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The knowledge of rural adolescent girls in health parameters

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Abstract

The present study was conducted with an objective to find out the knowledge of rural adolescent girls in health along with information sources used by them and problem faced by rural adolescent girls in seeking health information. The study was conducted in one randomly selected panchayat samiti Khamnor of Rajsamand district, Rajasthan. The four villages namely Kaliwas, Bilocha, Delwara, and Negadia were included in the study. The sample consisted of randomly selected 100 rural adolescent girls in the age of 15-18 years with primary education and unmarried. After consultation with subject matter specialists, different aspects of health were selected which includes general health and reproductive health. Interview technique was used for data collection and were analysed using frequency, percentage and mean percent scores.

Keywords: Consumer buying behavior, COVID-19 pandemic, homemakers, online and offline buying, working women

Introduction

In India adolescent girls constituting nearly one tenth of the population, form an extremely important section of the society. They play an important role in shaping the country's population because these are the potential mothers and homemakers. In many countries, the concept of a transitional period between childhood and adulthood is relatively new. During this period, known as adolescence, individuals move towards physical, psychological maturity, economic independence and acquire their adult identity. According to WHO, adolescents are individuals between 10-19 years of age.

Health is directly related to nutrition. Good nutrition is an important phenomenon for each and every stage of life because it is the basic component of health and during adolescent period a substantial amount of new tissues are build and growth takes place, which demand improvement in the nutrient supply. If food is not taken into consideration then growth may be affected. Good nutrition not only prevent infirmity and absenteeism owing to disease, but also enhance resistance and increase the ability for sustained work. It also prolong life expectancy, thus add productive years to the person's life.

India has one of the fastest growing youth population in the world. Number of adolescents in India particularly girls live under suboptimal conditions marked by poor nutritional status and high level of morbidity and mortality. According to UNICEF (2006), in India the adolescent maternal mortality rate is 33 percent just because of lack of health and nutritional care during pregnancy as well as at early stage of their life. In a country like India with varying social customs and common beliefs against female, there is a high

prevalence of malnutrition amongst girls. The nutritional status which is often poor during early life get worsened as the adolescent growth spurts occurs. Majority of girls in this age range are out of school therefore, does not receive services from school based health programme.

Objective

To find out the knowledge of rural adolescent girls about health.

Methodology

Selection of sample

The study was conducted in Rajsamand district of Rajasthan. There are 7 panchayat samities (P.S.), out of which one panchayat samiti Khamnor was selected randomly. From the selected panchayat samiti, a list of villages was prepared and from the prepared list 4 villages namely Kaliwas, Delwara, Negadia and Bilocha situated 10 km away from the panchayat samiti head quarter, but are in close vicinity having similar infrastructure facility were selected to avoid impact of extraneous variables.

For selection of sample a comprehensive list of adolescent girls in the age group of 15-18 years who were primary educated and unmarried was prepared from each village and from that list 25 girls were selected on random basis to form a total sample of 100 rural adolescent girls.

Statistical analysis

Frequency and percentage were used to analyze the data.

Results

Knowledge of rural adolescent girls related to health:

1. General health: This part includes knowledge of rural adolescent girls related to concept of health, personal hygiene and house hold cleanliness.

a) Concept of health: Perusal of Table1 reveals that only 13 percent respondents had knowledge about meaning of health i.e. a state of complete physical, mental and social well being and not merely the absence of disease and infirmity. However, few respondents knew that health concerns with physical fitness and having no disease and infirmity while some of the respondents had concept that

health refers to physical fitness and proper growth and development of the body.

With regard to the reasons of getting sick, Table1 reveals that all the respondents knew that unhygienic surroundings as the main reason of getting sick while 43-61 percent respondents had knowledge that lack of personal hygiene or bad health habits and drinking impure water cause diseases. Only 13 percent respondents knew that imbalance diet makes a person sick while 2 percent knew that dirty cloths can be one of the reasons for getting sick.

Table 1: Distribution of respondents according to their knowledge regarding concept of health (n=100)

S. No.	Knowledge	f/%
1.	Meaning of health	13
2.	Reasons for getting sick	
a)	Unhygienic surroundings	100
b)	Drinking impure water	61
c)	Lack of personal hygiene or bad health habits	43
d)	Taking unbalance diet	13
e)	Dirty cloths	2
3.	Ways to be healthy	
a)	Cleanliness of surrounding	93
b)	Maintain personal hygiene	15
4.	Reasons for wearing cloths	
a)	Prevent bad smell of sweat	95
b)	Good appearance	63
c)	Good health	53
d)	Prevent from skin disease	6

Analysis of Table1 further reveals that majority of the respondents (93%) knew that person can become healthy by maintaining cleanliness of surroundings while only 15 percent respondents had knowledge that good health can be achieved by maintaining personal hygiene.

Scrutiny of Table1 further reveals that majority of the respondents (95%) knew that wearing clean cloths helps to prevent bed smell of sweat followed by 53 to 63 percent of the respondents had knowledge that clean cloths helps in maintaining good health and gives good appearance. Only 6 percent respondents were aware that dirty cloths may cause various skin diseases. The findings are in line with study conducted through Multi Indicator Cluster Survey (MICS)

(1995-96)^[4] where it was found that poor sanitary condition in urban slums continued to create favorable conditions for disease transmission and health hazards not only for the slum population but for the entire population. The prevailing conditions were due to Poor sanitation and other problems that had direct negative influence on adolescent girls health.

b) Personal hygiene: Hygiene is more than just being clean. It includes many practices that help people to be healthy. So looking towards the importance of personal hygiene, this part dealt with knowledge of the respondents regarding cleanliness of different part of the body.

Table 2: Distribution of respondents according to their knowledge regarding cleanliness of different body parts (n=100)

S. No.	Parts of Body	Reasons for cleanliness	f/%	Frequency of cleaning	f/%	Material used	f/%
1.	Whole body	For freshness Prevent bad smell of sweat Prevent skin disease	96 60 1	Daily	84	Soap	100
2.	Hair	Helps to remove lice from hair Prevent from dandruff and splitters For long shine and strong hair	91 63 33	Weekly	78	Soap Mud Shampoo	89 78 58
3.	Eyes	For clear vision Avoid eye disease	100 36	Daily	100	-	-
4.	Ears	To hear properly To check ear disease	100 1	Weekly	54	Cotton bud	39
5.	Teeth	For healthy and strong teeth Avoid cavities and disease	99 22	Twice a day	15	Toothpaste Neem stick	55 45
6.	Hands	Prevent from communicable disease	70	After defecation and before taking food After defecation	13 87	Soap Ash	72 66
7.	Nails	(Cleaning and cutting) Prevent from communicable disease For checking growth	60 7	Weekly	65	Nail cutter Scissor	57 43

The information related to cleaning of different body parts was also gathered and all the respondents knew about the cleaning of different body parts i.e. whole body, hairs, eyes, ears, hands, nails and teeth. The information about reasons of cleanliness, frequency of cleaning and material used for cleaning was also gathered and presented in Table 2 reveals that majority of the respondents had knowledge about cleaning of whole body with the reason to feel fresh, while 60 percent of respondents knew that it helps to prevent bed smell of sweat. Only one respondent knew that skin diseases can be prevented by cleaning of whole body. Regarding the frequency of cleaning whole body, majority of the respondents (84%) knew that one should take bath daily while rest 16 percent of respondents said that a person should take bath once in 2-3 days. Regarding the material used for cleaning of body, all the respondents knew about use of soap.

With respect to cleaning of hair, Table 2 reveals that majority of the respondents had knowledge that cleaning of hairs keep them free from lice while prevention of dandruff growth and splitters was known to 63 percent respondents.

One third of the respondents knew that cleaning hairs regularly makes hairs long, shiny and strong. With regard to frequency of cleaning hairs, majority of the respondents (78%) knew that hairs should be cleaned weekly while 22 percent respondents said that it should be cleaned twice in a month. It is clearly depicted from the table that majority of the respondents (78-89%) knew that mud and soap can be used for cleaning hairs while 58 percent respondents knew about use of shampoo as a material for cleaning hairs.

Analysis of Table 2 further reveals that all the respondents knew about importance of cleaning eyes in maintaining clear vision. Keeping eyes clean helps in avoiding eye disease was known to only 36 percent respondents. With respect to the frequency of cleaning eyes, all the respondents knew that eyes should be cleaned daily.

Regarding cleaning of ears, data in Table 2 shows that cleaning ears regularly helps in hearing properly was known to all the respondents. While only 1 respondent had knowledge that ear diseases can also be checked by it. Regarding the frequency of cleaning ears, more than half of the respondents knew that it should be cleaned weekly where as 43 percent respondents said that it should be cleaned twice in a month. As far as the material used for cleaning ears, only 39 percent of the respondents knew that cotton bud should be used to clean ears.

A look to the data in Table 2 further reveal that almost all the respondents (99%) knew that proper cleaning of teeth helps to keep them healthy and strong but

Only 22 percent of the respondents were aware about the fact that improper cleaning of teeth may lead to cavities and diseases. Majority of the respondents (82%) knew about one time cleaning of teeth in a day and only 15 percent of the respondents knew about cleaning of teeth twice in day. However 3 percent of the respondents reported for cleaning teeth once in 2-3 days also. Regarding the material use for cleaning teeth, 55 percent respondents knew about tooth paste, while 45 percent respondents knew about use of neem stick for cleaning teeth.

Review of Table 2 further reveals that majority of the respondents (70%) had knowledge that communicable diseases can be prevented by keeping hands clean.

Regarding the frequency of cleaning hands, all the respondents knew that hands should be cleaned after defecation while only 13 percent of the respondents had knowledge that hands should also be cleaned before taking food. With respect to use of material for cleaning hands, 66 to 72 percent of the respondents had knowledge about use of soap and ash as materials for cleaning hands.

The information regarding cleaning and cutting of nails reveals that majority of the respondents (60%) knew that communicable diseases can be prevented by cleaning and cutting nails properly. Only 7 percent of the respondents had knowledge that it helps in checking growth of the nails. As far as frequency of cleaning and cutting nails is concerned, majority of the respondents (65%) knew that nails should be cut weekly, while 26 percent respondents said twice in a month and 9 percent of the respondents said that nails should be cut monthly. Regarding the material use for cutting nails, majority of the respondents (57%) knew that nail cutter should be used to cut nails followed by 43 percent respondents knew about use of scissor as a material for cutting nails. The findings get support from Kiri (2001)^[2] who reported that the respondents had exhibited good knowledge (61-77.34%) in personal health, hygiene and cleanliness.

Overall it can be concluded that majority of the respondents had knowledge regarding personal hygiene like cleaning of body and cloth but most of the respondents not aware about cleaning of hands before taking food. The possible reason could be lack of awareness and illiteracy. Further any of the NGO and GO may not be reaching with this topic.

c) House hold cleanliness: House hold cleanliness is essential component of health. Hence the information related to this part was also collected like cleaning of house, use of dustbin and dispose off the garbage.

Table 3: Distribution of respondents according to their knowledge regarding household cleanliness (n=100)

S. No.	Knowledge	f/%
1.	Ways to keep house hygiene	
a)	Clean house everyday	100
b)	Use of covered dustbins	39
c)	Cleaning of toilet	35
d)	Outlet of drainage in soak pit/kitchen garden	13
e)	Use smokers chulha in kitchen	0
2.	Reasons for cleaning house everyday	
a)	For healthy environment	92
b)	Control growth of worms and bacteria	32
3.	Reasons for cleaning toilet	
a)	For healthy environment	92
b)	Control the foal smell	86
c)	Control growth of worms and bacteria	32
4.	Methods of disposing the garbage	
a)	Burning	98
b)	Dumping	75
c)	Use of covered dustbins	29
d)	Put garbage into compost pit	29

The data in Table 3 clearly reveal that cleaning house every day as a way to keep house hygienic was known to all the respondents while 35-39 percent of the proper outlet respondents knew that cleaning of toilet and use of covered dustbin helps to keep house hygienic Only 13 percent of the

respondents had knowledge that of drainage in soak pit / kitchen garden as ways to make house clean. Not a single respondent had knowledge about the use of smokeless chula in kitchen to keep house free from smoke and make healthy environment.

Perusal of Table 3 reveals that all the respondents knew that house should be cleaned every day. Data in the table further show that regarding the reasons to clean house toilet, majority of the respondents (92%) had knowledge that house and toilet should be cleaned to maintain healthy environment followed by 86 percent of the respondents knew that it helps to control the foul smell. It helps to control the growth of worms and bacteria were reported by only 32 percent of the respondents.

With regard to methods of disposing the garbage, 75-95 percent of the respondents knew that garbage can be dumped or burnt. While only 29 percent of the respondents had knowledge that garbage can be dispose off by use of covered dustbin and by putting garbage into compost pit. The findings get the support from Garg (1999) ^[1] who reported that 74 percent of respondents had poor knowledge and 87 percent had poor practice in the component drainage and refuse disposal. They also had poor knowledge about

household cleanliness and none of the respondents knew regarding smokeless chulha.

It can be concluded by the table that majority of the respondents had knowledge regarding ways to keep house hygienic, reasons for cleaning house / toilet and methods of disposing garbage.

II) Reproductive health: Reproductive health addresses the reproductive progress, function and system at all stages of life. So an effort was made to find out the knowledge of rural adolescent girls in different aspects of reproductive health i.e. Menstruation and AIDS.

a) Menstruation: This part includes information related to physical and emotional changes during adolescent age, knowledge about menstrual cycle and hygiene during menses etc.

Data in Table 4 reveals that 49 percent of the respondents knew about the meaning of adolescent stage i.e. a stage between childhoods to adulthood. Also all the respondents were aware about the age range of adolescent period i.e. 10-19 years.

Table 4: Distribution of respondents according to their knowledge regarding menstruation (n=100)

S. No.	Knowledge	f/%
1.	Meaning of adolescent stage	
a)	A stage between childhood to adulthood	49
2.	Age range of adolescent period	
a)	10-19 years	100
3.	Change occur during adolescent period	96
4.	Changes in girls during adolescent period	
I)	Physical changes	
a)	Menses starts	100
b)	Increase in weight	83
c)	Development of breast	25
d)	Attraction towards opposite sex	0
II)	Emotional changes	
a)	Mood swings	98
b)	Confusion	83
c)	Depression	82
d)	Irritability	53
e)	Social withdrawn	34
f)	Angry outburst	18
g)	Anxiety	18
5.	Concept of menstrual cycle	0
6.	Reasons for starting menses	0
7.	Age of starting menstrual cycle	
	10-16 years	100
8.	Days of occurring menses cycle	
	5-7 days	100
9.	Reoccurring of menses	
	Between 28-30 days	25
10.	Problem during menstruation	
a)	Irregularities	
	Delaying in memses	42
	Occurrence of menses twice I a month	24
b)	Abdominal pain	83
c)	Excessive bleeding	25
d)	Less bleeding	20
e)	Motion problem	9
f)	Urinary problem	0
11.	Foal smell from vaginal discharge	4
12.	Reasons for foul smell of vaginal discharge	0
13.	Problems due to foul smell of vaginal discharge	0

14.	Care to prevent foul smell of vaginal discharge	0
15.	Care during menses	
a)	Thoroughly washed hands with soap	96
b)	Clean vaginal parts	29
c)	Hot water bath	23
16.	Material needed to take care of menses	
a)	Cloth	97
b)	Pad	3
c)	Medicated cotton	0
17.	Precautions in using materials	
I)	Cloths	
a)	Washing with soap	82
b)	Washing with dettol	3
c)	Use after sun drying	66
d)	Use after ironing	0
e)	After sung drying, keep cloth in ploythene for further use	97
II)	Pad	
a)	Destroy/dump after use	3

Data in Table 4 reveals that majority of the respondents had knowledge about the various physical and emotional changes during adolescents age. Regarding the physical changes, all the respondents knew that starting of menses is one of the sign of adolescent age, followed by 83 percent of the respondents were aware about increase in weight after first menses. Only 25 percent of the respondents knew about heaviness of breast and none of the respondents said about attraction towards opposite sex just because of shyness. As far as the emotional changes are concerned, majority of the respondents (98%) knew about the mood swings. Depression and confusion reported by 82-83 percent of the respondents while 34-53 percent of the respondents had knowledge about social withdrawal and irritability. Only 18 percent of the respondents knew that anxiety and angry outbursts were also the emotional changes of adolescent age. The reason behind such knowledge among respondents may be that these physiological and emotional changes might have been felt by of the respondents. They experienced it so they knew it

It was disheartening to note that none of the respondents had knowledge about the concept of menstrual cycle i.e. cyclic, physiologic changes in level of hormones that cause the release of an egg from the ovary and thickening of the lining of the uterus in preparation of receiving and nourishing a fertilized egg. This cycle reoccurs approximately after every four weeks from puberty through menopause. Few of the respondents had knowledge that when growth takes place, a cycle occurs after the childhood age which reoccurs approximately in every four weeks, called menstrual cycle while some of respondents had knowledge that it comes in every month.

Scrutiny of Table 4 further reflects that not a single respondent had knowledge about the reason for starting menses i.e. the result of the shedding of the endometrial lining, which is the lining of the uterus. The uterine lining is the substance that provides nourishment to a fertilized egg during pregnancy. If the egg is left unfertilized, the uterine lining will shed from the body resulting menstruation.

A look into the table further reveals that all the respondents had knowledge about age of starting menstrual cycle and days of occurring menses i.e.10-16 years and 5-6 days respectively. With regard to reoccurring of menses, only 25 percent of the respondents knew that menses reoccur after 28-30 days.

Regarding knowledge about problems during menstruation,

majority of the respondents knew about abdominal pain, while delaying in menses was reported by percent of the respondents followed by 20-25 percent of the respondents had knowledge about other problems such as occurrence of menses twice in month, less bleeding and excessive bleeding. Only 9 percent of the respondents knew about the motion problems. None of the respondents had knowledge about urinary problem as one of the reproductive health problem

With respect to foul smell of vaginal discharge, Table 4 reveals that only 4 percent of the respondents had knowledge about this. Further respondents were not aware about the reason for this vaginal discharge i.e., unhygienic conditions and infection Table further reveals that none of the respondents had knowledge about the problems due to the foul smell of vaginal discharge i.e. pelvic inflammatory disease which cause serious infection around ovaries, fallopian tubes and uterus. Analysis of the table further reveals that not a single respondent had knowledge that this problem can be cured by maintaining menstrual hygiene. The reason for having no knowledge regarding foul smell of vaginal discharge may be that topic related to reproductive health, are still prohibited for discussion under certain section of society and especially in the villages. The findings get the support from Nanda, (2000) who found that adolescents have limited knowledge about sexual and reproductive health (23.7%), and know little about the natural processes of puberty (16%), sexual health (31%), pregnancy or reproduction (42%). This lack of knowledge about reproductive health including the emerging threat of HIV/AIDS may have great consequences for the country.

Scrutiny of Table 4 reveal that majority of the respondents (96%) had knowledge that hands should be thoroughly washed with soap during menses, while only 23-29 percent of the respondents had knowledge about hot water bath and cleaning of vaginal parts for maintaining menstrual hygiene during menses.

Respondents were further asked about knowledge regarding material used during menses, findings in the table reflects that majority of the respondents (97%) had knowledge about use of cloth while only 3 percent of the respondents knew about use of the pad. None of the respondents had knowledge about use of medicated cotton as material to take care of menses.

As far as the precaution in using material during menses is concerned, Table 4 clearly show that regarding the use of

cloth 82 percent of the respondents knew that cloth should be washed with soap. Only 3 percent of the respondents had knowledge that it can be washed with dettol. While 66 percent of the respondents knew that cloth should be used after sun drying and majority of the respondents (97%) had knowledge that it can be kept in polythin after sun drying for further use. Not a single respondent had knowledge that cloth can be used after ironing to make it free from germs and bacteria. Regarding the use of pad only 3 percent of the respondents had knowledge that pad should be destroyed / dump after every use.

Overall it can be concluded that respondents were not aware about the concept of menstrual cycle as well as reasons for starting menses. Regarding reproductive health problems, very few of the respondents were aware about the foul smelling vaginal discharge while none of the respondents had knowledge about its reasons, problems and cure to prevent this foul smell of vaginal discharge. Reason behind this lack of knowledge may be less coverage of such information by mass media, illiteracy or may be due to shyness to share such information with their family members. The reason behind this may be less education and shyness in getting information from family members.

b) AIDS: Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS) is a set of symptoms and infections resulting from the damage to the human immune system caused by the human immunodeficiency virus (HIV).

Many people in world suffers from this disease especially adolescent girls because of the lack of knowledge regarding reproductive health care issues so an effort was made to find out the knowledge of the respondents regarding AIDS which includes the concept, reasons and way to prevent AIDS.

Data in Table 5 reveals that none of the respondents had knowledge about concept or meaning of AIDS i.e. a sexually transmitted disease (STD). However, few of the respondents said that it is a disease transmitted by HIV infected blood or syringes while some of the respondents had concept that it is a disease leading to death of the person.

Table 5: Distribution of respondents regarding their knowledge about AIDS (n=100)

S. No.	Knowledge	f/%
1.	AIDS – meaning	0
2.	Causes of spreading AIDS	
a)	By infected syringes	86
b)	Receiving infected blood	84
c)	Sexual relationship with AIDS infected person	16
d)	Transfer from infected mother to child	13
3.	Person at risk of AIDS	
a)	Taking drugs through infected syringes	86
b)	Sexual relationship with more than one	16
c)	Sexual relationship with prostitute	14
d)	Person suffering from sexual transmitted diseases	0
4.	Ways to prevent AIDS	
a)	Receive HIV checked blood	85
b)	Use of disposable syringe	84
c)	Mother with HIV should prevent conception	17
d)	No sex relation outside marital life	16
e)	No sex relation with person suffering from AIDS	14
f)	Use of condoms	0

With regards to the causes of spreading AIDS, majority of the respondents (84-86%) had knowledge that a person can suffer from AIDS by receiving infected blood or use of infected syringes. While only 13-16 percent of the respondents knew that AIDS can be transmitted from infected mother to fetus and having sexual relationship with AIDS infected person. Data further reveals that majority of the respondents (86%) knew that person who is taking drugs from infected syringes is at risk of AIDS. Only 14-16 percent of respondents had knowledge that a person having sexual relationship with prostitute and with more than one may suffers from AIDS. None of the respondents knew that person suffering from sexual transmitted disease is also at risk of AIDS.

Regarding the ways to prevent AIDS, majority of the respondent (84-85%) knew about the use of disposable syringe and receiving HIV checked blood. No sex relation with person suffering from AIDS and outside marital life and HIV infected mother should prevent conception was known by 14-18 percent of respondents.

None of the respondents had knowledge about use of condom to avoid AIDS might be just because of shyness. The findings get support from Mahajan and Sharma, (2005) [3] who found that majority of the respondents from both urban as well rural area were not aware about the HIV/AIDS as well as about causes of spreading of AIDS. Majority of urban respondents (32.5%) believe that the agent of causing AIDS is blood transfusion/syringes whereas 32.5 percent of the rural sample was not aware of the same. According to the urban adolescent girls AIDS is not curable whereas majority of the adolescent rural girls (47.5%) believe that the AIDS is curable, 80 percent of the urban adolescent girls and 47.5 percent of the rural adolescent girls believe that the HIV infected person can infect others. It was evident from data that 80.5 percent of the urban and 70.5 percent of the rural adolescent girls believe that a person get infected if he/she comes in contact with HIV infected person. Majority (87.5%) of the urban adolescent girls believe that the man or woman who is HIV infected should not plan to have a baby whereas only 10 percent of the rural girls believe in the same.

It can be concluded from the table that although none of the respondents had knowledge about concept of AIDS but majority of the respondents knew the causes of spreading AIDS, person at risk of AIDS and ways to prevent from AIDS.

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