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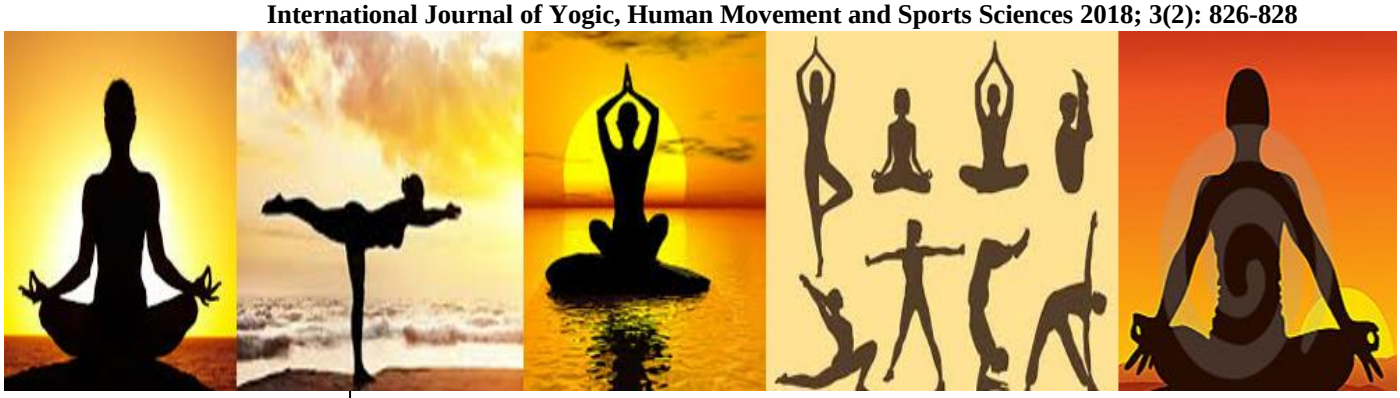

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Analyze of health awareness among high school students of different educational divisions in Karnataka state

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Abstract
The aim of the present study is to find out the comparison of health awareness among high school girls students in Karnataka State. To conduct this study, A total of eight hundred (N=800) girls students were selected from four educational divisions of Karnataka State in each of Gulbarga (N=200), Belgaum (N=200), Mysore (N=200), and Bangalore (N=200) divisions, subjects were chosen the age from 12-16 years. A questionnaire was used to assess the health awareness which consists of forty 40 questions. ANOVA and LSD post hoc tests were used to compute and interpret results. Results show that there are significant differences in health awareness among girls' students of different educational divisions in Karnataka State. Mysore education division found the highest health awareness than other three educations divisions in Karnataka State.

Keywords: Health awareness, high school, girls, students, Karnataka state

Introduction
The World Health Organization defines adolescents as young people aged 10-19 years (WHO, 2005). Adolescents are an important asset of a country because they will become tomorrow's young men and women and will provide the human potential required for the country's development. There are about 1.2 billion adolescents, one-fifth of the world's population and their number is increasing. Four out of five live in developing countries (WHO, 2005). Adolescence is a period of biological, cognitive and social transition of such magnitude and rapidity that it is no surprise to find that it is associated with the onset or exacerbation of a number of health-related problems including depression, (Twenge and Nolen-Hoeksema, 2002) [7] eating disorders, (Reijone, 2003) [6] substance abuse and dependence,(Chambers, Taylor and Potenza, 2003; Johnston, O' Malley and Bachman, 2000; and Warheit, 1996) [8] risky sexual behavior, (Romer and Stanton, 2003) [9] antisocial and delinquent activity (Moffitt, 1994) and school dropout (National Center for Educational Statistics, 2001) Many of the behavioral patterns acquired during adolescence (such as gender relations, sexual conduct, use of tobacco, alcohol and other drugs, eating habits and dealing with conflicts and risks) will last a lifetime (WHO, 1997).

The purpose of the study
The main purpose of the study was to examine the influence of regional diversity on health awareness of girls' students of high schools in Karnataka state.

Methodology
Selection of Subjects
Students for the study were high school attending girls studying in eighth and ninth standard within Karnataka state during the academic year 2012-13. Their age ranged from12 to 16 years. Altogether eight hundred (N=800) students from various schools representing different divisions of Karnataka state viz Bangalore, Belgaum, Gulbarga and Mysore.

Selection of test item
Health Awareness questionnaire was structured and standardized with expertise in the field of physical education and sports which consists of forty 40 questions.

The questionnaire was also provided in regional language for better understanding. It assessed the knowledge of students about various illnesses, first aid, nutrition, eating habits, benefits of physical activities, safety measures, emotions etc. This self-structured questionnaire was again given to experts in the field of physical education for suggestions or improvement if any. Finally, 40 questions were selected. This questionnaire was administered for inquiring health awareness of the students.

Data collection

Administration of health awareness questionnaire, In order to assess health awareness, students were asked to assemble inside classroom. The objective of the test was made clear and questionnaires were distributed to the students. Enough time was provided to complete the questionnaire and any queries from the students were attended by the investigator personally.

Statistical Analysis

In order to test the hypothesis of the study 'analysis of variance' (ANOVA) was used. Further, the results of the study were tested under Least Significant Difference post-hoc test. Statistical Package for Social Science (version 17) was used to analyse data. The analysis and interpretations of the findings of the study are presented in the followings.

Results and Discussions

To achieve the purpose of study data collected was analyzed with statistical technique and results are presented in the followings.

Table 1: Mean and Standard Deviation of Health Awareness of High School Girls

Variables	Gulbarga (N=200)	Belgaum (N=200)	Mysore (N=200)	Bangalore (N=200)
Health Awareness	17±4.18	17±4.37	21±3.33	20±4.80

Mysore division girls were good in health awareness (Mean 21.33 and SD ±3.33). Analysis of variance was carried out in order to examine any statistical significance in the mean scores of health awareness among high school girls belonging to different regions of Karnataka state.

Table 2: ANOVA on Health Awareness of High School Girls

		Sum of Squares	df	Mean Square	F	Sig.
Health Awareness	Between Groups	2144.684	3	714.895	40.417	.000*
	Within Groups	14079.665	796	17.688		
	Total	16224.349	799			

*Significant at 0.05 level of confidence.

The calculated values in the present context are greater than the table value 2.60 required for significance at 0.05 level. The results indicate that there is significant difference in health awareness among high school girls belonging to different regions of Karnataka state. LSD post-hoc test was applied in order to obtain a detailed understanding of superiority of one region over the other.

Table 3: LSD Post-Hoc Test on Health Awareness among High School Girls of Karnataka State

Dependent Variable	(I) Divisions	(J) Divisions	Mean Difference (I-J)
Health Awareness	Gulbarga (17)	Belgaum (17)	-.3500
		Mysore (21)	-3.8150*
		Bangalore (20)	-2.9500*
	Belgaum (17)	Mysore (21)	-3.4650*
		Bangalore (20)	-2.6000*
	Mysore (21)	Bangalore (20)	.8650*

* The mean difference is significant at the 0.05 level.

In health awareness knowledge, high school girls from Mysore division (21) were the highest, followed by Bangalore (20), Belgaum (17) and Gulbarga division (17) were the lowest. There was significant difference in health awareness knowledge among the students of different province, except between Gulbarga and Belgaum division.

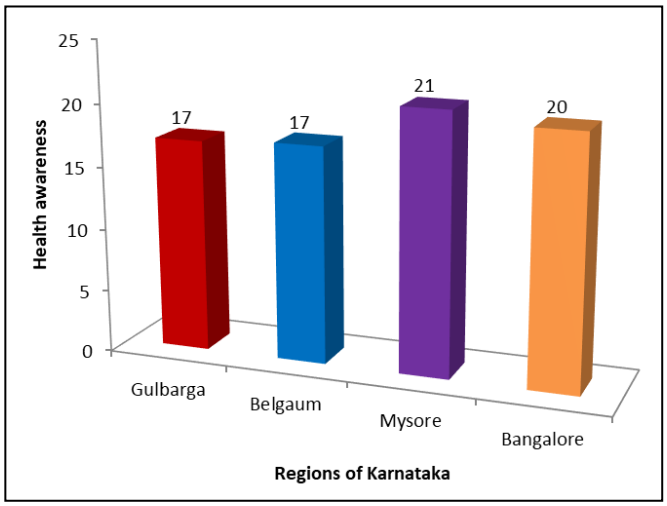

Fig 1: Health Awareness of High School Girls

Conclusions

There was a significant difference in health awareness among girls high school students belonging to different geographical regions of Karnataka state. High school girls from Mysore were the highest, followed by Bangalore, Belgaum and those from Gulbarga were the lowest. There was a significant difference in health awareness knowledge among the students of different regions, except between Gulbarga and Belgaum divisions.

Knowledge of high school girls on issues relating to health and fitness differed significantly on the basis of geographical regions. High school girls from Mysore division possessed the highest knowledge on health. High school girls from the northern part of Karnataka state exhibited a low level of health awareness as compared to their Southern counterparts. The reasons may be, among others, lack of systematic basic education, lack of orientation towards concepts relating to health and fitness, higher dropout rate, etc. The considerable amount of knowledge is essential for high school girls irrespective of regional belonging. Schools can provide health awareness and health status programs so that students can have a better understanding of health.

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