

Dietary Intake of College Going Adolescent Girls

NIDHI AGARWAL

Lecturer

Govt. M.S. College for Women, Bikaner (Rajasthan) India

ABSTRACT

Adolescence is a period of preparation for adulthood. Various physical, sexual, behavioural and psychological changes occur making it a very crucial period in the life cycle. Nutrition and diet in this stage is a very important factor as this is a period when roots of adulthood start nurturing and a person moves a step towards maturity. Adolescent girls are even more vulnerable and they need proper nourishment for preparation of future child bearing period.

Key Words : Adolescence, Food habits, Diet, Nutrition

INTRODUCTION

WHO defines adolescents as those people between 10 and 19 years of age. It is a period in human growth and development that occurs after childhood and before adulthood that is characterized by rapid growth spurt. The adolescent constitute a critical segment of population due to this tremendous pace of growth and development.

The total estimated population (World Population Prospects, 2012) of the world in 2010 is 6.91 billion. The number of persons in the age group 10-19 years (defined as Adolescents) is 1.19 billion and that in the age group 15-24 years (defined as Youth) is 1.22 billion. Together, the adolescent and youth population (10-24 years) constitutes about 1.82 billion (or 26.3%) of the total population in the world. In India, as per Census 2011, adolescent population (10-19) is 253.2 million and that of the youth (15-24) is 231.9 million, constituting 20.9 per cent and 19.2 per cent of the total population, respectively.

Girls are specifically vulnerable because nutrition during this period lays basis for the nutrition and health status during adulthood, especially pregnancy and lactation. Therefore, diet during this period needs special care and attention. The present study was framed to assess the dietary intake of college going adolescent girls.

METHODOLOGY

The study sample comprised of college going adolescent girls. A structured pre-tested questionnaire was used to collect information from adolescents. Information relating to age,

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type of family, occupation, number of meals and dietary practices was collected. Anthropometric measurements such as height and weight were taken using standard equipment. The data so obtained was tabulated and analysed to draw results.

RESULTS AND DISCUSSION

General Profile:

The results of the study showed that nuclear families (64.17%) were common followed by joint family system (35.83%). None of the respondents had an extended type of family (Table 1). Most of them (95%) were non-working, two were engaged in business and the rest were working part time.

Table 1: General Profile		
Details	Frequency (N=120)	Percentage
Type of Family		
Joint	43	35.83
Nuclear	77	64.17
Extended	0	0.00
Occupation Self		
Unemployed	114	95.00
Service/working part-time	4	3.33
Business	2	1.67
Occupation Father		
Unemployed	3	2.50
Service	67	55.83
Business	50	41.67
Occupation Mother		
Homemaker	108	90.00
Service	9	7.50
Business	3	2.50
Education Father		
Illiterate	17	14.17
Primary	5	4.17
Middle	8	6.67
Secondary	9	7.50
Senior Secondary	15	12.50
Graduate and above	66	55.00
Education Mother		
Illiterate	16	13.33
Primary	8	6.67
Middle	15	12.50
Secondary	11	9.17
Senior Secondary	19	15.83
Graduate and above	51	42.50

As far as the occupation of father is concerned, a little more than half (55.83%) were doing service, 41.67% were engaged in business while three of them were unemployed. Mothers of most of the respondents were homemakers. A few of them were doing service and business.

Majority of the parents (85.83% fathers and 86.67% mothers) were literate. Their education level ranged widely from primary to graduation and above. Twenty two fathers were educated up to secondary level, 12.50% were senior secondary pass while 55.00% were graduate and above. Similarly, mothers of thirty four students were educated up to secondary level, 15.83% were senior secondary pass and the rest graduation and above.

Dietary Practices:

During adolescence, numerous factors influence the eating habits. The growing independence of adolescents, increased social participation and a busy activity schedule have a great impact on food intake. Peer group influences strongly govern the dietary behavior.

Table 2: Dietary Practices		
Details	Frequency (N=120)	Percentage
Food Habits		
Vegetarian	112	93.33
Non-vegetarian	2	1.67
Eggetarian	6	5.00
No. of Meals/Day		
Two	52	43.33
Three	65	54.17
More Than Three	3	2.50
Regular Timings of Eating		
Yes	71	59.17
No	49	40.83
Dietary Restriction		
Yes	10	8.33
No	110	91.67
If Yes*		
Self-Imposed	10	100.00
Medically prescribed	0	0.00
Facing problem in eating		
Yes	2	1.67
No	118	98.33

*Figures are from those respondents who reported yes for dietary restrictions

Vegetarianism (93.33%) was a common feature (Table 2). Majority of the respondents (54.17%) consumed three meals a day followed by two meal pattern (43.33%). Only three respondents consumed more than three meals a day.

Three-fifth of the subjects had regular timings of eating food. Ten of the respondents followed dietary restrictions and that too were self-imposed, may be due to health

consciousness or for the reason of maintaining body weight. Two of the study sample faced problem in eating food due to dental problems.

Consumption of various foods:

As far as the consumption of green leafy vegetables is concerned (Table 3), a majority (71.67%) consumed them as per the seasonal availability. For a little more than one-fifth, eating green vegetables was common while 6.67% didn't consume them. Regular consumption of pulses was less common (44.17%) with sixty seven respondents consuming it occasionally *i.e.* mostly once or twice a week. Some of the respondents didn't like pulses and therefore avoided them or consumed them when forced to do so. Consumption of fruits was also very low. Less than one-third respondents (30.83%) consumed it regularly while the rest ate fruits only occasionally.

Table 3 : Consumption Pattern		
Details	Frequency (N=120)	Percentage
Green leafy vegetables		
Regular	26	21.67
Seasonal	86	71.67
No	8	6.67
Pulses		
Regular	53	44.17
Occasional	67	55.83
No	0	0.00
Fruits		
Regular	37	30.83
Occasional	83	69.17
No	0	0.00
Milk and milk products		
Regular	46	38.33
Occasional	42	35.00
No	32	26.67
Fast Food		
Regular	12	10.00
Occasional	99	82.50
No	9	7.50
Skip Meals		
Yes	49	40.83
No	71	59.17

Respondent's intake of milk and milk products was very low. Only 38.33% consumed it on a regular basis and that too was mostly in the form of curd or chhach/lassi. Thirty five percent sample took them occasionally while a significant number (32) didn't consume it at all. Trend of eating fast food is on a rise. Although for a majority of subjects, it was occasional, ten percent ate it on a regular basis. Skipping of meals was also a common practice with

nearly two-fifth of the respondents skipping meal with or without a reason.

In a similar study it was observed that majority of subjects *i.e.* 83.3 and 60 per cent were in the habit of skipping at least one meal daily in group E and C respectively. The results of investigation suggested that there is great need to impart nutrition counselling for longer duration to improve the nutritional status of adolescent girls by including high fiber foods like whole grain cereals, whole pulses, fruits and vegetables in their daily diet (Singla and Dhillon, 2013).

Another study conducted in Bhopal revealed that 69% adolescent girls suffered from undernutrition. Only 31% girls had normal nutritional status. Majority *i.e.* 87.20% of adolescent girls belonging to the age group of 10-14 years were undernourished (Joshi *et al.*, 2014).

Conclusion:

Nutritional status of adolescent girls is a major contributor to nutritional status of community. Country's youth resource and health of the generation to come depends on the health of adolescents of which diet is an important determinant. Widespread under nutrition and low dietary knowledge are the points to focus on. Although adolescents have a great influence of their peer group, they are not the sole decision-makers of what and how they eat. Parents, particularly mothers, often make decisions on their behalf. Therefore parents need to be sensitized about diet and nutritional needs of adolescents and adverse effects of under nutrition. Health and nutritional education program covering both parents and adolescents for inculcating healthy life styles can help bring about a positive change.

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