

## A study on the nutritional status of adolescent girls (12-14yrs) residing in rural area of Bijnor district of Uttar Pradesh

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### Abstract

Adolescence is a critical period of growth and development as it is transition between childhood and adulthood. Health and nutrition of the girls affect the health and survival of future generation. However there is very little information about the nutritional status of adolescents, particularly from rural areas in Uttar Pradesh. In view of this fact, an attempt was made to assess the nutritional status of rural adolescent girls. The present study was undertaken to study the nutritional status of adolescent girls of Bijnor District. Anthropometric measurements of 12-14 years of girls were taken to assess their nutritional status. Data on weight and height was collected using standardized techniques. The result revealed that the mean weight and height of the studied sample were below the NCHS standard. About 35% girls were below the suggested weight and 5% girls were overweight as calculated by BMI.

**Keywords:** adolescence, anthropometry, NCHS, BMI

### Introduction

Adolescence refers to the period of human growth that occurs between childhood and adulthood. India's population has 21% of adolescents. World Health Organization suggest that in South East Asian region, a large number of adolescents, suffer from malnutrition, which adversely affects their health and development<sup>[1]</sup>. This period is very crucial since these are the formative years in the life of an individual when major physical, psychological and behavioural changes take place. This age group needs special attention because of the turmoil of adolescence which they face due to the different stages of development that they undergo, different circumstances that they come across, their different needs and diverse problems. Rural adolescent girls have been considered a low risk group for poor health and nutrition<sup>[2]</sup>. In adolescent girls, short stature that carries on into adulthood is associated with many concurrent and future adverse health and pregnancy outcomes<sup>[3]</sup>.

It is well established that nutritional status is a major determinant of the health and well-being among adolescent and there is no doubt regarding the importance of the study of nutritional status<sup>[4]</sup>. Nutritional status was evaluated using anthropometric indicators recommended by WHO Expert Committee<sup>[5]</sup>. Keeping in view, the present study has been elucidated to assess the nutritional status of rural adolescent girls in Bijnor District of Uttar Pradesh.

### Methodology

#### Study Area

The present study was carried out in Block Afzalgarh Teh. Dhampur of Bijnor District of Uttar Pradesh, India.

### Selection of sample

The study was cross-sectional in nature and the subjects were selected through random sampling procedure. The sample consists of 120 girls aged between 12-14 years. The study samples were collected from Senior Secondary Schools of Afzalgarh Block of Bijnor District.

### Socio-demographic information

Socio-demographic information of selected sample was assessed by personally interviewing the subjects using pre-planned questionnaire. The accurate age of subjects was recorded from the school registration books. Information on economic status, educational qualification, occupation of parent were also recorded.

### Anthropometric Measurements

Anthropometric measurements such as height and weight were made by standard techniques. Heights of subjects were recorded to the nearest 0.1 cm by non-stretchable metal tape. Body weights of subjects were recorded to the nearest 0.1 kg with the help of portable weighing machine. Each subject was weighed with minimum clothing and no footwear.

### Statistical Analysis

All the analysis was carried out by using SPSS 17.0 version. Data was tabulated in Microsoft Excel sheet and checked for any inconsistency. The tables were formed accordingly. T-Test was used to make categorical comparisons. The p-value <0.05 was considered as significant. For the purpose of comparison, NCHS reference value for height and weight were used. Body mass index (BMI) was computed using the standard equation:  $BMI (kg/m^2) = weight (kg)/height^2 (m^2)$ .

**Result**

**Table 1:** Comparison of mean weight of adolescent girls with NCHS standard

Age (yrs)	Mean weight (kg) of studied subjects	NCHS standard (median value)	p-value
12 (n=40)	38.07 ± 6.29	41.5	0.001
13 (n=40)	45.86 ± 8.11	46.1	0.876
14 (n=40)	49.17 ± 7.25	50.3	0.332

Table 1 revealed that mean values of weights for 12, 13 and 14 years aged adolescent girls are 38.1±6.29, 45.9±8.11 and

49.2±7.25 respectively. There was a significant difference observed in age 12 when compared with NCHS standards

**Table 2:** Comparison of mean height of adolescent girls with NCHS standard

Age (yrs.)	Mean height (cm) of studied subjects	NCHS standard (median value)	p-value
12 (n=40)	149.32 ± 7.84	151.5	0.087
13 (n=40)	152.23 ± 6.22	157.5	0.000
14 (n=40)	153.17 ± 5.17	160.4	0.000

The mean height of studied sample was elaborated in table 2. It can be said that adolescent girls of ages 12, 13 and 14 years recorded their heights 149.32±7.84, 152.23±6.22 and 153.17±5.17 respectively. A significant difference was observed between height of selected sample and NCHS standard in age group 13 and 14 years.

**Table 3:** Body mass Index (B.M.I.) of adolescent girls

Grade	BMI	% of Subjects
Under weight	< 18.5	35
Normal weight	18.6 - 24.9	60
Overweight	25 – 29.9	5
Obese grade I	30 – 34.9	-
Obese grade II	35 – 39.9	-
Obese grade III	> 40	-

Table 3 Indicates that 35% respondent belongs to underweight (<18.5 BMI) which is alarming and needs attention to supplement their food with additional nutrients so that they reach to normal level. About 60% girls were belonging to normal range of 18.5 –24.9, indicating their normal growth and development. Only 5% of the respondents were overweight. None of the respondents were in obese I, obese II and obese III category.

**Discussion**

Adolescence is an important stage of growth and development that requires increased nutrition and adolescent anthropometry varies significantly worldwide [5]. Growth and development is closely linked to the diet they receive during childhood and adolescence. Adolescents may represent a window of opportunity to prepare nutritionally for a healthy adult life [6]. Adolescent girls are backbone of healthy and progressive family and thus future builders of positive health of community [7]. Undernutrition among adolescent girls is a serious public health problem internationally, especially in developing countries [8].

The present study has concluded that the prevalence of underweight was found in 35% girls which was almost same as the result (35.5%) reported by Kapoor & Aneja among adolescent girls in Delhi [9]. But in this study the prevalence of undernutrition appeared to be distinctively higher than the earlier studies among adolescents in Kolkata (30.61%) by A Mukhopadhyay [10] and in rural area of Kavre district of Nepal

(30.8%) by DI Mansur *et al.* [11]. Low prevalence of underweight (26%) has also been reported by Josh *et al.* among children from Kaski district of western Nepal [12]. Anjum *et al.* also reported the prevalence of underweight to be 11.1% among children from Kashmir, India [13]. However, high prevalence of underweight has also been reported. A study was conducted by Kalhan M *et al.* which revealed high prevalence of undernutrition (79.4%) in rural Haryana [14]. A study was conducted by Yerpude *et al.* (2013) which revealed high prevalence of underweight (46.67%) in South India [15]. Nabag also reported a high prevalence of underweight (59.1%) from Khartoum state, Sudan [16].

**Conclusion**

The mean weight and height of selected sample of adolescent girls was below the average weight and height of their counterparts of NCHS standards. But a significant difference was observed between weight of selected sample and NCHS standard in age 12 years only. However, a significant difference was observed between height of selected sample and NCHS standard in age group 13 and 14 years. From BMI data, it is clear that about 60% of sample was according to the standard and 35% sample was underweight who need attention to supplement their food with additional nutrients so that they can reach to normal level.

**References**

- Balinga SS, Naik VA, Mallapur MD. Assessment of nutritional status of adolescent girl residing in rural area of Belagavi. *Int J Med Sci Public Health* 2017; 6:323-326.
- Patil SN, Wasnik V, Wadke R. Health problems amongst adolescent girls in rural areas of Ratnagiri district of Maharashtra, India. *J of Clinical and Diagnostic Research*, 2009; 3:1784-1790.
- De K. A Comparative Study on Nutritional Status of Adolescent Girls of Different Rural Area of West Bengal. *Anthropol* 2016; 4:173.
- National Family Health Survey NFHS 2. Chhattisgarh 1998-1999. Mumbai; International Institute of Population Sciences, 2002.
- World Health Organization. Physical Status: The use and interpretation of anthropometry. Technical report series. Geneva; WHO, 1995, 854
- Kaur TJ, Kochar GK, Agarwal T. Impact of nutrition

- education on nutrient adequacy of adolescent girls. *Stud Home Comm Sci*, 2007; 1:51-55.
7. Joshi Sm, Likhari S, Agarwal SS, Mishra MK, Shukla U. A study of Nutritional Status of Adolescent Girls in Rural Area of Bhopal District. *Natl J Community Med* 2014; 5(2):191-194.
  8. Maiti S, Chatterjee K, Ali MK, Ghosh D, Paul S. Assessment of Nutritional Status of Rural Early Adolescent School Girls in Dantan- II Block, Paschim Medinipur District, West Bengal, 2010.
  9. Kapoor G, Aneja S. Nutritional disorders in adolescent girls. *Indian Pediatr*, 1992; 29: 969-73.
  10. Mukhopadhyay A, Bhadra M, Bose K. Anthropometric assessment of nutritional status of adolescents of Kolkata, West Bengal. *J Hum Ecol*, 2005; 18: 213-216.
  11. Mansur DI, Haque MK, Sharma K, Mehta DK, Shakya R. A Study on Nutritional Status of Rural School going children in Kavre District. *Kathmandu Univ Med J* 2015; 50 (2):146-51.
  12. Joshi HS, Gupta R, Joshi MC, Vipul M. Determinants of Nutritional Status of School Children – A Cross Sectional Study in the Western Region of Nepal. *National journal of integrated Research in medicine* 2011; 2(1):10-5.
  13. Anjum F, Abid AM, Iqbal MP, Bhat IA. Nutritional Status of School Age Children (5-14 years) in a Rural Health Block of North India (Kashmir) Using WHO Z-Score System. *Online Journal of Health and Allied Sciences* 2012; 11(2):1-3.
  14. M KALHAN, B Vashisht, V Kumar, S Sharma. Nutritional Status of adolescent girls of rural Haryana. *The Internet Journal of Epidemiology*. 2009; 8(1).
  15. Yerpude PN, Jogdand KS, Jogdand M. A Study of Health Status among School going Adolescents in South India. *International Journal of Health Sciences and Research* 2013; 3(11):8-12.
  16. Nabag FO. Comparative Study of Nutritional Status of Urban and Rural School Girl's Children Khartoum State, Sudan. *Journal of Science and Technology* 2011; 12(2):60-8.