HEALTH STATUS OF RURAL TEENAGE GIRLS - A STUDY

Bindu David
Alagappa University, Karaikudi, India

Abstract

A country's wellbeing is an important indicator of its wealth and quick economic growth. Aside from being a necessity to participate in a variety of social activities and to celebrate successes, excellent health is also a source of enjoyment in and of itself. There are many distinct facets to both the general health of a society and the health of an individual. The rate of growth must be accelerated and enhanced with a robust public health system. India has a long history of public health. It has also run into a lot of challenges in trying to affect the lives of the people in this country. Since the nation's independence, serious public health problems have been addressed, including malaria, TB, leprosy, high mother and baby mortality, and most recently, human immunodeficiency virus (HIV). India's efforts in healthcare have resulted in a decline in the death and birth rates. India's new public health agenda includes the epidemiological transition (increasing burden of chronic non-communicable diseases), demographic transition (ageing population), and environmental changes. The HIV/AIDS pandemic, maternal and infant mortality, and other infectious diseases continue to place a great deal of strain on already overburdened healthcare systems.
Keywords: Health Status, Nutritional Status, Teenage Girls, Personal Hygiene.

Introduction

The concept of an adolescent differs depending on the environment and circumstance. However, in terms of the future health condition of nations and areas, adolescence can typically be seen as the "getaway" and youth as the "route" to adult health. Regardless of size, the health of the adolescent and young population must be taken into consideration. However, due of the unsuitable or convenient clustering, youth (15 to 24 years old) frequently vanish from the data screen and teenagers (10-19 years old) stay essentially inconspicuous. The numerous manifestations of devotion to young people's healthy personal, spiritual, social, mental, and physical development show the world's interest in adolescents and youth. The UN Charter served as the foundation for the international legal framework that has been shaping international commitment to these populations' health since 1990.

Methodology

Hypotheses

1. There is no discernible difference between the Higher Secondary Class students' mean scores for health, hygiene, and nutrition status according to the type of institution.

2. There is no statistically significant gender difference in the mean scores of pupils in the higher secondary class for health, hygiene, and nutrition status.

3. There are no appreciable regional differences in the mean scores of pupils in the higher secondary class for health, hygiene, and nutrition status.

4. The socioeconomic status of pupils in the higher secondary class has no statistically significant impact on the mean scores for health, hygiene, and nutrition status.

5. The mean scores of students in the higher secondary class for health, hygiene, and nutrition status do not significantly differ in terms of parental literacy.

6. There is no discernible community difference in the mean scores of pupils in the higher secondary class for health, hygiene, and nutrition status.

7. There is no discernible difference between students in the higher secondary class in terms of the medium of instruction for the mean scores on health, hygiene, and nutrition status.

Data Analysis and Interpretation
Hypothesis-1
Research Hypothesis

The mean ratings of students in the higher secondary class for health, hygiene, and nutrition fluctuate significantly depending on the type of institution.

Null Hypothesis

There is no discernible difference between students in the higher secondary class in terms of the type of institution in their mean scores for health, hygiene, and nutrition status.

Table 1 Differences due to Type of Institution

Type of institution	N	Mean	SD	"t" value	Significance
Government	30	41.50	7.53	1.15	NS
Govt. Aided	30	43.83	8.12		

df=98 t$_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information.

The estimated "t" value is lower than the table value; hence, it has no bearing at any level. As a result, the null hypothesis is accepted and the research hypothesis is rejected.

The mean scores of pupils in the higher secondary class in terms of health, hygiene, and nutrition status do not significantly differ depending on the type of institution.

Hypothesis-2

Research Hypothesis

The mean ratings of pupils in the higher secondary class for health, hygiene, and nutrition status fluctuate significantly depending on the type of institution.

Null Hypothesis

There is no discernible difference between students in the higher secondary class in terms of the type of institution in their mean scores for health, hygiene, and nutrition status.

Table 2 Difference due to Type of Institution

Type of institution	N	Mean	SD	"t" value	Significance
Government	30	41.50	7.53	2.08	NS
Matriculation	30	45.50	7.30		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information. The estimated "t" value is less than the table value, and at the 0.01 level, it is not statistically significant. As a result, the null hypothesis is accepted and the research hypothesis is rejected.

There is no discernible difference between students in the higher secondary class in terms of the type of institution in their mean scores for health, hygiene, and nutrition status.

Hypothesis-3

Research Hypothesis

The mean ratings of students in the higher secondary class for health, hygiene, and nutrition fluctuate significantly depending on the type of institution.

Null Hypothesis

There is no discernible difference between students in the higher secondary class in terms of the type of institution in their mean scores for health, hygiene, and nutrition status.

Table 3 Difference due to Type of Institution

Type of institution	N	Mean	SD	"t" value	Significance
Govt. Aided	30	43.83	8.12	0.84	NS
Matriculation	30	45.50	7.30		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information. The estimated "t" value is lower than the table value; hence, it has no bearing at any level. As a result, the null hypothesis is accepted and the research hypothesis is rejected. There is no discernible difference between students

in the higher secondary class in terms of the type of institution in their mean scores for health, hygiene, and nutrition status.

Hypothesis-4
Research Hypothesis

The mean ratings of pupils in the higher secondary class for health, hygiene, and nutrition status fluctuate significantly depending on the students' gender.

Null Hypothesis

There is no discernible gender difference in the higher secondary pupils' mean ratings for health, hygiene, and nutrition status.

Table 4 Difference due to Gender

Gender	N	Mean	SD	"t" value	Significance
Boys	45	44.39	7.45	1.38	NS
Girls	45	42.84	7.89		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information.

The estimated "t" value is not more than the table value, and it has no bearing on the outcome. As a result, the null hypothesis is accepted and the research hypothesis is rejected. There is no discernible gender difference in the higher secondary pupils' mean ratings for health, hygiene, and nutrition status.

Hypothesis-5
Research Hypothesis

The mean scores of pupils in the higher secondary class in terms of locality varied significantly in terms of health, hygiene, and nutrition status.

Null Hypothesis

There is no discernible difference between pupils in the higher secondary class in terms of location in terms of their mean scores for health, hygiene, and nutrition status.

Table 5 Difference due to Locality

Locality	N	Mean	SD	"t" value	Significance
Urban	57	42.69	7.72	1.50	NS
Rural	33	45.20	7.59		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information.

The estimated "t" value is lower than the table value; hence, it has no bearing at any level. As a result, the null hypothesis is supported and the research hypothesis is rejected. There is no discernible difference between pupils in the higher secondary class in terms of location in terms of their mean scores for health, hygiene, and nutrition status.

Hypothesis 6
Research Hypothesis

The socioeconomic position of pupils in the higher secondary class has a considerable impact on the mean scores for health, hygiene, and nutrition.

Null Hypothesis

In terms of socioeconomic position, there is no discernible difference between the mean scores of pupils in the higher secondary class for health, hygiene, and nutrition status.

Table 6 Difference due to Socio-Economic Status

SES	N	Mean	SD	"t" value	Significance
Low	43	42.93	8.35	1.18	NS
High	47	44.86	7.00		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information. The estimated "t" value is lower than the table value; hence, it has no bearing at any level. As a result, the null hypothesis is accepted and the research hypothesis is rejected. In terms of socioeconomic position, there is no discernible difference between the mean scores for health, hygiene, and nutrition status of students in the higher secondary class.

Hypothesis 7
Research Hypothesis

In terms of parental education, there is a substantial difference in the mean scores for pupils in the higher secondary class for health, hygiene, and nutrition.

Null Hypothesis

There is no discernible difference between pupils in the higher secondary class in terms of their mean scores for parental education in the areas of health, hygiene, and nutrition.

Table 7 Difference due to Parental Education

Parental Education	N	Mean	SD	"t" value	Significance
Low	31	44.21	7.18	0.94	NS
High	59	42.63	8.36		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information.

The estimated "t" value is lower than the table value; hence, it has no bearing at any level. As a result, the null hypothesis is accepted and the research hypothesis is rejected.   . There exists no significant difference in the mean scores Health, Hygiene and Nutrition status of students of Higher Secondary Class in terms of Parental Education

Hypothesis 8
Research Hypothesis

The mean ratings of pupils in the higher secondary class for health, hygiene, and nutrition varied significantly in terms of the community.

Null Hypothesis

There is no discernible difference between pupils in the higher secondary class in terms of their mean scores for health, hygiene, and nutrition status.

Table 8 Difference due to Community

Community	N	Mean	SD	"t" value	Significance
SC	19	46.55	7.67	1.98	S
NSC	71	42.82	7.78		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table shows the following information. The calculated "t" value is equal to or greater than the table value, and it is significant at the level of 0.05. As a result, the null hypothesis is rejected and the research hypothesis is accepted. The mean ratings of pupils in the higher secondary class for health, hygiene, and nutrition varied significantly in terms of the community.

Hypothesis 9
Research Hypothesis

The mean scores for pupils in the higher secondary class in terms of nutrition, hygiene, and health show a substantial difference.

Null Hypothesis

There is no discernible difference between pupils in the higher secondary class in terms of their mean scores for nutrition, hygiene, and health.

Table 9 Difference due to Medium

Medium	N	Mean	SD	"t" value	Significance
Tamil	60	42.52	7.30	2.28	S
English	30	45.83	6.05		

df=98 t $_{(0.05)}$ = 1.96 t$_{(0.01)}$ = 2.58

The table makes the following details clear.

The calculated "t" value exceeds the value from the table.

At a 0.05 level, "t" value is significant.

As a result, the null hypothesis is rejected and the research hypothesis is accepted.

The mean scores for pupils in the higher secondary class in terms of nutrition, hygiene, and health show a substantial difference.

Conclusion

India is rising in popularity as a hub for super-specialty healthcare and medical tourism, but there is still much to be done to meet the needs of the general populace. The poor status of public healthcare provisioning is at the basis of the majority of the population's continued health outcomes shortfalls. In India, public spending makes up a modest portion of total healthcare spending, reflecting the low emphasis given to the health sector in national budgets. In relation to its level of revenue, India has made little progress in the health sector. The lack of access to primary and preventive healthcare services is a significant cause behind India's population health's slow improvement. A very deficient health infrastructure is the result of the way that public funding is structured. When qualification is taken into account, India has less allopathic physicians, nurses, and midwives than the WHO norm.

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