

**NUTRITIONAL STATUS OF THE ADOLESCENT GIRLS IN
RURAL KATHMANDU: A STUDY OF GOLDHUNGA VDC**

A Dissertation

**Submitted to the Faculty of Humanities and Social Sciences of
Tribhuvan University in Fulfillment of the Requirements for the Degree of**

DOCTOR OF PHILOSOPHY

in

HOME SCIENCE

By

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Kathmandu, Nepal

2066

LETTER OF RECOMENDATION

We certify that the dissertation entitled *Nutritional Status of the Adolescent Girls in Rural Kathmandu: a Study of Goldhunga VDC* was prepared by candidate Uma Koirala under our guidance. We hereby recommended this dissertation for final examination by the Research Committee of the Faculty of Humanities and Social Sciences, Tribhuvan University in Fulfillment of the requirements for the Degree of **DOCTOR OF PHILOSOPHY** in **HOME SCIENCE**.

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ACKNOWLEDGEMENT

I would like to express my deep and sincere gratitude to Professor Dr. Indira Sharma, Central Department of Home Science, Padma Kanya M. Campus for her constructive guidance. Her constant help, keen supervision and valuable suggestions helped immensely in bringing this study to the present shape.

I express my gratitude to Dr. Ramesh Kanta Adhikari, Kanti Childrens' Hospital for providing his valuable suggestions and expertise during the study.

I am thankful to Dr. Gokarna Regmi, Consultant/ Demographer for his important help in the initial phase of the study and want to express my deep sorrow and grief for his untimely demise.

I wish to thank Faculty Development Program, Tribhuvan University, for providing me scholarship to conduct this research study.

I am grateful to Mr. Bijayaswor Shrestha, Valley Research Group (VaRG) for his timely help in statistical analysis of the data. Similarly, I am equally grateful to Mr. Hari Pokharel, Faculty of Management, Padma Kanya M. Campus for his valuable suggestions and help for statistical analysis of the study results. I want to give my sincere thanks to Dr. Devendra Karki, USAID and Mr. Sushil Koirala, WHO for their valuable help during the study.

I would like to express my thanks to the Head, Central Department of Home Science for providing me instruments to take anthropometric measurements.

I am also thankful to the people who supported and helped to conduct this study. My special thanks go to the adolescent girls of the Goldhunga VDC who participated in this study by giving their valuable time, responding queries and sharing their experiences. Similarly, I also wish to express my special thanks to Nirmala Phuyal, Sabitri Phuyal and Shova for their untiring help to assist me around the village and filling the questionnaires.

I am obliged to my husband Hari Koirala for his consistent support, inspiration and suggestions to materialize this study. Similarly, the help and patience of my children Nirika and Nishith in my every problem is equally commendable and were source of inspiration. Lastly, I am grateful to all who inspired and supported me for this study.

Uma Koirala

ABSTRACT

Proper nutrition is very essential for adolescent girls to improve the quality of not only their life but also the life of future generation as well. Despite the importance of this crucial period of life, there is little information on adolescent girl's nutritional status. So, realizing this gap researcher tried to assess nutritional status of the adolescent girls of rural setting as a part of the study with the objective to examine the nutritional status of adolescent girls and identify the determining factors. The study was done in Goldhunga VDC with total sample size of 254 married and unmarried adolescent girls of age 12-19 years selected by the convenient sampling approach. This study used both quantitative and qualitative methods of data collection.

The study found that the Brahmin is the predominant caste with 76.8 percent. Most of the families have nuclear setting with similar type of economic condition – low cash money with some agricultural production to sustain life. In total, 73.6 percent adolescents were found going to school currently. According to the study, mean age of starting menstruation is 13.7 and mean age of marriage is 15.7 years of the girls. In total, 22.4 percent (38.3 percent among the age 15 – 19 years) were already entered into the motherhood in which 30 percent were enjoying motherhood and rests were pregnant.

Present study finding showed poor nutritional status in the form of stunted growth that is common among girls. The mean height of respondents fall below -2 SD NCHS reference height-for-age standard and are categorized as high risk of malnutrition. These girls are identified as more risk for reproduction because of short stature. Weight seems better in comparison of height. Mean weight of all respondents fall between -1SD and – 2 SD of NCHS reference weight-for-age categories. Prevalence of thinness (sever, moderate and mild) was also found high (48.5 percent) in Goldhunga village. Nearly 50 percent adolescents were suffering from anemia. The statistical analysis showed positive relation (sig. $p < 0.001$) of height with social determinants such as age, family size, schooling, morbidity pattern, diet, menstruation status working hour, marital status and weight of the adolescents

Most of the respondents were doing multiple but more labor intensive works like cloth washing, cooking, water carry, housecleaning, agricultural activities, carry of manure and fodder collection as regular activities. The average working hour of the girls is 7.

Exposure of adolescent girls to developmental work is very low in Goldhunga. Study found that 17.3 of adolescent girls was members of the group / club, 5.9 percent were members of the organization and only 8.3 percent of the total respondents had taken training of sewing, computer, teacher's training. Eighty percent girls have no excess of mobility outside school. The civil societies working in the village are not utilizing the

strength of adolescent girls in development work of the community. Wastage of this strength has made girls more reluctant about the surrounding in one side and is falling under the same traditional cycle of early marriage, reproduction, work burden, malnutrition and increased morbidity.

Radio is one of the popular media and 76.4 percent of the respondents used to listen it. *Sathisanga man ka kura* is cited as a popular program listened by girls grippingly. In Goldhunga, 78 percent girls' family owned television and 55 percent girls read newspaper / magazine. However more girls are deprived of utilizing these media properly because of scarcity of time due to heavy work burden.

About the pregnancy and motherhood, 84 percent (among the married girls) had prolonged (12 or more hour) labor period, 52.3 percent delivered their child in hospital / nursing home but 47.7 percent gave birth at home. Among the married girls, 52.3 percent had one child where as 47.7 percent had 2 children. Five percent babies were born preterm. Nearly 78 percent pregnant / lactating adolescent girls did not eat extra food during pregnancy or lactation.

Based on this study results it is comfortable enough to point out that the nutritional status of the adolescent girls is not adequate and are falling into the same intra generational cycle of malnutrition. Proper intervention program to channelize this potential group is an urgent need so that they can groom well to guide and lead a healthy and happy life which is the fate of the nation as well. Based on these observations the study has made some recommendation as well. One among the various recommendations – a wide range of dissemination of this research is suggested to draw attention about the issue of adolescent which are mostly rested in the shadow. Consultation with the local community is also important to make realization about the situation of their grown – up child and their requirements.

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LIST OF ACRONYMS AND ABBREVIATIONS

ANM	=	Auxiliary Nurse Midwife	
BMI	=	Body Mass Index	
CBS	=	Central Bureau of Statistics	
FAO	=	Food and Agriculture Organization	
GLV	=	Green Leafy Vegetable	
STI/HIV/AIDS	=	Sexually Transmitted Infection/ Immunodeficiency Virus/Acquired Deficiency Syndrome	Human Immune =
INGO	=	International Non governmental Organization	
ICMR	=	Indian Council of Medical Research	
ICPD	=	International Center for Population & Development	
ICW	=	International Conference on Women	
ICDDR	=	International Center for Diarrheal Disease Research	
MDG	=	Millennium Development Goal	
MMR	=	Maternal Mortality Rate	
MOHP	=	Ministry of Health and Population	
NCHS	=	Nutrition Centre for Health Research	
NDHS	=	Nepal Demographic Health Survey	
RDA	=	Recommended Daily Allowances	
SARCC	=	South Asian Association for Regional cooperation	
SCN news	=	Standing Committee on Nutrition, News	
U5MR	=	Under 5 Mortality Rate	
UNDP	=	United Nation Development Program	
UNFPA	=	United Nation Fund for Population Activities	
UNICEF	=	United States International Children's Emergency	
WHO	=	World Health Organization	

Glossary

Achar – a variety of food made up with adding souring substance

Bal samuha – children's group

Chauchau – instant seasoned noodles made up with refined wheat flour

Chiura – *pounded* rice (beaten rice)

Dal – soup of lentils or pulses cooked – up with single types of lentils / pulses or mixed.

Dakarmi - mason

Dalmoth – mixture of deep fried pulses, nuts and flour

Dhamijakri –traditional healer

Fakfuke – traditional healer

Jwanokojhol –*soup of Omum*

Mas - blackgram

Musuro - redgram

Pauroti – loaf bread

Phoda salt - crystal salt

Puffs – very light fast food made up with refined flour

Puja – worship of God

Mahila samuha – women's group

Melapat – agriculture labor sharing

Mohi – the watery liquid separated during the ghee making process from curd

Ringata lagne - dizziness

Rayo ko sag – mustard leaf

Sudeni – traditional birth attender

Tori ko sag – mustard leaf

Tarkari – cooked vegetables

Yuba samuha – youth group

Ulto janmeko – breech birth