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Efficacy of Selected Intervention on Anaemia in Girls at Selected Schools at Maharashtra

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Introduction

One of life's most memorable phases is adolescence. Life, which was formerly completely reliant on the people in it, eventually gains more autonomy. During the adolescent years, a kid matures into an adult. Even though growth is a constant, this stage in life is a time when one becomes aware of one's own growth; one's outlook shifts; one develops one's own value systems; and one begins to think about the future and one's life's mission. The ability to function in the adult world is developed.

One's ability to regulate one's thoughts and feelings has improved, and one now takes responsibility for many of one's own acts. As established by the World Health Organization (WHO), adolescence is defined as the period between the ages of 10 and 19, while youth is defined as the ages of 15–24. About 10% of the world's births are made up of adolescents. Adolescents, young adults, teenagers, and young people can be referred to as such.

Adolescents between the ages of 10 and 19 in developing countries make up between one-fifth and one-quarter of the country's total population. India has a population of about 1081 million people, making it the world's second-most populated country. An estimated 225 million people, or 22.5%, are between the ages of 10 and 19. As a result of their varying lifestyles and environments, they have a wide range of health care demands.

Approximately 331 million Indians are between the ages of 10 and 24, making up nearly 30% of the country's total population.

The investigator was particularly interested in doing an interventional study to address the issue of anaemia in adolescent girls because it is a common occurrence. It is the most critical time in a child's development both mentally and physically. Food fortification and variety in the diet are better options for curing anaemia in teenagers than iron pills because this is the time when they are developing all of the necessary information and skills to become self-sufficient adults. Maternal and child mortality rates in our country can be reduced as a result of this since it prevents difficulties during pregnancy in the future.

When assessing iron requirements, the availability of iron from a composite diet is more essential than the availability of iron from a single food due to the profound interplay between foods in regulating the absorption of iron. The researcher had picked two different food items. Rice flakes were chosen due to their affordability, local availability, and general acceptance by the population at large. It may be used to make a number of dishes. Adolescents need a lot of carbohydrate-rich food to be active and energised, which is a hallmark of the teenage years.

Because rice flakes are a favourite of most adolescents, the researcher reasoned that mixing them with a sweetener would make the intervention easier to give. According to research, sugar and jaggery have different iron compositions. Unlike jaggery, which is mostly composed of sucrose and mineral salts such as iron, sugar is created entirely of sucrose. That's why the researcher chose jaggery to mix with rice flakes to create a tasty meal for patients with iron deficiency anaemia.

Methodology

The goal of this study was to see if sweet rice flakes might reduce anaemia in teenage females in a rural Maharashtra school. This study utilised a pre-experimental (one group pre-test, post-test design) approach. Based on Pender's Health Promotion Model, the conceptual framework for this study was chosen. There were two portions of the instrument employed in this study. A is the first section. Demographic information was gathered through the use of a predetermined questionnaire schedule. B SectionThe haemoglobin level was determined using Sahli's hemoglobinometer scale. Descriptive and inferential statistics were used to examine the data. The hypotheses were tested using the paired "t" and chi-square tests.

Results

According to the sample demographics, 36% of participants were under the age of 14, while 43% of participants were under the age of 14. In terms of grade level, 54% of respondents were in the 8^{th} grade and 36% were in the 9^{th} grade.

It was found that 37 percent were in the first birth order and 27 percent were in the second birth order, respectively. When Ms. Ovammal (2012) conducted a study to evaluate the effectiveness of structured teaching programmes on the prevention of nutritional disorders among students at Vivekananda Vidhya Bhava girls' higher secondary school, Elayampalayam, she found that 38.4% of the students were in the second and 6.6 percent were in the third birth order, respectively, out of the 60 students studied.

Samples belonging to a nuclear family comprised 57% of the total. The samples contained 96 percent Hindus and 77 percent non-vegetarians.According to Andaal (2005), 30 late-adolescent females were studied for the effects of spirulina administration on stress and anaemia. In her research of 30 people, there were 14 Hindus and 30 non-vegetarians. Ninety-one percent of them eat three times a day. Rs. 3001–5000 accounted for 37 percent of their family's monthly income, while Rs. 5001–10,000 accounted for 38 percent.

In fact, 96% of them use the mid-day meal programme to have lunch.The study's first goal was to determine the anaemia levels of teenage girls. In the pre-test, only 8% of the 100 samples exhibited mild anaemia, while 50% had moderate anaemia, and 42% had severe anaemia. At the time of the follow-up test, twenty percent of the samples had no anaemia, sixty percent of the samples had mild anaemia, twenty percent of the samples had moderate anaemia, and none had severe anaemia at the time of the follow-up test.

In a study of adolescent females in rural Bihar conducted by Simone et al. (2003), it was discovered that 48% had moderate anaemia and 35% had mild anaemia. According to his findings, those with moderate anaemia had a higher risk of worm infection than those with mild anaemia.

The study's second goal was to examine the effect of sweet rice flakes on adolescent girls' anaemia levels. The pre-test mean anaemia score was 9.01 / 0.72, while the post-test score was 10.88 / 0.77. In general, there was a 2.99 standard deviation difference. Prior to and following the administration of sweet rice flakes, there was a significant change in anaemia levels. There was a 't' value of 17,412. As a result, it became clear that sweet rice flakes had a p0.05 effect on anaemia levels in adolescent girls. The study's third goal was to determine the relationship between anaemia levels in adolescent girls and a variety of demographic factors. People's religious beliefs were found to be linked to their blood-anemia levels at a statistical significance level of p 0.05.

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