CHAPTER 5

CONCLUSION AND
RECOMMENDATIONS
Health has always been a major concern of community development. It is a basic requirement not only for the fulfillment of human aspirations but also for the enjoyment of all mankind of a better quality of life. It is also indispensable for a balanced development of the individual within the family and as a part of the community and the nation.

Girls are the core of human life dynamics, only healthy female can produce a healthy child, who can make socio economic upliftment of the people of the country. College girls are in reproductive age and are “future mothers”, their nutritional profile and awareness towards family welfare programme is significant so that they can produce healthy generation. It is well known that health care is only one of the several factors, which influence the health status of the population. The health of a nation is maintained through the health of its individual citizen. Optimum nutrition is an important factor in healthy health and should be the ultimate goal. A person may be well nourished even though he is not getting the highest peak. Nutrition is one of the many interrelated determinates of health, and performance in a wide spectrums and social - economical and cultural factors. It influences productivity, stamina and working capacity. So on the whole it influences all aspects of the life and national economy.

Deaths due to complications related to pregnancy and child birth are the leading causes of mortality of women in the reproductive ages in developing countries like India. Those deaths have very serious consequences within the family given the crucial role of the mother in the health and welfare of her children. During the ninth plan efforts are intensified to improve the health status of the population by optimizing coverage and quality of care by identifying and rectifying the critical gaps in infrastructure of health services.

Improvement in the health status of the population has been one of the major thrust areas for the social development programme of the country. This was to be achieved through improving, accessing, and utilization of Health, Family Welfare and Nutrition Services with special focus on reproductive child health. In national health policy special emphasis has been given to reproductive age group mothers. So it is necessary to have health, nutrition and family
welfare concern awareness information for the understanding of dimensions and magnitude of their health profile and awareness towards family welfare programmes.

A critical review clearly indicate that hardly any study on health and nutrition based has been carried out in adolescent girls especially in Madhya Pradesh which are important for the effective planning of health education as well as health care programme aimed at improving health status of women. It has been noticed that studies concerning nutrition and awareness especially among college going youth of different categories i.e. General, other backward class, schedule caste and schedule tribe are very scanty. Present study had been conducted on college going girls of Jabalpur city Madhya Pradesh.

The objectives of the study are:

✦ To assess the nutritional status, with the help of nutritional anthropometry.

✦ To study extent of awareness towards family welfare programme.

The relevant data on 1000 Girls comprising 250 from each category i.e. general, other backward class (OBC), schedule tribe (ST) and schedule caste (SC) were selected by purposive sampling from various colleges i.e. Government. M.H. College of Home Science, Government.M.K.B.College, C.P. Mahila Mahavidyalaya, Hawabag College, Mata Gujri College, Navyug Arts and Commerce College, St. Aloysius College, Government girls college Ranjhi, Hitkarini Mahila Mahavidyalaya, Kesharwani College, Department of Government Engineering College, Department of Government Agriculture College, G.S. College of Jabalpur city Madhya Pradesh. From various colleges different girls sample were taken but the sample size of each college under study is different on the basis of their above said categories in order to make the sample a representative one. For the nutritional profile necessary anthropometrical measurements such as height, weight, and sitting height and chest girth were taken by using recommended instruments on each selected girls. For recording their awareness towards family welfare programme necessary information has been collected by using questionnaire to know their awareness towards family welfare programme.
The finding exhibits mean age of the girls from general category is 19.8 years (SD 1.63), mean height is 154.8 cms (SD 5.31). Mean weight is 48.5 kg (SD 6.47). Mean chest girth is 81.2 cms (SD 5.06). Sitting height mean is 78.3 cms (SD 3.12). Body mass index (BMI) is 20.2 (SD 2.47).

The mean age of girls from Other Backward Class (OBC) is 20.0 years (SD 1.46), Mean height is 154.6 cms (SD 4.89). Mean weight is found 49.4 kg (SD 6.17) Mean chest girth is found 82.9 cms (SD 6.12) sitting height mean is 79.0 (SD 2.70) and Body mass index (BMI) is 20.6 (SD 2.36).

The mean age of schedule caste (SC) girls is 20.3 years (SD 2.16) mean height is 153.0 cms (SD 4.87). Mean weight is 46.7 kgs (SD 6.67) mean chest girls is 79.1 cms (SD 6.42). Mean sitting height is 80.0 cms (2.91 SD). Mean Body mass index (BMI) is 19.9 (SD 2.67).

The mean age of Schedule Tribe (ST) girls is 20.1 years (SD 1.83). Mean Height is 152.8 cms (SD 4.67). Mean weight is 47.5 kgs (SD 5.30). Mean chest girth is 80.8 cms (SD 3.46) sitting height is 82.3 cms (SD 2.85). Mean Body mass index (BMI) is 20.3 (SD 2.02).

It is interpreted that mean age of girls is approximately same and so the BMI. The mean weight and chest girth is found different in all categories. Other Backward Class (OBC) girls have higher values for weight as well as chest girth. The lowest values for weight and chest girth is found in schedule caste girls.

The mean value of Body mass index (BMI) among total 1000 girls of present study is found 20.3 (SD 2.43). The mean value of Body mass index (BMI) of general class girls and schedule tribe (ST) are quite close to each other i.e. 20.2 and 20.3 respectively. But the mean value of height and weight of general class were significantly higher. This finding support the finding of Singh (2005) that Body mass index (BMI) is not a very sensitive index and it should be used carefully and cautiously. Body mass index (BMI) should not be presented alone measurements of height and weight should also be presented wherever the results of Body mass index (BMI) are to be reported and interpreted.
In present study classification of Body mass index (BMI) of the subject were done as per the WHO specification. Result of the study shows that 69.1% girls are under normal range, where as category wise analysis shows 64.8% of general class, 74.0% of other backward class (OBC), 57.2% of schedule caste (SC) and 80.4% of schedule tribe (ST) girls are at normal range. Further 26.9% girls found malnourished, category wise analysis shows 26.2% General, 22.0% other backward class (OBC), 36.8% of schedule caste (SC) and 19.6% schedule tribe (ST) girls are found malnourished. On the other hand total 4.0% girls found in grade I over weight class. Category wise specification shows equal percentage, i.e. 6.0% in Gen class, 6.0% in schedule caste are at grade I overweight where as 4.6% girls of other backward class (OBC) found at grade I overweight, no body found over weight in schedule tribe (ST).

All measurements and indices of other backward class (OBC), schedule tribe (ST) and schedule caste (SC) girls are compared with general category. It is exhibited that mean weight and height of schedule tribe (ST) and schedule caste (SC) girls are statistically significant (p<0.05) and Body Mass Index (BMI) for both categories are insignificant. Whereas mean weight and height of other backward class (OBC) compared with general category the difference is insignificant and Body Mass Index (BMI) is statistically significant (p<0.05). This finding support the finding of Singh (2005) that Body mass index (BMI) is not a very sensitive index and it should be used carefully and cautiously. Body mass index (BMI) should not be presented alone measurements of height and weight should also be presented wherever the results of Body mass index (BMI) are to be reported and interpreted.

The quality of life of the society mainly depends on the health status of its members. A society can never program development with high morbidity rate and spreading of communicable diseases. College students are quite aware of communicable disease, but they are absolutely lacking the knowledge of health officials, health policy and programme.

According to 73.3% girls from all categories, concept of health is being cheerful (general 64.0%, other backward class 76.0%, schedule tribe76.0%, schedule caste77.2%). 10.0% girls of ST class believe that evil spirit is cause of illness, no body from general, other backward class and schedule caste
mentioned that evil spirit can cause illness. Very few ST 2.0% girls do believe in superstitious remedy for treatment for illness again no body from general, other backward class or schedule caste mentioned that superstitious remedy can help in the treatment of illness. This may be the effect of their socio cultural background from which they belong. 48.5% girls from all categories prefer allopathic treatment (general 44.8%, other backward class51.2%, schedule tribe 50.0%, schedule caste 48.0%). Television health shows have nearly 51.7% girls from all categories of young viewers (general56.8%, other backward class48.8%, schedule tribe, 44.8%, schedule caste56.4%).

Only 44.1% girls from all categories gave correct name of district collector. Category wise analysis revealed that 36.0% girls from general class 50.4% girls from other backward class (OBC) class and 48.0% girls from schedule tribe (ST), 42.0% of schedule caste (SC) class girls gave correct information about the name of district collector. Majority of students 76.7% from all categories (general 87.2%, other backward class 80.8%, schedule tribe 58.0% and schedule caste 80.8%) do not respond and 8.4% girls from all categories (general 3.2%, other backward class 1.6%, schedule tribe 58.0%, schedule caste 80.8%) gave incorrect information regarding query of the name of state health minister. The most remarkable finding is that Lady Elgin Hospital is the only government hospital dealing with especially obstetric and gynecology is known to only 37.9% of girls from all categories (general39.2%, other backward class 34.8% schedule tribe 38.0% and schedule caste 39%).

54.6% students from all categories (general 70.4%, other backward class 48.0%, schedule tribe 56.0%, schedule caste 44.0%) do not know about National Health Policy. 41.9% students from all categories (general 48.8%, other backward class 47.2%, schedule tribe 35.2% and schedule caste 36.4%) do not know about the National health and family welfare programme.

97.5% girls from all categories (general 98.4%, other backward class 93.6%, schedule tribe 99.2% and schedule caste 98.8%) knew correctly that mosquito bite could cause malaria. 21.7% girls from all categories (general 27.2%, other backward class 20.0%, schedule tribe 19.2% and schedule caste 20.4%) do not know the cause of Tuberculosis. 0.6% girls from all categories (general 0.8%, none in other backward class, none in schedule tribe and
schedule caste 1.6%) mentioned that leprosy is caused by effect of evil spirit. Only 27.3% of girls from all categories ((general 23.2%, other backward class 28.8%, schedule tribe 29.6% and schedule caste 27.6%)) knew that disease is contagious. 31.1% of girls from all categories ((general 36.8%, other backward class 32.8%, schedule tribe 30.8% and schedule caste 24.0%)) do not know the cause of leprosy, Girls are communicated the valuable information mostly by television, print media, especially newspaper is not an effective one or it does not print health based news or information. Interpersonal communication is also a poor source concluded in the study. Most of the interpersonal communication is through teacher probably due to health topic being part of course syllabus.

53.7% of girls from all categories (general 48.0%, other backward class 44.8%, schedule tribe 68.8% and schedule caste 53.2%) were pre informed about menstruation. The major source of pre information of 51.2% young women from all categories (general 51.6%, other backward class 60.7%, schedule tribe 49.4% and schedule caste 45.1%) was their mother. Age of menarche in 59.2% girls from all categories (general 64.0%, other backward class 58.2%, schedule tribe 58.0% and schedule caste 56.4%) is above 14 years of age. 84.6% girls from all categories (general 90.4%, other backward class 88.0%, schedule tribe 76.0% and schedule caste 84.0%) have their menses regular. The maximum percentage of irregularity in menses is seen among girls in 22.0% of schedule tribe group. As far as cleanliness and hygiene practice during menses is concerned 44.9% girls from all categories (general 41.6%, other backward class 50.4%, schedule tribe 48.0% and schedule caste 39.6%) are using cloths where as 52.1% girls from all categories (general 56.0%, other backward class 46.4%, schedule tribe 48.0% and schedule caste 58.0%) need sanitary napkins. 67.8% girls from all categories (general 66.4%, other backward class 66.0%, schedule tribe 62.0% and schedule caste 76.8%) feel fatigue during menses. Pain during menses is the most prominent complication, 78.6% of total girls (general 80.0%, other backward class 77.6%, schedule tribe 70.0% and schedule caste 86.8%) have mentioned pain is common problem. Waist is commonplace of pain among all
the four groups it is revealed that schedule caste (SC) girls have menstrual problems in most.

Category wise analysis of problems for which girls have counseled, shows that 64.9% of schedule caste (SC) girls counseled for pain and 22.9% for fatigue. Maximum percentage ie.20.8% of other backward class (OBC) girls have problem of excessive bleeding. 7.2% of Schedule tribe (ST) girls have less bleeding and 19.6% of them have irregular periods, which is the most among all categories. For treatment part 91.2% girls from all categories (general 84.1 %, other backward class 45.1 %, schedule tribe 44.0% and schedule caste 80.8%) were advised to take medicine

The profile of self-experience of reproductive health problem (in last 3 months only) shows total 16.8% girls from all categories (general 15.2 %, other backward class 11.2%, schedule tribe 20.0% and schedule caste 20.8 %) had experience of burning sensation or pain in vagina. while 21.0% girls from all categories (general 24.8 %, other backward class 21.6%, schedule tribe 10.0% and schedule caste 27.6 %) had experience of vaginal discharge. Total 63.3% girls (general 87.0%, other backward class 53.7%, schedule tribe 60.0% and schedule caste 50.7 %) had white dense discharge.

Total 88.5% girls from all categories (general 100.0 %, other backward class 55.5%, schedule tribe 100.0% and schedule caste 100.0 %) have associated problem with discharge. 48.9% total girls from all categories (general 70.9 %, other backward class 26.6 %, schedule tribe 48.0 % and schedule caste 39.1%) experienced irritation in vagina as associated problem with discharge. 33.3% girls from all categories (general 12.9%, other backward class 46.6 %, schedule tribe 52.0% and schedule caste 39.1%) experienced pain in lower abdomen as associated symptom with discharge. 8.6% total girls from all categories (general 6.4%, other backward class 10.0 %, none from schedule tribe and schedule caste 13.0 %) have problem of ulcer in vagina. 51.0% girls from all categories (general 45.1%, other backward class 36.6 %, schedule tribe 80.0% and schedule caste 52.1 %) shared the complication of reproductive health with mother. Only 18.2% total girls from all categories (general 16.1%, other backward class 20.0 %, schedule tribe 8.0% and
schedule caste 23.1% shared or discussed the problem with doctor. Total 100.0% girls have opted counseling for complication. Only 15.0% from all categories (general 6.4%, other backward class 10.0%, schedule tribe 12.0% and schedule caste 26.0%) counsel for treatment from government doctor and 33.8% total girls from all categories (general 9.6%, other backward class 10.0%, schedule tribe 72.0% and schedule caste 52.1%) consulted private doctor. Among all the four groups schedule caste (SC) girls in most i.e. 26.0%, consulted government doctor, 72.0% of schedule tribe (ST) girls in most consulted to private doctor.

94.0% of total girls from all categories (general 95.0%, other backward class 94.0%, schedule tribe 92.8% and schedule caste 94.0%) were having information about AIDS. 100.0% girls from general category (other backward class 66.4%, schedule tribe 58.8% and schedule caste 92.8%) have knowledge of symptoms of AIDS. About 69.4% total girls from all categories (general 70.0%, other backward class 74.4%, schedule tribe 63.6% and schedule caste 69.6%) knew that disease is fatal and there is no cure to AIDS. In awareness part regarding AIDS students clearly indicate, television as best source of information regarding AIDS. Majority of students 78.7% from all categories (general 98.0%, other backward class 72.0%, schedule tribe 71.6% and schedule caste 73.2%) had correctly accepted that unsafe sexual relations are the reason for infection of AIDS. 49.4% of the total students from all categories (general 56.0%, other backward class 36.8%, schedule tribe 33.2% and schedule caste 24.0%) also had knowledge about the possibility of a new born getting AIDS from infected mother (in fetal life itself) About 76.4% of total girls wrongly stated that AIDS could be transmitted by casual contact. 71.3% girls from all categories (general 69.2%, other backward class 75.2%, schedule tribe 56.8% and schedule caste 84.0%) knew sexually promiscuous are at high risk of infection.

42.6% of total girls from all categories (general 51.2%, other backward class 38.4%, schedule tribe 34.0% and schedule caste 46.8%) were having information regarding premarital counseling. 74.7% girls from all categories (general 78.4%, other backward class 65.6%, schedule tribe 78.0% and schedule caste 76.8%) accepted that guidance & counseling before marriage
is necessary. 56.8% girls from all categories (general 47.2 %, other backward class 46.4%, schedule tribe 70.8% and schedule caste62.8 %) feel free to discuss the sexual queries. 95.4% girls from all categories (general 96.4 %, other backward class 94.4 %, schedule tribe 96.0 % and schedule caste 94.8 %) are in favor of provision of sex education. There is quite a broad range of age as suggested by girls to provide sex education. Conclusion is that majority of girls mentioned that sex education should be provided from 14 -16 years of age. The knowledge-seeking attitude of girls, regarding reproductive health shows that most of the girls wish to seek the knowledge on different aspects of female reproduction, i.e. menstruation, conception & contraceptives. Only 19.4% girls of total girls from all categories (none from general, other backward class 28.0 %, schedule tribe 15.4% and schedule caste20.0 %) are interested to gain knowledge of male reproductive organs. Other backward class (OBC) girls have shown maximum knowledge seeking attitude (98.4%) towards female reproductive health. 33.2% of Schedule tribe (ST) girls have shown least interest in gaining knowledge of AIDS prevention. 78.2% of total girls from all categories (general 78.4 %, other backward class 82.4%, schedule tribe 71.6% and schedule caste 80.4%) accepted that adolescent clinic can solve the problems related to reproductive health. 54.1% girls from all categories (general 51.2 %, other backward class51.2 %, schedule tribe61.2 % and schedule caste52.8 %) have mentioned that sex education at school level can enhance the knowledge of reproductive health among girls.

51.7 % of total girls from all categories (general 60.0%, other backward class 44.0%, schedule tribe 50.0 % and schedule caste 52.8%) are having information regarding expulsion of ovum is on 10th 16th day of menstruation, regarding unsafe period for pregnancy 51.1 % girls were having knowledge. Total 58.9% girls are having information & knowledge about conception and pregnancy. Only 14.7 % of total girls from all categories (general18.4 %, other backward class 12.8%, schedule tribe12.0 % and schedule caste 15.6%) had knowledge of parturition, schedule caste (SC) girls are the most ignorant about this important information, as 27.6% of them have no idea of parturition. 18.4% girls from general class were having knowledge of parturition in most.
Only 32.1% of total girls from all categories (general 32.0%, other backward class 19.2%, schedule tribe 42.0% and schedule caste 35.2%) are having knowledge about male reproductive organs. Only 18.8% of total girls (general 15.2%, other backward class 15.2%, schedule tribe 20.4% and schedule caste 24.4%) ever heard about sexually transmitted disease. Regarding premarital sex, only 10.8% of total girls from all categories (general 9.2%, other backward class 13.6%, schedule tribe 12.0% and schedule caste 8.4%) agreed. 31.5% girls from all categories (general 37.6%, other backward class 31.2%, schedule tribe 20.8% and schedule caste 36.4%) had mentioned that unwanted pregnancy cannot be terminated in government hospital with secrecy. Awareness regarding abortion, study shows that 64.1% of total girls (general 68.0%, other backward class 52.0%, schedule tribe 72.8% and schedule caste 25.6%) accepted that abortion by a trained person is safe.

Reproductive health of youth accesses their future motherhood. In present study it is concluded that, despite of fair knowledge and awareness towards reproductive health girls are still confused on certain issues. The reasons in root are negative attitude and misconceptions regarding menstruation as well as reproductive health problems. Some times they fell shy, hesitate to communicate their problems, and cannot get proper counseling and treatment thus perpetuating the problem. Surprisingly mothers, teacher, and other family member who could play an important role in counseling them had little to contribute. Thus girls depending on media like Television and Magazine, Newspaper for gleaning information on the subject. But these kinds of source are one way, which can only give information but cannot provide solution to queries of individual one.

Conclusion of the study is that there is a lack of knowledge among youth regarding some of the vital functions and process of their body and reproductive health. Parents and teachers have lack of responsibility to cater the basic information regarding reproductive health. Awareness of girls towards sensitive issues related to reproductive health care and need of counseling, in this regard the study reveals some surprising facts, regarding awareness, like majority of girls were lacking knowledge of male reproductive organs and sexually transmitted diseases, although aware of AIDS. Girls indicate that they
have desire to perceive, knowledge of reproductive health through means like provision of sex education or adolescents clinics. Girls also mentioned the need of premarital counseling. Most of the girls wish to seek knowledge regarding female reproductive health (including contraceptives). They are also keen to have knowledge regarding prevention of AIDS. Girls are not much aware about unsafe period of pregnancy & knowledge of parturition. There is lack of knowledge regarding unwanted pregnancy & abortions.

70.0% of total girls from all categories (general 73.6%, other backward class 71.6%, schedule tribe 66.8% and schedule caste 69.6%) knew about legal marriage age. In the study 33.5% of total girls from all categories (general 36.0%, other backward class 40.0%, schedule tribe 34.0% and schedule caste 24.0%) have preferred marriage age at 25 years. 92.0% of total girls (general 94.4%, other backward class 90.4%, schedule tribe 92.0% and schedule caste 91.2%) preferred two children norms for ideal family. 96.0% of total girls (general 98.4%, other backward class 96.0%, schedule tribe 96.0% and schedule caste 93.6%) mentioned one male and one female child is ideal in a family. 0.8% from general class, 2.4% from other backward class (OBC) and 2.0% from schedule tribe (ST) class and 4.0% from schedule caste (SC) class thus total 2.3% girls from all categories mentioned one male and no female child is ideal for a family. More than 50.0% of total girls from all categories have preferred 23-25 years of age for first conception. 69.3% of total girls (general 69.6%, other backward class 80.0%, schedule tribe 78.0% and schedule caste 49.6%) have preferred difference of 2-3 years between marriage and first conception. Most of the girls 99.0% of total girls from all categories (general 98.8%, other backward class 98.4%, schedule tribe 100.0% and schedule caste 98.8%) are aware that limitation to child birth is possible. 97.8% of total girls (general 99.2%, other backward class 99.2%, schedule tribe 98.0% and schedule caste 94.8%) knew that space between two children is possible.

Regarding attitude towards family planning, it is highly appreciable that majority of the girls have consideration to plan a family and girls are very clear regarding age of first conception, ideal no of children in family and spacing of children etc.
As far as knowledge and awareness regarding contraceptives is concerned, in this context it is important to mention that proper planning of a family, only can be achieved through proper knowledge and awareness of contraceptives. 96.0% of total girls from all categories (general 95.2%, other backward class 97.6%, schedule tribe 96.0% and schedule caste 95.2%) have heard about contraceptives. Only 40.6% of total girls from all categories (general 48.3%, other backward class 48.3%, schedule tribe 31.2% and schedule caste 34.4%) knew permanent contraceptive method. Only 2.8% of total girls (general 0.8%, other backward class 8.6%, schedule tribe 2.1% and none from schedule caste) knew about IUD. 97.9% of total girls from all categories (general 99.5%, other backward class 94.2%, schedule tribe 97.9% and schedule caste 100.0%) knew temporary contraceptives. 39.0% of total girls from all categories (general 49.5%, other backward class 27.8%, schedule tribe 37.5% and schedule caste 41.5%) knew about male contraceptives, out of which and 100.0% girls among all the four categories knew about condoms. 93.3% of the total girls from all categories (general 92.8%, other backward class 93.4%, schedule tribe 89.5% and schedule caste 97.4%) agree that contraceptives are to be used to space children. Responsibility of use of contraceptives approximately equal percentage of girls are in favor of male and female which concludes that both men & women are equally responsible in bringing children to life. Some girls also have myth & misconception regarding use of contraceptive. 45.1% of total girls (general 47.8%, other backward class 42.6%, schedule tribe 50.8% and schedule caste 39.0%) have belief that contraceptives cannot be use during breast-feeding. 18.9% girls believe that use of contraceptive can cause undesirable effect on physical beauty of women.

The data analyzed related to knowledge and awareness towards antenatal and postnatal health care indicates that pregnancy period needs special attention and care. 99.3% of total girls (general 100.0%, other backward class 100.0%, schedule tribe 98.4% and schedule caste 98.8%) are in favor of special care to pregnant. 88.5% of total girls (general 90.4%, other backward class 89.6%, schedule tribe 85.2% and schedule caste 88.8%) knew that pregnant women should consult her doctor every month, 68.3% of total girls
from all categories (general 74.4%, other backward class 66.6%, schedule tribe 64.8% and schedule caste 67.6%) knew that tetanus toxide injection is necessary for pregnant women. 72.6% of total girls (general 74.4%, other backward class 70.4%, schedule tribe 77.2% and schedule caste 68.4%) correctly knew that the purpose of folic acid supplementation during pregnancy is to prevent anemia, 96.2% of total girls from all categories (general 98.8%, other backward class 96.0%, schedule tribe 96.4% and schedule caste 93.6%) correctly accepted need of extra nutrient in pregnancy. 79.2% of total girls (general 84.0%, other backward class 71.2%, schedule tribe 87.2% and schedule caste 74.4%) accept that after delivery mothers should be given special foodstuff. 25.0% of total girls (general 23.2%, other backward class 24.0%, schedule tribe 27.6% and schedule caste 25.2%) have mentioned that the normal weight of neonate is 3.0Kg. Mother’s milk as first food to Neonate is universally accepted in the study. 97.9% of total girls (general 97.6%, other backward class 100.0%, schedule tribe 95.2% and schedule caste 98.8%) accepted that mother milk should be first food given to neonate. 46.9% of total girls from all categories (general 37.6%, other backward class 51.2%, schedule tribe 52.0% and schedule caste 46.8%) did not have any knowledge of colostrums. 29.3% of total girls (general 33.6%, other backward class 28.8%, schedule tribe 27.2% and schedule caste 27.6%) are aware that six months is correct age for introduction of semisolid supplementary food. 87.9% of total girls (general 92.8%, other backward class 912.2%, schedule tribe 83.2% and schedule caste 84.4%) correctly accepted salt sugar solution should be given to child for control of diarrhea at home. 89.0% of total girls from all categories (general 95.6%, other backward class 97.6%, schedule tribe 70.0% and schedule caste 92.8%) are aware of oral rehydration solution. Regarding immunization, 86.5% of total girls (general 95.2%, other backward class 87.2%, schedule tribe 84.4% and schedule caste 79.2%) are aware that children should be vaccinated. 73.4% of total girls (general 77.2%, other backward class 73.6%, schedule tribe 74.0% and schedule caste 68.8%) correctly accepted there is no ill effect of vaccination, College girls of Jabalpur City are quite aware of antenatal and postnatal care. Some important point like colostrums, nutritional requirement and immunization are still lacking on their part.
It has been also concluded that particular source of information is effective to a particular category. It is revealed that electronic media is more effective among schedule tribe and schedule caste girls (67.6% and 65.5% respectively) where as electronic media is least effective among all the four categories (53.0%). Print media is most effective among other backward class with highest value of 27.5% and lowest value among schedule caste category (16.7%). Interpersonal communication provides information to girls from general category with highest percentage 22.6%. Where as interpersonal communication is not much effective among schedule tribe (15.1%).

On the basis of study it can be recommended that :-

Proper knowledge should be provided to girls by interpersonal communication through family members, doctors and teacher. In a developing country like India medical practitioners can no longer confine their role to diagnosing ailments, or Teacher cannot confine their role to teaching prescribed syllabus but they have to play the role of educators, counselors, and as the agents of social change.

Premarital counseling is necessary for girls to avoid problems of reproductions health. Today approximately one fifth of the worlds population are adolescents, when young people strive to fulfill their physical, intellectual, emotional, spiritual and artistic potential, they contribute enormously to society (WHO). Therefore their health during productive years is very important. Information education & communication (IEC) is a wonderful tool to create awareness, which can be easily performed through counseling in a whole. Teacher parents, doctors, social workers, professionals, education material and guidelines can play a significant role in generating awareness of efficient counselor. Regarding mass media communication television has a large no of young audiences; the visual aspect enhances its interest & impact. It can relay information about reproductive health through serials & dramas. Information technology can also help in communicating such important information through mobile messages, as the consumer percentage of youth for mobiles is very high. Interpersonal communication can also prove to be helpful, through organizing health sessions with doctors, followed by question & answers session. The realization that this is a time for youth of significant opportunities
and risks highlights the urgency to deal directly with sensitive topics such as sex. Hence it is advisable that appropriately trained service providers must provide health counseling for betterment of health to young people so that they can live healthy. Hence it is recommended that health department through their district hospital can arrange some lecture, workshop on health and communicable disease or even health check up camps in colleges and hostels. Newspaper should incorporate health information, which can generate awareness towards health; radio should telecast more health-based programme. Visit to government hospital can be arranged for students.

The government should acknowledge that reproductive health education or population education; family education is the most vital need of youth as vital as any other education course. It is recommended that the syllabus of schools and college should incorporate this course and it should be compulsory for students to secure at least passing marks in these subjects. The syllabus should be designed carefully according to age of students. It is necessary to develop life skills in youth to grow as a responsible and confident parent capable of taking any rational decisions regarding planning of family in future.

Establishment of Adolescent clinics or counseling center at college can help in this matter. Lecture of concerning expertise, film show, followed by discussion can also be organized on use of contraceptives (targeting females), by college administration, NGO’S or Rotary and Lions Club. There is a need to orient parents and community also realizing the fact, importance of awareness among girls to make healthy & happy future family. Government and policy makers must be urged to provide better health services and programmes for youth. Programme should be based on age, area, and socio culture background of youth. It must be designed for both male and female. A group of some girls who are associated with National Service Scheme at college level could be given special training about care and awareness towards reproductive child health, nutrition, hygiene, sanitation, and family welfare. These small group who are now master trainers can do extension work at college for all the students. This will definitely work because students will not hesitate to ask their queries because counselor will be of their own peer group. Therefore it is recommended that sufficient amount of health education must be provided to
students. Adolescent clinic or youth cell at college can help by counseling the students regarding their reproductive health problems.

Parents should also pass their knowledge acquired by them through experience of life realizing that maternal health is a major instrument of social and economic development and plays an important role in the creation of a new world through safe motherhood. Parents have great responsibility to prepare their daughters to be successful homemaker as well as healthy mother of healthy children to make healthy and cheerful family. This could only be possible when parents will equip them by passing timely proper knowledge for their future parenthood.