

Original Research Article

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Existing Knowledge of the Rural Adolescent Girls Regarding Different Aspects of Health Practices

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ABSTRACT

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Adolescent is the period of transition between childhood to adulthood occurring between 11-17 years of age. The study was conducted in Bikaner district. Studies have shown that Bikaner district of Rajasthan is one of the backward desert districts in terms of female education (27.03%) and female health facilities. The marriage age of girls in the district is around 15 years and female by the age of 19-20 years become mother of 3-4 children. The status of women and adolescent girls is miserable. They suffer from anemia and malnutrition. So there is a need to educate the adolescent girls in the district to improve their health status. List of villages having senior secondary Co-education and girl's government schools will be prepared from selected panchayat samities as our respondents are adolescent girls. Two villages from each panchayat samiti will be selected randomly. List of school going and non-school going adolescent girls of 11-17 years will be procured from school and anganwadi centers /gram panchayat. Fifty girls from each village will be selected randomly having 25 school going and 25 non-school going girls thus comparing the sample of 400 girls.

Introduction

Adolescence has been defined as the period of life spanning the ages between 11 to 17 years. The word adolescence is derived from latin word 'adolescere' which means to grow up and it is the state or process of growing up from puberty to maturity. Adolescent are tomorrows adult its growth and development is important for their future. It is a unique period in life

because it is a time of intense psychosocial, physical, social, mental and emotional development. Growth is faster than any other time in the individual. Adolescence is a phase during which major physical and psychological changes take place in children, along with changes in their social perceptions and expectations. Health is one of major issues in adolescence. Especially in girls as they are the future mothers. From the last few years there is

somewhat improvement in health of girls but even then rural girls are deprived of the basic health care and awareness. Their roles are important in family and community. As it is conversional period so many physical and mental changes can be seen in this stage. The physical changes can be noticed by increasing height, weight and secondary sex characteristics like change in body shape. This is the period of stress and storm transition between childhood to adulthood when an individual is no longer a child. A large number of adolescent girl's population suffers from nutritional imbalance just because they don't have knowledge about human nutrition or due to improper use of available food. Adolescent nutrition has not been given the attention it deserves which is clearly reflected in the poor health and nutritional status of this group. The mortality and morbidity rate among blooming mothers is a very high rate, this is due to poor nutritional services or poor health of the adolescent girls during their improvement. Adolescent girls who have inadequate nutrition don't grow well and became stunted women. Adolescent needs special nutritional requirements just because growth happens in stature and adult bones mass, resulting in an increased requirement of nutrients like calcium. Iron is needed by adolescent girls during her menstrual cycle to reward the loss of blood. Anemia in the adolescent is a major health issue. They get stunted because of anemia and deficiency of protein energy. The adolescent population continuously ignored by the society as they seem difficult to measure and hard to reach, in which the right of adolescent girls especially in rural area are often ignored. In adolescent girls health means environmental health, physical health, social and reproductive health. Health is one of the major issues in reviling the phase of adolescence. Adolescents are a group of apparently healthy individuals. The health status of an adolescent determines the health status in her adulthood. Many serious diseases in adulthood have their roots in adolescence. Also, many adolescents do die prematurely due to various reasons that are either preventable or treatable and many more suffer from chronic ill-health and disability. We can categorize

the health needs of the adolescents broadly into three categories- physical, psychological and social. Proper knowledge of health is required for improving their living standard. Adolescent health has not been given the proper attention it deserves which is clearly reflected in the poor health status of this age group. Health play a vital role throughout the entire life. A good health is maintained by helpful living and by simply thinking. For a good health intake of appropriate adequate food and their effective use by human being is seem as the cornerstone of human development and human growth. During Adolescent nutrition is neglected because most of the adolescent girls are not aware about it they have lack of knowledge about what is good for their health and what to eat. Health is one of major issues in adolescence. Especially in girls as they are the future mothers. From the last few years there is somewhat improvement in health of girls but even then rural girls are deprived of the basic health care and awareness. It is observed that adolescent girls have somewhat knowledge and awareness regarding health and nutrition aspects due to education given in schools and 'Sabla' scheme in anganwadies. But adolescent girls requires more education on health and nutrition aspects. Hence it is important to educate and empower girls so as to improve their health and nutritional status. Different means of communication can be used to educate the girls. Media in modern world play important role in providing various information to the human beings. Media helps to remove illiteracy to enlarge aspirations and to enhance social status which leads to overall national progress and prosperity.

Materials and Methods

The study was carried out in Bikaner district of Rajasthan. List of villages having senior secondary co-education and girl's govt schools will be prepared from selected panchayat samities as our respondents are adolescent girls. Two villages from each panchayat samiti will be selected randomly. List of school going and non-school going adolescent girls of 11-17 years will be procured from school and anganwadi centers /gram

panchayat. Fifty girls from each village will be selected randomly having 25 school going and 25 non school going girls thus comparing the sample of 400 girls. Sample contains in -dependent variable included variables i.e. personal variables like age and education of the respondents and socio-economic variables like caste and family income. A pre structured interview schedule was specifically formulated for the present study to meet the specified objective. The data were processed; tabulated and classified. Analysis was done on the basis of data organized.

Statistical analysis of data

Appropriate statistical method and tools were like percentage and frequency, mean score, mean per cent, standard deviation, coefficient of correlation test were used for the analysis of data.

Results and Discussion

The data in Table 4.15 reveals that out of four aspects of health, the knowledge for aspect of 'Environmental hygiene' ranked first with overall mean per cent score of 55.06. This aspect was in the category of medium knowledge. The knowledge for the aspect 'Personal Hygiene' ranked second with overall mean per cent score of 44.28. This aspect was in the category of medium knowledge.

The knowledge for the aspect 'Common Disease' ranked third with overall mean per cent score 43.15. This aspect was in the category of medium knowledge.

The knowledge for the aspect 'Reproductive health of adolescent girls' ranked fourth with overall mean per cent score 39.50. This aspect was in the category of medium knowledge.

The first aspect of knowledge check regarding health practices was 'Personal Hygiene' which included 14 items. The results of present study revealed that the majority of the respondents (48.25%) were in the category of medium

knowledge with mean per cent of 57.87. These respondents could give answer of 4 to 9 items correctly. About 31.50 per cent respondents were in the category of high knowledge with mean score of 56.33 per cent that is they could correctly answered (10 to 14) items. Remaining 20.25 per cent respondents had low knowledge with mean score of 18.65 per cent. These respondents could give answered 1-3 items correctly out of 14 items.

The second aspect of knowledge regarding 'Environmental Hygiene' revealed that the majority of the respondents (63.50%) were in the category of medium knowledge with mean score of 58.08 per cent. These respondents could give answer of 6 to 9 items. About 14.25 per cent had high knowledge with mean score of 88.51 per cent i.e. they could give correct answers of 10 to 12 items. While only 22.25 per cent were in the category of low knowledge with mean score of 18.58 per cent, they could give answer of 1 to 5 items.

The third aspect of knowledge check was 'Reproductive health of adolescent girls' had 25 items. Table 1 revealed that majority of the respondents (62.25%) were in the category of medium knowledge with mean score of 49.59 per cent. These respondents could give answer of 7- 14 items correctly.

About 21.25 per cent of the respondents were in the category of low knowledge with mean score of 17.53 per cent these respondents could give answer of 2 to 6 items correctly. While 16.50 per cent respondents were in high knowledge category with mean score 51.38 per cent and could give correct answer 15 to 25 items correctly out of 25 items.

The fourth aspect of knowledge check was 'Common Disease' had 25 items. The results revealed that in depth study of knowledge regarding Common Disease shows that majority of respondents (73.27%) were in the category of medium knowledge with mean percent score of 59.59. These respondents could give answers of (12 to 16) correctly out of 25.

Table.1 Overall Knowledge level of respondents in health practices

S. No	Different aspects	Distribution of responses			Percent mean score			Overall mean per cent score	Rank
		High (%)	Medium (%)	Low (%)	High	Medium	Low		
1	Personal hygiene	126(31.50) (10 to 14)	193(48.25) (4 to 9)	81 (20.25) (1 to 3)	56.33	57.87	18.65	44.28	2
2	Environmental hygiene	57(14.25) (10 to 12)	254(63.50) (6 to 9)	89 (22.25) (1 to 5)	88.51	58.08	18.58	55.06	1
3	Reproductive health of adolescent girls	66(16.50) (15 to 25)	249(62.25) (7 to 14)	85 (21.25) (2 to 6)	51.38	49.59	17.53	39.50	4
4	Common Disease	65(16.09) (17 to 25)	296(73.27) (12 to 16)	43 (10.64) (4 to 11)	57.52	59.59	12.33	43.15	3

Table.2 Distribution of respondents according to knowledge in various aspects of health

n= 400

S. No	Statements	Answered			
		Correct		Incorrect	
		Frequency	Percentage	Frequency	Percentage
(A)	Personal hygiene				
1	Hygiene is good for healthy life style	400	100	-	-
2	Personal hygiene should be taken care while menstruation	370	92.5	30	7.5
	Daily routine of cleaning of teeth is part of personal hygiene	400	100	0	0
4	Hair should be untied while cooking	380	95	20	5
5	Centre where folic acid pills are available free of cost is anganwadi	290	72.5	110	27.5
(B)	Environmental hygiene				
6	Karosine should be used for killing the mosquito in drainage pipes	68	17	332	83
7	Food should be prepared in clean and hygienic kitchen	396	99	4	1

8	Fruits and vegetables should be washed before use	384	96	16	4
9	Boiled water prevent the diseases	352	88	48	12
10	Potassium permanganate is used for cleaning water	312	78	88	22
Reproductive health of adolescent girls					
11	Menstruation period is a natural process	370	92.5	30	7.5
12	Duration of menstruation cycle	351	87.75	49	12.25
13	Source of purchase pads 102 24.5 298 74.5				
14	Duration of change of pad in menstruation 100 25 300 75				
15	Type of cloths used in menstruation 28				
16	Family planning measures 390 97.5 10 3	390	97.5	10	3
17	Aids spread through uprooted physical relation	296	74	104	26
18	Type and size of copper 'T'	20	5	380	95
19	Use of tablets as contraceptives	389	97.25	11	2.75
(D) Common Disease					
20	20 Quinine medicines which is given during malaria	400	100		
21	Diseases spread due to poor drinking water	400	100		
22	Sterile injection can be used again	62	15.5	338	84.5
23	Sharing food, water and cloths are not the symptoms of AIDS	387	96.75	13	3.25
24	Long time fever is not called the mayadi fever	12.25	49	351	87.75
25	During diarrhea there is no loss of water	300	75	100	25

About 16.09 per cent respondents were in the category of high knowledge with mean per cent score of 57.52 and could give correct answer of 17 to 25 items. While 10.64 per cent were in low knowledge category with mean score 12.33 per cent and could give correct answer of 4-11 items.

Knowledge of respondents in various aspects of health

The findings in Table 2 show that percent respondents knew about importance of sanitation and daily routine of cleaning of teeth. Majority of

the respondents (92.5%, 72.5%) answered correctly that personal hygiene should be taken care while menstruation and folic acid pills are available free of cost in anganwadi. Majority of the respondents (95%) also disagreed that hair should be untied while cooking.

The data regarding knowledge of respondents on environmental hygiene in Table 2 shows that majority of respondents (99%, 96% & 88%) gave correct answer that food should be cooked in clean and hygienic kitchen, fruit and vegetables should be washed before use and boiled water prevent the diseases. Majority of the respondents did not answer correctly that kerosene should be used to kill mosquitoes in drainage pipes. Findings also show that majority of respondents (78%) had knowledge about potassium permanganate for cleaning.

The data in Table 2 on knowledge regarding reproductive health shows that cent per cent of the respondents had knowledge about normal menstrual cycle. Majority of respondents (92.5%, 87.75%) had knowledge about duration of menstruation and source of contact during problem in menstruation. Findings also show that majority of the respondents (74.98 %, 75 %,) did not have knowledge about source of purchase of pads, type of cloth used in menstruation and duration of change of pad in menstruation. Findings in knowledge regarding reproductive health also shows that majority of respondents (97%) had knowledge about family planning measures. Majority of respondents (74 %) knew that Aids spread through unprotected physical relation. Only 20 per cent of respondents had knowledge about type and size of copper-T and use of tablets as contraceptives

The data in Table 2 shows that Cent per cent respondents had knowledge about 'quinine' medicines given during malaria and diseases spread due to poor drinking water. Majority of the respondents (84.5%) had no knowledge regarding use of sterile injection. Majority of the respondents () also disagreed that in diarrhea there is no loss of water. More than ninety percent of Respondents

knew that sharing food, water and cloths are not the symptoms of AIDS. It can be concluded from the findings regarding knowledge of respondents on health practices that majority of respondents had knowledge about personal hygiene, environmental hygiene common diseases and some aspects of reproductive health. As knowledge is given by school teachers, anganwadi workers and also by the implementation of 'Swachbharat mission' in rural areas during this period. Previous studies Sharma (2010) and Meena (2015) showed that adolescent girls had less knowledge regarding reproductive health. But the findings of this study showed that there is increase in knowledge of adolescent girls regarding menstruation and family planning.

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