

A Cross Sectional Study to Assess and Impart the Knowledge about Life Skills Education Related to Physical and Emotional Changes in Adolescent Girls Residing in Orphanages of Ahmedabad City

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Abstract :

Introduction : The WHO has defined Life Skills as, “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. It is through life skill education, they gain correct knowledge regarding their body physiology, myths related to it and are able to cope up in future. With this background, the underlying study was conducted among adolescent girls residing in orphanages of Ahmedabad city. **Objectives :** To assess the level of knowledge on life skills related to physical & emotional changes in adolescent girls. **Method :** The study group included 62 adolescent girls (11-19 years) of orphanage in Ahmedabad city. With prior permission from authority, pretested questionnaire was used for pre & post test. **Results :** Our population consisted of 18(29%) girls with age group (10-14 years) and 44(71%) with age group of (15-19 years). Among them 6(9.67%) were illiterate. Nearly 37% girls were unaware of body changes happening during adolescent period. 52 (83.87%) girls had attained their menarche. Among them 43(82.69%) of girls used cloths during periods. Around 24% followed certain restrictions due to various myths. About 49(79.03%) Girls were aware regarding their legal age of marriage. **Conclusion :** The study concludes that the intervention on life skill education is helpful for the adolescents residing in orphanages for enhancing the correct knowledge and to accept pubertal changes positively.

Key words : Adolescent Girls, Life Skill Education, Orphanage

Introduction :

As per WHO, Adolescent is “any person between 10-19 years of age” and this age range falls with the definition of young people. Adolescent is a period of transition from childhood to adulthood that implies many developmental changes and associated problems. “Life skills” is defined by WHO as “psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”.^[1] As per UNICEF, life skill education is a structured program of needs and outcomes based participatory learning that aims to increase positive and adaptive behavior by assisting individual to develop and practice psychosocial skills that minimize risk factors and maximize protective factors.^[2] “Life Skills”

includes Problem-Solving, Decision Making, Critical Thinking, Creative Thinking, Communication Skills, Self-Awareness, Stress Management, Empathy and Interpersonal Relationship.^[3]

According to UNICEF “A child who has lost one or both of his parents is considered to be an orphan.”^[2]

Impact of Life-Skills Education

- Early identification of problems, early intervention and support at key moments in lives of young people is vital.
- To build different dimensions of well-being, by building self-image & self-worth, which in turn help individuals to be less vulnerable to the variations within a given context.

It is through life skill education, they gain correct knowledge regarding their body physiology, myths related to it and are able to cope up in future.^[4]

In orphan adolescents this transition becomes more vulnerable and important in many contexts. They may be deprived of this crucial information and knowledge due to lack of personal attention towards them.

An international children's charity has found that among 20 million of child population in India 4% are orphans.^[4]

So, by assessing and imparting life skill education to orphan adolescent girls related to physical and emotional changes in adulthood will help them to cope up in future. 'Life Skills' provide primordial prevention against health problems, by reinforcing positive behavior and preventing health problems.

Method :

This was a cross sectional study carried out in two randomly selected orphanage (Mahipatram Ashram and Vikas Gruh) in Ahmedabad city which had a higher adolescent girls enrollment. All the 62 adolescent girls of 10-19 years of age present during our visit were included in the study. Prior permission from the concerned authority of Mahipatram Ashram and Vikas gruh was obtained. The questioner was a self administered checklist. Same format was used for pre test & post test. In between two test life education session was conducted by surveyors. And post test was conducted the next day.

The data were analyzed in excel using appropriate tests.

Results & Discussion :

Population of Adolescent (10-19 years) in India is more than 236.5 million (19.9%), which is very high compare to China (191 million, 2.14%) & USA (43 million, 13.8%).^[5]

Adolescent girls in India constitute almost 47 percentage of the adolescent population. Adolescent period is the formative period when maximum

amount of changes take place and pubertal change is one of them.^[6]

Our study population consist of 62 orphan adolescent girls among which 18(29%) belong to 10-14 years age group and 44(71%) belong to 15-19 years age group. As per census 2011 sex ratio among adolescent age group between 10-19 years is 898 and literacy status in adolescent age group of same is 88.2%.^[5]

In this orphanage, Maximum girls 29 (46.78%) were studying in secondary level of education followed by 11(17.75%) in higher secondary .There were 6 (9.67%) girls who were illiterate. (Table 1)

Table 1: Educational Status of the Study Population

| Educational Status | Frequency | Percentage |
|---------------------------------------|-----------|------------|
| Illiterate | 6 | 9.67 |
| Primary education | 11 | 17.75 |
| Secondary education | 29 | 46.78 |
| Higher secondary education or college | 16 | 25.8 |
| Total | 62 | 100 |

*Illiterate were guided and explain by faculty members.

Only 39 (62.90%) girls were aware of various body changes happening during adolescent period. (Table 2)

Table 2: Awareness among Orphanage Girls Regarding Body Changes Happening During Adolescent Period

| Awareness about body changes happening during adolescent period | Pre test | Post test |
|---|------------|------------|
| Aware | 39(62.90%) | 52(83.87%) |
| Not aware | 23(37.10%) | 10(16.17%) |

Chi Square value 6.98, p < 0.05 .

As per R B Jain out of 320, 212 (66.3%) studied, were aware of at least one adolescent change(s) whereas, when probed and further asked to enumerate the changes taking place in them, 272/320 (85%) adolescents could narrate at least one such change.^[7]

In a quantitative survey by Kotecha et al, results showed that 69.8% male and 52.3% female adolescents perceived physical changes whereas, 5.5% males and 66.1% female adolescents were aware of sexual changes.^[8]

There was a significant change between pre test and post test knowledge regarding awareness of body changes happening during adolescent period with chi square value 6.98, $p < 0.05$.

When asked about various body changes occurring in boys and girls of adolescent age group differently, nearly 27 (43.55%) girls were able to enumerate them all correctly for female changes but only 6(9.68%) were able to tell about changes happening in boys during this period. (Table 3)

Table 3 : Awareness among Orphanage Girls Regarding Body Changes in Males And Females

| Awareness about body changes | Pre test | Post test |
|---------------------------------|------------|------------|
| Aware only about male changes | 6(9.68%) | 38(61.29%) |
| Aware only about female changes | 27(43.55%) | 47(75.80%) |

Chi Square value 7.151, $p < 0.05$

In a community-based door-to-door survey by Nair, et al in village-Gazipur in East Delhi Almost all the girls were aware of the weight and height gain that occurred with puberty; 59.7% and 33.8% of the adolescent girls were aware of the breast enlargement and growth of axillary/pubic hair respectively that accompanied puberty. Two-thirds of the study subjects had knowledge of menstruation.^[9]

There was a significant change between pre test and post test knowledge regarding awareness of male and female body changes respectively happening during adolescent period with chi square value 7.151, $p < 0.05$

Menstruation is a physiological phenomenon which is unique to females that begins in adolescence. It is monthly uterine bleeding for 4-5

days coming regularly every 28 days. Normally females get 13 menses in a year and around 400 menses in her reproductive life. The first menstruation is termed as "menarche". The age of menarche is between 10- 16 years in India.^[10] In those orphan girls, 52(83.87%) girls had attained their menarche. Among them only 9 (17.31%) girls used sanitary pads and 43 (82.69%) used cloths during menstruation.(Table 4)

Table 4 : Practices Followed during Menstruation

| Used during menses | Frequency | Percentage (%) |
|--------------------|-----------|----------------|
| Sanitary Pad | 9 | 17.31 |
| Cloth piece | 43 | 82.69 |
| Total | 52 | 100 |

Incidence of reproductive tract infection is 70% more common among these women. Moreover, hygiene is neglected by girls especially in rural areas, due to lack of availability and inability to afford sanitary napkins.^[11] A study conducted in Aurangabad, India reported that 60% of urban girls used market available sanitary napkins whereas; this was limited to 6% of rural girls.^[12]

A survey by A Das Gupta Depicting the practices during menstruation shows that 18 (11.25%) girls used sanitary pads during menstruation, 68 (42.5%) girls used old cloth pieces and 10 (6.25%) girls used new cloth pieces. 64 (40%) girls used both cloth pieces and sanitary pads during menstruation.^[13]

Though menstruation is a natural and normal physiological process for all healthy adult women as ever, it has been surrounded by secrecy, negativity and myths in much society. It is still clouded by socio-cultural restriction and taboos and associated with various myth and misconception.^[14]

There were few restriction followed by girls in orphanage during menses like not entering temple, going to store room containing grains etc.

A study conducted in Ranchi, India reported that 45.5% of the girls face social restrictions, majority of them were restricted in religious practices, wearing new clothes, cooking food, etc.^[15]

As per A Das Gupta regarding different types of restrictions practiced during menstruation, only 24 (15%) girls did not practice any restriction. 136 (85%) girls practiced different restrictions during menstruation. Among them, 96 (70.59%) girls did not attend any religious occasions, 68 (50%) girls did not eat certain foods such as sour foods, banana, radish and palm. Fifty-eight (42.65%) girls did not play, 46 (33.82%) girls did not perform any household work, 22 (16.18%) girls did not attend school and 14 (10.29%) girls did not attend any marriage ceremony during the menstrual period.^[13] (Table 5)

Table 5: Misconceptions regarding restrictions (Social/ Followed During Menstrual Period

| Misconceptions about restrictions | Before education (Pretest) | After education (post test) |
|-----------------------------------|----------------------------|-----------------------------|
| Yes | 15(24.19%) | 3(4.84%) |
| No | 47(75.81%) | 59(95.16%) |

Chi square value 9.358, p < 0.05

There was a significant change between pre test and post test knowledge regarding myths and restriction followed during menstrual period with chi square value 9.358, p < 0.05. At least 21 (33.8%) respondents were aware of a disease named AIDS. But only 10(16.12%) were able to write full form of AIDS and only 6(28.57%) were able to enumerate at least two way of HIV transmission. (Table 6)

Table 6 : Knowledge about AIDS

| Knowing the word "AIDS" | Pre Test | Post Test |
|---------------------------------------|------------|------------|
| Yes | 21(33.87%) | 53(85.48%) |
| No | 41(66.12%) | 9(14.51%) |
| Chi Square 34.3178 p < 0.05 | | |
| Full form of "AIDS" | Pre Test | Post Test |
| Know | 10(16.12%) | 36(58.06%) |
| Don't Know | 52(83.87%) | 26(41.93%) |

Chi Square 23.36 p < 0.05

The United Nations International Children's Emergency Fund (UNICEF) statistics (2003-2008) found that only 20% of the adolescent females are aware about the comprehensive knowledge on HIV/AIDS, while the percentage in male counterpart is about 36%.

In a slum surveyed by Henmanta et al out of the 400 adolescent girls, 63 (15.75%) said that HIV/AIDS transmits through unsafe sex, 94 (23.5%) through contaminated blood transfusion, 19 (4.75%) through mother to child during pregnancy and child birth, 48 (12%) through breast feeding, 24 (6%) by sharing contaminated needles/syringes, and 217 (54.25%) were not aware exactly how HIV/AIDS transmits from one person to another.^[16]

Legal age of marriage in India for girls is more than 18 years and for boys it is more than 21 years. About 30(48.38%) girls knew about the legal of marriage for boys and girls.

Aarthi Gopal found that one fifth (21%) and one third (31%) of the study subjects knew the legal age for marriage to be 21 years for boys and 18 years for girls respectively. One third of the subjects felt that the desirable age for marriage in boys and girls should be between 21-25 years.^[17]

Conclusion:

The result of present study revealed a strong association of increase in awareness and knowledge of adolescent girls after life skill education session.

Declaration:

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Conflict of Interest: Nil

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