

IMPACT ASSESSMENT OF HEALTH EDUCATION IN ADOLESCENT GIRLS

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SUMMARY

From last few years extensive health education campaigns have been adopted by public health department regarding human reproduction, family welfare and small family norm. Hence, it is expected that all marriagable girls should have knowledge about these measures. In this study assessment of knowledge of adolescent girls as future mothers about human reproduction and family welfare is carried out. Impact of these campaigns on attitude of girls accepting small family norm is also studied.

This study is carried out in 200 rural school girls. 72.5% of girls have attained menarche. Mean menarcheal age being 13.5 years. 65.5% of girls had knowledge about menarche in premenarcheal period. 75% of girls were free of menstrual disorder. Dysmenorrhoea was the commonest disorder (20.4%). 57.59% of girls had knowledge about one or more fertility regulating methods. Methods available for females were better known than others. Source of knowledge was health personnels from P.H.C. Significant difference was observed between attainment of menarche and knowledge of fertility regulating methods.

Attitudes towards acceptance of small family norm is positive as 73% of girls were ready to accept small family norm if given choice. 22% of girls were ready to accept even one child family. Thus there is a tremendous positive impact of health education for family welfare programme.

INTRODUCTION

The menarche has been considered as an important episode in women's reproductive life. It is followed by orderly sequence of

manifestation of adolescence. The age of menarche is a reasonably acceptable indicator of several other features of adolescence and onset of puberty. In rural setting early marriages are common features and many times attainment of menarche is an important landmark for marriage of a girl.

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It is easy to reach adolescent girls in school setting. Other advantage is that these girls tend to be more free amongst peer group away from family members. These topics, till today are not freely discussed even in urban areas. Hence, this survey was carried out in rural school girls.

AIMS AND OBJECTIVES

- 1) To assess the knowledge of adolescent girls about human reproduction.
- 2) To assess their knowledge about family welfare and their attitude towards acceptance of small family norm.

Study Design

A cross sectional descriptive study :

METHODOLOGY

A residential national social service camp was organised by unit of Indira Gandhi

Medical College, Nagpur at Kodhamendhi village, 71 Kms. from Nagpur. This study is carried out in girls studying in High School from Kodhamendhi.

A pretested proforma was filled by trained interviewers. There were 228 girls on roll. Out of these, only 200 could be included in the study. Age of the girls was confirmed from the school register.

OBSERVATION AND DISCUSSION

Out of 228 girls on roll, 200 girls could be included in the study. It is observed from Table I that only 7.5% of girls were below 12 years of age group. 74% of girls belonged to 12-15 yrs. of age group.

AGE OF MENARCHE

Out of 200 girls 145 girls had attained menarche. Minimum age for attainment of menarche was 12.1 years while maximum was 15.6 years.

It is observed from Table II that 18.6% girls had attainment of menarche between 12 to 13 years of age while 26.20% between 13 to 14 years of age. Maximum number of girls i.e. 46.2% had attained menarche between 14 to 15 years of age group while only 9% of girls between 15 to 16 years age group.

Table I

Age Distribution of Girls

Age	No. of girls	Percentage
12	15	7.50
12 - 13	28	14.00
13 - 14	58	29.00
14 - 15	54	27.00
15 - 16	24	12.00
Above 16	21	10.50
Total	200	100%

Table II

Age of Menarche

Age	Menarche	Percentage
12	—	0
12 - 13	27	18.60
13 - 14	38	26.20
14 - 15	67	47.20
15 - 16	13	9.00
Total	200	100.00

Pitale (1990) mentioned in her study that 60% of rural girls have attainment of menarche between 13 to 15 years of age group. Similar are the findings of Ramarao (1963).

Mean menarcheal age was 13.5 years in present study. Ramarao (1963) reported, mean menarcheal age of 13.8 years. Pitale (1990) stated 14.53% years as mean menarcheal age in rural girls.

Banerjee and Mukherjee (1961) reported that a worldwide decrease in age at menarche has been apparent, probably because of higher standard of diet which induces better growth and development. Age of menarche is also affected by biological and psychological factors. Out of these, which factor affects most is not yet clear. (Pal et al 1983)

KNOWLEDGE AND SOURCE OF INFORMATION

As observed from Table III 65.5% (95) girls had knowledge about menarche in premenarcheal period while 34.5% were unaware till the event occurred.

The main source of information was friends mostly who have attained menarche. 29.4% of girls had information from their mothers and 9.5% had from other relatives. Teachers and books have not played much role as source of information. Compared with other studies higher percentage of girls were aware of menarche in premenarche period.

Table III

Showing knowledge of Menarche

Age	No. of girls	Percentage
Yes	95	65.6%
No	50	34.4%
Total	145	100%

MENSTRUAL DISORDER

75% of girls were free of menstrual disorder. 20.4% of girls had Dysmenorrhoea while 4.6% girls had other problems like scanty menses or menorrhagia.

Occurrence of dysmenorrhoea increases with age and is maximum during 14 to 16 years of age. This is probably due to chance of anovulatory cycles to ovulatory cycles. The treatment of dysmenorrhoea in young adolescent demands emphasis on educational and general measures and not drugs, as it is sort of psychosomatic disorder.

FERTILITY REGULATING METHODS

Knowledge about available fertility regulating methods were assessed for all the 200 girls as future mothers.

As observed in Table IV, 115 girls i.e. 57.50% had knowledge about one or more methods while 42.50% were unaware of any method. Amongst the temporary methods oral pills and Cu T were more popularly known than Nirodh. This may be because users of these methods are womenfolks and discussed

Table IV

Showing knowledge about Fertility Regulating Methods

Fertility regulating Methods	No. of girls	Percentage
Oral Pills	30	15.50%
Cu. T	27	13.50%
Nirodh	12	6.00%
Vasectomy	11	5.50%
Tubectomy	33	16.5%
MTP	2	1.00%
Not known	85	42.50%
Total	200	100.00%

Table V

Distribution of Girls attaining Menarche and knowledge about Fertility Regulating Method

S. No.	Menarche	Knowledge	
		Yes	No
1	Attained	92	53
2	Not attained	23	32
Total		115	85

(X^2 8.38 DF - 1 P < .005)

Table VI

Acceptance of Family Size

Family size	No. of girls	Percentage
One child	44	22%
Two children	102	51%
Three children	20	10%
More than three children	3	1.5%
No response	31	15.5%
Total	200	100%

freely among themselves. Similarly, 16.5% of girls were knowing about tubectomy and 5.5% were knowing about vasectomy.

As such, in Indian family welfare programme, there is more emphasis for adoption of fertility regulating methods for females. The female paramedical workers' contribution is equally important who visit the households frequently, for motivation of eligible mothers. Actually, this was the main source of information, though indirect for these girls. Only two girls were knowing about M. T. P. But none were aware about M. T. P. Law. This is not surprising as M. T. P. is not yet promoted in rural areas. Significant difference was observed between attainment of menarche and knowledge of fertility regulating methods.

FAMILY SIZE

Adolescent girl's attitude towards acceptance of small family norm is positive. 73% of girls were ready to accept the small family norm if given choice. 22% of girls were ready to accept one child family, while 51% of girls were in favour of two child family irrespective of sex of the child. 11.5% of girls still wanted 3 or more children.

15.5% of girls declined to comment. Only one girl insisted on having a male child.

As observed in this study, there is tremendous positive impact of family welfare programme as 73% of future mothers were ready to accept small family norm and even one child family if given choice. Equally important is that there is no bias for sex of the child. The thinking process in right direction has started by motivation.

Summary

200 rural school girls were interviewed for their knowledge and attitude towards reproduction, family welfare and family size. It was a cross sectional descriptive study. 27% of girls had attainment of menarche. Mean menarcheal age was 13.5 yrs. 65.5 percent of girls had knowledge about menarche in premenarcheal period. 75.2 percent had no menstrual disorder.

Assessment of knowledge about fertility regulating method indicated that 57.50 percent of girls had knowledge about one or more methods. Oral pills & Cu T were more popularly known. Most of the girls had better knowledge about methods available for women folks. A significant

association was observed between attainment of menarche and knowledge about fertility regulating method.

Attitude towards accepting small family norm was favourable as 73 percent of girls were willing to accept it if given choice. Even 22 percent of girls were willing to accept one child family.

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Response	No. of girls	Percentage
Willing to accept small family norm	73	73%
Willing to accept one child family	22	22%
Total	95	100%

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Willing to accept small family norm	73	73%
Willing to accept one child family	22	22%
Total	95	100%

It is of great importance to know the attitude of girls towards small family norm. The present study has shown that 73% of girls were willing to accept small family norm and 22% were willing to accept one child family. This indicates that the majority of girls are in favour of small family norm. The present study has also shown that the knowledge about fertility regulating method is directly related to the attainment of menarche. This indicates that the girls who attain menarche at an early age have better knowledge about fertility regulating method.

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