

Appraisal of Adolescent Girls` Health and Other Issues in Rustic Areas of Fatehpur

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Abstract

Poor mental and physical health of rural adolescent girls is rooted in gender inequality and that whether in homes or outside, it reflects the power structures in society that relegate the status of women to be only after that of men. District Fatehpur is no exception in this regard. Discrimination against adolescent girls is putting a huge strain on the district's social and moral services and leads to heavy loss of productivity. The purpose of study is to create enabling environment to minimize gender inequality against adolescent girls in the rural areas of the district especially those facing social exclusion, promoting them to access their overall health and rights as well. For the purpose of programme- activities the study involved five villages of Fatehpur district (Lakhpura, Ojhapur and Husainganj, Mahadevpur, Garheeba and Narayanpur) having different socio-economic characters. A number of discriminatory practices are existent in rural Fatehpur. Though, participants both liked and disliked growing up in a small rural community. The interpersonal intimacy of a rural community was seen as providing a sense of safety and belonging while taking away personal privacy and fostering prejudices. Schools and communities need to work together locally to support the plans that most rural adolescent girls would seem to naturally make: to live in a rural area to work and raise their own families in future. Besides, there is a need for health and nutrition education among rural adolescent girls and their parents. The fight against gender inequality is far from over and much remains to be done.

KeyWords: Adolescence, Puberty, Gender Inequality, Gender Discrimination

Introduction

The term adolescence has its origin in Latin word 'adolescere' implying 'to mature'. WHO has specified the adolescence period from ten to nineteen years and characterized by rapid physical growth and remarkable psychological, emotional variations? During this period, individuals gain about 50% of adult body weight and height growth with a unique pattern of sexual dimorphism. We can experience these changes the way adolescents behave, express their emotions and in the way they interact with the society. Adolescence might better be recognized as a specific phase rather than a fixed period in Individual's life. Almost 1/4th of Indian population is adolescent and, therefore, must be dealt with cautiously. Sexual and other physical maturation that occurs during puberty results from hormonal changes. Girls experience puberty as a sequence of events, but their pubertal changes usually begin before boys of the same age. Each girl is different and may progress through these changes differently. Adolescent girls also experience menstruation, or menstrual periods.

Though gender discrimination against adolescent girls is well understood and transcends region, state, country, class, community and religion, it remains strongly pronounced in third world countries such as India owing to factors such as poverty, illiteracy, infrastructural deficit and socio-cultural norms that support gender discrimination especially against adolescent girls. Discrimination is a significant threat to the health and well-being of adolescent girls, yet it has only recently been recognized as a serious social health problem that encompasses physical, emotional, sexual, or psychological abuse committed by parents or society. Girls in India have been victims of discrimination for centuries in all the societies, regions, cultures and religious communities. According to various researches discrimination against women begins at home in adolescent age especially in



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the rural areas by parents, family members, relatives, neighbours and friends. Gender inequality is all pervasive.

Girls in rural areas of North India are born into a social and cultural system steeped in inequality and discrimination. They receive an unfair share of opportunities, attention and resources from the moment of their conception. In the context of Fatehpur district, the district is a caste-based society with strongly entrenched semi-feudal structures and a large rural economy. Scheduled caste constitutes over 20 per cent of the population while OBCs comprise over 50 per cent. Further, Fatehpur has a history of high crime in 1980s and viewed as an extremely unsafe district for girls. According to different surveys more than 15 per cent adolescent girls in Fatehpur district suffer major discrimination. Besides, girls in the district are also subjected to caste-related conflict and violence. Adolescent girls face restrictions in physical movement, as well as social and educational participation. Their mobility in the district is often found to be closely associated with caste and affluence of the family.

Review of Literature

This paper originates from an intensive study from one of my research projects related to Adolescent Rural Girls of Uttar Pradesh. Working in Fatehpur District as an Assistant Professor for last few years with that idea this research article has been come up with. Problems of Adolescent Girls have been previously studied by a number of researchers as it one of the most pressing problems throughout the world. Patil, Alka B. ("Counselling Adolescent Girls: Review Series." Indian Journal of Trauma and Emergency Paediatrics, vol. 10, no. 4, 2018, pp. 117) found that a wide range of issues and concerns face adolescent Girls in India, including nutritional deficiencies, reproductive health problems, sexually transmitted diseases and mental and physical problems. The findings were closely related with the findings of Tiwari, VK. ("Predictors of Risky Sex Behaviour among Adolescents in a Traditional Indian Society: Implications for Program Intervention Strategies." Indian Journal of Youth and Adolescent Health, vol.4, no.1, 2017, pp. 36-45., doi:10.24321/2349.2800.201706.) that almost any of the physical change occurring during adolescent can cause concern to the girl particularly. The onset of puberty gives the physical excitement

Objective of the Study

The main objective of this study is to understand the nature of discrimination against adolescent girls and its socio-economic dimensions. The paper aims to cover various kinds of discrimination and health issues in the private and public sphere faced by adolescent girls in Fatehpur district. The study also focuses on understanding gender inequality in its socio-economic and socio-cultural dimension that includes different kind of discrimination affecting SC, OBC, and Muslim adolescent girls in rural areas.

Hypothesis

The following working hypothesis were formulated on the basis of previous observations and objectives of the study-

1. There will be difference in social problems among adolescent girls belonging to different castes and economic status.
2. There will be difference in physical problems among adolescent girls of different classes of society.
3. There will be difference in health issues between adolescent girls of urban and rural areas.
4. There will be difference in mobility of adolescent girls of different castes and classes of rural society.

Material and Methods

Four villages from the northern area (Lakhpura, Ojhapur, Mahadevpurand Hussainganj) and two from the southern area (Ghareeba and Narayanpur) were chosen for the present study. These six villages have different socio-economic, cultural, religious, occupational and caste-based characteristics. Research started in June 2016 and completed in almost one month. A total of 254 adolescent girls were selected from the villages mentioned above. The selection was done through stratified random sampling method. In order to collect data and to test the working hypothesis following **tools** were used during field visits to each village to collect

information from various stakeholders, PHCs, NGOs, and VillagePradhans etc.-

1. Self-devised questionnaire
2. Interview schedule
3. Group discussion schedule

An attempt was made to cover as many perspectives of adolescent girls belonging to different social and economic groups within each village, such as dominant caste groups, vulnerable and weak caste groups, mixed caste or religious groups etc.

Results

Various surveys indicated that crime against women in the district had been on the rise since the last two decades. Surprisingly, adolescent girls from higher castes experienced more restrictions in terms of mobility as compared to the lower caste groups. The condition of girls was seen to be improving in Fatehpur district as compared to last decade. Though, some discriminatory practices such as differential treatment towards sons and daughters, restricted mobility and decision-making ability regarding their education and career, early marriages etc. were in existence. However, most girls across the villages were reportedly completing secondary education.

Findings showed that adolescent girls across the villages went on to complete their secondary education, but dropped out mainly to get married. In Lakhpura and Mahadevpur girls go to school and generally complete class 8th. However, they are not able to continue their education, owing to social pressure such as marriage etc. In Narayanpur, community-level interactions revealed that though girls did go to school, adolescent girls of lower caste were often not allowed to do so and were married between the age of 15-18 years. In Ojhapur and Garheeba, most adolescent girls are free to pursue education, but it depends on the families' intention. In Husainganj, most of the adolescent girls are allowed to complete their schooling except for a few non-Muslim girls. The condition of girls' education is, more or less, same in all the villages. In the present study it is observed that rural adolescent girls were experiencing lots of health-related problems like anaemia, anxiety disorder, conduct disorder, emotional and behavioural disorder, menstrual disorder etc. The study indicates that 5% to 10% adolescent girls develop conduct disorder; more than 50% adolescent girls are anaemic; 20% to 25% rural adolescent girls suffer from menstrual disorder largely due to unhygienic conditions and anaemia; more than 30% adolescent girls suffer from emotional and behavioural disorder leading to anxiety; problems of pimples, headache, problem in eyesight, excessive sweating, throat problems are also noticed. In Narayanpur, adolescent girls show higher percentage (29.22%) of mild to moderate underweight issue. Present study population (adolescent girls of rural Fatehpur) are suffering from under nutrition which indicate serious situation according to WHO guidelines. However, for most rural adolescent girls, mental health and substance abuse problems are either unrecognized or inadequately treated.

Discussion

Adolescence is a stage of transition and we find lots of problems at this stage especially with girls. These problems are usually related to the inception of pubescence and accompanied bodily changes, the primary and secondary sexual characteristics on one side at the same time the role of identity and the changes in the way an adolescent is treated as a grown up and sometimes as a child. Adolescence is a critical time for the health and future development of girls. There is a dearth of data on adolescent girls' health status despite the fact that their health and nutritional problems represent a heavy health burden. Experience and behaviour during these formative years can influence lifelong health at risk. To overcome this situation, girls should be aware of their food habits, dietary intake. Under nutrition affect physical growth of adolescent girls. Adolescent counselling will support more on health-related issue, menstrual problem etc. Under nutrition causes iron deficiency that causes anaemia which relates to different health hazard.

As far as mobility is concerned Muslim girls were seen to experience most restrictions in mobility as confirmed by the study. Common health and nutrition issues are the most worrying factor for adolescent girls of lower caste and class.

The overall nutritional status among the rural adolescent girls was poor. Hence, more emphasis should be laid on planning and implementing nutritional programmes for adolescent girls in rural settings. The study reveals that girls have some major social problems. 70.15% girls dislike overprotecting behaviour of their parents. The result denotes that there is assertive association between physical and emotional adjustment with the respondents. It is observed that majority of respondents have adjustment problem in home. A very unsatisfactory emotional adjustment has been observed.

A well-planned structured programme should be planned that can provide individual, group and family counselling and robust recreational opportunities. Each element should contribute to the transformation of adolescent girl's troubled lives. Community service projects should be modelled that can allow these rural adolescent girls to gain a sense of worth and significance. The Teen Challenge programme should be designed to develop a sense of personal responsibility and self-respect. We need adolescent girls who are full of hope for their future.

Limitation	Definitely some remarkable limitations have been realized in the study carried out. The study is concerned with the problems of adolescent girls of six villages only. Had the larger area been covered, the result could have been satisfactorily generalised.
Suggestions	The results drawn from the study can help for conducting further studies. A comparative study comprising rural and urban adolescent girls or adolescent boys and girls could be planned. There is also scope to conduct studies on behavioural, cognitive and professional development of adolescent girls and boys.
Conclusion	A warm and supportive environment must welcome adolescent girls. As a society it's our duty to allow each adolescent girl to continue her education while facing the issues that prevent her from having a strong relationship with her family and the society and will limit her ability to have a productive and healthy future.
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