

## HEALTH CARE PRACTICES OF ADOLESCENT GIRLS

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Adolescence is a period of development that adults tend to view with a mixture of fear and fascination. Teachers, Nurses, Doctors, Social Workers and so forth, seem to have reactions from one or another extreme either they see adolescents as exiting, enthusiastic and fun to be with or as a frightening mob of unruly, uncontrollable creatures who ought to be put into deep freeze during the teen years. There does not seem to be much in the way of middle ground.

However adolescence is unique not so much in the fact that it is a distinct period of growth and development, but in the types of tasks and expected events that are part of the process of becoming an adult. It is precisely those differences and the way in which young people who are adolescents respond to the tasks that frightens many adults. Many professional practitioner avoid working with adolescents because they are neither children nor adults. Any development during this period must establish a sense of individual identity and feelings of self-worth with esteem and alteration of his or her body image. The most common and obvious feature of the adolescent transition is a sudden spurt in physical and sexual development.

Home is an important aspect of adolescence psychology. Home environment and family have a substantial impact on the developing minds of teenagers and these developments may reach a climax during adolescence. For ever, abusive parents may lead a child to “Poke Fun” at other classmates when he/she is 7 Years old or so, but during adolescence it may become progressively worse for example, the child may now be using drugs or becoming intolerably violent among other classmates. The concepts of right or wrong if not cleared early in a child’s life, lack of knowledge may impair a teenagers ability to make beneficial decisions as well as allowing his/her impulse to control his/her decisions. In the search for a unique social identity for themselves, adolescents are frequently confused about what is wrong and what is right. G. STANLEY. HALL denoted this period as

“storm and stress” and according to him conflict at this developmental stage is normal and not unusual. The most important loss in their lives is changing relationship between the adolescent and their parents. They may also experience strife in their relationships with friends. This may because of things their friends do, such as smoking that they feel if they do not do, they will “lose their friendship”. Teen depression can be extremely intense at times because of physical and Hormonal Changes but emotional instability is part of being a teenager. Their changing mind, body and relationships often present themselves as stressful and that change, they assume is something to be feared.

The aim of the present study is the health care practices of adolescent girls with regard to find out ability to adjust. So what is adolescence? Is adolescence a period of life marked by storm and stress? Or is adolescence a little of all the above ‘ADOLESCENCE’ is a period of life in which a new sense of one self that is the adolescent brings from childhood. It is also partly a result of where the young person sees himself or herself headed in the future. Our role in working with young girls is thus one of helping them in developing a positive sense of self.

**SOME BIG CHALLENGES BEFORE ADOLESCENCE CARE**-\* All over the world a large number of adolescences are street workers.\* In many families adolescent girl remaining the last to get meals. During pregnancy her nutritional requirements increased but even then she remains the last fed. \* In teenage she is at risk of insecure sexual relation, miscarriage, unwanted, pregnancy, STD, HIV and AIDs. \* In developing countries the death rate of adolescents pregnancy is 2 to 5% more than their older counter parts. \* In the whole world 10% newborn babies are delivered by teenage adolescence girls. \* In every year minimum 10 Lack to 40.4 Lack abortions are reported about adolescent mothers which is insecure, illegally performed by untrained nurses in unhealthy conditions.

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**AIMS OF THE STUDY**-The health care practices and awareness towards self as the main aim of study, other objectives are categorized as following –

1. To study their decision making ability. 2. To find out their knowledge about physical care and Hygiene during normal and menstruation period. 3. To study their awareness about sexual abuse. 4. To find out the level of awareness about healthy living.

**METHOD OF STUDY**-At random adolescents from college going girls were selected. The sample comprised by 86 adolescent girls. A standard questionnaire prepared by FPA was used to collect the primary data. The main features of questions are :-

\* Awareness of hygienic and physical care. \* Their decision making Pattern. \* Awareness related to social behavior. \* Awareness related to menstrual cycle.

**Data Analysis** – Data was analyzed and statistical interpretations were drawn few most important findings are presented below.

**Table No. 01 Time consumed in routine decisions**

S. No.	Time Taken	F	Percentage
1.	10 Minute	30	34.88
2.	1 Hour	18	20.93
3.	1 Day	20	22.25
4.	Unable to take decision	12	30.95
5.	Ask parents for help	44	51.16

More than 50% girls asking for help to their parents for any decision. This shows that they totally depend on their parents. This is due to interferences of parents and instructions given to them from their early childhood period.

**Table No. 02 Behaviour with opposite sex Decision for dating**

S. No.	Option	F	Percentage
1.	Flatly Refuse	58	67.44
2.	Avoid	06	6.97
3.	No hesitation in meeting alone	Nil	-
4.	Ask family members to decide	16	18.60
5.	Ready to meet him within group and not alone	34	39.53

The Data reveals that most of the girls refused directly to meet alone because most of the girls are

from middle class family and they have no freedom to do so. The second most important feature is that they wish to meet their boyfriends but not alone. They are ready to meet when others are present.

**Table No. 3 Pressurising for Cigarette Smoking and Tobacco Chewing during dating**

S. No.	Decision	Frequency	Percentage
1.	Accept	-	-
2.	Avoid	-	-
3.	Any other time	-	-
4.	Strictly refuse	86	100%

All the selected girls strictly refused for above shown table. In other hand the girls from metropolitan girls are found to addict like smoking, Alcoholism and Tobacco chewing. Some survey shows that the cities such as Delhi, Mumbai, Kolkata, Hyderabad, Bangalore has increasing regarding this matter and this is very seniors for our country's future. All the surveyed are belongs to middle income group and fear of their cultural values.

**Table No. 4 Behavior at ill intention of Relatives and known/Unknown persons**

S. No.	Decision	Frequency	Percentage
1.	Keep silence	Nil	-
2.	Complaining to parents	60	88.23
3.	Strictly oppose for that	60	88.23
4.	Feel good	Nil	-
5.	Complain to friend	18	9.30

The data shows that teasing, teaching habits, showing bad gestures are mostly apposed by adolescent girls. This shows their awareness of self protection. The girls are taking self defense training like mission prahar and karate in our college.

**Table No. 5 Personal Health Care/Healthy Living.**

S. No.	Options	F	Percentage
1.	Using soap for bathing	48	55.81
2.	Cleaning ness of body	48	55.81
3.	Cleaning internal organs of body	50	58.13
4.	Cleaning body and mind	80	93.02
5.	Wearing clean cloths	53	65.11

This is very important to observe for healthy living and cleanliness. All the practice shown in this table are important and related with personal hygienic. The girls on an average are aware of cleanliness.

**Table No. 6 Food Habits**

S. No.	Options	F	Percentage
1.	Routine Diet	86	100
2.	Junk Food	59	68.60
3.	Any food available in family	86	100

Food habit are most important for physical fitness, which responds a high percentage with routine diet and any food available in family. In middle class families generally routine meal or availability of food is most common reason for rutting habit. Occasionally girls are taking junk food.

**Table No. 07 Irregularity during Menstruation**

S.No.	Options	Froq.	Percentage
1.	Consult doctor	56	65.11
2.	No action taken	26	30.23
3.	Assuming it as a big problem	60	88.23

In this stage most of the girls assume it as a big problem. Such as ie 88.23 %. Few girls it as a normal condition and irregularity is a general symptoms. Only few girls consult to doctor.

**Table No. 08 Aware During Menstruation**

S. No.	Options	F	Percentage
1.	Daily bath	60	88.23
2.	Own care	40	46.51
3.	Use of neat and clean Pads/ Ready made Pads	50	58.13
4.	Wearing proper clean cloths	40	46.51

The table shows high percentage of cleanliness and daily bath. Neatness and use of washed cloths, clean pads are good signs of healthy living.

**Table No. 09 Knowledge about Molestation or eve teasing**

S.No.	Options	F	Parentage
1.	obscene gestures	32	37.20
2.	A girl with a boy	14	16.27
3.	Unwanted sexual relations	62	72.09

The table show that more than 72.09 percent respondents think that unwanted sexual relation is sexual molestation. Some of the respondents think that obscene gestures from apposite sex is molestation. Even some of the respondents not clear that what is molestation, they think that a girl with a boy is molestation this shows the innocence of the girls.

**Table No. 10 Sexual molestation happen what is your reaction**

S. No.	Options	F	Percentage
1.	Keep Silence	nil	-
2.	strict resist	70	81.39
3.	Seeking help from other people	32	37.20

Majority of the respondents were of the opinion of strict resistance as 81.39% towards sexual molestation. On the other hand seeking help from other and informing family members opted by equal numbers as 37.20%.

**Table No. 11 Are you feeling shay during Ministrations**

S. No.	Frequency	Percentage
1.	Yes	12
2.	No	64
3.	Don't know	10

The table shows that most of \_\_\_\_\_ of girls do not feel shay of awarness in girls and sex education is given in schools, promotion of pads through Media like T.V., Radio and Magzines and availability of knowledge in mass.

**Table No. 12 You are proud to be a girl**

S. No.	Options	F	Percentage
1.	Yes	-86	100%
2.	No	Nil	-

100% girls feel prude to be a girl. In present phenomena from all the conversation every family expect that girls are more sensitive, care for parents, equality in gingerly by constitution and legally they home some lights like boys in the family. This show the awarness of girls education and the role of girls in society.

**Conclusions :** The findings of the present study indicate that most of the college going girls i.e. 86 were found to be aware about health care practices regarding their own physical and practices regarding their own physical and personal care. The findings also indicate that girls are still dependent on their parents for taking decisions for them as 5% - 6%. Respondents some has shown 10 minute second highest percentage in their study as 34-88 they also revel that finally the parents decision is working. Although they feel proud to be a girl as 100%. The body care task and healthy living to be shown importance of cleaning ness of body and mind which is the main aspect of this study.

On the other side regarding sex education and sexual molestation majority of respondents strict resist toward molestation. Sex education is one more study area. Adolescent sexuality refers to sexual feelings, behavior and development. The expression of sexual desire amongst adolescent might be influenced by family values and their culture, religion in which they

have grown up. Views of family relationship during adolescence are changing. The old view of that put an emphasis of stromexuality refers to sexual feelings, behavior and development. The expression of sexual desire amongst adolescent might be influenced by family values and their culture, religion in which they have grown up. Views of family relationship during adolescence are changing. The old view of that put an emphasis of storm and stress was normal and even inevitable. However, the view puts emphasis. On transformation or relationships and maintenance of connectedness, in present study the view for taking decision shows the value of family and the dependent of girl child to their parents. This is a power of Indian culture and family values. Western society has a less

cultural side rather than a physical cause. Anthropologist Albert Bundura reported that societies where young women engaged in free sexual activity had no such adolescent turmoil.

In a 2008 study conducted by You Gov. for channel 4 20% of 14 – 17 year olds surveyed revealed that they had their first sexual experience at 13 or under 13. The age of consent to sexual activity varies widely between international jurisdictions ranging from 12 to 21 years although some governments planning to raise the age to reduce the incidence of the most serious, STD, pregnancy among teenage, sexual abuse and exploitation of younger teens. This study targets to healthy health care practice under their culture and family values.

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