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DIMENSIONAL ASPECTS OF HEALTH AMONG THE ADOLESCENCE: A STUDY ON IN BALLARI DISTRICT OF KARNATAKA

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ABSTRACT

Adolescence marks an important time in the process of human development, the passage between childhood and adulthood. Good health in adolescence is central to wellbeing and the bedrock for good health in later life. Young generation they have more sensitivity in their thinking, become attempting suicides. Ministry of Health and Family Welfare launched the Adolescent Health Strategy which serves as a guiding document for planning, implementing and monitoring adolescent health initiatives in India. The paper is based on primary and secondary data with the objectives of to understand the dimensional aspects of health, to analyze the socio-demographic profile of the respondents, to examine the aspects of health dimensions among adolescence and to understand the necessity of professional social work interventions among the adolescence. The study covers 140 samples size includes both boys and girls by self structured interview scheduled in Ballari district, Karnataka. It covers the age group of 12-18years. It focuses on professional social work interventions among various dimensional aspects of health such as physical, social, emotional and spirituality among the adolescence in contemporary period. It implies the adverse effect pertaining to have a good health. The paper suggests the role of Government and Non Government Organizations and for effective implementation of the Health policies and services to the adolescence in India.

KEYWORDS: *Adolescence, Dimensions of Health, Social Work Interventions, Ballari District*

INTRODUCTION

Adolescence considered as a period of transition from childhood to adulthood and Adolescence period is a more important things in human life because many developmental changes occurring in this period such as physical growth, new peer relationship with both sex, emotional independent of parent, intellectual skills and civil competence, socially responsible behavior pattern, and so on (KALAIYARASAN.M 2014). During adolescence teens develop a stronger recognition of their own personal identity, including recognition of a set of personal moral and ethical values, and greater perception of feelings of self esteem or self worth. Every country has some policy basis for action to promote adolescent and youth health, too few national health policies give specific attention to young people. Young generation they have more sensitivity in their thinking, become attempting suicides. Ministry of Health and Family Welfare launched the Adolescent Health Strategy which serves as a guiding document for planning, implementing and monitoring adolescent health initiatives in India.

OBJECTIVES OF THE STUDY

1. To understand the dimensional aspects of health,
2. To analyze the socio-demographic profile of the respondents,
3. To examine the aspects of health dimensions among adolescence and,
4. To understand the necessity of professional social work interventions among the adolescence.

RESEARCH METHODOLOGY

Research methodology is systematic plan to carry the research based particular issues. The researchers have taken non – probability sampling method was used in that purposive and accident sampling techniques adopted for collect the 140 samples. The study covers 140 samples size includes both boys and girls. In this study self structure interview schedule used to fulfill the objectives of the paper. The study conducted in six talukas namely kudligi, Hagaribomanalli, Sandur, Hadagali, Hospet and Ballari of Ballari district.

DIMENSIONS HEALTH OF ADOLESCENCE

World Health Organisation (1984) “The extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the object of living; it is a positive concept emphasizing social and personal

resources, as well as physical capabilities”. Adolescence is a time of tremendous biological, psychosocial and cognitive growth and development, nutrition interventions need to be tailored to the developmental level of each individual adolescent. Different terms are used to define the period of life between childhood and adulthood. Terms like adolescence, teenager, youth and young people are all found in the literature, each with its different time span describing the period. Health professionals can contribute to the nurturing environment that should be provided by parents, community leaders and others who bear responsibility for the health of young people

Dimensions of health

1. Physical health
2. Mental health
3. Emotional health
4. Social health
5. Spiritual health
6. Sexual health

1. Physical Health of Adolescence:

Physical changes that take place during adolescence, this is a period in which physical appearance commonly assumes paramount importance. Both girls and boys are known to spend hours concerned about their appearance. The sequence of physical changes is largely predictable, but there is great variability in the age of onset of puberty and the pace at which changes occur. Adolescence represents a critical period of development during which personal lifestyle choices and behavior patterns establish, including the choice to be physically active. Physical inactivity, sedentary behavior and low cardio respiratory fitness are strong risk factors for the development of chronic diseases with resulting morbidity and mortality, as well as economic burden to wider society from health and social care provision, and reduced occupational productivity.

2. Mental Health of Adolescence :

Depression is the top cause of illness and disability among adolescents and suicide is the third cause of death. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems. Building life skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health. A comprehensive mental health evaluation often includes questions

about child and family's religious and spiritual beliefs.

3. **Emotional Health of Adolescence:** Emotional development occurs uniquely for each adolescent, with different patterns emerging for different groups of adolescents. Boys and girls can differ in the challenges they face in their emotional development. They develop emotionally, establishing a new sense of who they are and who they want to become.
4. **Social Health of Adolescence:** Social changes and emotional changes show that adolescent is forming an independent identity and learning to be an adult. It influenced more by friends, especially when it comes to behavior, sense of self and self-esteem. Searching for identity: young people are busy working out who they are and where they fit in the world. This search can be influenced by gender, peer group, cultural background and family expectations.
5. **Spiritual Health of Adolescence:** A sense of meaning is one of the major pathways through which violent youth find their way to a constructive future, with religious and spiritual institutions and practices being important vehicles for developing a sense of meaning for these adolescence. Religion/spirituality is important to adolescents, is usually considered a protective factor against a host of negative health outcomes, and is often

included in adolescent health outcomes research. Previous reviews of the relationship among spirituality, religion, and adolescent health have been limited by scope, focusing primarily on distal aspects of religion/spirituality (e.g., attendance at religious services).

6. **Sexual Health of Adolescence:** Adolescents' bodies change the process of sexual maturation actually occurs over a period of several years. Negotiating sexuality in relationships can be challenging for adolescents. For some, there are significant costs in terms of unwanted pregnancies and sexually transmitted diseases.

Public and private partnership in promoting the adolescence's health:-

A successful adolescent and youth health policy, strategy, service, programme or project will almost certainly be interdisciplinary and extend beyond the health sector. Adolescence's health is as yet largely under protected by effective laws and policies.

Social Work interventions:-

The social workers are creating a positive environment for promoting the right of young people to participation, development and peace as milestones on their road to better health. Social work is equipping young people with adequate knowledge, self-esteem and life skills to ensure their healthy development and to advocate for their provision at the family, school and community levels.

MAIN FINDINGS

Table No: 01 :-Socio-demographic profile of the respondents

Variables	Category	Frequency	Percentage
Age	12-14 Years	36	26 %
	14-16 Years	48	34%
	16-18 Years	56	40%
Family Type	Joint family	19	14%
	Nuclear family	121	86%
Geographical area	Rural	52	37%
	Semi Urban	47	34%
	Urban	41	29%
Education	Illiterates	11	8%
	Primary education	23	16%
	Secondary education	47	34%
	10+2/ PUC/10+3	59	42%

(Source: field data 2016)

The above table shows the socio-demographic profile of the respondents. 40 percentage of the respondents are between the age group of 16-18 years, 34 percentage of the respondents are between the age

group of 14-16 years, and remained 26 percentage of the respondents are between the age group of 12-14 years. 86 percentage of the respondents are belongs to nuclear family and 14 percentage of the

respondents are belongs to joint family. 37 percentage of the respondents are living in rural area, 34 percentage of the respondents are living in semi urban area and 29 percentage of the respondents are living in urban area. 42 percentage of the respondents are studying in higher secondary or 10+2 or 10+3, 34 percentage of the respondents are studying in secondary education, 16 percentage of the

respondents are studying in primary education and 8 percentage of the respondents are illiterate. Family indicates that most adolescents are living in nuclear family and it shows the adolescents are not getting proper healthy family environment in Indian societies prospective. In modern period education system changed based on present needs but it required value based education to the adolescents.

Table No-2 : The opinions of respondents felt that adolescents are getting stress on health dimensions.

S.No	People opinion	Frequency	Percentage
1	Strongly agree	42	30%
2	Agree	58	41%
3	Disagree	28	20%
4	Strongly disagree	12	9%

(Source: field data 2016)

The above table shows the opinions of the respondents are felt about their perception on health dimensions. 41 percentages of the respondents are agreed that most adolescents are thinking and getting stress on health dimensions, 30 percentages of the respondents are strongly agreed that adolescents are thinking and getting stress on health dimensions, 20 percentages of the respondents are disagreed that

adolescents are thinking and getting stress on health dimensions and 9 percentages of the respondents are strongly disagreed that adolescents are thinking and getting stress on health dimensions. It indicates that majority of the respondents are thinking and getting stress on health dimensions such as physical, social, sexual, emotional, mental and spiritual.

Table No-3 : The respondents felt that most worried about which health dimensions.

S.No	People opinion	Frequency	Percentage
1	Physical health	25	18%
2	Mental health	19	14%
3	Emotional health	31	22%
4	Social Health	16	11%
5	Spiritual health	14	10%
6	Sexual health	33	24%
7	Others	02	1%

(Source: field data 2016)

The above table opinions of the respondents are felt that most worried about which health dimensions. 24 percentages of the respondents are most worried sexual health, 22 percentages of the respondents are worried emotional health, 18 percentages of the respondents are worried physical health, 14 percentages of the respondents are worried about mental health, 11 percentages of the respondents are

worried social health, 10 percentages of the respondents are about worried spiritual health and rest of others are worried about other health dimensions. It indicates in adolescent age majority of the respondents are worried about sexual health issues because it attract the opposite sex and clearly shows that the respondents have interested on sexual health , emotional health and physical health.

Table No- 4 : The respondents felt which method is the most appropriate in improving adolescents health .

S.No	People opinion	Frequency	Percentage
1	Case study	27	19%
2	Counseling	62	44%
3	Treatment	21	16%
4	Rehabilitation	14	10%
5	Others	16	11%

(Source: field data 2016)

Above the table shows opinions of the respondents felt which method is most appropriate in improving the health conditions among the adolescents . 44 percentage of the respondents are felt counseling is the most appropriate method in improving the adolescents' health, 19 percentage of the respondents are felt case study is the appropriate method in improving the adolescents' health, 16 percentage of the respondents are felt treatment the appropriate method in improving the adolescents' health, 11 percentage of the respondents are felt other then these method should consider in improving the adolescents' health and 10 percentage of the respondents are felt rehabilitation is the appropriate method in improving the adolescents' health.

SUGGESTIONS

The role of Government and Non Government Organizations are needed to take effective implementation of the Health policies and services to the adolescence in India.

- Government can conduct micro level research in each school and college regarding dimensions of health among adolescence that will show current status and the governments can frame the training programmes for adolescence.
- The non-government organization can initiate one specific project on enhancement of health dimensions of adolescence in community level.
- Ngo's can conduct the community level camp about how to identify various aspects of health and related problem and can teach how enhance their health status.
- The social worker can conducted case study research in community health status of adolescence.
- The social worker can apply social work intervention like psycho education, group counseling and motivation enhancement therapy among school student and community adolescence.

CONCLUSION

Adolescence should need for social and emotional learning skill such as awareness of self and others, positive attitude and value, responsible decision making and social interaction skill. A positive and encouraging attitude has to be developed among the family members and parents. School teachers should be trained on adolescent health. Community leaders play a vital role on adolescent health care.

REFERENCES

1. AMERICAN PSYCHOLOGICAL ASSOCIATION (2002), *Developing Adolescents: A Reference for Professionals*.
2. Angeline, H. Dollins & Mech (1956). *Trends in the Fears and Worries of School Children as related to Social-Economic Status on Anxiety*. *Journal of Educational Psychology*. The American Psychological Association Inc. Washington.
3. Crow, L.D. and Crow, A.C. (1956). *Adolescent Development and Adjustment*. New York : McGraw Hill Book Co.
4. Gyanani, T.C. and Gupta, Madhu (2001). *Problems of First Generation Adolescent Learners*. *Journal of Indian Education*, Feb. 2001. pp. 65-71
5. KALAIYARASAN. M & DANIEL SOLOMON M (2014), *MENTAL HEALTH AMONG ADOLESCENCE, IMPACT: International Journal of Research in Applied, Natural and Social Sciences*, Vol. 2, Issue 8, Aug 2014, 27-32.
6. Naidoo, J and Wills, J. (2000) *Health Promotion: Foundations for Practice*. London: Bailliere Tindall
7. Sawyer SM, Afifi RA, Blakemore S, Dick B, Ezech AC, Patton GC (2012). *Adolescence: a foundation for future health*. *Lancet*. 2012;379:1630-1640.
8. Swain, S.K. and Panda, S.K.(1982). *Adjustment Differences among Adolescent Boys and Girls at Different levels of Academic Achievement*. *Journal of Educational Research and Extension*, Vol. 19 (1) pp. 21-29.