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Health problems in college girls

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ABSTRACT

Health is an asset to human being, his community and has come to be regarded as prerequisite to socio economic development. The health of Indian women is intrinsically linked to their status in society. There is a strong male child preference in India, as sons are expected to care for parents as they age. The son preference, high dowry costs for daughter, low level of education, under the control of first their father, then husband, and finally sons. All these exert the negative impact on health status of Indian women. Women in poor health affect household, economic wellbeing, less productive in labour force and gynaecological problems. The study was conducted from July 2012 to July 2013 in our college (B.Sc. girl's students) to analyze the haemoglobin count and associated their health problems. The data was collected from 100 girls with the help of questionnaires for same. The identify problems are weakness, anaemic condition, low Hb count, menses problem, vertigo and gynaecological problems.

Key Words: Hb Count, Health problems, College Girls.

1. INTRODUCTION

Health is an asset to human being. The health care in rural areas is low as compared to urban areas. Under these circumstances, it is considered worthwhile to take a stock of health status of rural girls in the age of 16 to 22 years. The haemoglobin concentration of the blood is widely used as a tool in assessment of health. In these respect children from 6 years and women provides much attention. The state of knowledge concerning haemoglobin level in this age group is still unsatisfactory because majority of girls are suffered from number of deficiency systems and anaemia. Undoubtfully, this may shows adverse effect on growth of body and create future problems. They ignore the nutrition necessities of the girls even when they are married, pregnant and need most. The household responsibilities of female and lack of nutritious food causes no., of health hazards to rise among them.

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Table 1

Estimation of haemoglobin

Sr. No.	Name of Student	Hb %	Sr. No.	Name of Student	Hb %
1	PATIL ASHWINI SATISH	11.9	40	CHAVAN VAISHALI S.	9.2
2	PATIL KISHORI RAJARAM	6.7	41	NANDIWALE RUKAMINI L.	8.1
3	SOMADE MEGHA MARUTI	10.3	42	SAPKAL SWATI P.	12
4	PATIL SANDISHA SHIVAJI	11.1	43	KAMBLE RADHIKA S.	10.2
5	PATIL MEGHA TANAJI	11.1	44	KAMBLE SHUBHANGI N.	8.3
6	KHARMATE PRATIMA BAJIRAO	10.3	45	JADHAV ASHWINI S.	11
7	LOKHANDE ARCHANA A.	11.1	46	SWAMI SUPRIYA R.	10.8
8	PAWAR ANURADHA TANAJI	11.3	47	MALI RUTIKA	10.5
9	PATIL SHUBHANGEE SHAHAJI	10.3	48	PAKHARE SANDHYA V.	7.9
10	BHOSALE ROHINI SAMBHAJI	9.1	49	JADHAV RUPALI	9.5
11	BHASME RADHIKA SUDHAKAR	6.9	50	PAWAR SWAPNALI BHAGWAN	10.2
12	MALI PRIYANKA SHIVAJI	12.3	51	SHENDAGE DIPALI JAGANNATH	9.8
13	CHOUGULE ANUJA GAJANAN	13.1	52	NALAWADE SHILPA MADHUKAR	10
14	PAWAR POONAM HANMANT	1105	53	NALAWADE SANGITA SHIVAJI	10.8
15	KORE MINAKSHI LAXMAN	13.9	54	JADHAV RUPALI AVADUT	11.2
16	MALI VIDYA C.	9.5	55	JADHAV RUPALI ARJUN	11.5
17	GHADAGE PRIYANKA DILIP	9.9	56	PATIL SNEHA JAYWANT	10.8
18	MANE JAGRUTI SHANKAR	10.3	57	GAIKWAD SHAILA T.	9.7
19	GARADE SADHANA YASHVANT	12.3	58	PATIL SMITA SUBHASH	11.4
20	POL KOMAL MAHADV	11.1	59	PATIL MEGHA TANAJI	11.1
21	KADAM PALLAVI SAMBHAJI	11.9	60	PATIL ASHWINI S.	9.1
22	PATIL VINITA VIJAY	11.1	61	SHINDE URMILA T.	6.5
23	ZADBUKE PALLAVI ONKAR	10.3	62	CHAVAN SWATI RANGRAO	10.7
24	PHATAK YUGANDHARA VILAS	12.7	63	MOHITE MANISHA B.	12.3
25	YADAV PUNAM SURESH	9.1	64	MOHITE KALYANI V.	11.5
26	PATIL TRUPTI T.	14.2	65	JADHAV PRIYANKA P.	11.5
27	JADHAV SWAPNALI B.	9.5	66	PATIL MEGHA U.	6.7
28	CHAVAN MADHURI PRALHAD	12.3	67	PATIL BHAGYASHREE M.	12.7
29	PATIL SUVARNA TANAJI	8.3	68	KHUTALE DEEPALI T.	9.9
30	JAMDADE ANURADHA A.	7.5	69	MANE ASHWINI G	9.8
31	SURYAWANSHI ANKITA B.	8.3	70	JADHAV SUSHAMA VISHNU	7.3
32	PATIL SUSHMA G.	10.7	71	PATIL PRANITA BABASAHEB	10.2
33	CHAVAN ALAKA A.	9.5	72	SHINDE ASHWINI MAHADEV	11.0
34	KHARADE PRIYANKA A.	11.5	73	SHELAKE VARSHARANI BHASKAR	12.4
35	MALI SUJATA S.	11.1	74	SALUNKHE VARSHA ANIL	13
36	KARADE KOMAL B.	12.7	75	PATIL SHUBHANGI RAJENDRA	11
37	GAVALI SWAPANALI P.	9.2	76	JADHAV RUPALI ARJUN	10.9
38	JADHAV SWATI H.	9.8	77	PATIL DIVYA ANIL	11.6
39	CHVAN MADHURI P.	10	78	BHAT PRAJAKTA VASANT	11.9
79	MANE DIVYA L.	11	90	PAWAR POONAM U.	9.7
80	SUTAR PALAVI V.	12.1	91	ZAMBRE NUTAN DINKAR	9.5
81	JAMDADE LALITA H.	10.3	92	KUMBHAR KAVITA BHIMARAO	7.6
82	PATIL PRANJALI M.	11.6	93	PATIL SNEHA JAYWANT	8.5
83	SUTAR JYOTI B.	9.4	94	MANE PRIYANKA SHIVAJI	9.4
84	PATIL SHITAL M.	9.8	95	KOLEKAR REKHA HANMANT	10.2
85	KHARADE POONAM T.	10.1	96	PAWAR POOJA SHAMRAO	10.9
86	PAILWAN PRAJKTA B.	13	97	PATIL SNEHAL SHITAL	11.3
87	GAIKWAD MAYA D.	12.2	98	NALAWADE SHILPA MADHUKAR	8.6
88	JAWALEKAR SUPRIYA N.	8.4	99	CHOUGULE SNEHA G.	8.4
89	PATIL MAYURI D.	7.6	100	MANE NAKUSA V.	8.9

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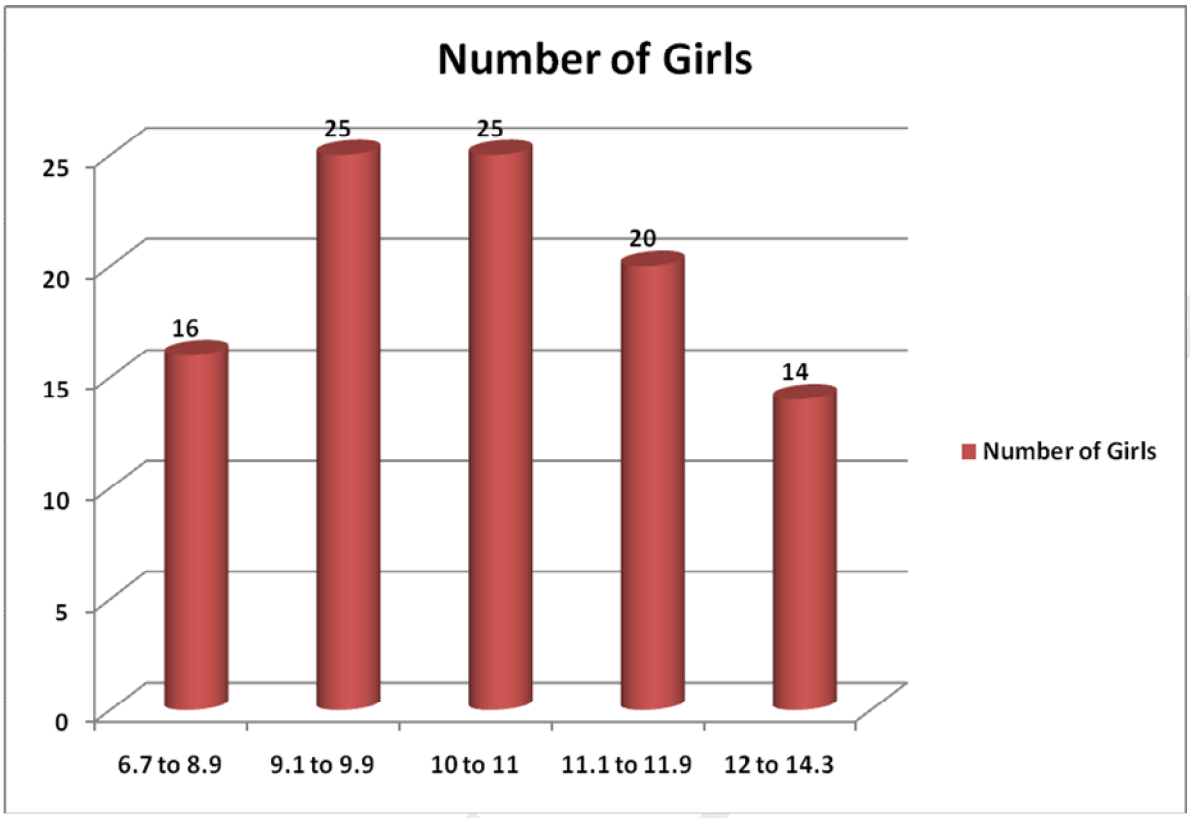

Figure 1

Graphical representation of Haemoglobin percentage in college girls

The iron needs are highest in growing girls because of increased requirements for expansion of blood volume associated with growth spurts and onset of menstruation (Beard, 2000). Thus growth spurts, menarche, poor diet, no added iron supplementation puts them into the high risk category of iron deficiency anaemia. These girls after marriage subjected to added demands for iron during pregnancy hence they need to have better status of haemoglobin. Regulation of iron balance occurs mainly in the gastrointestinal tract through absorption. Iron in diet is present in heme and non heme forms. These two forms are absorbed differently. Heme form is present in meat, chicken and is absorbed two to three times faster than the non heme form which is found in plant based foods and iron fortified foods (Mangels, 2000). Enhancers of iron absorption are heme iron and vitamin C; inhibitors of iron absorption include polyphenols, tannin and calcium (Siengenberg et al. 1991). With this background, the present study was undertaken to determine the status of health consciousness at basic level.

2. MATERIALS AND METHODS

The study was conducted on 100 girl student from B.Sc. and M. Sc. classes. The age group varies from 17 to 22 years. The selection of girls was random. The haemoglobin estimation was done by Cyanmeth Colorimetric Method (Figure 1). The investigations were carried out as baseline data and put in table 1.

3. RESULT

An anemic person, is usually pale, has dull-tired eyes, feels dizzy and faints, lacks energy and is breathless, when he slightly exerts himself.

- Anaemia and Menorrhagia
- Easy fatigability
- Menstrual bleeding
- Erythropoietin deficiency, Red blood cell destruction

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- Lead poisoning
- Iron, folate, vitamin B 12 0r vitamin B6 deficiency
- Overhydration
- Breathing difficulty
- Feet and hands feel cold
- Depression
- Malnutrition

Since girl students in the colleges are at the threshold of getting married in the next few years, it's important for them to maintain adequate Hb level. This study would help in containing the maternal mortality by way of making the young girls aware about their health needs. The 3 girls were found less than 7 grams and 70 girls were found haemoglobin percentage below normal level are referred to hospitals for further diagnosis and treatment. The awareness regarding anaemia and appropriate diet is extremely poor in these girls. Hence lectures on nutrition and good eating habits were organised for these girls. The girls were also advised to increase the number of daily meals with vitamin C rich foods in combination with iron rich foods daily. The National Family Health Survey (NHFS-3) conducted in 2005-2006 presents the statistics that 56% of adolescent are anaemic. A recent study in same age group girls of Wardha, India (Kaur et al. 2006) found prevalence of anaemia to be 59.8% with significant association of low iron intake, vegetarian diet and excessive menstrual bleeding, similar to our study.

4. CONCLUSION

1. Increase the physical activity.
2. Eat fruits that produce antioxidants- basically have a healthy lifestyle to avoid any health problems.
3. Due to anaemia, efficiency of working goes down, learning and thinking skills are also affected.
4. Colleges must organise health awareness camps to improve iron deficiency.
5. Nutrition Education and supplementation should be a part of education system to improve iron status (haemoglobin %) of girls, so that their future is without any serious problems.
6. Some women's health problems will require a bit more effort than others, but virtually all can be eliminated if proper natural health steps are taken to eliminate the causes.
   To improve your health wellness and fitness levels through exercise, healthy eating and regular health screenings.

SUGGESTIONS TO INCREASE THE HEAMOGLOBIN LEVEL

1. Good sources of iron are- whole wheat, brown rice, green leafy vegetable (spinach, broccoli. Cabbage, fenugreek, lettuce, beet, cherries, tomatoes, dates, figs.
2. Green peas Mustard greens, Arugula, Dandelion Greens Collard Greens, Romaine Lettuce, Swiss Chard, etc are great sources of vitamin A, C, K, folate, calcium and iron. These foods are packed with antioxidants that prevent the occurrence of conditions like cancers and cardiovascular disorders.
3. Milk and its products, egg, organ meat and soy are the best sources.
4. Sources of Vitamin B. – whole cereals, fruits and vegetables and milk.
5. Beet is an ideal food, which stimulates haemoglobin production. It regenerates RBC production and speedily fights the symptoms of anemia.
6. Egg, organ meat beef, chicken and lamb.
7. Iron supplements in tablets and capsules.
8. Apricots, dates, raisins, Cashew nuts, figs, soy, sesame seeds, etc are also rich sources of iron.
9. Anulom-vilom, a breathing technique (PRANAYAMA), should be done, religiously every day. It purifies the body; throwing out toxins, improve body's resistance and helps in normal vesicular breathing.

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