

## IMPACT ASSESSMENT OF HEALTH EDUCATION ON URBAN ADOLESCENT GIRLS

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### SUMMARY

From last few years extensive health education campaigns have been adopted by health departments regarding human reproduction, family welfare and small family norm. In this study, assessment of knowledge of adolescent girls as future mothers about above mentioned topic is studied. As small family norm is widely projected attitude of these girls for accepting small family norm is also studied.

This study is cross sectioned descriptive study carried out in 200 urban school girls in school setting. 62.5% of girls had attained menarche. Minimum age was 11.2 years. Mean menarcheal age was 13.1 years. 69.5% of girls had no knowledge about menarche in premenarcheal period. 71.2% of girls were free of menstrual disorder. Only 46.0% of girls had knowledge about fertility regulation methods. Majority of girls were aware of oral contraceptive pills. Significant difference was observed between attainment of menarche and knowledge of fertility regulation methods.

Attitude towards small family norm is strongly positive. 73% of girls are ready to accept small family norm and 22% are ready to accept single child without the bias of sex. Thus, there is a tremendous positive impact for accepting the small family norm but poor knowledge about the methods to keep the family small.

### INTRODUCTION

The menarche has been considered as an important episode in woman's repro-

ductive life. It is followed by orderly sequence of manifestation of adolescence. The age of menarche is reasonably accepted indicator of several other features of adolescence and onset of puberty. From last few years extensive health education campaigns have been adopted by health department regarding human reproduction, family welfare and small family norm. Hence it is expected that all marriageable girls should have knowledge about these measures.

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

#### AIMS AND OBJECTIVES

1) To assess the knowledge of adolescent girls about human reproduction.

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

#### METHODOLOGY

This study was carried out in 8th, 9th and 10th standard girls of Govt. Girls High School at Nagpur. 200 girls out of 242 girls could be interviewed. A pretested proforma was filled by trained interviewers. Age of the girls was confirmed from school register.

#### OBSERVATION AND DISCUSSION

200 girls were included in study group belonging to the age group of 12 to 18 years. It is observed from Table I that 73% of girls belonged to 14 years and above age group.

**Age of Menarche :-** Out of 200 girls, 125 girls (62.5%) had attained menarche. Minimum age for menarche was 11.2 years while maximum was 16 years. It is observed from Table II that 53.6% of girls had attained menarche between 13 and 14 years. It is also observed that 76.8% of girls had attained menarche between 13 and 15 years of age group. Mean menarcheal age was 13.1 years.

Banerjee and Mukherjee (1961) reported that a worldwide decrease in age at menarche

**Table I**  
**AGE DISTRIBUTION OF GIRLS**

Age	No. of Girls	Percentage
12 - 13	20	10
13 - 14	34	17
14 - 15	64	32
Above 15	82	41
<b>Total :</b>	<b>200</b>	<b>100</b>

**Table II**  
**AGE OF MENARCHE**

Age	No. of Girls	Percentage
Below 12	8	6.4
12 - 13	18	14.4
13 - 14	67	53.6
14 - 15	29	23.2
Above 15	3	2.4
<b>Total :</b>	<b>125</b>	<b>100</b>

has been apparent because of high standard of diet which induces better growth and development. Age of menarche is also affected by biological and psychological factors (Pal et al 1983). There is more exposure to psychosexual factors in urban areas. Probably this is the reason for lower age of attainment of menarche in this study as compared to others.

Durge and Varadpande (1993) mentioned in their study 12.1 years and 16.1 years as minimum and maximum age for attain-

ment of menarche. Pitale (1990) stated 12.6 years as minimum age and that 42.6% of girls had attained menarche between 14-15 years. Both the studies were carried out in rural setting.

Ramarao (1963) reported mean age of 13.8 years at menarche while Pitale (1990) mentioned 14.53% years in her study. The mean menarcheal age is also lower in the present study.

**Knowledge and Source of Information :-** As observed from Table III 69.5%

**Table III**  
**KNOWLEDGE OF MENARCHE**

Knowledge	No. of girls	Percentage
Yes	50	25.0
No	139	69.5
Decline to comment	11	5.5
<b>Total :</b>	<b>200</b>	<b>100</b>

of girls had no knowledge about menarche. 6.5% refused to comment while only 25% had some knowledge. It is a startling fact that inspite of staying in urban areas where there is lot of exposure and discussion minority of girls had the knowledge.

For 54% of girls who had knowledge mother and sister was main source while for remaining friends was the source. Teachers and books have not played any part. The adolescent girls should be educated about this vital issue and mothers and teachers should have active participation.

This is really a painful state that majority of future mothers of urban areas were unaware of this important information.

Durge & Varadpande (1993) has stated that 57.5% of rural girls are aware of these methods. This is probably because of the house to house visit of paramedical staff to motivate eligible mothers. This is an indirect source for these girls. Such situation does not exist in urban areas. The source of information is mainly from mass media. 50% of the girls had knowledge about oral contraceptive pills including the

**Table IV**  
**KNOWLEDGE ABOUT FERTILITY REGULATING METHODS**

Knowledge	No. of girls	Percentage
Yes	92	46.0
No	108	54.0
Total :	200	100

**Menstrual Disorders :-** 71.2% of girls were free of any menstrual problem. Leukorrhoea (7%) was the commonest complaint followed by dysmenorrhoea. Lack of personal hygiene may be the important reason for leukorrhoea in unmarried girls.

**Fertility regulating methods :-** Knowledge about available fertility regulation methods was assessed for all the 200 girls as future mothers. As observed from Table IV only 92 (46.0%) girls had knowledge about one or other methods while 54.0% of the girls were totally unaware of it.

trade name of Mala D. knowledge was very poor about other methods.

Significant difference was observed between attainment of menarche and knowledge of fertility regulating methods. (Table V)

**Family size :-** Adolescent girls attitude towards acceptance of small family norm is strongly positive. 73% of future mothers are ready to accept small family norm. 21% of these girls are even ready to accept single child family. This is irrespective of the sex of the baby while 7.5% and

**Table V**  
**DISTRIBUTION OF GIRLS ATTAINING MENARCHE AND**  
**KNOWLEDGE ABOUT FERTILITY REGULATION METHOD**

No.	Menarche	Knowledge	
		Yes	No
1.	Attained	65	60
2.	Not attended	27	48
Total :		92	108

( $X^2 = 4.78$       DF1 P < 0.05)

**Table VI**  
**ACCEPTANCE OF FAMILY SIZE**

Family size	No. of girls	Percentage
One child	42	21.0
Two children	114	57.0
Three children	14	7.0
No comment	30	15.0
Total :	200	100

6% of girls insisted for male and female child respectively.

7.5% of girls still wanted more than 3 children while 13.5% denied to comment. As observed from this study there is a tremendous impact of family welfare programme on choosing the small family norm though the knowledge about how to keep the family small is poor.

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