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Improvement in general health of adolescent girls through intervention

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Abstract

The present study aimed at investigating the existing levels of knowledge and awareness of adolescent girls in respect of general health problems of adolescent girls. The study was conducted in Panchrukhi and Bhawarna blocks of Kangra District of Himachal Pradesh. Two schools from each block were selected randomly. A total sample of 100 adolescent girls (14-18 years) was selected. The level of knowledge and awareness improved after giving intervention for six months. Significant differences were observed regarding awareness of general health problems in 14- 18 years of adolescent girls. The intervention had a profound impact on adolescent girls in respect of health status.

Key words: Intervention, impact, problems, adolescent and health.

Introduction

Health plays an important role in the life of human beings. There have been major shift of emphasis in health services from curative to a preventive approach, from urban to rural populations and from privileged to underprivileged classes. A study by Siwal (2001) reported that a girl's diet was inferior, both in quality and quantity as compared to boys' diet and the higher number of girls and women suffered from malnutrition. Discriminatory feeding practices started early in life span of girl child. Girls were breastfed for shorter periods and received less supplementary food than boys. In developing countries, girl child is underfed; under nourished and less educated because they are counted as a liability where as male children are considered as an asset. While inequalities between women and men exist in all countries and in all socio – economic strata within countries, gender disparities tend to be inversely related to income. For example, gender inequalities in education and health are greater in low income than in higher income countries and within countries, among the poor and rich. It is quite likely that the gender discrimination against girl children, particularly in health care is more pronounced among poor households than among the richer households (Thangamutter and Rasi, 2002). The present study was undertaken to investigate the existing level of awareness and knowledge of adolescent girls regarding general health problems.

Material and Methods

The study was conducted in Bhawarna and Panchrukhi blocks of district Kangra of Himachal Pradesh. Two Schools from each block were selected. From selected schools a total of 100 adolescent girls (14-18 years) were selected i.e. 25 girls from each school. The tool for data collection was self-structured interview schedule. Pre testing of self-structured schedule was carried out in order to test the existing level of knowledge and awareness regarding general health problems. Pre testing was carried out on 100 girls. Intervention was given for a period of six months. After this post testing was carried out to assess the impact of intervention on adolescent girls. The data was collected through personal interview method by visiting each respondent personally at school.

Results and Discussion

Table 1 shows that in pre testing few girls had awareness health problems. But after post testing majority of the respondent girls got aware of health problems being faced by them. In post testing, maximum girls suffered from cold and cough.

Table 1. Information regarding Health Problems faced by adolescent girls

Characteristics	Number (n=100)	
	Pre test	Post test
Sickness pattern		
Weakly	2	2
Monthly	18	16
Once in three months	30	29
Once in six months	37	49
Never	13	4
Health Problems		
Cold /Cough	29	85
Fever	38	75
Headache	57	58
Stomachache	47	58
Backache	27	26
Pain in legs	28	35

Thangamutter and Rasi (2002) reported that the incidence of sickness among the lower households, girl children were prone to greater incidence of fever and cold. The difference though marginal in respect of fever, seems to be larger in respect of cold affecting the girls. In case of higher income households, the girls suffered relatively lower incidence of fever whereas cold affected girls almost the same way as boys. It is observed from the table 1 that in pre testing 37 per cent of the girls fell ill in six months and 2 per cent ill once in a week. On the other hand in post testing 49 per cent of the respondents had information that they fell ill once in six months and 2 per cent weekly.

It is clear from the table 2 that in pre testing majority of the respondents were having headache and only 27 per cent of the girls were having backache problem whereas post testing scores revealed only 26 per cent were having headache. In pre testing 33 per cent of the respondents knew the causes of health problems and in post testing 85 per cent of girls had knowledge of the causes of that aspect. The table 2 further shows that 26 per cent of girls knew the reasons of stomachache and headache and after intervention majority of the respondents i.e. 70 per cent knew the reasons of stomachache. During pre and post testing, maximum (49% and 95%) of girls knew the treatment of health problems faced by girls.

Table 2. Causes and Treatment of Health Problems faced by adolescent girls

Characteristics	Number (n=100)	
	Pre test	Post test
Causes		
Yes	33	85
No	67	15
Reasons		
Stomachache	26	70
Cold /Cough	23	65
Fever	26	53
Backache	9	53
Pain in legs	4	50
Headache	32	54
Z = value	2.582*	
Treatment		
Yes	49	95
No	51	5

* Significant at 5% level.

Table 3 showed that in pre testing 79 per cent of the respondents never went to general health checkups and 21 per cent went for checkups once six months. After intervention an increase in percentage was seen i.e. 52 per cent of girls went for health checkup once in six months. Regarding the awareness about health facilities they showed significant increase in percentage after intervention. It is evident from Table 4 that in pre testing maximum (59%) of the girls had awareness about health facility that was dispensary and minimum (7%) of the respondents had awareness about clinic and medical store. After intervention 95 per cent of girls had awareness about health facility that was hospital.

Table 3. Information about general health checkups

Characteristics	Number (n=100)	
	Pre test	Post test
Health check ups		
Once a month	-	-
Once in three months	-	-
Once in six months	21	52
Never	79	48

Table 4. Knowledge of Health facilities

Characteristics		N= 100
Health facilities	Pre test	Post test
Hospital	41.0	95.0
Dispensary	59.0	85.0
Ayurvedic	17.0	71.0
Clinic	7.0	25.0
Medical store	7.0	65.0
Z value 2.028*		

* Significant at 5% level

Conclusion

Majority of the Indian population live in villages. The adolescent girls do not get optimum opportunities to develop their full potential because of lack of knowledge and awareness regarding their health which are required for their healthy and proper development. During pre testing adolescent girls had a little knowledge regarding health problems, their causes, treatment and health facilities provided to them but after intervention a significant change was observed. Intervention was given for a period of six months weekly for one hour in each school.

Recommendations

- The intervention programme should be popularized through lectures.
- The intervention programme for adolescent girls should be provided for

promoting their development, as they are the future wives and mothers.

- Major emphasis should be given to improve the health status of adolescent girls through the educational packages.
- In order to create awareness and develop positive attitude among adolescent girls, there should be proper integration of the health care services right form grass root to the top.

References

Thangamutter and Rasi V 2002. The Girl child – Nutritionally deprived. Social Welfare **49** (3): 8-10.

Thakur Raveena 2002. Gender gaps in Health and Education of school age children in Kangra district of Himachal Pradesh. M Sc thesis, CSK Himachal Pradesh Krishi Vishvavidyalaya, Palampur (Unpublished).

Siwal B R 2001. Gender discrimination in early childhood care and development. Social Welfare **47** (1): 5-11.

Kumar R 2004. Problems of the adolescents: implication for intervention. Social Welfare **51** (8): 4-9.

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