ABSTRACT

For improving the health and nutrition of the population of any country, knowledge of same is quite essential, especially for adolescents. In India it is even more critical to address the needs of adolescents, because a large proportion of adolescents, particularly in rural areas get married and enter into parenthood at an early age. There is very little data available in most regions of the country on the health status of rural adolescents and the determinants of their knowledge and attitude towards nutrition and reproductive health. The present study entitled “Determinants of Nutrition and Reproductive Health Cognition among School Going Rural Adolescents” was taken up to meet this research need.

The objectives of the study were: (1) to determine the knowledge level and the attitudinal nature of the rural adolescents towards nutrition and reproductive health, (2) to identify variables influencing the rural adolescents' knowledge and attitude towards nutrition and reproductive health and (3) to determine the effect of an education intervention programme on nutrition and reproductive health cognition.

The major null hypotheses tested were: (1) There is no relationship between the selected ten independent variables such as age, sex, religion, type of family, birth order, maternal education, maternal employment, family income, type of school and sources of information and the two key dependent variables, namely, nutrition cognition and reproductive health cognition; (2) there is no relationship between the selected independent variables and the key dependent variables, as well as between nutrition cognition and
reproductive health cognition and (3) there will be no effect of education intervention programme on nutrition and reproductive health cognition.

The present study was a descriptive research. The participants of the study included 505 rural school going adolescents and a selected sample of 64 sixteen year old adolescents who underwent the education intervention programme. The tools for data collection included knowledge tests and attitude scales for assessment of nutrition and reproductive health cognition and a general proforma to collect data on personal and family characteristics of the sample. The same knowledge tests and attitude scales were used to find out the effect of the intervention programme executed as a part of the study.

Findings of the study identified the knowledge gaps of the rural adolescents in the selected subject areas. Results showed that family income was the only variable which influenced the rural adolescents' nutrition cognition. Comparison of knowledge and attitude of boys and girls revealed that girls secured better knowledge scores both on nutrition and reproductive health tests. But boys had higher positive attitude scores than girls towards nutrition and reproductive health aspects. On the basis of multiple correlation analysis it was concluded that nutrition and reproductive health cognition of the sample was influenced by not just one predictable variable, but a number of variables and also some unknown factors. The education intervention programme effected gain in knowledge and significant changes in attitude among the intervention study sample.