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HEALTH EDUCATION FOR ADOLESCENT GIRLS THROUGH SOCIAL WORK INTERVENTION IN THE COMMUNITY

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Abstract

The term adolescence comes from the Latin word adolescence meaning ‘to grow’ or ‘to grow to maturity’. Adolescence constitutes 22.8% of population of India as on 1st March 2000. The World Health Organization defines adolescence as the period of life between 10 to 19 years of age. Adolescence involves a process which extends over a significant period of a person’s life. There are individual differences with some young people moving through adolescence much more quickly than others especially girls. Adolescence presents many challenges as physiological, biological, psychological and social changes are confronted. Important processes of change need to occur within the young person if these challenges are to be confronted adoptively and with success. The concept of health care is stated in terms of preventive, primitive and rehabilitative care, the system is still over weighed in favour of curative programme, in spite of the clear conviction that in our present situation, it is the preventive socio-economic and educational aspects of the health care system are more significant. During this phase adolescent are often confused about the physical and Emotional changes in their bodies and feel hesitant and embarrassed to discuss them with any one (Patel et al, 2001). Awareness and knowledge about health and nutrition needs of adolescents spirit is physical growth changes in the body and sex are sign out to transition from childhood to adulthood nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development and maintenance. Word nutrient of ‘food factor’ is used for specific dietary constituents such as proteins, vitamins and minerals, good nutrition means maintaining a nutritional states that enables us to grow well and enjoy good health in the community. Hence the researchers selected this topic ‘Health Education for Adolescent Girls through Social Work Intervention in the Community’. Around 10 members were selected as respondents for this intervention. Pre experimental research design was adapted for the present study pre and post test was conducted to know the efficacy of social work intervention provided the results reveals that the social work intervention proved be effective to collect the primary data and too secondary data.

INTRODUCTION

The term adolescence comes from the Latin word adolescence meaning ‘to grow’ or ‘to grow to maturity’. Adolescence constitute 22.8% of population of India as on 1st March 2000. The World Health Organization defines adolescence as the period of life between 10 to 19 years of age.

Adolescence period is one of the turning points of the life. Adolescence involves a process which extends over a significant period of a person’s life. There are individual differences with some young people moving through adolescence much more quickly than others. Adolescence presents many challenges as physiological, biological, psychological and social changes are confronted. Important processes of change need to occur within the young person if these challenges are to be confronted adoptively and with success.

DEFINITIONS

- 1) Adolescence is a transmission in the life cycle, making childhood to Adulthood, the term adolescence comes from the Latin verb ‘adolescent meaning to grow or grow to maturity ‘Hurlock 1995’.
- 2) During this phase adolescent are often confused about the physical and emotional changes in their bodies and feel hesitant and embarrassed to discuss them with any one (Patel et al, 2001).

All adolescence girls in the age group of 11-18 years will receive the following common services in ICDS .



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- Immunization
- A general check-up for every six months.
- Treatment for minor ailments.
- De worming
- Watch over menarche
- Prophylactic measure against anaemia, goitre and vitamin deficiencies etc.

HEALTH EDUCATION

“Healthy life style makes wealthy life”, the National conference on preventive medicine in USA is health education is a process that informs motivates and helps people to adopt and maintain healthy practices and life style. Adolescent’s environmental changes as needed to facilitate this goal and conducts. Professional training and research to the same end.

The definition adopted by John M last is “the process by which individuals and group of people learn to behave in a manner conducive to the promotion maintenance or restoration of health”.

The declaration of Alma Ata (1978) by emphasizing the need for “individual and community participation “ gave a new meaning and direction of the practice of health education.

HEALTH NEEDS OF ADOLESCENCE

- Health and Nutrition needs of youth.
- Awareness and knowledge about spirit is physical growth, changes in the body and sex wage are sing out to transition from childhood to adulthood Nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development and maintenance.
- The word nutrient of ‘food factor’ is used for specific dietary constituents such as proteins, vitamins and minerals.
- Good nutrition means maintaining a nutritional states that enables us to grow well and enjoy good health”.

CONCEPTUAL ISSUES ON ADOLESCENTS AND HEALTH EDUCATION

The need for introducing Health Education at adolescence was presented by highlighting the characteristics developmental tasks and problems of this period of life. Adolescence is a transitional stage between childhood and adulthood. In some ways, adolescents resemble the children they were, yet the many changes they undergo during this stage ensure that they will be different from children in many respects.

Boys and girls enter the adolescent year as children and leave them as adult. It is during these years that young people mature and develop the ability to live their lives as adult. It is during these years that young people mature and develop the ability to lives as autonomous persons. Boy become men and girls attain womanhood during pubescence, with the development of primary and secondary sex characteristics. Kashyap (1993) described the developmental tasks of adolescents as follows:

Acceptance of Changes in Body and Physique

The first and probably the most difficult developmental task for adolescents is the acceptance of their changes in body and physique as well as psychological repercussions. Rao (1982) has mentioned studies by Joseph (1973) and park (1973) and park (1992) which show that the incidence of general disease in youth is on the increase and has begun to constitute a sizable health problem in India too.

A young girl response to pubertal changes depend upon her attitudes forward herself as a female and her feeling about her identification figure, the mother, parents are the primary sex role models for their grouping children. Jay (1993) has cited many case studies where adolescents have had difficulty is sex role identification, and have been drive to immature



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sexual involvement because of parental attitude and negative portrayal sexual role by the parents. Selecting and preparing for an occupation and Economic Independence.

It is during adolescence that the young person's try to think and aspire towards his/her future career. In the fulfilment of this development task, family plays an important role, as all the youths aspirations, values and goals are indirectly influenced by the family situation in which they were moulded during the whole childhood period. The study by Gangrade (1975), indicated significant difference in the two generations with respect to occupational aspirations.

The youth were more inclined towards occupations which offered adventure, challenges and better monetary prospects while parents were more inclined towards occupations and concerned with the security offered by any occupation.

Family Health

The family is the first defence, as well as the chief reliance for the well being if it member. Health largely depends on the family's social and physical environment and its lifestyle and behaviour. The role of the family in health promotion and in prevention of disease, early diagnosis and can of the sick is of crucial importance one of the main tasks of health education is to promote the family's self reliance. Health education and health promotion have a symbolic relationship Richardson (1994, p106).

BRIEF INTRODUCTION ABOUT SOCIAL GROUP WORK

Social Group work is a method of social work which develops the ability of establishing constructive relationship in the individuals through group activities. Group experiences are the essential needs of human being. Mintage develops the idea that the pattern of social relationships is a natural continuation of the processes of biological growth.

Group Work Adolescence

News letter (1935): According to him group work may be defined as 'an educational process emphasizing the development and social adjustment of an individual through voluntary. The worker must be association and the use of this association as a means of furthering sociably desirable ends'.

METHODOLOGY

The researcher selected the Sri Pundit Jawaharlal Nehru Municipal High School, near Sarojenidevi Street in Tirupathi, for the purpose of data collection. She has often been interested in working with the Adolescent girls who are suffering from the major changes in their physical growth and health problems like malnutrition, anaemia and also poor hygiene etc. She felt that this study would help her to plan social work intervention activity.

Statement of the Problem

Researcher chooses this topic of '**Enhance Health Education for Adolescent girls through Social work Intervention**' in human development point of view as transition and a turning point in the life of the individuals.

Researcher identified problems in these areas

- Low Socio-economic condition leads to many health problems.
- Low Health status among the Adolescence girl.
- Lack of knowledge about the age at marriage.
- Lack of knowledge about the personal hygiene.
- Lack of knowledge about the physical and psychological changes and other Problem
- Poor knowledge about environmental sanitation.



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- Malnutrition leads to anaemia

Objectives

1. To construct pre-assessment/intervention tool to identify the area for intervention in the context of health education for Adolescent girls.
2. To administer the pre – assessment tool to find out the socio-back ground **information and the areas of social concern.**
3. To implement the intervention strategy, group work method and lecture method in six session.
4. To conduct post assessment tool on Adolescent girl health.
5. To evaluate the efficiency of social work intervention strategy in different approaches.

RESEARCH DESIGN

One of the objectives of this study was to assess the effect of social work intervention with Adolescent girls for health education. As such for this study one group pre – test research design was adopted. This is one of the pre – experimental research designs. This research design is undertaken to work intervention with groups.

$E \Rightarrow Y_1 \Rightarrow X \Rightarrow Y_2$

$E \Rightarrow$ Experimental Group

$Y_1 \Rightarrow$ Pre Intervention Measurement

$X \Rightarrow$ Social work Intervention

$Y_2 \Rightarrow$ Post Intervention Measurement

Area of Study

The study was conducted at Sri Pundit Jawaharlal Nehru Municipal High School, near Sarojinidevi Street, Tirupati in Andhrapradesh

Sample

The size of the sample is 10 members. The type of sampling adopted for the study was purposive in the sense that all these school children having health problems were considered.

Tool for Data Collection

The tool used the Self-anchored pre-intervention tool. This scheduled mainly consisted of family background. The major health problem they are suffering from the type of treatment and other social issues changes of their attitudes.

PHASE – 1- PRE INTERVENTION

Researched used the self anchored pre-intervention tool and selected the group members from members from three classes 7th , 8th , and 9th) who were malnourished and with poor hygienic practices. Researcher made introduction past creatively in a play way method by forming a circle with group members and introduced herself and likewise in a chain system.

Researcher took the orientation class and explained the purpose of awareness on good health which include physical change, nutrition food and personal hygiene and then explained the rules and regulations, time maintenance. One number



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can represent the group, then the researcher applied the pre-intervention tool, collected data and analyzed their knowledge and planned the intervention sessions.

PHASE – 2 – INTERVENTION

No. Ses.s	Theme	Content	Methodology & Time Duration	Resource Utilization
1	*Physical growth and changes	*Biological Challenges *Physical Changes *Skeletal growth *Body composition *Public hair *Reproductive organize	Lecture Method, Group Discussion (3 hours)	Showing Chart & picture
2	*Available services for adolescent care and protection *Exercises, sports and games for physical growth.	*Accept the biological changes and available services *ICDS package for adolescents *Games and Sports are helping physical development	Lecture Method, Play way method (3 1/2hours)	Used to 7 th table game
3	*Importance of vitamins and Minerals	*Balanced Diet Energy yielding foods Body Building foods Protective foods	*Play way method Group discussion Lecture method (2 1/2hours)	Showing Charts cards prepared pictures
4	*Nutritional Deficiencies	*Iron deficiency *Causes Symptoms Anaemia *Treatment for anaemia	Lecture Method Demonstration (3 hours)	Anaemia Materials distributed.
5	*personal Hygiene and food hygiene	*personal hygiene *Menstrual hygiene *Food hygiene	Lecture Method Demonstration (3 hours)	Resource person B.Sc. Nursing student Pad preparation Cotton, bandage
6	*Hygienic drinking water and environmental hygiene	*The water borne diseases *How to save and safe Water at the home *Knowledge about Environmental hygiene	Exposed to their water tank and toilets Group discussions and Lecture method (2 hours)	The water tank Centre, Surroundings. Their Toilets. These materials collected to Anganwadi centre, maternity Hospital and Urban Health Centre.



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SESSION - 1

Objective: To educate adolescents on changes in physical development and body composition.

Content: Researches started the session with the physical changes observed among adolescents at the age of ten years. They replied that some changes observed in this physical appearance like breast growth, metrical period, then that researcher shows the chart and explained inner changes skeleton growth, increase the liver size, reproduces changes, group members are actively listened and clarify their doubts got awareness about the physical growth.

SESSION – 2

Objective: To create awareness on available services to adolescent girls and importance of games and sport for their physical health.

Content: Researcher discussed with the group members about available services and interacted with each they didn't know about any services.

Researcher explained about ICDS services for adolescent girls. Some of the supportive services package was following:

1. Watch over menarche.
2. Immunisation.
3. General health check-up once in every six months.
4. Training for minor ailments.
5. Deworming.
6. Prophylactic measures against anaemia, goitre, vitamin deficiency, etc. And
7. Referral to PHC. District hospital in case of acute need. (A scheme for adolescent girls in ICDS was launched by the Department of Women and Child Development, Ministry of Human Resource Development in 1991.)

Researcher conducted recreation activity among the group members using the 7th table purpose of this game was to observe their participation, concentration and involvement this game which develops thinking power. Researcher explained about games like running, jumping, skipping etc., games are for physical health through which all muscles will be active and other indoor games like, chess helpful to improve the concentration and thing power.

SESSION – 3

Objective: To educated them nutritious food during adolescence.

Content: Researcher prepared the Vitamin and Mineral cards and made them to play frequently in that manner – group member gave the information about vitamin in their available food. By this play way method, group members are enjoyed a lot, then researcher educated them about the importance of vitamin A, B, C, D, E, K, which are available in vegetables, fruits etc. By displaying on charts.

- **Vitamin A:** it will be plenty in carrot, papaya, eggs, fish, liver, green leafy vegetables, milk, fruits etc. In vitamin A there will be certain which gives strength to eye sight and skin glow ness.
- **Vitamin B:** It will be available from pulses, mutton roots, fruits or carbohydrates. It gives strength to muscles and nerves.
- **Vitamin C:** It will be plenty in lemon, tamarind, tomato etc, it gives immunity to body.
- **Vitamin D:** It will be plenty in sunrise, which gives strength to skin and bones.
- **Vitamin E:** It will be available in Soya beans, bananas, butter, egg, milk, apple, wheat, green vegetable etc.



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- **Vitamin K:** It will be in the meat, liver, vegetables, Soya beans etc. It makes blood coagulation and liver function normal.

SESSION – 4

Objective: To educate the malnutrition and vitamin deficiency.

Content: Researcher explained the group members importance of malnutrition and its impact less nutrition leads to anaemia. Then, discussed about the causes, symptoms of anaemia, how to overcome the anaemia after the deep discussions, researcher distributed the related subject matter to all the group members in order to get more awareness.

SESSION – 5

Objective: To educate personal hygiene and food hygiene

Content: Researcher brought the resources person Miss Sowmya, B.Sc. Nursing. She discussed about the personal hygiene in their daily activities like brushing teeth, bathing clothes etc, weekly activities like nail cutting, utilized the good pads at periods time. She demonstrated and pad making with shown low cost. She brought the cotton and bandage and demonstrated pad making.

Researcher discussed about the hygiene that they must wash the hands and legs before and after the meals, avoiding the Hawkers food on the road side in order to prevent from diseases, eating of fresh vegetables and fruits by washing there is salt water before they use.

SESSION – 6

Objective: To motivate the group members to water hygiene and environmental hygiene.

Content: Researcher exposed / shows their water tank surroundings, their toilets and playground and questioned whether it looks clean or dirty. Group member's response was dirty, then researcher questioned group members, what happened if we maintained like that, they responded with so many health problems like Malaria, Dengue, Chickengunya etc.

Researcher educated to store the water in clean pot or tank. Clean the water tank with beaching powder one or twice in a weak till the water for drinking and keep the surrounds clean and neat. Researcher shared that while using toilets poor more water before and after using toilet and wear the chapels. Must keep our home, class rook and surrounding clean.

PRE-POST INTERVENTION SCORES

SL. NO.	PRE-INTERVENTION SCORE	POST INTERVENTION SCORE
1	22	37
2	16	24
3	15	37
4	20	34
5	11	36
6	13	34
7	30	36
8	21	35



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9	24	35
10	20	35
TOTAL	192	343

To know if pre intervention and post intervention data differ statistically or not t-test was applied.

GROUP DYNAMICS

While the session were going on some student did not participate well some students were dominating others, the researcher observed all of them. Then she allowed down the students who were having domination attitudes them researcher tried to get good involvement of the student those who are not participated actively.

The researched used the case work method and find out reasons from these who were not participated actively she counselled to reduce their fears and make them participate well in group for all the sessions and also referred the students to hospital because of their saviour chronic diseases (TB) suffering from malnutrition. The researcher used locally available resources. She used charts and shown the pictures and distributed the Xerox materials to the group members on nutrition and Anaemia.

OUTCOME

By the end of the researched induced in the group members the proper way or adjusting in the group. Make them to have healthy competitive spirit, communication and very much interested in all activities.

Group members are aware of the health aspect and taken interest on their health and sharing this information with their class students. Then the group students shared their problems with researcher. Teacher appreciated the researcher because students are motivated and become active participants by probing questions and follows the researcher's words.

MAJOR FINDINGS

The following on the major findings the researcher got in her study which was presented according to the division of the schedule.

- A majority 40 percent of the respondent the age group is 13 years respectively.
- Majority of students is interested in playing games actively.
- Most of the students belong were from hostels.
- Most of respondents are having high expectations about this future
- Majority of the respondents are belonging to rural back group.
- Most of the students are facing (miner illness) mal nutrition and minor illness.
- Majority 70 percent of the respondent's father were cooli.
- Majority of the respondents are high school education.

CONCLUSIONS

Most of the students are having good relationship with teachers and friends. Most of the respondents are talking positive (manner) attitude and they are able to reach towards goal settings through hard work. Most of the respondents are not getting nutrition food, students are suffering from anaemia and then communicable diseases though the hostel provides nutritious food, it was not tasty to take and so students lock in nutrient. All the respondents are very active, they express their feeling freely they mingled quickly with new members and they are affectionate towards others. Health aspect is very much important one at any stage in human life. Especially in the period of adolescent is a beginning of understanding the things around their vicinities. In this back drop, there must be a vital need of creating health awareness and education for the



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adolescent girls who are real harbingers of the social change and prominent role to be played by them in the nation's augment.

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