Adolescence, age between 10 -19 years, is the period of life when there is a rapid physical, social and psychological growth as well as sexual maturity (WHO). It is an ephemeral and influential phase stuck between childhood and adulthood through which many life examples are discovered and created (Chatterjee, 2005). During this period, adolescent experiments for his adult identity and transition, from the total socio-economic dependence to relative independence. Adolescents have to regulate not only with their body growth and development but also with their surroundings during this period. Sudden alterations in their growth and development can bring about the reaction of embarrassment as they are not adults, but no longer children, too.

There are around 239 million adolescents in India in the age group of 10-19 years. Over the next two decades, the number of adolescents is likely to increase further. (Adolescents in India, 2003). Contributing such a large percentage to the total population, adolescents represent a resource for the future whose potential can either be wasted or nurtured in a positive manner (Nath and Garg, 2008). Adolescents are tomorrow’s population and their health and well-being are crucial. Interest in the health of adolescents is relatively recent and a focus on nutrition is even more recent except teenage pregnancy.

Most adolescents are undernourished which results in their poor performance in school; that has a spillover effect in their adult life and disturb their competence as they take up adult roles later in life. Thus nutritional deficiencies among teenagers must be addressed early (The Tribune, Feb 2009). In most of the developing countries, nutrition initiatives have been focussing on kids and females, thus ignoring adolescents. Addressing the nutritional requirements of adolescents could be a significant pace towards breaking the vicious cycle of intergenerational malnutrition, chronic disease, and poverty.

Evidence indicated from both the developed and developing countries shows that poor nutritional status of adolescents is a link between fatal malnutrition and increased the risk of various chronic diseases during adulthood (WHO, 2006).

Inappropriate dietary intake during adolescence can have several consequences, thereby affect their physical growth and reduce intellectual capacity as well as delay sexual
maturation. Unsuitable dietary intake upsurges the risk of immediate health problems such as iron deficiency, improper growth (underweight as well as overweight), stunting and low bone density.

In the past years, India has been experiencing a nutritional transition in food choices of adolescents from the typical diet to the fast food pattern. As a consequence, the eating habits of adolescents have been disturbed and consequently; the usual increase in the body weight of the adolescents has been affected. Food choices can also be influenced by several other factors including growing independence, increased involvement in social life, need for peer acceptance, dissatisfaction with body image, and the influence of media. Rapid changes in the lifestyles resulting from industrialization, urbanization, economic development, and market globalization are having a significant impact on the nutritional grade of this segment of the population. The country has also witnessed a change of the social meaning of food and eating which has brought about some effective alienation among their diet in adolescents.

If adolescents are well nourished, they can make optimal use of their skills, and energy today and be responsible parents of healthy offspring tomorrow thereby making a healthy population of the country (Report of Regional Meeting Chandigarh, WHO, 2002).

Adolescents’ eating behaviors may have been characterized by a greater tendency to skip meals, increased consumption of meals outside the home, greater reliance on ready to eat foods, increased snacking and growing interest in dieting. These factors, along with higher energy and nutrient needs to support growth and development make adolescence a nutritionally vulnerable period within the life cycle (Schenkel et al., 2007).

To change eating patterns efficaciously, adolescents’ eating behavior can be examined by looking at individual, behavioral, and environmental factors. Individual factors such as personality disposition, cognition, or affective domains increase or decrease the likelihood of engaging in a given behavior. To bring about change in eating patterns, it is necessary to have some understanding of how dietary habits are formed in early childhood and the extent to which these can be modified. To help adolescents change their eating patterns, educators and health professionals need to have a clear understanding of why adolescents do things and what are their deep felt beliefs. It may be that wider social changes are necessary to make healthy choices.
Adolescents are also a nutritionally vulnerable group for some specific reasons that include their high requirements for growth; eating patterns and lifestyles; risk-taking behaviors; and susceptibility to environmental influences. Inadequate nutrition in adolescence can potentially hinder their growth and sexual maturation, although these are likely penalties of chronic malnutrition in early infancy and childhood. It can affect adolescents' current health and put them at high risk of chronic disease as well, particularly if combined with other adverse lifestyle patterns, even if the detrimental effects may take long to show (Discussion Paper on Adolescence, WHO, 2005). All this leads to improper growth and physiological development of adolescent girls, who are continuing into adulthood and not only this even during early pregnancies there is an increase in the obstetric risk for women.

All forms of malnutrition's broad spectrum are linked with significant morbidity, mortality, and economic costs, particularly in countries where both under nutrition and over nutrition co-exist as is the case in developing countries which are undergoing a rapid transition in diet and lifestyle. It ultimately prevents individuals and even whole society from achieving their full potential.

Malnutrition, anemia, and body weight (underweight and overweight) are growing problems in developing countries and the long term implications of unbalanced dietary habits and lifestyle practices. During adolescence, diet-related chronic diseases account for more than half of the world's diseases. Once educated, food patterns and eating habits are often maintained for the rest of life. Vitamin A deficiency can lead to blindness and iodine deficiency which can affect mental development; on the other hand, low calcium consumption during adolescence is linked with low bone density and an augmented risk for osteoporosis later in life. Being weighty as an adolescent is related with high risk for diabetes as an adult, and high fat intake during adolescence and into adulthood is associated with an increased risk of heart disease. Also, there are many serious consequences of generation after generation having diets deficient in elements essential for healthy development of the nervous system.

As Adolescents spend a significant expanse of time in educational atmospheres, schools have been recognized as key venues for the application of nutrition intervention programs (Mullen & Shield, 2004). To improve nutrition education aimed at adolescents,
an understanding of adolescents’ nutrition knowledge as well as their nutritional interest is crucial. For imparting nutrition education, the use of educational media and appropriate teaching strategies must be employed to capture the attention of teenagers. The best method of nutrition intervention program may be to increase the level of nutritional awareness among adolescents.

The planned teaching program is a useful tool to impart nutrition knowledge in an attempt to change behavior in adolescents and promote healthy eating habits. Since proper nutritional knowledge is thought to assist in the development of food habits and the prevention of malnutrition, to achieve this objective, imparting nutrition education in secondary schools is imperative. Without nutrition education, students are left to learn about nutrition on their own and may suffer from malnutrition due to lack of nutritional knowledge. Nutrition education must include transformative learning experiences so that behavioral changes in food selection may occur. Communicating knowledge at initial stage about food arrangement, food conducts, nutritional physiology, and the association between health and nutrition as well as inculcating competence in dealing with food are of particular importance. Hence, timely guidance and education regarding healthy dietary habits are extremely crucial during adolescence. Keeping this in view the present study has been conducted with the following objectives –

- To assess and evaluate the eating behavior and nutritional status of adolescent girls.
- To develop effective teaching methods for imparting nutrition education.
- To appraise the impact of teaching methods on eating behavior and nutritional status.
- To establish the relationship between knowledge with expressed practices; expressed practices and attitude; as well as nutritional knowledge with the attitude of adolescents towards healthy eating habits before and after introducing intervention with teaching program on nutrition.