout adolescence.

## 2. Methodology

A cross-sectional survey was conducted at Centers of Primary Health Care, Saudi Arabia. Self-administered questionnaire was provided to 200 Adolescent Females in the research setting to assess the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia .A total number 200 female adolescents agreed to participate in the study. The age of the participants ranged between 12- 18 years with the mean age 16 years.

The research was carried out by one of the authors who were appropriately trained in administering the informed consent and the self-report questionnaire to the participants. In this cross-sectional study, a structured questionnaire prepared by the authors, was administered to the participants. A32-item self-administered structured questionnaire to assess the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia.

It included a full range of response options, designed to identify the practitioner's level of to assess their level Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. Prior to distribution of the questionnaire, a pilot study was done on a selective group of health care workers who were asked to fill out the questionnaire and return it back with their remarks and criticism. Minor changes were then made to the final tool.

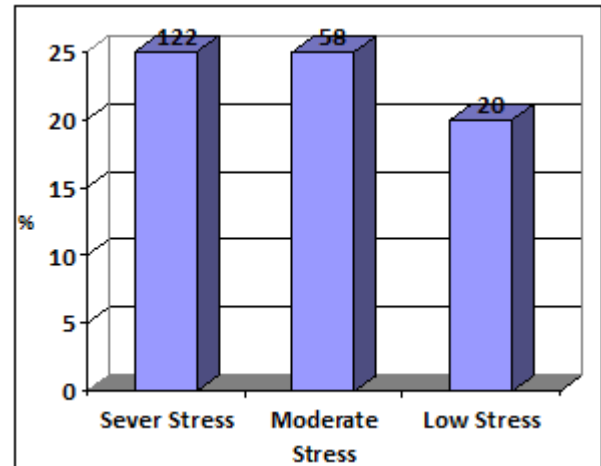
The preliminary part of the questionnaire consisted of demographic information such as occupation, age, gender, and the marital status. The second part of the questionnaire comprised of questions regarding their Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia.

The time for collecting took approximately 15 minutes to complete each appraisal. The level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia.. by examining questions. A score of "1" was assigned for a correct answer and "0" for an incorrect answer. A health care worker who obtained a total score of "5" was considered "very aware;" "4 or 3"

## 3. Results

**Table 1:** The Level of Stress among the female adolescents within the study setting

Level of Stress	No.	Percentage	Prevalence (95% CI)
Sever level of Stress	122	61%	13.7 - 27.1
Moderate Level of Stress	58	29%	5.2 – 15.1
Low of Stress	20	10%	2.1 – 9.5



**Figure 1:** Level of Stress for Female Adolescents'

Table (1) shows that, there was a high level of stress among the majority of the female adolescents' in relation to comparison of the stress level among the studied sample (61%) . While, the findings shows a moderate level of stress among the female adolescents' (58%). On the other hand, there was a low level of stress among the minority of the studied sample (10%).

## 4. Discussion

The findings showed that in relation to the assessment of the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. There was a high level of stress among the majority of the female adolescents' in relation to comparison of the stress level among the studied sample (61%). While, the findings shows a moderate level of stress among the female adolescents' (58%). On the other hand, there was a low level of stress among the minority of the studied sample (10%). This study results are in congruent with the study findings carried out by Yates , (2008) in his study on the prevalence and risk factors of stress among adolescent and adult females in primary health care, he reported that it was amounted to 51% , this discrepancy in the prevalence of the current study and his study could be attributed to the differences in the tools used for assessment of the diseases rather than being a true differences in the prevalence itself .The same differences was detected with study Cohen , (2007) who found that the prevalence of the stress is higher than for depression which also 10 times greater than the national average in the United States.

The current study results findings were comparable with the results of the study which was conducted in Florida by Crone et al., (2007)for the same age group and using the same tool for assessment of stress and depression, they

found that (16.5 %) of the female adolescents' had both diseases together.

In contradiction stress was associated with physical activities and having activities which could be due to the study design or maybe they change their behavior because they are anxious. These findings were in congruent with the results done by Mathet, Martin, Maurice and Bouvard, in France (2007), in his study for associated factors of stress and the study done by Clark et al., (2000) in British, their survey concerning the factors associated with stress of adolescents, this can be related to the tool difference between the studies.

Also, the findings of this study revealed that the 61.0% were having a high level of stress. These findings are incongruent with what found in some countries which showed that the affected adolescents. This study findings in congruent with the study results carried out by Canetti, et al., (2000) & Tyrka, et al., (2008), reported that majority of the adolescents have a high level by stress among the studied groups of adolescents.

## 5. Conclusion

The current research aimed at assessment of the Level of Stress among Adolescent Females at Selected Centers of Primary Health Care, Saudi Arabia. The findings showed that, there was a high level of stress among the majority of the female adolescents' in relation to comparison of the stress level among the studied sample (61%). While, the findings shows a moderate level of stress among the female adolescents' (58%). On the other hand, there was a low level of stress among the minority of the studied sample (10%).

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