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Awareness Regarding Reproductive Health and Personal Hygiene amongst Adolescent Girls

Abstract

Adolescents form a significant proportion of population in our country. Amongst five Indians is adolescent. Puberty is the universal experience of adolescent the timing of which vary depending on genetic, nutritional and health factors. There is increasing concern regarding the nutritional status of adolescent among nutritionists, health care professional's politicians, and administrators. Adolescent girls form the mothers to be who will be bringing for the next generation so it is important to know the health and nutritional status of this group to take up corrective actions in time to prevent high mortality & morbidity. In this context some of the aspects of health and nutritional status of adolescent girls and their reproductive health and awareness of it have been analyzed.

Total 500 girls Students from secondary senior secondary schools were selected randomly from schools of Akola city .Data collected by questionnaire and interview method on physical changes and reproductive health, nutritional care personal hygiene. It is observed that 75% of girls belonged to Age 14 years & above age group. Minimum age for menarche was 11 years while maximum was 16 years. Age of menarche is affected by high standard of diet, also by biological and psychological factors & also exposure to psychosexual factors in urban areas. Awareness of adolescents regarding physical changes and reproductive health reveals that age-wise girls are slightly more informed & awareness has increased with the increase in level of education. A large percentage of rural and urban poor girls have deficit in body weight (below 75% of NCHS standard). The deficit is seen in much greater extend in both body mass index as well as body fat. It was seen that neither Adolescent girls nor their parents are conscious about the nutritional care of girls. Malnutrition is a problem that seriously impairs the health of Adolescents and adult women and has its roots in early childhood.

Keywords: Nutritional Care, Reproductive Health, Personal Hygiene.

Introduction

Adolescents form a significant proportion of population in our country. One amongst five Indians is adolescent. It is very difficult, yet an important and exciting period of life of an individual and is also a strenuous period because physical and mental growth leads to the Meta -morphosis of the individual. It is the period of considerable change in virtually all aspects of functioning changes in the physical structure and endocrinal changes in the pattern of thinking, attitudes, ideas, relationship, moral standards and abilities regarding future careers.

Puberty is the universal experience of adolescent the timing of which vary depending on genetic, nutritional and health factors. Nutritional deprivation and chronic illness delay onset of puberty. The opposite effect results from excessive calorie intake and obesity. So it is the important that particularly gives a special attention on nutrition of female adolescents as regard to the effects of maternal under nutrition over the foetus and would be mother.

In recent years there is increasing concern regarding the nutritional status of adolescent among nutritionists, health care professional's politicians, and administrators. Adolescent girls form the mothers to be who will be bringing for the next generation so it is important to know the health and nutritional status of this group to take up corrective actions in time to prevent high mortality & morbidity. In this context some of

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the aspects of health and nutritional status of adolescent girls and their reproductive health and awareness of it have been analyzed.

In other words the family life education may be viewed as an educational endeavor to provide learners with accurate and adequate knowledge about Reproductive health with special focus and process of growing up during adolescence. Its biological physiological psychological socio cultural, moral dimensions and other essential social health and health related aspects which would enable them to lead a good family life in future.

Objectives

1. To Study the personal profile of the adolescent girls.
2. To Study the knowledge girls regarding physical change and reproductive health.
3. To assess the nutritional and health problems and personal hygiene.

Methodology

Total 500 girls Students from secondary senior secondary schools were selected randomly from schools of Akola city, hundred each from Municipal Corporation, Z.P school, convent, and semi convent and government school. Post test was conducted over 50 samples of each school randomly. The post test consisted of 15 questions of the below mentioned four classified areas such as personal profile, Age menarche, physical changes and reproductive health, nutritional care personal hygiene.

Teaching Learning Methodology

Integrated session was organized for selected samples. Various audio – visual materials such as posters, black boards, charts, pamphlets, & even ETV were used for the process of teaching – Learning. After end of the session IFA tablets were distributed to adolescent girls. Even Tetanus Toxide injections were administered. This method of demonstration not only created awareness among the school teachers regarding what are requisites for health care of adolescents and specific activities for adolescent – health but also make the adolescent aware about the importance of TT vaccination and consumption of IFA tablet for dealing with anemia .

Result and Discussion

200 girls were studied in study group belonging to the age group of 12 to 18 years it is observed from table 1 that 75% of girls belonged to Age 14 years & above age group.

Table I:-Age Distribution of Girls

Age	No of Girls N = 200	Percentage
12 – 13	22	11.0
13 – 14	31	15.1
14 – 15	62	31.0
Above 15	85	2.1

Age of Menarche

Out of 200 girls, 137 (68.5%) girls had attained menarche. Minimum age for menarche was 11 years while maximum was 16 years. It was observed from table II that, 24.0% girls had attained menarche between 12-13 years, 37.1% girls had

attained menarche between 13-14 years and 10.0% girls had attained menarche between 14-15 years. Mean menarche age was 13 years. Age of menarche is affected by high standard of diet, also by biological and psychological factors & also exposure to psychosexual factors in urban areas.

Table II - Age of Menarche

Age	No .of girls No - 200	Percentage
below 12	17	84.1
12 – 13	48	24.0
13 – 14	75	37.1
14 – 15	38	10.0
Above 15	22	11.0

Knowledge and Source of Information

As observed from table III 70% of girls had no knowledge about menarche. 5.5% refused to comment, while only 24.5% had some knowledge. They get knowledge from their mother, sister and from friends. It is startling fact that in spite of staying in urban areas, minority girls had knowledge. So it is recommended that the adolescent girls should be educated about this vital issue and mother's teachers should have active participation.

Table III: Knowledge of menarche

Knowledge	No. of girls.200	Percentage
Yes	49.0	24.5
No	140.0	70.0
Decline to comments	11.0	5.5

Physical changes and Reproductive Health

Many physical reproductive and psychological changes take place during this phase of life cycle this period is the bridge to adulthood and period of transition for which most adolescents not adequately prepared.

The analysis of data in Table IV on awareness of adolescents regarding physical changes and reproductive health reveals that age-wise girls are slightly more informed & awareness has increased with the increase in level of education. The percentage distribution of awareness of students is 06.5, 19.0, 25.5, and 49.0 percent for eighth, ninth, tenth and above tenth class respectively.

Table IV: Knowledge Level of Adolescent Girls: Regarding Physical Change and Reproductive Health

Categories Of Classes	Adolescent Girls	Percentage
8 th	13	06.5
9 th	38	19.0
10 th	51	25.5
10 th	98	49.0

Nutritional Care, Health Problem and Personal Hygiene

Various anthropometric parameters and indices used for assessing the nutritional status of the girls shown in table 5 clearly indicate that despite having attained menarche at early age. A large percentage of rural and urban poor girls have deficit in body weight (below 75% of NCHS standard). The

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deficit is seen in much greater extent in both body mass index as well as body fat. The deficit is of higher order till the age of 14 years in these girls who have not attained menarche. The urban class the urban middle class the urban middle class girls attain the approximate body weight for age till the age it 13 years. Similar trend has been observed with respect to height also.

The National Population Policy has rightly envisaged that in improvement in health status of the adolescent girls has an inter-generational impact. It reduces the risk of low birth weight and minimizes neonatal mortality. Malnutrition is a problem that seriously impairs the health of Adolescents and adult women and has its roots in early childhood.

It was seen that neither Adolescent girls nor their parents are conscious about the nutritional care of girls. Moreover adolescent girls are not given accurate knowledge about the hygienic practices during menstruation cycle which is due to the cost of sanitary pads. Most of the girls in rural and slum areas use old unclean cloths, which result in reproductive tract infection (RTI) among them.

Table V: Nutritional Status of Adolescent Girls.

Parameters	No of girls	Percentage
Weight deficit < 80	150	75
Height deficit < 80	162	81
Fat fold thickness deficit	160	80
Anemia hb < 12 gm/dl	136	68

Conclusion

Many physical reproductive and psychological changes take place during this phase of life cycle this period is the bridge to adulthood and period of transition for which most adolescents not adequately prepared. So it is recommended that adolescents are aware regarding their physical reproductive and psychological changes. It was seen that neither Adolescent girls nor their parents are conscious about the nutritional care and personal hygiene which result in reproductive tract infection (RTI) among them.

References

1. Child in India – A statistical Profile – Govt. of India – Ministry of Welfare (1985).
2. India Ministry of Health and Family Welfare, Report of the Working group of 'Health for all' by 2000AD, New Delhi.
3. Pitale S. Health Status of Adolescent girls with particular references to menarche. Thesis Submitted to Nagpur University for M.D.P.S.M. 1990.