

COMPARATIVE STUDY ON NUTRITIONAL AWARENESS AND DIETARY PRACTICES AMONG RURAL AND URBAN ADOLESCENT GIRLS OF VARANASI DISTRICT, U.P

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ABSTRACT

Adolescence, a period of rapid transition from childhood to adulthood. Adolescence is a golden window of opportunity for improving faulty dietary practices thereby alleviating nutritional status of adolescents. World Health Organization states adolescence is the age group ranging from 10 to 19 years. Locale of the present investigation was Dharendra Mahila P.G College and aimed at assessing the nutritional awareness and dietary practices of adolescent girls in rural and urban areas of Varanasi district, U.P. Findings revealed that when compared to rural adolescents, urban adolescents were consuming less fruits and green leafy vegetables. Nutritional awareness was better in adolescent girls belonging to urban (73% per cent background as compared to their rural (57 per cent) counterparts. In conclusion school-based nutrition education and nutrition sensitisation is required in order to achieve optimum health goals in adolescent girls.

Keywords: Nutrition, Rural, Urban, Adolescent girls

1. INTRODUCTION

The term adolescence derives its roots from Latin word “**adolescere**” which implies “**to grow into adulthood**”. Adolescence is a roller coaster of rapid transitions which are biological, social, cognitive, and psychosocial in nature taking one away from the physical and emotional immaturity of childhood into the realistic and practical World of adulthood. Researches have suggested that during these transitions’ adolescent females are more prone to nutritional difficulties than male counterparts. A healthy diet should include a wide array of nutritious foods from all food groups including Protein, Carbohydrates, Fats, Fibre, Vitamins and Minerals. Foods to include are seasonal and fresh fruits and vegetables, grains, milk and milk products, lean meat, eggs, and moderate amounts of oils and fats. A balanced diet fulfills the need of essential nutrients: macronutrients, micronutrients, fluid, and adequate calories. A healthy diet can help you maintain overall health including a healthy body weight, decrease risk of diet-related chronic diseases, such as Cardiovascular disease, Type 2 diabetes, etc. The main objectives of the study were to study the general profile, dietary practices, and nutritional awareness of rural and urban adolescent girls of Varanasi district, U.P.

2. MATERIALS AND METHODS

A total of sixty adolescent girls Thirty from rural areas and thirty belonging to urban areas of Varanasi district were randomly selected for the study. Location of the study was Dharendra Mahila P.G College, Varanasi. Expost-facto research design and simple random sampling methods were followed in the present investigation. Questionnaire developed by Yabsira Melaku (2018) was slightly modified and further used for analysing the nutritional practices of rural and urban adolescent girls.

3. REVIEW OF LITERATURE

Pavithran and Bant (2018) assessed nutritional status of adolescent girls using their socio demographic profile, dietary pattern, and anthropometric measurements (weight, height, and BMI) in rural areas of Dharwad district, India. The study revealed that based on BMI of rural adolescent girls 14.9 per cent were under- weight for their age, 25.2 per cent were under-nourished and 3.7 per cent were over nourished.

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Anemia is linked with several other underlying conditions like Undernutrition. An urgent need to create nutritional awareness is clearly visible, in order to achieve maximum health potential.

Nair and co-workers (2017) in a community based cross sectional study done among 583 adolescent girls in rural Maharashtra found the prevalence of underweight (36.54%) and stunting (48.37%) among adolescent girls. To improve their nutritional status appropriate. Researcher pointed towards the dire need of nutrition intervention and health education be directed towards rural adolescent girls.

4. RESULTS AND DISCUSSION

Table 1 depicts that majority of the respondents belonging to rural background had joint family set up. On the contrary higher number of adolescent girls belonging to urban background had nuclear families. Above distribution can be attributed to the fact that Joint family system is decreasing with time, people prefer nuclear families for the sake of lesser responsibilities, privacy, better harmony, and satisfaction of basic needs. The level of the respondent's parent education was classified into six categories namely illiterate, primary school, high school, college education, graduation & above. Data of Father's education of respondents belonging to rural background showed that 10 per cent were illiterate followed by middle school education (87%), primary school education (13%), high school education (20%), College education (10%). In adolescent girls belonging to urban background (93%) of the respondent's fathers had education up to High School (93%) followed by Middle School (90%) and none of the respondent's Father were reported to be Illiterate. Comparatively, in adolescent girls belonging to rural area majority of the respondent's mothers were illiterate (67%) followed by high school education (13%), primary school education (10%), College education (6%). In adolescent girls belonging to urban background majority of the respondent's mothers had education up to High School (70%) followed by College education (63%) and Middle School (27%).

Table: 1 General Profile of the Respondent's Family Background (Rural and Urban Adolescentgirls)

Type of Family	Rural (n=30)		Urban (n=30)		Total (n=60)	
	F	%	F	%	F	%
Joint	4	13	3	10	7	12
Nuclear	26	87	27	90	53	88
Father's Education						
Illiterate	3	10	0	0	3	5
Primary School	4	13	3	10	7	12
Middle School	26	87	27	90	53	88
High School	6	20	28	93	34	56
College Education	3	10	27	90	30	50
Mother's Education						
Illiterate	20	67	0	0	20	33
Primary School	3	10	6	20	9	15
Middle School	3	10	8	27	11	18
High School	4	13	21	70	25	41
College Education	2	6	19	63	21	35

Note: F - Frequency

Table 2 demonstrates that 90 per cent of the respondents from urban background consumed cereal and pulse products daily whereas only 77 per cent of respondents from rural background had cereal and pulse products daily. 67 per cent of Adolescent girls from rural and 33 per cent from urban background were consuming green leafy vegetables regularly. Adolescent girls from Rural (26%) as well as Urban background (70%) consumed fruits regularly, which might be attributed to higher purchasing power of Adolescent girls belonging to Urban area. Occasionally 37 per cent of respondents from urban background skipped meals for the purpose of fasting whereas 63 per cent of adolescent girls belonging to rural areas occasionally skipped meals in the name of fasting. Another significant finding was that adolescent girls from urban background consumed milk occasionally. Egg and non-vegetarian food consumption was rarely seen in adolescent girls from rural Background, which was because of the religious practices being followed. In urban adolescent girls

(77%) of the respondents were following three meal pattern per day whereas majority of the adolescent girls belonging to rural areas consumed two meals a day, which was due to the far off distance between College and Home. In rural (17%) and in urban (60%) of the respondents opined that they daily drink cool beverages frequently. Overall food habits of adolescent girls from urban background were relatively better than their counterparts. This result may be due to better purchasing power, easy availability, sound educational background of parents and better nutritional awareness but at the same time the consumption of junk food and cold beverages were found higher in Urban adolescent girls. Though there is a better availability of fresh seasonal fruits and vegetables in rural areas of Varanasi but families of respondents grew these exclusively for commercial purposes, low availability of a wide variety of junk foods.

Table: 2 To study the dietary practices of rural and urban Adolescent girls

S. No.	Dietary Food Habits	Rural Population (n=30)			Urban Population (n=30)		
		Daily	Occasional	Never	Daily	Occasional	Never
		F (%)	F (%)	F (%)	F (%)	F (%)	F (%)
1	How often do you eat cereal and pulse products?	23(77)	7(23)	0(0)	27(90)	3(10)	0(0)
2	How often do you eat green leafy vegetables?	20(67)	8(26)	2(7)	10(33)	15(55)	5(17)
3	How often do you eat fruits?	8(26)	20(67)	2(7)	21(70)	7(23)	2(7)
4	How often do you drink milk?	7(23)	9(30)	14(47)	15(50)	10(33)	5(17)
5	How often do you eat sweets?	4(13)	19(63)	7(24)	6(20)	23(77)	1(3)
6	How often do you eat egg?	0(0)	13(43)	17(57)	11(37)	16(53)	3(10)
7	Do you skip your meal in the name of fasting?	0(0)	19(63)	11(37)	0(0)	11(37)	19(63)
8	How often do you drink tea/coffee?	13(43)	15(50)	2(7)	9(30)	15(50)	6(20)
9	How often do you eat non vegetarian foods?	0(0)	19(63)	11(37)	7(23)	18(60)	5(17)
10	Do your family members force you to eat more?	3(10)	23(77)	4(13)	21(70)	5(17)	4(13)
11	Do you follow three meal pattern per day?	7(23)	22(74)	1(3)	23(77)	7(23)	0(0)
12	How often do you drink cool beverages?	5(17)	19(63)	6(20)	18(60)	12(40)	0(0)

Table 2 revealed that the meal pattern of the adolescent girls from the rural and urban backgrounds were different, respondents from urban background had Breakfast, followed by lunch which was carried in tiffin boxes to the Educational institution, reached home well in time for a warm dinner meal. Respondents from rural areas carried tiffin boxes to the Educational institutions which made up for both Breakfast and Lunch, as they had to leave early for education purpose but reached home in time for a hefty dinner.

Table:3 Distribution of respondents according to their nutritional awareness

S. No.	Nutritional Awareness	Rural (n=30)		Urban (n=30)		Total (n=60)	
		F	%	F	%	F	%
1	Low Level (0-6)	7	23	0	0	7	12
2	Moderate Level (7-13)	23	77	14	47	37	62
3	High Level (14-20)	0	0	16	53	16	26
Total		30	100	30	100	60	100

Table 3 states that in subjects belonging to urban background nutritional awareness was far better than the ones belonging to rural areas, which could be attributed to better parental education, better resources and learning environment and more involvement in social media.

5. CONCLUSION

Adolescent girls are an integral part of the future of a family and are crucial in the healthy development of a nation. The dietary practices and nutritional awareness of rural and urban adolescents differed in many aspects. Adolescent girls from rural areas of Varanasi District consumed more fresh seasonal fruits and vegetables due to better availability as they majority belonged agricultural backgrounds. On the other hand, adolescent girls from Urban parts of Varanasi District followed sound dietary practices and had better nutritional knowledge and awareness due to better family education and availability of resources. Instrumental finding in present investigation is that further nutrition sensitisation and school-based nutrition education is required in order to bridge the gap that is visible in Urban and Rural areas of Varanasi District, U.P.

REFERENCES

- Awasthi, R., Srivastava, A., Dixit, A.K and Sharma, M. 2016. Nutritional status of adolescent girls in urban slums of Moradabad: a cross sectional study. *International Journal of Community Medicine and Public Health*. 3(1): 276- 280.
- Choudhary, K., Shekhawat, K and Kawatra, A. 2014. A cross sectional study to assess nutritional status of adolescent girls at a government senior secondary girls' school at Bikaner, Rajasthan. *Indian Journal of Community Health*. 26: 318-321.
- Joshi, S.M., Likhar. S., Mishra, K., Agarwal, S.S and Shukla, U. 2014. A study of nutritional status of adolescent girls in rural area of Bhopal district. *National Journal of Community Medicine* 5(2):191- 194.
- Komala, M and Rayanagoudar, S.S. 2015. Nutritional status of young girls of Gadag District. *International Journal of Research*. 2(1): 13-20.
- Melaku, Y., Dirara, A., Fryissab, G.T and Tamirua, D. 2018. Optimal dietary practices and nutritional knowledge of school adolescent girls in Jimma Town, South West Ethiopia. *International Journal of Adolescence and Youth*. 23(3): 299-307.
- Nair, A., Doibale, M.K., Kuril, B.M and Domple, V.K. 2017. Study of nutritional status of adolescent Girls in a rural area of a district of Maharashtra. *International Journal of Community Medicine and Public Health*. 4(12): 4617-4622.
- Pavithran, S and Bant, D.D. 2018. Nutritional status of adolescent school girls residing in rural areas of Dharwad district, India: a cross sectional study. *International Journal of Community Medicine and Public Health*. 5(7):2761-2765.
- Sinha, S., Kumar. S., Kumari, S., Gupta, P and Beena, S. 2017. A study on the morbidity pattern in adolescent school girls. *International Journal of Community Medicine and Public Health*. 4(6): 1901- 1905.
- Sinha, S., Singh, R.B. 2016. A study on diet and nutritional status among adolescent girls in Lucknow district, India. *International Journal of Community Medicine and Public Health*. 3(8): 2019-2025.