

International Journal of Agriculture Extension and Social Development

Volume 8; Issue 5; May 2025; Page No. 405-408

Received: 19-02-2025
Accepted: 23-03-2025

Indexed Journal
Peer Reviewed Journal

Knowledge of rural adolescent girls in health and nutrition

¹Charu Nagar and ²Dr Vishakha Bansal

¹Guest Faculty, Department of Extension Education and Communication Management, MPUAT, Udaipur, Rajasthan, India

²Professor & Head, Department of EECM, CCAS, MPUAT, Udaipur, Rajasthan, India

DOI: <https://www.doi.org/10.33545/26180723.2025.v8.i5f.1910>

Corresponding Author: Charu Nagar

Abstract

This study examines the health and nutrition knowledge of rural adolescent girls, the sources they use to access information, and the challenges they face in seeking reliable guidance. The findings indicate that while overall awareness was moderate, critical gaps exist in understanding essential nutritional concepts, such as nutrient functions and anemia, with only 30% demonstrating good knowledge of balanced diets. Informal sources like mothers, friends, and local NGOs were the primary channels for health information, while formal sources like books, newspapers, and community leaders were significantly underutilized due to literacy barriers, cultural norms, and limited access. These results highlight the urgent need for targeted educational interventions, improved media outreach, and community engagement to empower adolescent girls with accurate health and nutrition knowledge. Addressing these gaps is critical for enhancing their well-being and supporting broader public health goals.

Keywords: Adolescent girls, health and nutrition, nutrition knowledge, rural area

Introduction

Looking after the health and well being of the entire family is the major responsibility of women. Good health is man's most precious possession. It influences all activities of mankind. With good health the full potential of happily and rewarding life can be realized. It is priceless attribute desired by everyone. Thus good health is essential for the satisfaction of basic human needs and to improve the quality of life.

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 than growth may be affected.

Increasingly, government and non government organizations (NGO's) throughout the country are becoming conscious of the magnitude of the problem and are making serious efforts to improve the status and development of women and children. However, the majority of the programmes, focus on children under 6 years of age and women above 18 years. Therefore, adolescents girls in particular, are neglected in public programmes because there are very few special schemes or programmes which are adolescent centered. As a result, adolescence can no longer be viewed merely as a stage between childhood and adulthood. It is a unique and important developmental period requiring specific programming and policy attention. In India adolescent girls constituting nearly one tenth of the population, form an extremely important section of the

society. According to WHO, adolescents are individuals between 10-19 years of age. Therefore, the present paper attempts to study the knowledge of rural adolescent girls regarding health and nutrition, information sources used by them and problems faced by rural adolescent girls in seeking health and nutrition information.

Methodology

The study was conducted in randomly selected Khamnor panchayat samity in rajsamand district. From the P.S. four villages namely Kaliwas, Delwara, Negadia and Bilocha were selected randomly. A random sample of 100 rural adolescent girls was selected for the study. The requirement of the sample was fulfilled from 4 villages by including 25 rural adolescent girls from each village. Interview technique was used for collecting data, with the help of developed schedule. Statistical tests used to arrive at conclusion, were frequency, percentage and mean percent score.

Results and Discussion

1. Knowledge of the respondents in selected aspect of health and nutrition

An effort was made to categorize the respondents on the basis of their overall knowledge about selected aspects of health and nutrition. Review of Table. 1 clearly depicts that overall knowledge of the respondents was average as indicated by the MPS 45.28. An in depth review of the table reveals that 80-88 percent of the respondents had average knowledge in general health and reproductive health as also reflected by MPS 49.33 and 45.65 respectively. Regarding nutrition, majority of the respondents had average

knowledge i.e. 68 percent for balance diet for adolescent girls and 59 percent for anaemia while 52 percent respondents had poor knowledge in aspect nutrients- their functions and sources. It is to note that 30 percent respondents had good knowledge about balance diet for adolescent girls. The MPS calculated for the nutrition aspect reflect the average knowledge in balance diet (56.62) that is slightly better than health aspect. Regarding nutrients - their functions and sources and anaemia the respondents exhibited poor knowledge with MPS of 31.88 and 30.42 respectively.

The findings get the support from Indian Council of Medical Research (ICMR) (2005) ^[1] and that there is lack of adequate knowledge on health as well as nutrition. Adolescent girls were not aware of the function of foods, balance diet and micronutrient disorders such as iron deficiency anemia etc. These findings clearly reflect the inadequate knowledge of respondents about health and nutrition. These findings may be due to low education, less emphasis by respondents in health and nutrition aspect, less coverage of adolescents girls in information empowerment programmes and lesser mass media exposure.

Table 1: Categorization of respondents on the basis of their overall knowledge N=100

S. No	Aspects	Categories			MPS
		Good (f/%)	Average (f/%)	Poor(f/%)	
1.	Health				
a)	General health	14	80	6	49.33
b)	Reproductive health	0	88	12	45.65
2.	Nutrition				
a)	Balance diet for adolescent girl	30	68	12	56.62
b)	Nutrients, their function and sources.	0	48	52	31.88
c)	Anaemia	0	59	41	30.42
Overall MPS = 45.28					

2. Information sources used by rural adolescent girls for seeking health and nutrition information

This section deals with the various sources, used by the adolescent girls for seeking information specially related to health and nutrition.

Scrutiny of Table 2 reflects that with regard to health, majority of the respondents (80%) got information from NGO because there was an NGO namely Astha sansthan working in the Delwara village for last four years. This NGO work in the area of household cleanliness. Other important sources were friends and mother which were used sometimes by 57 percent and 54 percent of the respondents, respectively and rarely by 34-44 percent. Respondents explain that they are closer to them and they share the information with them also they are aware about information regarding the health aspect while 90 percent of the respondents used radio as a source for getting health information and TV was used by 72 percent of the respondents. According to a survey of adolescent girls, the media was identified as the primary source of information about health issues (Common wealth Fund, 1997). While very few of the respondents used books, school teacher health functionaries for seeking health information. None of the respondents used the sources like news paper,

magazines, leaflet, exhibition, fairs, neighbour, anganwadi worker, VLW's and Panchayat members for seeking health related information due to low education, unawareness, shyness as well as unorganization of exhibition and films at village level.

Regarding the sources used for getting information related to nutrition data in Table 2 reveal that none of the respondents used the sources like news paper, books, magazines, leaflet, films, exhibitions, fairs, relatives, neighbour, anganwadi worker, local leaders, VLW's, panchayat members and NGO for seeking information related to nutrition because of low educational level, lack of money, lack of social contact and shyness. The table further shows that approximately 75-80 percent of the respondents sometimes and rarely acquire the information from their mother and friends due to the reason that they were close to them but the information was inadequate as also illiterate and not so much aware about the information related to nutrition. While radio is used by 80 percent of the respondents sometimes or rarely and TV was found to be rarely used by 60 percent of the respondents. The reason behind less use of T.V. and radio was less coverage of these type of information by media.

Table 2: Distribution of the respondents according to information sources used for seeking health and nutrition information N=100

S. No.	Source of Information	Health (f / %)				Nutrition (f / %)			
		Always	Sometimes	Rarely	Never	Always	Sometimes	Rarely	Never
1.	T.V.	0	49	23	28	0	0	60	40
2.	Radio	5	33	52	10	0	14	69	17
3.	New paper	0	0	0	100	0	0	0	100
4.	Book	0	3	13	84	0	0	0	100
5.	Magazine	0	0	0	100	0	0	0	100
6.	Leaflet	0	0	0	100	0	0	0	100
7.	Bulletin	0	13	47	40	0	9	4	87
8.	Films	0	0	0	100	0	0	0	100
9.	Exhibition	0	0	0	100	0	0	0	100
10.	Fairs	0	0	0	100	0	0	0	100
11.	Friends	8	57	34	1	0	9	73	18

12.	Relatives	0	0	0	100	0	0	0	100
13.	Mother	1	54	44	1	0	2	72	26
14.	Sister	2	15	7	36	0	2	18	40
15.	Neighbour	0	0	0	100	0	0	0	100
16.	Anganwadi worker	0	0	0	100	0	0	0	100
17.	Local leader	0	0	0	100	0	0	0	100
18.	VLW's	0	0	0	100	0	0	0	100
19.	School teacher	0	1	21	78	0	0	1	99
20.	Health Functionaries	0	7	18	75	0	0	25	75
21.	Panchayat members	0	0	0	100	0	0	0	100
22.	NGO's	80	5	6	9	0	0	0	100

3. Problems faced by rural adolescent girls in seeking information related to health and nutrition

This section includes problems faced by rural adolescent girls in seeking information related to health and nutrition from different source of information like T.V., radio, news paper, books, magazines, films, exhibitions, fairs etc.

With regard to the use of T.V., Table 3 reveals that 49 percent of the respondents were not interested to watch information related to health and nutrition aspect as they were more interested in viewing entertainment programme while 31-38 percent of the respondents faced the problem of lack of time as well as lack of availability of T.V. at their home.

Regarding the use of radio, majority of the respondents (58%) were not interested to listen radio while 32 percent of the respondents were facing the problem of lack of time and 6 percent of the respondents do not possess radio at their home.

As far as the use of news paper, books and magazines concerned, the table further reveals that 72-89 percent of the respondents were not interested to read news paper, books, and magazines. Problem of lack of money was faced by 28 percent of the respondents. Similarly one fourth of the respondents explained that since their parents were illiterate hence they were not interested to buy news paper.

Regarding films, exhibition and fair almost 70-80 percent of the respondents said that although they wants to get information from these sources but the problem is non organization of these sources at their village level.

With regards to the sources like relative, anganwadi workers, local leader, school teacher and panchayat members 80-90 percent of the respondents explained that they hesitate to share information with these persons.

Regarding NGO, almost all the respondents said that there is an NGO works for the house hold cleanliness but none of the NGO work in the area of nutrition education.

Table 3: Distribution of respondents according to problem faced for seeking health and nutrition information

S. No.	Source of Information	Problems	F / %
1.	T.V.	Not interested to watch these type of information	49
		Lack of availability	38
		Lack of time	31
2.	Radio	Not interested to listen radio	58
		Lack of time	32
		Lack of availability	6
3.	Newspapers/ book/Magazine	Lack of interest	72
		Illiteracy of family members	28
		Lack of money	24
4.	Films	Non organization of films at village level	89
		Watch film for entertainment purpose only	82
5.	Exhibition/Fair	Rarely organized the exhibition and fairs on health nutrition at village level	69
6.	Relative	Shynees	89
7.	Anganwadi workers	Shynees	92
8.	School teacher	Shynees	78
9.	Pancyat Mamber	Shynees	80
10.	Local leader	Shynees	92
11.	NGO	NGO not working for nutrition education.	98
12.	Rally	Lack of time	46

According to Atuyambe, *et. al.* (2005) ^[2] the main obstacle in the way of imparting education regarding health and nutrition is the lack of literacy among many rural adolescent girls and their limited exposure to the mass media.

So it is important to provide learning opportunity to these girls because they are would be young mothers. Thus, efforts can be made for educating the adolescents girls to develop their potential, efficiency and knowledge. Some special programmed focused to the needs of adolescent girls must be organised to develop their potential human resource for better nation building.

Conclusion

This study highlights the moderate overall knowledge of rural adolescent girls regarding health and nutrition, with significant gaps in understanding nutrients and anemia. While informal sources like mothers, friends, and local NGOs were commonly used for health information, formal sources like books and community leaders were rarely utilized due to literacy barriers and cultural constraints. These findings emphasize the need for targeted educational programs, improved media outreach, and community support to empower adolescent girls, ensuring they receive

accurate health and nutrition information essential for their growth and well-being.

References

1. Indian Council of Medical Research. Assessment of nutritional knowledge and impact of nutrition education on adolescent girls in urban slum of Hyderabad. *Nutr Annu Rep.* 2005;114-22.
2. Atuyambe L, Mirembe F, Johansson A, Kirumira EK, Faxelid E. Experiences of pregnant adolescents - voices from Wakiso district, Uganda. *Afr Health Sci.* 2005;5:304-9.
3. Kiri GB. Training needs of rural women of Bikaner district in the area of health and sanitation [M.Sc. thesis]. Udaipur: College of Home Science, MPUAT; 2001.
4. Manju. Information empowerment of rural adolescent girls in the area of nutrition [M.Sc. thesis]. Udaipur: College of Home Science, MPUAT; 2007