GNITED MINDS
Journals

GENERAL HEALTH STATUS OF ADOLESCENT GIRLS OF DIFFERENT INCOME RANGES

AN INTERNATIONALLY INDEXED PEER REVIEWED & REFEREED JOURNAL

General Health Status of Adolescent Girls of Different Income Ranges

Madhu Gupta*

Associate Professor in Home Science, I.G.N. College, Ladwa (Kurukshetra)

Abstract – Health status of adolescent girls is a very important aspect. This Paper deals with this important aspect and has conducted an extensive study in this area in district Kurukshetra with the help of a questionnaire based survey followed by personal interaction with them as well as their families.

- X -

INTRODUCTION

Adolescence is defined as the transient and formative period between childhood and adulthood. During this period, adolescents have to adjust not only with their physical growth and development but also with their surroundings. This group is also considered as low risk group for poor health, ignoring the fact of unhealthy eating habits, not only affect their growth and development rather, leads to various nutritional problems in their later lives (Chatterjee, 2005).In developing nations, adolescent constitute one fifth to one quarter of their population. About 40 per cent of adolescent girls in India get married at below the age of 20. It is really unfortunate that there is no period of "Adolescence" in these Indian girls as they shift from childhood to adulthood and soon become a pregnant adult. Therefore, need of special care and proper attention has aroused for adolescent girls, as these adolescent females are the future mothers and their health status may affect the future generations on whose feet the world walk.

It is further noticed that a very little work has been carried out to improve the health status of adolescent females. Keeping in view the above facts, present study has been undertaken.

MATERIALS AND METHODS

Locale of Study

The study was conducted on female adolescents residing near-by areas of Kurukshetra University, Kurukshetra (Haryana).

Sample Selection

1. To assess the general health status among adolescent girls between 13- 18 years of age, 260 adolescent females were randomly selected from five different schools and four other organizations situated in district Kurukshetra.

2. The name of schools were: Government primary school, University Senior Model school, Government Senior secondary school, Maharana Pratap Public school, Navedita public school from Kurukshetra city and Government girls high school, *Mirzapur,* and the name of other organizations were university College K.U.K, Government and private centers for computers and for fashion designing.

Classification of Subjects According to Age Group

Selected subjects were classified according to their age (age of the respondents was confirmed from the school / institute's records) into two groups i.e., Early adolescence and Late adolescence as under:

S. No	Status	Range of Age in years	No. of the subjects
1	Early adolescence (E. **A**)	13- 15	108
2	Late adolescence (L.**A**)	16-18	72

Classification of Subjects According to Income Range

The subjects of above two groups were further classified into three ranges according to their family's monthly income (in rupees) as under:

Low Income Range	Middle income Range	High income Range
Less than Rs. 5000/month	Rs. 5000-10,000/month	Rs. 10,000-20,000/month

The total number of subjects in each income range of early adolescence group was thirty six, and in late adolescence group the number of subjects was twenty four.

DATA COLLECTION

For assessing the general health status of the female adolescents' questionnaire cum interview schedule technique was adopted. A Performa was framed to collect the information regarding health status and medical history of the respondents. For getting the real information, subjects and their family members, especially mothers were also initiated for interaction and group discussions.

RESULT AND DISCUSSIONS

The information generated on the health parameters of adolescent girls belonging to various income ranges are elucidated under sub headings:

a. **Tendency of falling sick:** in early adolescence period, the frequency of falling sick was frequent (54.62%), rare (30.55%) and very frequent (14.81%) as compared to the respective figure of 45.83, 37.50 and 16.66 per cent in late adolescence period.

Among the selected adolescent females belonging to various income ranges, interestingly the tendency of frequently falling sick was maximum (69.44%) in the girls from high income range and minimum (38.88%) in low income range of early adolescence period while a reverse trend was observed in the girls of late adolescence. In late adolescence, the tendency of frequently falling sick was highest (62.50%) in the females of low income range and lowest (25%) in the females of high income range

TABLE- 1

GENERAL HEALTH STATUS OF FEMALES OF EARLY AND LATE ADOLESCENCE PERIODS BELONGING TO DIFFERENT INCOME RANGES

Parameters	Early Adolescence (n-108)				Late Adolescence (n-72)				Grand Total
(1)	Low 36 (2)	Middle 36 (3)	High 36 (4)	Total 108 (5)	Low 24 (6)	Middle 24 (7)	High 24 (8)	Total 72 (9)	n-180 (10)
a. Tendency of falling sick									
Rarely	16 (44.44)	12 (33.33)	5 (13.88)	33 (30.55)	4 (16.66)	8 (33.33)	15 (62.50)	27 (37.50)	60 (33.33)
Frequently	14 (38.88)	20 (55.55)	25 (69.44)	59 (54.62)	15 (62.50)	12 (50.00)	6 (25.00)	33 (45.83)	92 (51.11)
Very frequently	6 (16.66)	4 (11.11)	6 (16.66)	16 (14.81)	5 (20.83)	4 (16.66)	3 (12.50)	12 (16.66)	28 (15.55)
b. Medicines taken during illness									
Allopathic	29 (80.55)	32 (88.88)	18 (50.00)	79 (73.14)	24 (100)	22 (91.66)	18 (75.00)	64 (88.88)	143 (79.44)
Homeopathic		2 (5.55)	12 (33.33)	14 (12.96)			9 (37.50)	9 (12.50)	23 (12.77)
Household methods	7 (19.44)	2 (5.55)	6 (16.66)	15 (13.88)		2 (8.33)	4 (16.66)	6 (833)	21 (11.66)
c. Diseased condition									
Polio	1 (2.77)			1 (0.92)					1 (0.55)
Eye weakness		2 (5.55)	8 (22.22)	10 (9.25)	-	-	10 (41.66)	10 (13.88)	20 (11.11)
Asthma	1 (2.77)		4 (HID	5 (4.62)					5 (2.77)

Figures in parenthesis indicate percentage

b. **Medicines taken during illness:** Maximum girls (79.44%) were getting allopathic treatments followed by homeopathic (12. 77%) and household methods (11.66%) for minor ailments in both the age groups. The subjects from low income range in both early (80.55%) and late (100%) adolescence period were receiving maximum allopathic treatment. None of the subject in low income range of early adolescence period and low and middle income ranges of late adolescence period was getting homeopathic treatments, whereas in middle and high income ranges, 5.55 and 33.33 per cent of the subjects were getting homeopathic treatments in early adolescence period. The figure of the subjects getting homeopathic treatments in late adolescence period was found only in high income range (37.50%). Treatment through household methods was followed by few subjects of low (19.44%) middle (5.55%) and high (16.66%) income ranges of early adolescence period, whereas, in late adolescence period none of the subject from low income range was getting treatment for minor illness through household methods. There were only few subjects of middle (two subjects) and high (four subjects) income ranges, who were getting this treatment.

c. **Diseased condition:** In both the age groups, there was only one girl (0.55%) from low income range in early adolescence period found affected with polio (Table 4.5c). The weakness of eyes was observed maximum in the girls from high income range in early (22.22%) and late (41.66%) adolescence group followed by middle income range (5.55%) only in early adolescence period. Prevalence of asthma was absent in the subjects of late adolescence period but during early adolescence period, a few cases in low (2.77%) and high income ranges (11.11%) were suffering from asthma.

a. **Menstrual cycle:** Menstruation flow was not even occurred in almost 50 percent of the girls in early adolescence period. Among them, maximum girls were from low income range (55.55%) followed by middle (38.88%) and high (22.22%) income ranges. This trend shows that the girls from high income range have attained menstrual cycle much earlier than the girls from low income range.

Madhu Gupta*

TABLE – II

INFORMATION REGARDING MENSTURATION IN FEMALES OF EARLY AND LATE ADOLESCENCE PERIODS BELONGING TO DIFFERENT INCOME RANGES

Parameters (1)	Early Adolescence (n-108)				Late Adolescence (n-72)				Grand Total n-180 (10)
	Low 36 (2)	Middle 36 (3)	High 36 (4)	Total 108 (5)	Low 24 (6)	Middle 24 (7)	High 24 (8)	Total 72 (9)	
a. Menstrual Cycle									
1-2	1 (2.77)	2 (5.55)	2 (5.55)	5 (4.62)	1 (4.16)	2 (8.33)	5 (20.83)	8 (11.11)	13 (7.22)
1-3	3 (8.33)	6 (16.66)	5 (13.88)	14 (12.96)	8 (33.33)	10 (41.66)		18 (25.00)	32 (17.77)
1-4	4 (11.11)	5 (13.88)	6 (16.66)	15 (13.88)	3 (12.50)	8 (33.33)	8 (33.33)	19 (2638)	34 (18.88)
1-5	8 (22.22)	9 (24.99)	15 (41.66)	32 (29.62)	12 (50.00)	4 (16.66)	11 (45.83)	27 (37.5)	59 (32.77)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
b. Suffering from pain during Menstruation									
Pre menstrual	6 (16.66)	4 (11.11)	8 (22.22)	18 (16.66)	2 (8.33)	4 (16.66)	7 (29.16)	13 (18.05)	31 (17.22)
During men	4 (11.11)	8 (22.22)	12 (33.33)	24 (22.22)	8 (33.33)	13 (54.16)	4 (16.66)	25 (34.72)	49 (27.22)
All time	2 (5.55)	4 (11.11)	1 (2.77)	7 (6.48)	5 (20.83)	3 (12.50)	4 (16.66)	12 (16.66)	19 (10.55)
No pain	4 (11.11)	6 (16.66)	7 (19.44)	17 (15.74)	9 (37.50)	4 (16.66)	9 (37.50)	22 (30.55)	39 (21.66)
d. Medicines taken during pain									
Regular	-	-	1 (2.77)	1 (0.92)	-	-	-	-	1 (0.55)
Rarely	2 (5.55)	4 (11.11)	3 (8.33)	9 (833)	-	2 (8.33)	4 (16.66)	6 (&33)	15 (8.33)

Figures in parenthesis indicate percentage

Duration of menstrual flow followed the same mode in early and late adolescence groups. Out of 180 girls of both age groups, 32.77 per cent girls were having menstrual flow for 5 days, 18.88 per cent with 4 days and only 7.22 per cent were having menstrual flow for two days (Table 4.5d).

b.   **Pain during menstruation:** It was further observed that 27.22 per cent females were experiencing pain during menstrual cycle in both the age groups and among them, 17.22 per cent were having pain before the start of menstruation; however, 21.66 per cent girls did not complained for any pain during this period. In early adolescence period, the girls of high income range (33.33%), felt pain maximum during menstruation compared with the girls of middle (22.22%) and low (11.11%) income ranges. However, contrary to this, in late adolescence period, girls from middle income range (54.16%) were suffering more with pain as compared to low (33.33%) and high (16.66%) income ranges. These findings shows that rate of pain during menstrual cycle were much higher in females of late adolescence period.

c.   **Medicines taken during pain:** To avoid pain during menstruation, no girl in all the three income ranges of early and late adolescence period were in a habit of taking medicines regularly, except 2.77 per cent subjects in high income range of early adolescence period. Whereas, only 8.33 per cent subjects from both the age groups were consuming pain killers rarely and among them there were only

two subjects in low income range of early adolescence period and four subjects each from early and late adolescence periods, who were consuming medicines rarely.

CONCLUSION

Data Regarding General health status of selected females subjects showed that tendency of frequently falling sick was much high in them irrespective of their socio economic background. Weakness in eyes was also observed high in both the age groups.

REFRENCES

Chapman, G. (1996). Food practices and Concerns of Teenage girls- written for the National Institute of Nutrition. Available at: www.cfc.efc.ca/docs/ninut.

Chatterjee R. (2005). The nutritional need of adolescents. Adolecon available at ; www.pediatriconcall.com

Chatturvedi S., Kapil U., Gnanasekaran, N., Sachdev H.P.S., Pandey R.M. and Bhanti, T.(1996) Nutrient intake amongst adolescent girls belonging to poor socio economic groups of rural area of Rajasthan. Ind.Pediatr. 33: pp. 197-201.

Sarupria,S. and Mathew, S. (1987) Food consumption pattern and nutritional status of adolescents belonging to schedule tribes. Proc.nutr. soc. India. 33: p. 143.

Corresponding Author

Madhu Gupta*

Associate Professor in Home Science, I.G.N. College, Ladwa (Kurukshetra)

E-Mail – virendergill272@gmail.com