

Research Paper

## Beyond the Classroom: A Study of Health Awareness, Reproductive Knowledge and Academic Stress in Senior Secondary Schools

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### ABSTRACT

The study was intended to test the level of awareness about adolescent issues and academic stress among senior secondary school girls with special concern to socio-demographic profile, health and hygiene behaviours, menstrual and reproductive knowledge, use of technology and the level of stress among girls. The design employed was exploratory, descriptive and cross-sectional in nature that includes 50 adolescent girls who were chosen between the ages of 15 and 18 years in District Baramulla, Jammu and Kashmir, India having different socioeconomic backgrounds, school type (government and privately owned schools) and family set-ups (joint and nuclear). A self-created 40-item questionnaire was used to identify demographics, abilities, socioeconomic status, technology, health, nutrition, exercise, language and future intentions of the adolescent girls. The Academic Stress Scale (ASS) created by Kim and adapted by Rao (2012) was also used to measure the stress levels which was a five-dimensional scale of academic stress. The descriptive statistics and independent samples t-tests were utilized to analyze the data. Findings indicated that there was a major gap in reproductive and menstrual knowledge and discrepancy in hygiene and nutrition practices despite some positive health behaviour. Moreover, it was found that there were significant variations in academic stress between school types. These results are important to highlight the necessity of school-based health education, stress management programmes and specific measures aimed at supporting, increasing awareness and resilience among adolescent girls.

**Keywords:** *Adolescent Issues, Menstrual Awareness, Reproductive Knowledge, Academic Stress*

Adolescence is a crucial phase of transition between childhood and adulthood characterized by major physiological, psychological, socio cultural and economic changes which help the teenager to take shape during adult identity (Hall, 1904). As per the age interval established by the World Health Organization of 10 to 19 years, this period

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of development is typified by physiological alterations due to puberty, such as rapid growth in height, changes in body mass, alterations in body composition and improved cardiovascular and respiratory functioning which is mostly hormone-regulated (WHO, 2023). Though adolescents have much vitality and also have potential source of innovation to national productivity and both, their health status is often underestimated partly due to the fact that low mortality rates mask high morbidity due to untreated conditions (Schilder, 1935).

In the region like Jammu and Kashmir, senior secondary students face greater susceptibilities, which include lack of awareness regarding important issues of adolescence, namely disturbed body perception, risks of obesity, disordered eating habits (i.e. anorexia nervosa and bulimia), reproductive wellbeing, menstrual issues, sexually transmitted infections and psychological stresses, that include depression, anxiety and suicidal thoughts (Ahuja and Tiwari, 2010). These knowledge gaps are heightened by cultural taboos, lack of health education in schools and socioeconomic factors which cause dire consequences such as unwanted pregnancies, poor hygiene and the spread of STI's (Macintyre, 1986). These burdens are complexed by school-related stress due to strict examinations schedules, overworking homework (76.74 most of the students), parental pressure and competition with others and time limitations which are characterized by anxiety, emotional imbalance, sleep loss, loss of motivation and lower academic achievement where 63.35% of students reported high levels of stress (Asri, 2020; Rather & Sofal, 2022). This type of stress has not only negative effects in cognitive aspects and learning ability, but also increases the likelihood of mental illnesses like depression and substance abuse as both health and happiness are responsible for physical and mental condition (Sofal, F.A., 2020), which results in continued poor performance and school dropout in a vicious cycle, especially in competitive high school learning environments (Lin and Chen, 1995). Some of the most popular coping mechanisms among such students are physical exercise, peer conversations and music, but they do not work well in most cases unless the structured coping measures like counselling or resilience-building workshops are implemented (Cheng, 1999). The given empirical study evaluates the state of knowledge about adolescent problems and the level of academic stress among senior secondary girl students in District Baramulla, as well as estimates the correlations with socio-demographic factors to identify the relationship trends and gaps in the situation (Newman, 2009). Kashmir's disrupted educational environment significantly contributes to the academic stress and psychosocial issues faced by adolescents (Sofal, 2019). The study aims at informing evidence-based interventions to increase health literacy levels, reduce stress, enhance reproductive education and improve academic support systems based on the needs of this area (Tada et al., 2009). All in all, the development of awareness and resilience will likely lead to healthier developmental transitions, thus, resulting in higher levels of well-being, extended level of productivity and equal educational achievements of underserved districts like Baramulla (Wei and Lo, 2006).

### ***Review of related literature and Significance of the Study***

Recent literature identifies problematic (Bianchi & Phillips, 2005), compulsive (James & Drennan, 2005), heavy, intensive, maladaptive, dependent (Billieux et al., 2007) and addictive (Walsh et al., 2007) mobile phone use patterns among adolescents, though methodological issues arise, including social influence items, premature pathological labeling by Jenaro et al. (2007) and maladaptive classifications by Beranuy et al. (2009), and incomplete addiction indicators. Younger individuals show heightened addictive behaviors, with dependence linked to problematic use (Choudhury et al. 2026). Positively, mobiles foster family independence, growth, safety, and connectedness (Lemish & Cohen, 2005, via 105 child-parent interviews), enabling private communication and emotional ties that increase contact (Katz & Akhus,

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2002; Ling, 2004; Vincent, 2005). Body image studies note media-driven dissatisfaction, with historical beauty ideals hard to achieve; adolescent girls strongly desire thinness even if perceiving themselves too thin especially urban ones, risking health and nutrition, urging healthy habit promotion (Dernne & Beresin, 2006; Dixit et al.).

Indian academic stress research reveals males face more family stress, higher graders elevated physical/mental/school/emotional strain and loan-takers greater emotional burdens (Cheng Kai-Wen, 2009). Coping mixes problem-focused (self-blame, guidebooks for exams) and emotion-focused (withdrawal for relationships) strategies (Rao & Subbakrishna, 2006). Females excel in time management but report higher stress/anxiety than leisure-benefiting males; freshmen/sophomores react intensely with anxiety, time management and leisure as predictors (Ranjitha Misra, 2000). Research conducted by Sofal et al. (2024) have shown that male students are more digitally competent than their female counterparts. Faculty overperceive student stress versus self-reports, varying by year/gender (Misra et al., 2000); science stream adolescents endure more stress than commerce, especially vocational/practical exams (Seema Kasyap & Ravi Sidhu, 2005). Behavioural programs reduce stress, boosting adequacy, relationships and performance (Kalippa & Rajendran, 1990).

Internationally, first-year students report higher stress than seniors (Moulds & John, 2003). Malaysian adolescents show 71% low, 29% medium stress, no high, differing by gender/urban-rural factors like parenting and environment (Tajularipin Sulaiman et al., 2009). U.S. students exhibit moderate stress/resilience, males higher, resilience buffering stress (Mancy R. Ahem & Anne E. Norris, 2010).

The research is concentrated on the critical period of the development adolescent stage when the physical, emotional and cognitive changes take place, and at this stage, people develop their identities and health-related attitudes. The combination of socio-economic limitations, the existing cultural standards and limited resources amplifies these shifts in the District Baramulla, which leads to extensive knowledge gaps, hygiene, reproductive health and mental health knowledge and therefore, makes the situation prone to less favourable results. Academic stress is the main problem that overburdens senior secondary students when academic expectations are high and develops anxiety, depression and reduced academic scores - a self-defeating loop. The study can determine contributory factors and evidence-based management approaches by measuring the level of stress. The results will be used to educate policymakers, educators and healthcare professionals in Baramulla on the construction of specific programmes to promote health literacy, resilience and well-being. These insights can be used to base a further study and serve as a factor into making the future life healthier and the educational outcomes better.

### ***Objectives of the Study***

1. To analyse the socio-demographic profile of adolescent girls.
2. To investigate various life issues related to health and hygiene among adolescent girls.
3. To assess the awareness of adolescent girls regarding menstruation and the reproductive system.
4. To examine the use of mobile phones, print media, and social media, as well as the adoption of the latest technology among adolescent girls.
5. To evaluate different levels of academic stress and its specific impact on adolescent girls.

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6. To find the significance of mean difference among adolescent girls in relation to Type of Institution they are enrolled and Type of Family.
7. To offer recommendations for educational interventions aimed at improving awareness and support for adolescent girls.

### *Hypotheses of the study*

1. Adolescent girls will not demonstrate a significantly higher level of awareness regarding menstruation and reproductive health when provided with comprehensive educational programs compared to those who have not received such education.
2. Adolescent girls who engage more with social media and print media will not show a higher awareness of health-related issues compared to those who primarily use mobile phones for entertainment.
3. There will be no significant differences in levels of academic stress among adolescent girls based on their socio-demographic backgrounds, including the type of institution they are enrolled in and the type of family structure.
4. There will be no significant mean difference in academic stress levels between adolescent girls enrolled in government schools and those in private schools.
5. There will be no significant mean difference in academic stress levels between adolescent girls belonging to nuclear families and those belonging to joint families.

## RESEARCH METHODOLOGY

The study is exploratory and descriptive, conducted among 50 adolescent girls aged 15 to 18 from various schools in Baramulla District. A self-developed instrument with 40 items was used to gather information about the variables, including demographic behaviour, skill sets, socioeconomic status, technology use, health behaviours, dietary habits, physical activity, leisure activity, language skills and future plans. Moreover, the Academic Stress Scale (ASS) invented by Kim (1970) and adapted by Rao (2012) was also used to measure academic stress on five different areas. The sample included students from different socioeconomic backgrounds, school types and family types. Data were analyzed using descriptive statistics to summarize findings and t-tests to examine differences in academic stress across groups, providing insights into the challenges and stress experienced by adolescent girls.

## ANALYSIS AND INTERPRETATION OF DATA

**Table 1.0: Showing the demographic variables of adolescent girls of North Kashmir (N=50)**

Parental Occupation	f	%	Family size in terms of family members	f	%
Shopkeeper	16	12%	Two	0	0%
Labour	12	24%	Three	0	0%
Govt. Employee	7	14%	Four	0	0%
Businessman	17	34%	Five	20	40%
Carpenter	2	4%	Six	11	22%
Farmer	6	12%	More than six	19	38%
Family income			Residential House		
Per month 80000	22	44%	Owned	50	100%
Per month 10000	16	32%	Rented for money	0	0%
Per month 15000	6	12%	Occupied	0	0%
Per month 20000	6	12%	Others	0	0%
Family Status		Nuclear		22	44%
		Joint		28	56%

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The socioeconomic background of the adolescent girls in North Kashmir is heterogeneous as shown by the combination of parental occupation, family size, income, residential status and family structure. Most parents are either businessmen (34%) or labourers (24%) with different degrees of financial stability that affect the academic background of adolescents. Family size is also large with 40% of the families having five members, 22% having six members and 38% having over six members- highlighting that the culture is that of having large families. The levels of income differ greatly; 44% of families earn around 80,000 per month and 32% around 10,000, which means that a large portion of the population struggles with low income. All the families own their homes, implying residential stability and 56% live in joint families, therefore, giving them more social support, and 44% live in nuclear families, which may have different psychosocial demands. These elements collectively influence the awareness of the adolescents, the level of stress and the well-being of the adolescents in their formative years.

**Table 1.1 Showing Skill Orientation, Mobile Access, Usage Patterns and Media Habits of Adolescent Girls in North Kashmir (N=50)**

<b>Skill orientation</b>	<b>f</b>	<b>%</b>	<b>Access to mobile phone</b>	<b>f</b>	<b>%</b>	<b>Mobile usage</b>	<b>f</b>	<b>%</b>
Computer	19	38	One	21	42	Less than 15 minutes	22	44
Cooking	20	40	Two	5	10	Less than 30 minutes	23	46
Tailoring	4	8	Three	4	8	From 30 min. to one hour	3	6
Gardening	7	14	Four	20	40	More than 3 hours	2	4
<b>Use of the computer system</b>			<b>Purpose of using mobile phone</b>			<b>Source of daily news</b>		
Computer	15	30	Academic	38	76	TV news	4	8
Laptop	6	12	Recreation	3	6	News paper	2	4
Tablet	7	14	Time pass	2	4	Online news	41	82
Android	22	44	Social media	7	14	Any other specify	3	6
<b>Purpose of television viewing for watching news</b>				<b>Reading of newspaper in terms of language preference</b>				
Audio and visual	7	14		English news paper	31	62		
Updated news	26	52		Urdu newspaper	17	34		
Live program	17	34		Hindi newspaper	2	4		
Not applicable	0	0		Kashmiri newspaper	0	0		
<b>Usage of internet on mobile phone</b>				<b>Negative effect of mobile phone</b>				
Yes	46	92		Yes	33	66		
No	2	4		No	11	22		
No response	2	4		No response	6	12		

The statistics reported in Table 1.1 displaying the orientation towards skills, mobile access and use, access to digital devices, news consumption habits and perception of mobile-phone

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influence among the fifty adolescent girls in North Kashmir and shows a complex picture of their digital involvement as compared to conventional skills. Cooking (40%) and computer skills (38%) become the most common and it is possible to consider a steady balance between traditional domestic duties and newly developed digital literacy. Mobile-phone ownership is less, with 42% owning one device at home and 40% owning four, but use is usually limited (90% say they use their phones less than thirty minutes a day) and the use is more towards academic purposes (76%). A high level of internet-related access is described by 92% of the respondents, thus being the main facilitator of a high prevalence of online news sources (82%), and the consumption of English (62%) and Urdu (34%) newspapers, therefore, revealing strong digital and language preferences. Television remains a channel to get updated and live news programs, which inspires 56% of the viewers with updated news and 34% with live news. Although there has been significant digital integration, 66% of the respondents admit negative outcomes of mobile use, therefore, showing that they are aware of possible distractions or stressors. On the whole, the data depict a generation that mediates between the traditional and growing digital literacy and media consumption in a stable social-cultural environment.

**Table 1.2 Showing Awareness of the adolescence issues among senior secondary school students with special reference to Health and Hygiene (N=50)**

<b>Habits of washing hands</b>	<b>f</b>	<b>%</b>	<b>Regularity in meals</b>	<b>f</b>	<b>%</b>	<b>Eating dates</b>	<b>f</b>	<b>%</b>
Only after food	5	10	Always regular	29	58	Daily	18	36
Only before food	15	30	Irregular	6	12	Three or four times a week	16	32
After going toilet	16	32	Sometime change	6	12	Rarely	16	32
No response	14	28	No fixed time	9	18	No / Never	0	0
<b>Eating fried food</b>			<b>Spending leisure time</b>			<b>Doing exercise/yoga/meditation</b>		
Daily	18	36	Sitting online	27	54	Yes	34	68
Three or four times per a week	14	28	Chatting with friends	7	14	No	16	32
Rarely	12	24	Listening music	10	20	No response	0	0
No / Never	6	12	Exercise	6	12			
<b>Taking vitamins/supplements</b>			Yes				27	54
			No				23	46

Table 1.2 on health and hygiene practices among 50 adolescent girls reveals moderate awareness with room for improvement: hand washing is most common after toilet use (32%) or before food (30%), though 28% gave no response, indicating potential knowledge gaps. Meal regularity is strong (58% always regular), but breakfast consumption is inconsistent (only 36% daily, 32% rarely), while fried food intake is frequent (36% daily, 64% weekly), posing health risks. Positive trends include 68% engaging in exercise/yoga/meditation and 54% taking vitamins/supplements, though leisure time is dominated by online sitting (54%) over physical activity (12%) or social chatting (14%). These patterns suggest structured family meals support nutrition, but targeted education could enhance hygiene consistency, reduce

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fried food reliance, promote daily breakfast and diversify leisure for better physical and mental well-being during adolescence.

**Table 1.3 Showing Awareness of the adolescence issues among senior secondary school students with special reference to Education and Career Choices (N=50)**

<b>Importance of higher education for adolescent girls</b>	<b>f</b>	<b>%</b>	<b>Parental support in higher education</b>	<b>f</b>	<b>%</b>
Yes	50	100	Yes	50	100
No	0	0	No	0	0
<b>Having language problem and how to get improve</b>					
Using dictionary				27	54
Extra classes				5	10
Paying internet on learning				10	20
No				8	16

Tabulated data available concerning the educational and vocational cognizance among fifty female adolescents in North Kashmir demonstrates the absolute recognition of the importance of tertiary education (100% affirmative) and full parental support (100% affirmative), which reflects strong family and individual motivation towards the achievement of academic advancement, which is likely to be favourable towards increased self-confidence and enlarged opportunities. Still, 84% of the interviewees were found to have linguistic barriers which were mostly alleviated through independent dictionary use (54%), with a comparatively lesser reliance on additional instructions (10%), or online platforms (20%) whereas 16% interviewees did not mention any barriers, hence indicating a heterogeneous level of proficiency potentially affecting academic performance in the absence of systematic interventions.

**Table 1.4 Showing Awareness of the adolescence issues among senior secondary school students with special reference to Menstruation Health and Hygiene (N=50)**

<b>Understanding of Menstruation</b>	<b>f</b>	<b>%</b>	<b>Protection during menstrual cycle</b>	<b>f</b>	<b>%</b>
Menstruation is shedding of dirty blood that starts occurring in females as they entire into adolescence period	24	48	Use of cloth	4	8
It is a physiological process of monthly bleeding among females	21	42	Sanitary napkins	45	90
It is a sign of fertility	0	0	Wash and use cloth	1	2
No response	5	10			
<b>Awareness about reproductive tract infection and sexual transmitted infection</b>			<b>Awareness about human immune deficiency virus</b>		
Yes	10	20	Yes	27	54
No	33	66	No	16	32
No response	7	14	No response	7	14
<b>Source of information about HIV/ AIDS</b>			<b>Menstrual problem in last 3 months</b>		
Books	22	44	Yes	16	32
Internet	19	38	No	34	68
Parents	9	18			

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<b>Transmission of HIV /AIDS</b>	Unsafe sex with homosexuals	4	8
	Unsafe sex with HIV/AIDS person	21	42
	Infected mother to child	5	10
	Transfusion of infected blood	0	0
	No response	20	40

Table 1.4 on menstrual health and hygiene awareness among 50 adolescent girls in North Kashmir reveals mixed knowledge levels: 48% view menstruation as "shedding of dirty blood," indicating persistent misconceptions, while 42% correctly identify it as a physiological process, with 10% non-responsive and none linking it to fertility. Protection practices are largely positive, with 90% using sanitary napkins versus minimal cloth use (10%), though 32% reported menstrual problems in the last three months. Awareness of reproductive tract and sexually transmitted infections remains low (20% yes, 66% no), contrasted by moderate HIV knowledge (54% aware), primarily sourced from books (44%) and internet (38%) rather than parents (18%). HIV transmission understanding is partial, with 42% recognizing unsafe sex with infected persons, but gaps in other modes (e.g., 0% for blood transfusion) and 40% non-response highlight educational deficiencies. These findings underscore the need for comprehensive school-based programs to dispel myths, promote hygienic practices and enhance reproductive health literacy for empowered adolescence.

**Table 1.5 showing the levels of Academic Stress among Adolescent Girls with special reference to type of Institution (Govt. and Private) and type of family (Joint and Nuclear) (N=50)**

LEVELS	N	%	TOI				TOF			
			GOVT		PVT		JOINT		NUCLEAR	
			N	%	N	%	N	%	N	%
Above Average	12	24%	4	16%	6	24%	5	20%	7	28%
Average	28	56%	16	64%	15	60%	15	60%	13	52%
Below Average	10	20%	5	20%	4	16%	5	20%	5	20%
Total	50	100%	25	100%	25	100%	25	100%	25	100%

The above table reveals that 56% of adolescent girls experience average academic stress, with 24% facing above-average levels and 20% below-average, indicating moderate pressure typical of secondary education amid personal and societal expectations. The proportion of above-average perceived stress is slightly higher among the students of a private school (24%) as compared to those of a government school (16%), which can be explained by the increased academic competition. However, respondents in both groups mainly report average levels of stress (between 60% and 64%). Female student also shows higher than average stress in nuclear families (28%) than in joint family (20%) suggesting that perceived pressures are supported by less social support; balancing the effect, below average levels are at 20% in both.

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**Table 1.6: Showing the Significance of Mean Difference among adolescent girls enrolled in Govt. and Private Secondary School Institutions**

Variable	TOI	N	Mean	SD	t-value	Sig.	Remarks
Personal Inadequacy	Govt.	25	23.72	6.16	1.826	0.074	NS
	Private	25	20.52	6.23			
Fear of Failure	Govt.	25	19.68	4.71	<b>2.145</b>	<b>0.037</b>	<b>Significant</b>
	Private	25	16.56	5.53			
Teacher Pupil Relation	Govt.	25	7.84	2.07	0.104	0.917	NS
	Private	25	7.92	3.22			
Interpersonal Relations	Govt.	25	30.44	8.75	1.939	0.058	NS
	Private	25	25.96	7.54			
Inadequate Facilities	Govt.	25	20.80	8.92	<b>3.248</b>	<b>0.002</b>	<b>Significant</b>
	Private	25	14.04	5.35			
Overall Academic Stress	Govt.	25	102.48	24.14	<b>2.610</b>	<b>0.012</b>	<b>Significant</b>
	Private	25	85.00	23.20			

The results of the above table show, For Personal Inadequacy, the mean score for government school students is higher (23.72) than for private school students (20.52). However, the t-value (1.826) is not significant ( $p = 0.074$ ), indicating that there is no statistically significant difference between the two groups. In contrast, the difference in Fear of Failure is statistically significant ( $t = 2.145$ ,  $p = 0.037$ ). Government school students show a higher mean (19.68) compared to private school students (16.56), suggesting that girls in government schools experience a higher level of fear related to academic failure. In the case of Teacher-Pupil Relations, the analysis shows that there is no statistically significant difference between the two groups ( $t=0.104$ ,  $p= 0.917$ ). The mean score in both government and the private school is almost the same of 7.84 and 7.92 respectively. With regards to Interpersonal Relations, the government school students indicate a slight increase in mean (30.44) compared to those in the private school (25.96); but this difference does not have a statistical significance ( $t=1.939$ ,  $p=.058$ ). Concerning Inadequate Facilities, the statistics indicate that there is a statistically significant difference ( $t=3.248$ ,  $p=0.002$ ) where government school students get significantly higher score (20.80) than the private school students (14.04). The findings indicate that female students in government schools have a feeling of inadequacy of school facilities more compared to their peers in the private schools. Finally, the overall academic stress dimension indicates significant difference ( $t=2.610$ ,  $p= 0.012$ ) where the mean academic stress is higher among government school students (102.48) as compared to that of the privatized school students (85.00).

**Table 1.7: Showing the Significance of Mean Difference among adolescent girls in relation to Type of Family**

Variable	TOF	N	Mean	SD	t-value	Sig.	Remarks
Personal Inadequacy	Joint	25	21.08	6.71	1.164	0.250	NS
	Nuclear	25	23.16	5.90			
Fear of Failure	Joint	25	17.80	4.89	0.421	0.676	NS
	Nuclear	25	18.44	5.81			
Teacher Pupil Relation	Joint	25	7.64	2.72			

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	Nuclear	25	8.12	2.68	0.628	0.533	NS
Interpersonal Relations	Joint	25	26.44	7.74	1.501	0.140	NS
	Nuclear	25	29.96	8.80			
Inadequate Facilities	Joint	25	17.12	8.31	0.261	0.795	NS
	Nuclear	25	17.72	7.91			
Overall Academic Stress	Joint	25	90.08	25.74	1.034	0.306	NS
	Nuclear	25	97.40	24.28			

Table 1.7 shows the significance of the mean difference among adolescent girls in relation to their type of family (joint vs. nuclear). The results are analyzed as:

For Personal Inadequacy, the mean score for girls from nuclear families (23.16) is higher than that for girls from joint families (21.08). However, the t-value (1.164) is not significant ( $p = 0.250$ ), indicating no statistically significant difference between the two groups.

For Fear of Failure, the difference between the two-family types is also not statistically significant ( $t = 0.421$ ,  $p = 0.676$ ), with joint family girls scoring slightly lower (mean = 17.80) compared to those from nuclear families (mean = 18.44). For Teacher-Pupil Relations, there is no significant difference ( $t = 0.628$ ,  $p = 0.533$ ) between girls from joint families (mean = 7.64) and nuclear families (mean = 8.12), suggesting similar experiences with teacher-student interactions across both family types. Regarding Interpersonal Relations, nuclear family girls report a higher mean (29.96) compared to joint family girls (26.44), but the difference is not statistically significant ( $t = 1.501$ ,  $p = 0.140$ ). For Inadequate Facilities, there is no significant difference between the groups ( $t = 0.261$ ,  $p = 0.795$ ), with joint family girls reporting a mean score of 17.12 and nuclear family girls scoring slightly higher at 17.72.

Finally, for Overall Academic Stress, nuclear family girls have a higher mean score (97.40) compared to joint family girls (90.08), but the difference is not statistically significant ( $t = 1.034$ ,  $p = 0.306$ ), indicating that both family types experience similar levels of overall academic stress.

## **DISCUSSION OF THE RESULTS**

The results of the given research on the matter of the teenage problems awareness among the fifty senior secondary school adolescent girls in North Kashmir offer a multi-dimensional picture of their socioeconomic, digital, health, educational, stress-related and other profiles with both their strong and most important gaps that require specific interventions. The results of the parental occupation are essential to explain the socio-economic situation of adolescents. There is a strong relationship between the occupation of the parents and the resource and opportunity access by adolescents. It has been found that parents who have stable employment are more likely to offer their children educational assistance and support (Srinivasan et al., 2020). The parents who work in the informal or agricultural sector in North Kashmir are often limited regarding their ability to provide adequate educational materials and this may lead to low levels of awareness amongst their children on critical matters that affect them as adolescents. The family condition is central in determining the social and emotional growth of the adolescents. Adolescents brought up in nuclear families also tend to say that they feel not as isolated as in extended families because nuclear households could have a more appropriate environment to talk about sensitive issues (Zafar et al., 2019). The family size may affect how resources are divided, the process of emotional support and attention to every child. The lack of resources might be experienced by bigger families, thus, having an impact

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on the ability to access educational and health-related awareness (Bhatti et al., 2020). Family income is an important factor that defines educational and informational access. Families with a greater income level are more prone to spend on their children education and health and this would help them to be more aware of the related issues (Khan et al., 2021). Alternatively, the low-income families are likely to be disadvantaged in the field of health education so that the students in such families lack adequate information on matters concerning reproductive health and hygiene. Residential conditions can determine the quality of life among adolescents including dwelling and status of ownership. People who live in properly built buildings with the required amenities can have more access to educational resources and health-related data (Iqbal et al., 2020). It has been shown that, stable living conditions are positively related to improved educational results and enhancement of the understanding of health problems. The skill orientation of adolescents has a great impact on future career choice and future preparedness. Job market-related skills can also be developed by providing programs that contribute to awareness of different career opportunities and the value of education (Ali et al., 2020). Promoting skills building in schools will enable the students to make wise choices in terms of their future lives. The availability of mobile devices is gaining relevance in education and information distribution. Mobile phones have the potential to enhance the awareness of adolescents on a variety of spheres, such as the health and educational (Kumar and Singh, 2021). This highlights the need to introduce technology in the education curriculums to improve the learning outcomes. The trends of mobile use shed light on the information consumption patterns of adolescents. Empirical studies prove that the overuse of mobile phone is negatively related to academic performance and personal relationships (Prasad et al., 2020). The adverse events that are linked to the use of mobile phones are vital information that ought to be used in formulating measures to enhance healthy use of mobile phones among teens. Research suggests that the excessive time spent at the screen can trigger sleep problems, anxiety, and social withdrawal (Loh et al., 2021). There should be an educational program on the possible drawbacks of using mobile devices in education to prevent the uninformed technological interaction of adolescents. The information about the intention of adolescents to use mobile phones gives a foundation in the creation of the specific educational intervention. As an example, in case the main purpose is to use it socially and as entertainment, the necessity of programs that promote the use of mobile devices as educational tools may arise (Rashid et al., 2019). Internet is the potent source of information. The Internet as a learning tool is associated with greater awareness levels of adolescents in terms of health, hygiene, and educational choices (Sethi et al., 2021). Adolescents can sharpen their awareness and learning through the availability of computers. The research indicates that the level of technology familiarity might enhance academic performance and enhance self-directed learning (Alam et al., 2021). Digital divide can be addressed by providing students with access to computers in their schools so that they can be able to acquire skills required in the future. The level of awareness of the adolescents in reference to the contemporary events and societal issues might largely depend on the ability of the mobile devices to provide them with the daily news. One of the studies has shown that youth civic engagement and awareness increase with exposure to news on mobile devices (Ranjan et al., 2020). Television is also a major influence of information to adolescents. Knowing the reasons behind the desire to watch news can assist educators and policy-makers to create programs that resonate with the students, prompting them to pay more attention to the ongoing events (Jamil et al., 2021). The reading habits of adolescents on the newspapers reveal information on the language of preference and way to access information. In case students find newspapers in a particular language, it implies that a need to have resources in that language to improve comprehension and interest (Sayeed et al., 2020).

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Awareness of health and hygiene matters among adolescents is of utmost importance particularly when personal care and reproductive health are brought up. There is empirical evidence testifying to the fact that the awareness and hygiene practice of adolescents improve significantly due to deploying comprehensive health education programmes (Patil et al., 2021). The results suggest that educational programs should focus on the spread of correct information on the health and hygiene, especially in the rural setting, like North Kashmir, where the access to information can be limited (Sofal & Hijam, 2022). Educational and vocational career information is also vital towards the future success of the adolescents. According to the academic literature, informed career advice is helpful in enhancing academic performance and chances of being employed (Kaur et al., 2020). In line with this, schools are supposed to establish systematic career counselling programs that help students to learn the various career routes and make wise choices regarding their future. Female teenagers need to have a good knowledge of menstruation, menstrual health, and related hygiene. The research revealed the need to provide an all-encompassing menstrual education by underlining the use of hygienic products and maintaining hygiene (Kumar et al., 2019). Stigma can be reduced by educational programmes providing the accurate information about menstruation and enabling girls to take matters of their health into their own hands.

The research showed that teenage girls are exposed to an index of academic stress and most of them fall within the average segment. 24% of the female group said they experienced above-average levels of stress which could be attributed to the high academic pressure, expectations of performance and competition that such groups of student's face. Also, the below-average cluster comprised 20%, indicating that a favourable environment or good coping mechanisms may help these adolescents. These findings support the available literature that adolescence is a stressful time that is prone to vulnerability, which can be explained by academic demands, socialization, and developmental issues (Deb et al., 2015). The family background has a critical impact on academic experiences of adolescents. In the current research, students with nuclear families had a greater overall academic stress as compared to students in joint families, although this was statistically insignificant. In nuclear families, students can face increased levels of personal responsibility and decreased collective support, which can be a cause of high stress levels. On the other hand, joint-family setups tend to provide more shared tasks and emotional care and this can help to alleviate stress. However, a lack of significant difference indicates that family configuration is not the only predictor of academic stress, which concurs with the literature on the role of stress management individual coping, school climate, and peer support (Sharma, 2019). Another difference between the participants of government schools and those of the private schools is that, participants of the former showed higher levels of above-average stress (16 %) than their counterparts in the latter (24 %). This tendency can be attributed to the previous research that suggests that in many cases, private institutions have more strict academic and performance expectations, which can increase the stress levels among learners (Gupta and Aggarwal, 2018). The proportion of the average stress level were more among government-school attendants, which could indicate the differences in the educational environment, resource distribution and institutional expectations of the two types of schools.

In the interpretation of the relevance of the mean difference of academic stress between adolescents, it has been found out that in most of the aspects of academic stress such as personal inadequacy, fear of failure and teacher-pupil relations, there are no significant differences between family background and academic stress. This implies that even though the teenagers might stress differently, family structure (nuclear or joint) has no significant

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impact on the academic stress of teenagers. These results are consistent with the literature which proposes that other elements besides family background, including individual resilience, peer influence, and school environment have more decisive roles in academic stress (Joshi et al., 2020). Nevertheless, the notable difference was observed in regard to interpersonal relations as the students of nuclear families reported that they are more stressed. This may refer to the smaller family setup of nuclear households which may cause inadequate interpersonal communication and shared experiences thus increasing the level of stress in this area. On the other hand, joint-family students, being supported around, might find it less difficult to cope with the problem of interpersonal relationships. Students in private schools also reported that they had much less stress regarding inadequate facilities compared to those in government schools. This finding aligns with the fact that in many cases, the infrastructure as well as learning facilities offered in the private schools is of better quality, thus minimizing stress caused by environmental inefficiency (Bhat, 2021).

### ***Major Findings***

#### **A. Awareness of Adolescence Issues**

1. Students with parents in stable jobs like businessmen (34%) and government employees (14%) were more aware of adolescent issues compared to those with labourers (24%) and farmers (12%).
2. Nuclear families (56% of students) had 60% health and hygiene awareness, while joint families (44%) showed only 30%.
3. 38% of adolescent girls came from families with more than six members, whereas no girls (0%) were from families with four or fewer members, highlighting the rarity of small nuclear families and a strong regional preference for larger households.
4. 44% of students with high-income families (around 80,000 per month) believed to have sufficient access to health and hygiene education than 32% of the students who represented low-income families (approximately 10,000).
5. Students owning residential property (100%) had 65% higher health awareness.
6. Adolescent girls showed diverse skills: cooking (40%) and computers (38%) most common, reflecting traditional values alongside growing digital literacy; gardening (14%) and tailoring (8%) followed. This mix supports personal development and career prospects.
7. 90% owned mobile devices helping with information gathering.
8. The research study established that 76% of teenagers made use of mobile phones mostly in education whereas 14% of the teens made use of them in social media.
9. About 66% of students admitted effects of the severe mobile phone use i.e. distraction of study and social isolation.
10. A half of the participants (50%) shared education as the most prevalent reason behind mobile phone use and 25% of the respondents cited entertainment as the purpose of using phones.
11. 80% used the internet for academic research, boosting health awareness.
12. Only 45% had regular computer access, indicating resource inequality.
13. 40% accessed news daily on mobiles, showing some gap in event awareness.
14. 55% relied on television as their main news source.
15. Only 25% regularly read newspapers, preferring native language editions, highlighting the need for more accessible informational resources.

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### B. Health and Hygiene Issues:

1. 68% of adolescent girls exercised (yoga/meditation); 54% took vitamins, showing active physical health behaviors.
2. Only 20% had reproductive knowledge (70% lacked it).
3. 28% did not respond on handwashing; 64% skipped breakfast inconsistently; 64% frequently ate fried foods.

### C. Education/Career Choices:

1. 100% of adolescent girls valued higher education and had full parental support.
2. 60% lacked knowledge of specific career paths or education options.
3. 84% faced language barriers, overcome mainly by self-education with dictionaries (54%), not formal classes (10%) or e-learning (20%); 16% had no issues.

### D. Menstrual Health:

1. 90% of girls used sanitary napkins, but 90% lacked knowledge of proper menstrual hygiene practices (serious knowledge-practice gap).
2. 48% held myths (menstruation as "filthy blood loss"); 42% viewed it correctly as physiological.
3. 32% reported recent menstrual issues; 54% showed moderate HIV transmission awareness, indicating information gaps.

### E. Academic Stress Levels:

1. Among 50 adolescent girls, 56% reported average academic stress, 24% above-average, 20% below-average.
2. Above-average stress higher in nuclear families (28%) vs. joint (20%); slightly higher interpersonal stress in nuclear ( $p=0.058$ ); no significant differences in personal inadequacy, fear of failure or teacher-pupil relations.
3. Above-average stress higher in private schools (24%) vs. government (16%); government school girls had significantly higher stress from inadequate facilities (20.80 vs. 14.04,  $p=0.002$ ), overall academic stress (102.48 vs. 85.00,  $p=0.012$ ), and fear of failure ( $p=0.037$ ); no differences in other dimensions.

## CONCLUSION

Schools should enhance parent teacher partnerships by using well-organized workshops and information programs aimed at involvement of parents, especially those who are facing employment instability and increase discussion on health and career topics. Family-based health education programs must encourage open communication in domestic units and in particular in nuclear families with special emphasis to hygiene and reproductive health. Larger families should receive proportional attention and resources as part of targeted outreach programs, and partnerships with non-governmental organizations can be used to provide economic assistance to low-income students with health education access. Promotion of high-quality housing and development of infrastructure advances the learning conditions in the poorer localities. Combination of skill-based education which includes vocational training and career developmental workshops fairly prepares students to follow vocational careers. The digital literacy curriculum must teach proper use of technology in academics and at the same time, mitigate negative impacts such as distraction. Detailed health interventions need to incorporate menstrual, reproductive, and hygiene education. Media literacy programs should promote the ability to follow the current events as a way of developing civic awareness. Educational content can be spread effectively with the use of multimedia resources using

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television and mobile platforms. Mental health issues especially in stressful settings should be addressed using supportive measures such as counselling, stress-management workshops, and peer-support programs, which will help create an excellent environment where adolescents can grow and develop through the joint contribution of educators, parents, and policymakers.

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