



## STUDY ON HEALTH SERVICES PROVIDED TO ADOLESCENTS IN RURAL AREAS OF SRIKAKULAM AND VIZIANAGARAM DISTRICTS – A SOCIOLOGICAL SURVEY

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### Abstract



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*Adolescence (10-19years) is a transitional phase between childhood and adulthood. Many health problems and adult premature deaths can be associated with behaviour or conditions that began or occurred during adolescent stage, like tobacco and alcohol consumption, poor eating habits, malnutrition, sexual abuse, and risky sex. There is global concern for adolescent health. Throughout the world, the major causes of death among adolescents are road accidents, HIV, suicide, lower respiratory infections and interpersonal violence, etc, which are leading to illness or premature death later in life. The health services provided to the adolescents in the backward districts of Srikakulam and Vizianagaram shall provide an insight into the status and the health conditions prevailing. This article provides the status of health services provided to the adolescents in this context as expressed by the teachers in the region.*

### Introduction

Youth being enthusiastic, vibrant, innovative and dynamic in nature is the most important section of the population. Youth shows strong passion, motivation and will power which also make them the most valuable human resource for fostering economic, cultural and political development

of a nation. A country's ability and potential for growth is determined by the size of its youth population. Their role in building defence capability of a nation is unquestionably *prima una*. The energy and passion of the youth if utilised properly, can bring huge positive change to the society and progress to the nation. Youth are the creative

digital innovators in their communities and participate as active citizens, eager to positively contribute to sustainable development. This section of the population need to be harnessed, motivated, skilled and streamlined properly to bring rapid progress for a country.

India has the relative advantage at present over other countries in terms of distribution of youth population. As per India's Census, the total youth population increased from 168 million in 1971 to 422 million in 2011. India is seen to remain younger longer than China and Indonesia, the two major countries other than India which determine the demographic features of Asia.<sup>1</sup>

The National Youth Policy, 2014 (NYP-2014) was launched in February, 2014. This policy reiterates the commitment of the entire nation to all-round development of the youth of India, so that they can realise their full potential and contribute productively to the nationbuilding process. The NYP-2014 has been finalised after extensive consultations with all the stakeholders. The Policy defines 'youth' as persons in the age-group of 15-29 years.

Adolescence is a crucial period for healthy development in both psychological and physical terms. It is a stage of development transition, i.e. a bridge between childhood and adulthood. It is the stage of development of adult mental process and about adult identity and transition from total socio-economic dependent to relative independent. The WHO has defined adolescence as:-

- a) Progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity.
- b) Development of adult mental processes and adult identity. (Shirur 2000)

India has one of the fastest growing youth population in world and adolescent girls of age 13 to 19 years constitute nearly 66 millions. The lives of these girls are characterized by limited education, lack of knowledge pertaining to social as well as health aspects and also limited influence on decisions affecting their lives. During this period, attitudes, beliefs and values tend to settle into a pattern, out of which emerges the shape and directions of one's life style. Traditionally, women bear primary responsibility for the well being of their families. Yet they are systematically denied access to the resources they need to fulfill their responsibilities, which includes education, health care services, job training, etc. For young girls in India, poor nutrition, early childbearing and reproductive health complications compound the difficulties of adolescent physical development. Women's reproductive health is largely influenced by their health status during infancy, childhood and adolescence. Compared with boys, the adolescent girls' health, nutrition, education and development are more neglected which has adverse effect on reproductive health. Most girls are not adequately aware of their increased nutritional needs for growth (especially increasing their food intake to meet calorie demands of pubertal growth) resulting in girls that are underweight and of short stature. Adolescent girls face more problems than boys, largely due to socio-cultural factors. They are deprived of adequate health care, good nutrition and opportunity for schooling.

Health is one of the major issues revolving from different governmental and non governmental agencies focusing on different health aspects, this young population, especially the girls, are deprived of the basic health care and awareness. The girls are often very ignorant of how their bodies function in terms of sex and reproduction and frequently express a strong desire for the opportunity to

discuss such issues. These girls need special care in view of their role in shaping the health and well being of the present as well as future generations. A study by Passi and Malhotra (2002) found that with the onset of menarche at puberty and in the absence of adequate dietary intake, adolescent girls become highly susceptible to anaemia. In every nation, the welfare of the entire community depends on the health and welfare of youth. The youth and child welfare agencies should acknowledge the fact that the personality of human being is built up in the formative years of the child. Chaudhary (1995) in his study analysed the gender discrimination against the girl child in relation to health, nutrition, education, work participation and adolescence. Educational intervention programmes can help in creating and promoting awareness among the youth and women. A study by Dongre et al. (2006) showed significant improvement in personal hygiene of students and concluded that the school health education program with active involvement of school teacher lead to improvement in personal hygiene in school children and reduction in related morbidities. Through the diverse nutrition and health related roles, women can influence the nutritional status of individual household members and of the entire household as a unit. Hence, the type of care she provides depends to a large extent on her knowledge and understanding of aspects of basic nutrition and health care. Several nutritional studies in rural Indian communities have shown that regular and frequent nutrition and health education provided with health care, food producing and income generating activities resulted in a striking improvement in the nutritional status of infants and pre school children (Food & Nutrition News 2005). With the above background, the present study

was formulated in order to see the awareness of adolescent girls in relation to health and

also to see the effect of educational intervention on their knowledge levels.

The recently Government of India launched *Rashtriya Kishor Swasthya Karyakram* (RKSK) seeks to enable all adolescents and youth to realise their full potential by making informed and responsible decisions concerning their health and well-being and by accessing the services and support they need to implement their decisions (Ministry of Health and Family Welfare, 2014). In order to realise this vision, the RKSK framework acknowledges the strengthening of Adolescent Friendly Health Clinics (AFHCs) and providing correct knowledge and information through counselling services as two of its seven critical components (7Cs). As the Government makes efforts to roll out the RKSK programme at scale across the country, reviewing the experiences of the AFHCs established under the National Adolescent Reproductive and Sexual Health Strategy, the predecessor of the RKSK, can provide useful lessons. With this in view, at the request of the Ministry of Health and Family Welfare, the Population Council conducted an assessment of AFHCs from the perspectives of adolescents and youth, and health care providers in three states in India. This report presents the findings of the assessment conducted among adolescents and youth. Findings describing the perspectives of health care providers are presented in a separate report.

#### **Objective of the Present study**

1. To find out the perspectives of teachers and students towards Health Services Provided to Adolescents in Rural Areas of Srikakulam and Vizianagaram Districts.

#### **The need and importance of the present study**

The Government's goal of ensuring that three-quarters of the health facilities in the State offer adolescents services does not

take into account the disparities that exist between urban, and rural areas regarding the availability of requisite resources. Moreover, it could be that the 10% of health facilities that were considered to offer adolescents services were disproportionately located in urban areas given that historically, most development initiatives have been concentrated in urban settings. While about 23.3% of population consists of adolescents, adolescent sexual and reproductive health services remain limited and do not address the needs of young people.

The adopted methods in selection of the sample, collection of data, scoring, analysis and statistical techniques are employed.

The present investigation is intended to study the Health Services provided to Adolescents in Rural areas. After going through various previous investigations and research articles in journals and periodicals and some of the research papers published on the subject matter, the investigator has present research problem into – Health Services provided to Adolescents in Rural areas - Perspectives of Teachers and Students in rural areas of Srikakulam and Vizianagaram districts of Andhra Pradesh.

**Table: 1 Overall perceptions of teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram District.**

N	Min. Score	Max. Score	Mean	Mean Percent	Std. Dev.
38	50	250	169.24	67.70	10.11

The above table -1shows that the teachers expressed above average perceptions towards Health Services provide to Adolescents in Rural areas of Srikakulam and

Vizianagaram districts. The mean and mean percentages are 169.24 which is 67.70% of their Total score respectively.

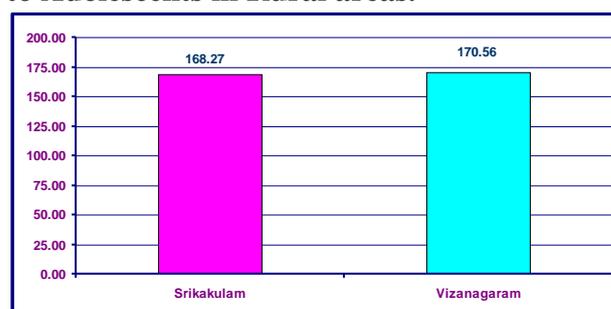
**Table -2 Significant difference between the perceptions of Srikakulam and Vizianagaram districts teachers towards Health Services provided to Adolescents in Rural areas.**

District	N	Mean	Std. Dev.	t-value	p-value
Srikakulam	22	168.27	12.07	0.68 <sup>NS</sup>	0.50
Vizianagaram	16	170.56	6.71		

NS: Not Significant

Table -2 observed that, the mean perception scores of teachers who are working in Vizianagaram district (170.56) is slightly higher than that of teachers working in Srikakulam district (168.27) and the SD values are 6.71 and 12.07 respectively. The ‘t’-value is found to be 0.68 and the p-value is 0.50, which is not significant. This shows that there is no significant difference between the perceptions of teachers working in Srikakulam and Visakhapatnam districts towards Health Services provided to Adolescents in Rural areas. Hence, the null hypothesis is accepted.

**Mean comparison between the perceptions of Srikakulam and Vizianagaram districts teachers towards Health Services provided to Adolescents in Rural areas.**



**Table -3 Significant difference between the perceptions of male and female category teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Gender	N	Mean	Std. Dev.	t-value	p-value
Male	18	166.61	12.43	1.99*	0.05
Female	20	171.60	6.96		

\*Significant at 0.05 level

Table -3 revealed that, the mean perception scores of female category teachers towards Health Services provided to Adolescents (171.60) is higher than that of male category teachers (166.61) and the SD values are 6.96 and 12.43 respectively. The 't'-value is found to be 1.99 and the p-value is 0.05, which is significant at 0.05 level. This shows that there is a significant difference between male and female category teachers perceptions towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is rejected.

**Mean comparison between the perceptions of male and female category teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**



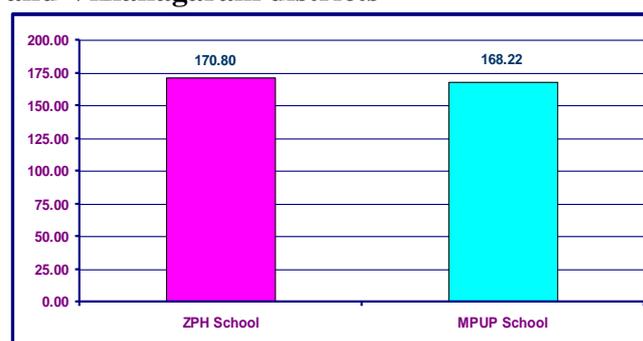
**Table -4 Significant difference between the perceptions of ZPH School and MPUP school teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Management	N	Mean	Std. Dev.	t-value	p-value
ZPH School	15	170.80	7.98	0.77 <sup>NS</sup>	0.45
MPUP School	23	168.22	11.35		

NS: Not Significant

Table - 4 revealed that, the mean perception scores of teachers working in ZPH School towards Health Services provided to Adolescents (170.80) are slightly higher than that of teachers working in MPUP Schools (168.22) and the SD values are 7.98 and 11.35 respectively. The 't'-value is found to be 0.77 and the p-value is 0.45, which is not significant. This shows that there is no significant difference between the perceptions of teachers working in ZPH and MPUP Schools towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is accepted.

**Mean comparison between the perceptions of ZPH School and MPUP school teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts**



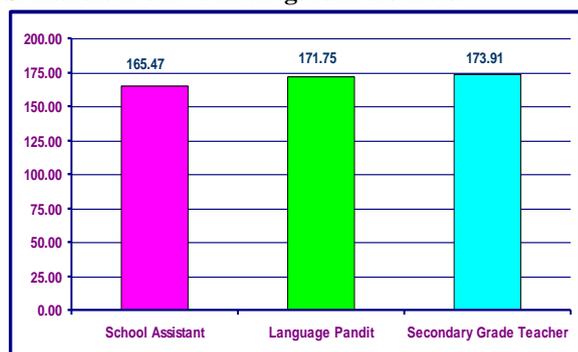
**Table - 5: Analysis of Variance (ANOVA) – Results on the perceptions of teachers based on their designation towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Designation	N	Mean	Groups	Sum of Squares	df	Mean Square	F-value	p-value
School Assistant	19	165.47	Between Groups	559.72	2	279.86	3.04*	0.05
Language Pandit	8	171.75	Within Groups	3225.15	35	92.15		
Secondary Grade Teacher	11	173.91	Total	3784.87	37			

\*Significant at 0.05 level

Table - 5 shows that, the ANOVA results on the perceptions of teachers based on their designation towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts, between groups and within groups, the df values are 2 and 35 and sum of squares are 559.72 and 3225.15 and mean squares are 279.86 and 92.15 respectively. The F-value is found to be 3.04 and the p-value is 0.05, which is significant at 0.05 level. This shows that there is a significant difference in teachers perceptions based on their designation towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is rejected.

**Mean comparison between the perceptions of teachers based on their designation towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**



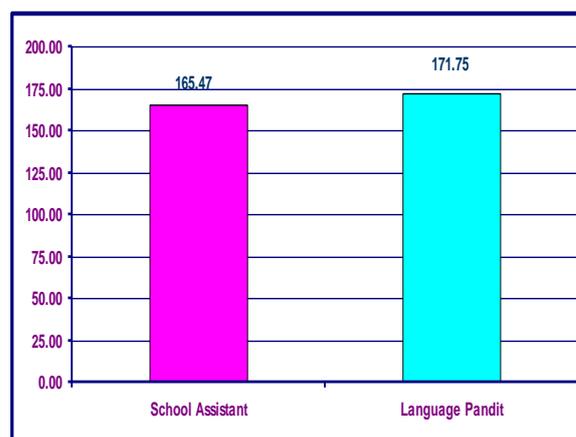
**Table - 6: Significant difference between the perceptions of School Assistants and Language pandits towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Designation	N	Mean	Std. Dev.	t-value	p-value
School Assistant	19	165.47	11.93	2.02*	0.04
Language Pandit	8	171.75	5.87		

\*Significant at 0.05 level

Table - 6 revealed that, the mean perception scores of Language Pandits towards Health Services provided to Adolescents (171.75) is higher than that of School Assistants (165.47) and the SD values are 5.87 and 11.93 respectively. The 't'-value is found to be 2.02 and the p-value is 0.04, which is significant at 0.05 level. This shows that there is a significant difference between the perceptions of School Assistants and Language Pandits towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is rejected.

**Mean comparison between the perceptions of School Assistants and Language pandits towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**



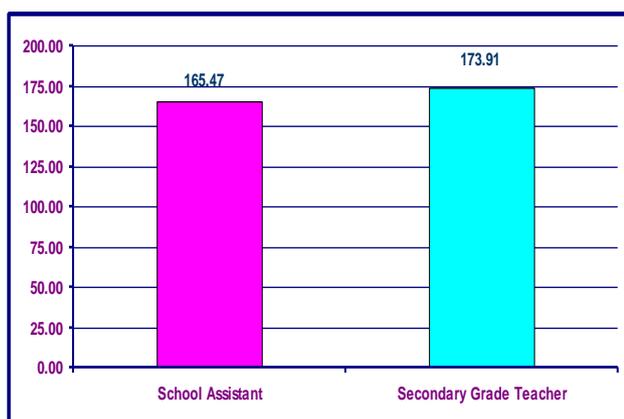
**Table - 7: Significant difference between the perceptions of School Assistants and Secondary Grade Teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Designation	N	Mean	Std. Dev.	t-value	p-value
School Assistant	19	165.47	11.93	2.16*	0.04
Secondary Grade Teacher	11	173.91	6.50		

\*Significant at 0.05 level

Table - 7 revealed that, the mean perception scores of Secondary Grade Teachers towards Health Services provided to Adolescents (173.91) is higher than that of School Assistants (165.47) and the SD values are 6.50 and 11.93 respectively. The 't'-value is found to be 2.16 and the p-value is 0.04, which is significant at 0.05 level. This shows that there is a significant difference between the perceptions of School Assistants and Secondary Grade Teachers towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is rejected.

**Graph-6: Mean comparison between the perceptions of School Assistants and Secondary Grade Teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**



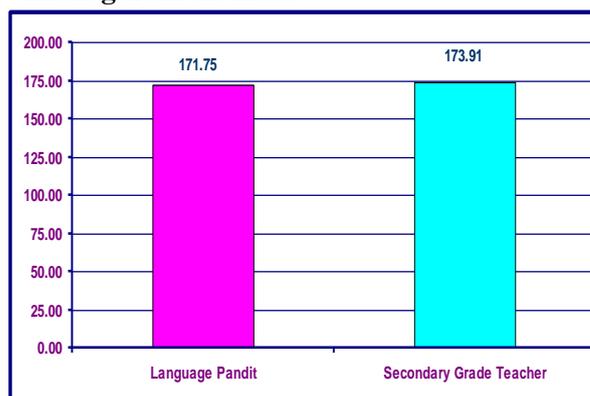
**Table - 8: Significant difference between the perceptions of Language Pandits and Secondary Grade Teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**

Designation	N	Mean	Std. Dev.	t-value	p-value
Language Pandit	8	171.75	5.87	0.74 <sup>NS</sup>	0.47
Secondary Grade Teacher	11	173.91	6.50		

NS: Not Significant

Table - 8 revealed that, the mean perception scores of Secondary Grade Teachers towards Health Services provided to Adolescents (173.91) is slightly higher than that of Language Pandits (171.75) and the SD values are 6.50 and 5.87 respectively. The 't'-value is found to be 0.74 and the p-value is 0.47, which is not significant. This shows that there is no significant difference between the perceptions of Language Pandits and Secondary Grade Teachers towards Health Services provided to Adolescents in rural areas of Srikakulam and Vizianagaram districts. Hence, the null hypothesis is accepted.

**Mean comparison between the perceptions of Language Pandits and Secondary Grade Teachers towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts.**



**Table -9 : Overall perceptions of students towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram District.**

Area	N	Min. Score	Max. Score	Mean	Mean Percent	Std. Dev.
Services	387	8	40	31.29	78.23	4.15
Nutritious Food	387	8	40	28.20	70.51	4.59
Drug Abuse	387	5	25	14.68	58.72	2.49
Alcoholic Abuse	387	4	20	11.79	58.93	1.97
Sexual and Reproductive Health	387	4	20	15.35	76.77	2.67
HIV/ AIDS and Sexually transmitted diseases	387	4	20	14.41	72.05	2.15
Condoms and Pregnancy preventive methods	387	4	20	12.57	62.86	2.34
Reproductive and Sexual Health	387	3	15	9.82	65.44	1.71
Non-communicable diseases	387	7	35	25.19	71.96	4.52
Mental Health	387	4	20	15.09	75.44	2.63
Injuries and Physical Abuse	387	9	45	29.95	66.55	4.71
overall perception	387	60	300	208.33	69.44	20.12

The above table - 9 shows that the students expressed above average and high perceptions with respect to Services, Nutritious Food, Drug Abuse, Alcoholic Abuse, Sexual and Reproductive Health, HIV/ AIDS and Sexually transmitted diseases, Condoms and Pregnancy preventive methods, Reproductive and Sexual Health, Non-communicable diseases, Mental Health, Injuries and Physical Abuse and overall

response towards Health Services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts. The mean and mean percentages are 31.29, 28.20, 14.68, 11.79, 15.35, 14.41, 12.57, 9.82, 25.19, 15.09, 29.95 and 208.33 which are 78.23%, 70.51%, 58.72%, 58.93%, 76.77%, 72.05%, 62.86%, 65.44%, 71.96%, 75.44%, 66.55% and 69.44% of their total score respectively.

### CONCLUSION:

The present investigation provides an insight into the health services provided to Adolescents in Rural areas of Srikakulam and Vizianagaram districts of Andhra Pradesh. There is no significant difference between the perceptions of teachers working in Srikakulam and Visakhapatnam districts towards Health Services provided to Adolescents in Rural areas. But there is a significant difference between male and female teachers in their perceptions. There is no significant difference between the perceptions of teachers working in ZP High Schools and MP UP Schools. However, there is a difference of opinion based on their designation, such as School Assistants, Language Pundits and Secondary Grade Teachers. The teachers are under the opinion that the health services, provision for nutritious food is a major concern along with problems like drug abuse, alcoholic Abuse, sexual and reproductive health, HIV/ AIDS and sexually transmitted diseases, condoms and pregnancy preventive methods, reproductive and sexual health, non-communicable diseases, mental health, injuries and physical abuse need to be addressed in a time specific manner for adolescents in rural areas of Srikakulam and Vizianagaram districts.

### Reference

1. [http://mospi.nic.in/sites/default/files/publication\\_reports/Youth\\_in\\_India-2017.pdf](http://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf)