



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

International Journal of Recent Scientific Research  
Vol. 7, Issue, 9, pp. 13331-13334, September, 2016

**International Journal of  
Recent Scientific  
Research**

## Research Article

### EFFECT OF INTERVENTION ON ADOLESCENT GIRL'S HEALTH RELATED PERCEIVED PARENTAL PREFERENCES

**Anshu., Sumedha Chaudhary and Anjali Mathur**

Department of Human Development, Ethelind School of Home Science,  
SHIATS, Naini, Allahabad

#### ARTICLE INFO

##### Article History:

Received 17<sup>th</sup> June, 2016

Received in revised form 21<sup>st</sup> July, 2016

Accepted 05<sup>th</sup> August, 2016

Published online 28<sup>th</sup> September, 2016

##### Key Words:

Intervention, Parental Perception, Gender, Discrimination, Adolescents.

#### ABSTRACT

The present study entitled "Effect of intervention on adolescent girl's health related perceived parental preferences" was undertaken with the following objectives- To plan and implement an intervention package to address health issues and perceived parental preference engendering from gender discrimination. To conduct post intervention assessment of perceived parental preference of adolescent girls, To assess the efficacy of the intervention package. An action research design was adopted for the present study and survey method was used to collect the data from the respondents of Allahabad city. The sample comprised of 75 adolescent girls ageing between 13- 20 years was selected through purposive random sampling. Out of 75 adolescent girls, 25 each from upper, middle and lower socio-economic status were selected from the Noorjahan inter college, Bal bharti inter college, Bal mitra inter college. Self made Perceived Parental preference towards gender discrimination scale was administered on respondents to seek information regarding gender discrimination. The findings revealed that the maximum adolescent girls to across socio economic groups perceived that their parent are giving equal preference to both the gender in the areas of health in the girls of higher socio economic groups whereas in the middle and lower income group girls area of parental perception. After the Intervention the girls felt that parental perception towards gender discrimination had improved significantly ( $P \leq 0.05$ ). Therefore, it can be concluded that an effective intervention can help reduce the menace of gender discrimination in the society.

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#### INTRODUCTION

Adolescence (from Latin *adolescere*, meaning "to grow up") is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority). The period of adolescence is most closely associated with the teenage years, though its physical, psychological and cultural expressions may begin earlier and end later. For example, although puberty has been historically associated with the onset of adolescent development, it now typically begins prior to the teenage years and there have been a normative shift of it occurring in preadolescence, particularly in females. Physical growth, as distinct from puberty (particularly in males), and cognitive development generally seen in adolescence, can also extend into the early twenties. Thus chronological age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence.

Adolescence is a critical period for mental, social, and emotional wellbeing and development. During adolescence, the brain undergoes significant developmental changes,

establishing neural pathways and behavior patterns that will last into adulthood. Adolescents age between 10-19 years and they account for more than one-fifth of the world's population. In India, this age group forms 21.4 percent of the total population. Adolescents are a significant human resource that needs to be given ample opportunity for holistic development towards achieving their full potential (National Youth Policy 2000). Adolescence is a period of dramatic challenges, requiring adjustment to bring changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well. In traditional societies girls specially have to make many more adjustments because of certain age old traditions and customs, where many of them have their roots in discriminating them from the boys.

Girls in India are discriminated against in several ways – fewer months of breastfeeding less of nurturing and play, less care or medical treatment if they fall ill, less of "special" food, less of parental attention. As a result, girls are far more susceptible than boys to disease and infections, leading to poor health and a shorter lifespan. It is this life-long discrimination in nurturing and care that is the real killer of girls – less visible and

\*Corresponding author: **Anshu**

Department of Human Development, Ethelind School of Home Science, SHIATS, Naini, Allahabad

dramatic, but as unequivocally lethal as female feticide and infanticide are some results of gender discrimination in our nation.

Discrimination is treatment or consideration of, or making a distinction in favor of or against, a person or thing based on the group, class, or category to which that person or thing is perceived to belong to rather than on individual merit. This includes treatment of an individual or group based on their actual or perceived membership in a certain group or social category, in a way that is worse than the way people are usually treated. It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on logical or irrational decision making.

The study aims at creating awareness through intervention regarding gender discrimination and its physical and psychological consequences, so that the vicious cycle of gender discrimination can be broken and up- coming generation is made aware of the ill effects of gender discrimination and are also motivated not to practice it in future. The study also aims at providing assistance and help to those children who have started showing the symptoms of discrimination and their normal life is disrupted. The study desires to equip parents and adolescents to identify the disruptive symptoms at early stages before the problem magnifies and starts manifesting itself in the form of behavioral or physical disorders and adjustment problems.

## MATERIALS AND METHODS

Action research design was adopted for the present study and survey method was used to collect the data from the respondents in Allahabad city. The sample comprised of 75 adolescent girls ageing between 13- 20 years the sample was selected through purposive random sampling. (25 each from upper, middle and lower socio-economic status) from Bal Bharati Inter College, Noorjahan Inter College, Bal Mitra Inter College.

### Tools for data Collection

Perceived Parental preference towards gender discrimination a rating scale was administered on respondents to seek information regarding gender discrimination. A three point rating scale was used to collect information related to the existing gender discrimination.

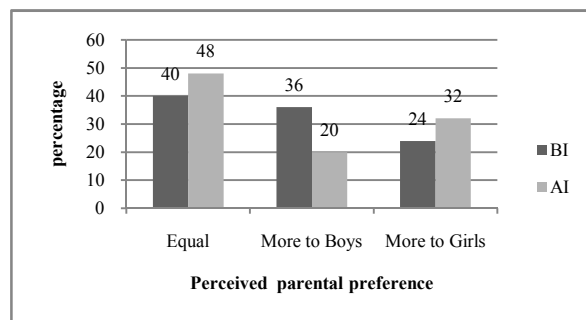
The questionnaire consisted of eighteen questions seeking information related to the discrimination in the area of health of the adolescent girls. The questionnaire had three options (Preference to boys, preference to girls and preference to both genders) from which respondents had to choose the preferred option. There are 18 questions in the questionnaire and it is on the three way scale method where every question carries 1 mark each and maximum score can group to 18. Three way scales has been divided into three categories equal preference to both genders, preference to boys and preference to girls.

### Intervention package

The intervention package was prepared to reduce the severity of the gender discrimination. The intervention was conducted for a period of 3 months on the identified samples with severe symptoms of parental preferences. During the period of intervention each of the identified samples with severe symptoms of health discrimination and their parents were interacted with once a week with specific planned activities. The package used in the study was an integration of (a) one folder and (b) one activity booklet.

**Statistical procedures used for data analysis:** Frequency/percentage, Mean (X) Standard deviation, t-test.

## RESULTS AND DISCUSSION



**Figure1** Percentage distribution of girls based on their Perceived parental preference towards gender discrimination before and after intervention in high socio economic groups.

Above table 1 and fig 1,2 and 3 shows the frequency and percentage distribution of girls based on their perceived parental preference towards gender discrimination before and after intervention in three socio economic groups that in the high socio economic group changes in parental preferences towards gender discrimination was maximum after intervention 48 percent (before intervention it was 40 percent) parents treated their adolescent boys and girls equally in the area of health, 20 percent parents gave preference to their sons over

**Table no. 1** Frequency and Percentage distribution of girls based on their Perceived parental preference towards gender discrimination before and after intervention in three socio economic groups

Perceived parental preference	GIRLS (N=75)																
	Socioeconomic groups																
	High socio economic groups (n=25)					Middle socio economic groups (n=25)					Lower socio economic groups (n=25)						
	Health		Health			Health		Health			Health		Health				
	BI	P	F	AI	P	F	BI	P	F	AI	P	F	BI	P	F	AI	P
Equal	10	40	12	48	9	36	9	36	10	40	10	40					
More to Boys	9	36	5	20	8	32	6	24	8	32	7	28					
More to Girls	6	24	8	32	8	32	10	40	7	28	8	32					

F=Frequency, P=Percentage

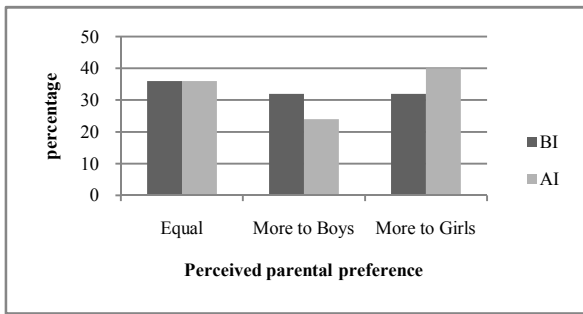


Figure 2 Percentage distribution of girls based on their Perceived parental preference towards gender discrimination before and after intervention in middle socio economic groups

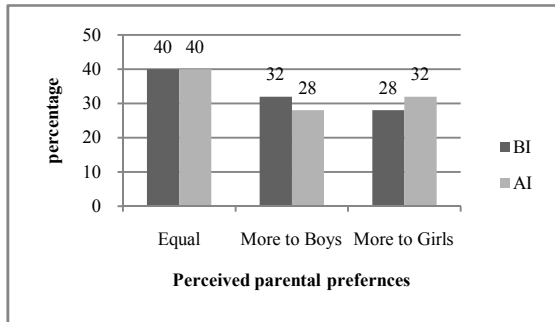


Figure 3 Percentage distribution of girls based on their Perceived parental preference towards gender discrimination before and after intervention in lower socio economic groups.

their daughters (before intervention was 36 percent), 32 percent parents gave preference to their daughters over boys (before intervention was only 24 percent). It is clear from the results that changes were observed in the perception of preference of parents towards gender discrimination, after intervention parents treated their daughters in a better way. In the middle socio economic group also some changes in the perceived parental preferences of girls were noticed between before and after intervention observations. Percentage of girls (36 percent) remained the same even after intervention whose thought that were given equal preference as boys, but there was a decrease in the percentage of girls (32 percent before intervention, 24 percentage after intervention) who thought that boys were given more preference, on the contrary percentage of girls (32 percentage before intervention, 40 percentage after intervention) increased who thought that girls are given more preference in the area of health after intervention. In the lower socio economic group also percentage of girls(40 percent) remained the same even after intervention whose thought that were given equal preference as boys, but there was a decrease in the percentage of girls (32 percent before intervention, 28 percentage after intervention) who thought that boys were

given more preference, on the contrary percentage of girls (28 percentage before intervention, 32 percentage after intervention) increased who thought are given more preference in the area of health after intervention. Qadir (2011) studied the Male gender preference, female gender disadvantage as risk factors for psychological morbidity in Pakistani women of childbearing age - a life course perspective. The result reveals that Gender disadvantage was independently predictive of psychological morbidity. Among married women, socio-economic status did not predict psychological morbidity, and the effect of education was mediated through gender disadvantage rather than socioeconomic status (SES). The women's own preference for a male child was strongly predicted by their perceptions of having been disadvantaged by their gender in their families of origin.

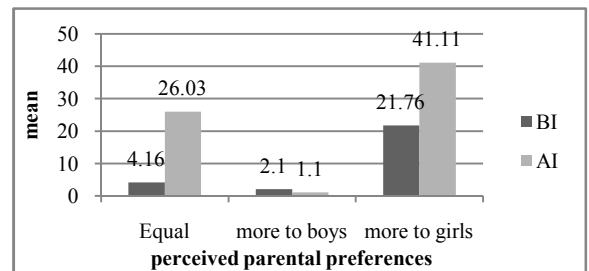


Figure4 Perceived parental preference towards gender discrimination before and after intervention in high socio economic groups

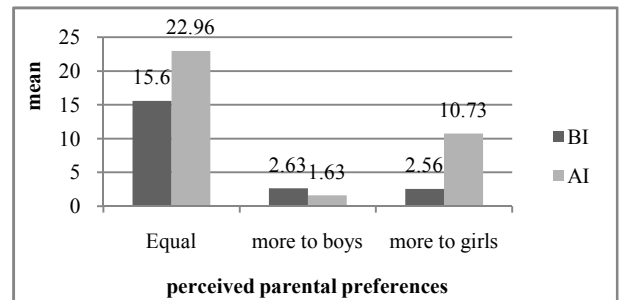


Figure 5 Perceived parental preference towards gender discrimination before and after intervention in middle socio economic groups

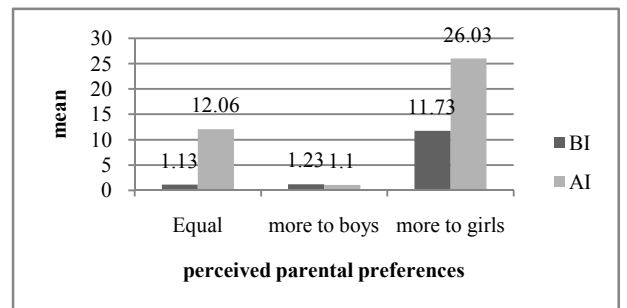


Figure 6 Perceived parental preference towards gender discrimination before and after intervention in lower socio economic groups

Table 2 Comparison of perceive parental preference towards gender discrimination before and after intervention across three socio economic groups

Perceived parental preference	High socio economic groups(girls N=25)			Middle socio economic groups (girls N=25)			Lower socio economic groups (girls N=25)			T tab at 0.05%
	BI Mean	AI Mean	t-cal	BI Mean	AI Mean	t-cal	BI Mean	AI Mean	t-cal	
Equal	4.16	26.03	14.03*	15.60	22.96	3.15*	1.13	12.06	7.07*	2.06
More to boys	2.10	1.10	0.69	2.63	1.63	0.73	1.23	1.10	0.96	
More to girls	21.76	41.11	10.32*	2.56	10.73	4.35*	11.73	26.03	8.12*	

\*=significant P<0.05

The above table 2 and fig 4,5 and 6 shows the comparison of perceived parental preferences towards gender discrimination across socio economic groups revealed that parents started giving more preference to girls after intervention in higher socio economic group. There was a significant improvement in the categories of equal preference ('t' cal-14.03) and more preference to girls ('t' cal-10.32) as 't' tabulated at 5 percent probability level showing a significant improvement in parental preferences towards girls in the area of health. In the category of more preferences to boys after intervention mean value shows decrease (1.10) from before intervention (2.10) but the difference found was not statistically significant.

In middle socioeconomic group there was a significant improvement in the categories of equal preference ('t' cal 3.15) and more preference to girls ('t' cal 4.35) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in parent of preference towards girls in the area of health. In the category of more preference to boys after intervention mean value shows decrease (1.63) from the before intervention (2.63) but the difference found was not statically significant.

In lower socio economic group there was a significant improvement in the categories of equal preference ('t' cal 7.70) and more preference to girls ('t' cal 8.12) as 't' calculated was higher than the 't' tabulated at 5 percent probability level showing a significant improvement in parental preference towards girls in the area of health. In the category of more preference to boys after intervention mean value shows decrease (1.10) from before intervention (1.23) but the difference found was not statically significant.

It is clear from the results that after intervention the perceptions of the girls improved regarding parental preferences which indicate that effective intervention can bring in changes in gender discrimination and improve the situation of girls in our society. The result are supported by the study conducted by **Institute for Reproductive Health at Georgetown University (2009)** conducted a interventional study on parents attitude and health of adolescents and found that there is a improvement in the parents attitude towards girls after intervention.

## CONCLUSION

From the findings it is concluded that the prepared intervention package was effective as after implementing it the health and perception toward parental preferences of the adolescent girls improved significantly.

## Recommendation

More effective and intense interventions should be made and implemented across India to remove the menace of gender discrimination.

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### How to cite this article:

Anshu., Sumedha Chaudhary and Anjali Mathur.2016, Effect of Intervention on Adolescent Girl's Health Related Perceived Parental Preferences. *Int J Recent Sci Res.* 7(9), pp. 13331-13334.