

Perception and self-care practices of health and nutrition among rural adolescent girls of Jammu J&K state

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Abstract

The present study was conducted to assess the awareness regarding health and nutrition and practices being followed by adolescent girls in this regard. The sample for the study comprised of 100 adolescent girls in the age group of 13-19 years from four Govt. schools of Jammu. The tools used for data collection were self-devised interview schedule and focus group discussion. Results of the study revealed that the sample adolescent girls were unaware about the nutrient content in food and aspects of balanced diet and nutritional deficiencies of iron and calcium. Respondents also lacked conceptual knowledge about puberty and other issues associated with puberty like menarche and menstruation. The respondent girls were found unaware of various schemes being run by the government for the welfare of the adolescent girls.

Keywords: Perception, Adolescent Girls, Health, Nutrition, Practices

Introduction

The term 'adolescence' is commonly used to describe the transition stage between childhood and adulthood. This period is very crucial, since these are the formative years in the life of an individual, when major physical, psychological and behavioural changes take place. It is often equated to term 'puberty'. Puberty refers to the hormonal changes that occur in early youth. The main physical changes that occur during adolescence are increase in height, development of fatty and subcutaneous tissues, broadening of hips, growth of hair in armpits and pubic hair, voice become shrill, breast becomes noticeable, feels herself taller and bigger, seems to sweat a lot more, onset of menarche and acne.

Adolescence has been defined by world health organisation as the period of life span between 10-19 years. The nutritional and the health needs of the adolescents are more because of the growth spurt and increase in physical activity in them. Adolescents gain 30% of their adult weight and more than 20% of their adult height between 10-19 years which we call as growth spurt. (Biradar *et al.* 2012). The lives of adolescent girls are characterized by limited education, lack of knowledge pertaining to social as well as health aspects and also limited influence on decisions affecting their lives. During this period, attitudes, beliefs and values tend to settle into a pattern, out of which emerges the shape and direction of one's lifestyle.

India has one of the fastest growing youth population in world and adolescent girls of age 13 to 19 years constitute nearly 66 million. Large number of adolescent girls are malnourished and about 65.3% of adolescent girls are anaemic. A recent UNICEF's State of the World's Children 2011 report says that more than half (56%) of adolescent girls in India are suffering from anaemia. Adolescent girls are at a high risk for anaemia and malnutrition. The data of the study showed the high prevalence of malnourishment among girls of 13 years of age. Majority 90.5% of the respondents showed clear cut presence of anaemia having haemoglobin less than 10gm/dl. The

results hold implications for professionals to introduce health programmes in order to improve the health of adolescent girls in particular. (Dhingra 2011).

Anaemia is one of the primary contributors to maternal mortality (20-25%) and is associated with compromised pubertal growth spurt and cognitive development among girls aged 10-19 years. Nutritional deprivation, increased iron demand for adolescent growth, excessive menstrual losses of iron and early/frequent pregnancies aggravate and exacerbate pre-existing anaemia and its effects. Siddharam *et al.* 2011 revealed prevalence of anaemia among 45.2%. A study conducted by Shilpa *et al.* 2012 to assess the prevalence and severity of anaemia among adolescent girls in rural areas reveals prevalence of anaemia among 41.1% and it was observed that the prevalence of anaemia was high in late adolescents (15-19) years as compared to that in the 10-14 early adolescents. National Family Health Survey Statistics reveal that every second Indian woman is Anaemic and one in every five maternal deaths is directly due to anaemia. (Kaur 2014).

The important nutrients that need to increase during adolescence include energy, protein, calcium and iron. Adolescents tend to eat differently than they did as children. Preoccupied with after-school activities and engagement in active social endeavours, adolescents are not always able to sit down for three meals a day. These apparent busy schedules may lead to meal skipping, snacking throughout the day, and more eating away from home. Many teens skip breakfast, but this meal is particularly important for getting enough energy to make it through the day, and it may even lead to better academic performance. When teens skipping meals at home is prevalent, the likelihood of purchasing fast food from a restaurant, vending machine, or convenience store will be high. These foods tend to be high in fat and sugar and they provide little nutritional value. More importantly, eating too

many fast foods can lead to weight gain and which may predispose one to diseases such as diabetes and heart disease. Nutrition of the adolescent girl is particularly important but under-nutrition (too little food or food lacking required nutrients) in adolescents frequently goes unnoticed by their families or the young people themselves. Under-nutrition negatively affects adolescent girls by affecting their ability to learn and work at maximum productivity, increasing the risk of poor obstetric outcomes for teen mothers, arresting the healthy development of future children, affecting sexual maturation and growth and preventing the attainment of normal bone strength and the development of healthy teeth if a youth doesn't get enough calcium.

Adolescents tend to be very conscious of appearances and may feel pressures to be thin or to look a certain way (that is self image). Fear of becoming obese may lead to overly restrictive eating habits. Poor eating habits during the critical adolescent years may lead to both short and long term health consequences including obesity, osteoporosis, and sexual maturation delays. Adolescents are at risk of obesity, obesity-related chronic diseases, and eating disorders.

Most girls are not adequately aware of their increased nutritional needs for growth resulting in girls that are underweight and of short stature. Inadequate nutrition during adolescence can have serious consequences throughout the reproductive years of life and beyond. There are limited choices available for the future and girls are caught in the cycle of early marriage, pregnancy and childbearing. The majority is out of school and therefore does not receive services from school-based health programmes. Within the family, girls-especially older ones-receive less health care and education, nutrition and fewer opportunities for employment than boys. Over-eating, under-eating and eating disorders can have serious health impacts.

Anxieties and Problems Regarding Menstruation

Menarche is the period at which menstruation begins. Menstruation is the discharge of blood and tissues from the uterus each month. It is often called the menstruation period. Menarche is a sign of growing up and becoming a woman. It can happen as early as about age 9 or up to age 15. Some varieties of menstrual dysfunctions occur in about half of the adolescent females. The age of the normal menarche may vary from 12 to 16 years. A minimal fatness of 17% of body weight is necessary for the onset of menarche. So it may start late in thin built adolescents which does not warrant any therapeutic intervention. The length of menstrual cycle may vary from 21 to 41 days.

Amenorrhoea or absence of menstruation is called when an adolescent has not menstruated till the age of 16 years or more than one year later than her mother or older sibling's menarche age. Normally very obese or very slender adolescent may have late onset of menarche. When it is associated with abnormal or non-development of internal genital organs it is called primary amenorrhoea. However primary amenorrhoea may be due to imperforate hymen (commonest cause) which needs a very simple operative intervention. Secondary amenorrhoea is due to various chronic (long standing) illnesses such as malnutrition, diabetes mellitus, some diseases of ovaries and ingestion of some drugs especially hormonal preparations. All these causes need little or more therapeutic intervention. This is sometimes found in adolescent athletes

especially ballerinas, gymnasts and runners without obvious reasons.

Abnormal vaginal bleeding is common in adolescents in the first year of menarche is called "Dysfunctional uterine bleeding". In most of the cases this is without a known cause though it may be due to threatened abortions, ectopic pregnancy (foetus growing outside the womb) and use of contraceptives. These always require reassurance and medical intervention. Painful menstrual cramps are experienced by nearly two third of the adolescents. During second half of the menstrual cycle many adolescents experience breast fullness or breast pain, bloating fatigue, headache increased appetite especially for sweets and salty foods, irritability, mood swings, depression, inability to concentrate, tearfulness, violent tendencies etcetera. Most of the times it requires simple pain killers, diuretics and reassurance from an expert.

Adolescence pregnancies are real cause of concern in adolescent sexual problems because in our country most of the times it is due to illicit sexual relations, contraceptive failure or early marriages. In these situations these adolescents get least medical care due to social constraints hence suffer from various mental or health problems. Besides, chances of death of mother and infant are very high in teenage pregnancies.

Sexual abuse and rape are the most painful psychological health problems of adolescent females. This may be Acquaintance rape where offender is close and confident neighbour, classmate or teacher or a family friend. The sexual abuse done by a close relative (uncles, cousins, real brothers etc.) is called incest. Date rape (by the person dating with the victim) is often drug facilitated. Gang rape is an example of increasing sexual frustration among youth deteriorating regard of law and order in the society an illegal form of punishment in some backward societies often becomes in the headlines of newspapers and news channels. Statutory rape offers to sexual activity an adult and an adolescent under the age of legal consent.

Normal but different from masses sexual problems are sometimes great cause of concern and misery in adolescents. These may include abnormally enlarged external sexual organs, masturbation, anxiety about abnormal (non vaginal) sexual practices etcetera. In India, school systems are ambivalent about imparting sex education. On average, most adolescent girls in India have little knowledge of menstruation, sexuality and reproduction. Large number of rural and urban population believes that menstruation contaminates the body and makes it unholy. As a consequence, the girl often sees herself as impure, unclean and dirty.

Adolescent's health and nutrition is a critical issue that determine the health status of the adolescents and the eventual practices that are inculcated into adult life. The girls are often very ignorant of how their bodies function in terms of sex and reproduction and frequently express a strong desire for the opportunity to discuss such issues. Adolescent girls are the mothers of tomorrow. These girls need special care in view of their role in shaping the health and wellbeing of the present as well as the future generations. So, considering this background in mind, the present investigation has been planned to study the awareness and practices among rural adolescent girls regarding health and nutritional aspect. The study will provide information about knowledge and practices being adopted by rural adolescent girls regarding health and nutrition.

Research Methodology

Sample Size: The total sample for the study comprised of 100 rural adolescent girls of Raipur Domana and Kot Bhalwal Block of District Jammu. Four villages-Kalakam, Purkhoo, Kot and Tawa were selected from these blocks and from each village one government school was selected. Finally, 25 girls were selected from each of 4 government school. Multistage sampling technique was used for sample selection.

Tools used for Study: Interview schedule and focused group discussion were used for data collection. Before finalizing the interview schedule, pretesting was done on 8% to see the appropriateness of interview schedule and after certain modifications, it was finalised and used for data collection. Data collection was done through personal visits in selected four government schools of Raipur Domana and Kot Bhalwal. 25 girls were selected randomly from each school. Then the groups of 5 to 6 girls were made and focus group discussion was also done with the same group of girls.

Data Analysis: Gathered data was systematically coded and tabulated and subjected to qualitative analysis. The interview schedule was analysed for its content and exhaustive categories were added and presented as frequencies and percentages. Data was analysed by both the quantitative and qualitative method.

Keeping in view the major findings of the study a need based intervention programme was planned and executed to make the respondents aware about the health and nutrition issues. Information about importance of major constituents of food, Balanced diet and various health and nutrition related programmes being run by the government for the benefit of adolescent girls.

Results and Discussion The perception of the respondents towards health and nutrition aspects was drawn out by using an interview schedule and focus group discussion. The major aspects were investigated and related findings are detailed out below:

Table 1 reveals background profile of the respondents. It shows that 45% respondents were in the age group of 13-15 years, 34% in the 15-17 years and 21% were under 17 to 19 years. It is evident from the above table that 33% of the

respondents were in 10th standard, 27% of the respondents studied in 9th standard, 16% of the respondents were in 11th standard and 15% found in 12th standard and 9% i.e. minimum number of respondents were found to be in 8th standard. Type of family of respondents reveals that 64% of the respondents were from nuclear family whereas only 36% of the respondents belonged to Joint family.

Table 1: Background Profile of the Respondents

Age of the Respondents	N=100	%
13-15 years	45	45%
15-17 years	34	34%
17-19 years	21	21%
Total	100	100%
Education of the Respondents	N=100	%
8 th Standard	9	9%
9 th Standard	27	27%
10 th Standard	33	33%
11 th Standard	16	16%
12 th standard	15	15%
Total	100	100%
Type of Family of respondents	N=100	%
Nuclear Family	64	64%
Joint Family	36	36%
Total	100	100%

Table 2 depicts that all the respondents were aware of the term puberty. 36% of the respondents said that puberty refers to development of sex organs, 31% of the respondents told it is sexual maturity, 30% of the respondents believes that puberty means change in the physical appearance of an individual and only 3% said that puberty refers to psychological maturity. Further it reveals that all the respondents felt changes in themselves after attaining puberty. It was found that 37% of respondents believe that they have menstruation after entering into puberty, 24% of respondents observed breast development, 23% of the respondents stated that they got pimples on their face when they entered this stage whereas 16% of the respondents noticed development of pubic hair. During focus group discussion, it was observed that respondents hesitate while talking about the aspects of puberty, they feel shy when terms like sexual maturity, development of sex organs were being used as they have never discussed these issues prior, at home or at school.

Table 2: Perception of the Respondents Regarding Puberty

Views of Respondents Regarding Puberty	N=100	%
Sexual Maturity	31	31%
Psychological Maturity	03	03%
Development of Sex Organs	36	36%
Changes in Physical Appearance	30	30%
Total	100	100%
Changes Observed by Respondents During Puberty	N=100	%
Growth of Pubic Hair	16	16%
Development of Breast	24	24%
Menstruation	37	37%
Pimples on Face	23	23%
Total	100	100%

Table 3 reveals that all (100%) of the respondents were aware of the term menstruation but it is quite clear from the below table that there was a confusion regarding the concept of menstruation among respondents. 63% of respondents actually

knows that menstruation is a sign of attaining puberty. 35% of the respondents said that menstruation is the periodic discharge of blood whereas minority 2% of the respondents believe that menstruation is a disease. A study conducted by

Dube and Sharma 2012 reveals that 40% rural girls and 60% urban girls considered menstrual as natural phenomena while 39% of urban girls and 56% of rural girls look it as a disease. Regarding problems faced by adolescent girls during menstruation, 65% of the respondents said that they experience pain in their lower abdomen during menstruation, 34% of the respondents stated that they suffer from back pain, 4% of respondents replied that their appetite got decreased during menstruation whereas 2% of the respondents feel headache and 2% of the respondents get cramps during menstruation. A study carried out by Sharma *et al.* 2008 on the types and frequency of problems related to menstruation also shows similar problems faced by adolescent girls during menstruation. A study conducted by Madaan *et al.* 2014 reveals that majority of the adolescents presented with menstrual problems and discussed their problems with their parents. Information regarding hygiene practices adopted reveals that majority 88% of the respondents use sanitary napkin whereas only 12% of respondents use cloth piece

during menstruation to maintain personal hygiene. Further 43% of the respondents believed that visiting pooja room as well as touching pickle should be avoided during menstruation, 39% reported that one should not visit pooja room during menstruation whereas only 18% of respondents said that during menstruation they should not touch pickle. During focus group discussion, it was explored that adolescent girls face back pain, lower abdomen pain, headache, cramps and loss of appetite. Some girls said that if sanitary pads are not available, they use cloth piece and it was also found that they change their clothes on regular basis, wash their hands and use clean towels during menstruation for maintaining their personal hygiene.

It was also noticed in the focus group discussion that as per their belief, if a girl touches the container of pickle during her menstruation then, whole of the pickle in the container will spoiled within days and if she visits pooja room during those days then the God will punish her for doing this.

Table 3: Awareness and Self care Practices Regarding Menstruation

Menstruation According to Respondents, Refers to	N=100	%
Attainment of puberty	63	63%
Periodic discharge of blood	35	35%
A disease	2	2%
Total	100	100%
Various Problems Faced by Adolescent Girls	N=100	%
Back pain	34	34%
Lower abdomen pain	65	65%
Headache	2	2%
Cramps	2	2%
Decreased appetite	4	4%
Total	100	100%
Hygiene Practices Adopted by Respondents During Menstruation	N=100	%
Use of cloth piece	12	12%
Use of sanitary napkin	88	88%
Total	100	100%
Superstitious Practices Being Followed by Respondents During Menstruation	N=100	%
Not to touch pickle	18	18%
Prohibition for visiting pooja room	39	39%
Both (not to touch pickle and not to go to pooja room)	43	43%
Total	100	100%

It is inferred from the fig. 1 that more than half percentage i.e. 53% have awareness regarding the concept of balanced diet, they know that having all nutrients in proper amount is balanced diet, 21% of respondents answered that having good meal is a balanced diet, 19% of respondents replied that having milk in diet means balanced diet whereas 10% respondents replied that they don't have any idea about balanced diet. It was also found in the focus group discussion that there were multiple responses regarding the concept of balanced diet.

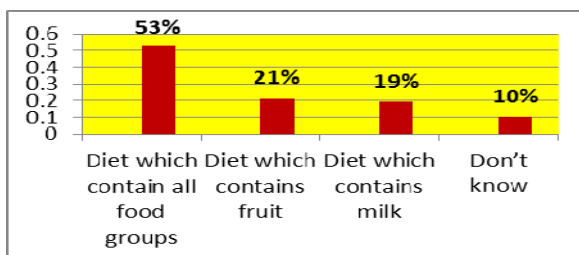


Fig 1: Perception of Respondents Regarding

Balanced Diet

Data in the table 4 reveals that 65% respondents were aware of the nutrients present in food, as they responded that all nutrients (i.e. Vitamins, Fats, Proteins, Minerals and Carbohydrates etc.) are present in food, according to 17% of respondents nutrients present in food are proteins only, according to 13% only vitamins, 11% of respondents responded that food contains only carbohydrates, 8% respondents believe that fat is present in food and just 4% respondents believed that only minerals are present in food. Further 63% of the respondents were aware about nutritional deficiency prevalent among adolescents whereas 37% of respondents were unaware of the nutritional deficiency in adolescents. According to 40% respondents nutritional deficiency is caused by unbalanced diet, 16% of respondents replied that nutritional deficiency is caused by inadequate eating habits, 7% of respondents answered that nutritional deficiency is caused by excessive intake of fast foods. It is also inferred from the table that 40% responded that adolescent girls are more prone to nutritional deficiency

because of inadequate eating habits, 27% of respondents, believed that nutritional deficiency is prevalent in adolescent girls due to their lack of information regarding what they should eat and what they should not eat, 6% of the respondents said due to lack of resources like they had inadequate nutrition due to low family income. It was found

during interview with adolescent girls that some girls are of the view that nutritional deficiency is common in girls because of menstruation and lack of proper diet and is also common in ladies because of pregnancy and due to health/figure consciousness.

Table 4: Perception of Respondents Regarding Nutrients and Nutritional Deficiencies

Awareness Regarding Nutrients Present in Food	N=100	%
Proteins	17	17%
Fats	8	8%
Carbohydrates	11	11%
Vitamins	13	13%
Minerals	4	4%
All of these	65	65%
*Multiple responses		
Awareness Regarding Prevalence of Nutritional Deficiency	N=100	%
Aware	63	63%
Unaware	37	37%
Total		
Causes of Nutritional Deficiency	N=100	%
Unbalanced diet	40	40%
Inadequate eating habits	16	16%
Excessive intake of fast food	7	7%
Don't Know	37	37%
Total	100	100%
Reasons Behind Prevalence of Nutritional Deficiency in Adolescents	N=100	%
Due to lack of information	27	27%
Due to lack of resources	6	6%
Inadequate eating habits	40	40%
Don't know	37	37%
*Multiple responses		

It is clear from the data presented in fig 2 that 57% respondents reported that milk and milk products contain higher amount of calcium, 21% of respondent viewed green leafy vegetables are good source of calcium, 17% of the respondents said fruits and juices contain highest amount of calcium and remaining 5% said that they don't know about the richest source of calcium. During focus group discussion, it was found that most of the respondents didn't take milk daily, they sometimes took milk and reason cited for less intake of milk were: it is not tasty, they don't like milk, and some of the respondents said that they take milk daily, they reported that they add supplements like Bournvita, Horlicks etc. to make it tasty.

respondents said that they don't know about the richest source of iron.

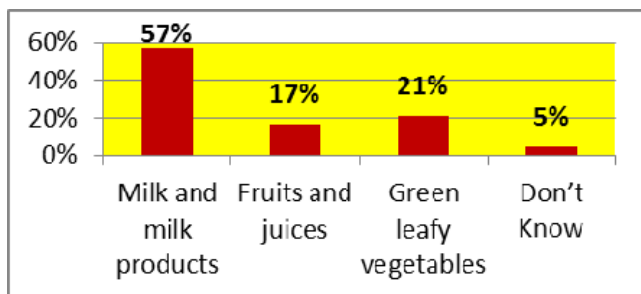


Fig 2: Perception Among Respondents Regarding Source of Calcium

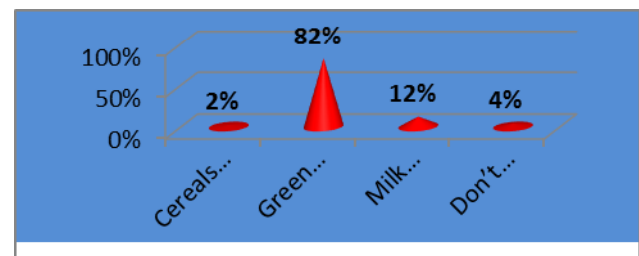


Fig 3: Perception Among Respondents

Regarding Source of Iron

Table 5 shows that 59% of respondents were aware of the term Anaemia, whereas 41% of respondents didn't have any idea about Anaemia. 37% respondents responded that Anaemia is a deficiency of Iron, 14% said that Anaemia is a deficiency of Calcium, 6% of respondents believe that it is a deficiency of vitamins, 2% of respondents answered that Anaemia is a deficiency of proteins in the body whereas 41% respondents were not aware. Knowledge regarding causes of Anaemia shows that 34% of respondents replied that Anaemia is caused by blood loss, 18% respondents said that the cause of Anaemia is iron deficiency and 13% of respondents reported that Anaemia is caused by blood loss as well as due to iron deficiency while 41% of respondents didn't know about the cause of Anaemia. Viewpoint of the respondents regarding the prevalence of Anaemia shows that 43% of the respondents believed that Anaemia is more prevalent among adolescent girls as they had blood loss during menstruation, 10% of

respondents said that young children are more prone to Anaemia, 6% of respondents replied that Anaemia is prevalent among adults, whereas 41% of respondents answered that they don't have any idea that who is more prone to Anaemia. Further 32% of respondents believed that adolescent girls are more prone to Anaemia due to lack of information regarding Anaemia, 28% respondents believed that adolescent girls are more prone to Anaemia because of bad eating habits, 4% of respondents said that anaemia is mostly found in adolescent girls because of blood loss during menstruation and 41% of respondents told that they don't know. Regarding prevention of anaemia 34% respondents told that in order to cure anaemia one must consult a doctor, 24% of the respondents were of the view that one should consult a doctor and should also have a healthy/balanced diet, 16% of respondents said that one should take medicine available at health centers, 14% of the respondents believes that one should have a healthy/balanced diet, 12% responded that home remedies like taking kadha (hot milk containing dry fruits), green leafy vegetables are much helpful to cure anaemia.

In focus group discussion it was found that the various causes of anaemia are blood loss, iron deficiency. It was also found that some girls said that menstruation is the cause of Anaemia. They replied that adequate diet with green leafy vegetables, milk and fruits like apple etc. are the main food contents that can help in eliminating the iron deficiency, anaemia.

Table 5: Awareness of Respondents Regarding Anemia

Awareness Regarding Anemia	N=100	%
Aware	59	59%
Unaware	41	41%
Total	100	100%
Anemia is a Deficiency of		
Iron	37	37%
Calcium	14	14%
Vitamins	6	6%
Proteins	2	2%
Don't Know	41	41%
Total	100	100%
Awareness Regarding Causes of Anemia		
Blood loss	34	34%
Iron deficiency	18	18%
Both (blood loss and iron deficiency)	13	13%
Don't Know	41	41%
Total	100	100%
Awareness Regarding Prevalence of Anemia		
Young Children	10	10%
Adolescent Girls	43	43%
Adolescent Boys	-	-
Adults	6	6%
No idea	41	41%
Total	100	100%
Reasons Behind Prevalence of Anemia in Adolescent Girls		
Due to lack of Information	32	32%
Due to blood loss during menstruation	4	4%
Due to bad eating habits	28	28%
Don't Know	41	41%
*Multiple responses		
Awareness Regarding Prevention of Anemia		
Consulting doctor	34	34%
Having healthy/balanced diet	14	14%
Both(consulting doctor and having healthy/balanced diet)	24	24%
Using home remedies like kadha and green leafy vegetables	12	12%
Taking medicine from health centers	16	16%
Total	100	100%

From Table 6 it is clear that 57% respondents were unaware of various programs being run by the government for adolescent girls whereas 43% of respondents were aware about these programs and out of 43% of respondents, 21% of the respondents were aware of National Health Policy, 17% of respondents were aware of the National Nutrition Policy, only 5% were aware of the Kishori Shakti Yojana, Moreover, none of them had attended such programs.

Further 19% believe that these programmes help to improve nutritional and health status of adolescent girls, 10% of respondents said that these programmes empower adolescent girls, combat the problem of under nutrition and helps to improve nutritional and health status of girls, 8% believes that these programs helps to combat the problem of under nutrition in adolescent girls, 6% of respondents answered that these programs are helpful in the empowerment of girls whereas 57% don't have any idea regarding the benefits of these programs.

Table 6: Awareness among Respondents Regarding Various Schemes and Policies of Government for Adolescent Girls

Awareness Regarding Various Programs	N=100	%
Aware	43	43%
Unaware	57	57%
Total	100	100%
Programs for Adolescent Girls		
Kishori Shakti Yojana	5	5%
National Health Policy	21	21%
National Nutrition Policy	17	17%
Not aware	57	57%
Total	100	100%
Awareness Regarding Benefit of these Programs		
Helps in the empowerment of girls	6	6%
Helps to improve nutritional and health status of girls	19	19%
Helps to combat the problem of under nutrition	8	8%
All of the above	10	10%
Unaware	57	57%
Total	100	100%

Table 7 reveals that majority of the respondents i.e. 97% said that they get information regarding health and nutrition in school whereas 3% of respondents answered that they don't get any information related to health and nutrition in their school. Regarding their source of information about issues related to health and nutrition 57% of the respondents said that teachers are the best source for having information, 25% of respondents replied that parents are the best source of information regarding health and nutritional aspect, 19% respondents answered that media is the best source and according to 7% of respondents, friends are the best source of having knowledge related to Health and nutrition.

During focus group discussion with the respondent adolescent girls, it was explored that the information which were provided to them in the school regarding health and nutrition education was a part of their curriculum. It was also found in the interview that respondents usually got knowledge regarding health issues like menstruation from their mothers and elder sisters and thus they are the best source of information regarding health and nutritional issues.

Table 7: Awareness Provided by the School to the Respondents Regarding Health and Nutrition

Responses	N=100	%
Yes	97	97%
No	3	3%
Total	100	100%
Source of Awareness of Respondents on Issues Related to Health and Nutrition	N=100	%
Parents	25	25%
Friends	07	07%
Teachers	57	57%
Media (T.V., newspapers, magazines, books etc.)	19	19%
*Multiple responses		

Conclusion

India has one of the fastest growing young populations in world. In India poor nutrition, early childbearing and reproductive health complications compound the difficulties of adolescent physical development. The nutritional and the health needs of the adolescents are more because of the growth spurt and increase in physical activity in them. Most girls are not adequately aware of their increased nutritional needs for growth and ignorant of how their bodies function in terms of sex and reproduction and frequently express a strong desire for the opportunity to discuss such issues. These girls need special care in view of their role in shaping the health and well-being of the present as well as the future generations. From the results of the study, it appears that the sample adolescent girls were unaware about the nutrient content in food and aspects of balanced diet and nutritional deficiencies of calcium. Respondents also lacked conceptual knowledge about puberty and other issues associated with puberty like menarche and menstruation. The respondent girls were found unaware of various schemes being run by the government for the welfare of the adolescent girls.

Suggestions

1. The teachers in the school should provide information related to health and nutritional issues to the girls. Teachers should provide information regarding various schemes and services being run by the government for the welfare of adolescent girls. There should be course related to health and nutritional issues in the school syllabus of classes.
2. There should be seminars and workshops on the topic related to health and nutritional awareness
3. More and more girls should be encouraged to consult doctor during menstrual problems and other related issues
4. There should be free awareness camps for adolescent girls
5. Also the adolescent girls should be aware by the medium of media

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