CHAPTER 2

REVIEW OF LITERATURE

This chapter is designed to present a review of the conceptual and empirical literature, relevant and related to the topic of the study under the following headings:

2.1 Biological, Social and Psychological dimensions of adolescence

2.1.1 Adolescence

2.1.2 Theories of adolescence

2.1.3 Adolescence: Biological and social dimensions

2.1.4 Adolescence: Psychological dimensions

2.2 Institutions for child care and protection and Need for intervention

Study among adolescent girls in the children’s home

2.2.1. Institutions for child care and protection

2.2.2. Situation of children and adolescents in the Institutions for child care and protection

2.2.3. Need for intervention study among adolescent girls in the children’s home

2.1. Biological, Social and Psychological dimensions of adolescence

2.1.1 Adolescence

The period, which a child grows and develops into an adult, is called adolescence. WHO (1998) considers "adolescence" to be the period between 10 and 19 years of age. It generally encompasses the time from the onset of puberty to the full legal age which begins with a biological event – puberty, and ends with psychological event adulthood.
The period of adolescence can be divided into early, middle and late period. Early adolescence (10-13 years) is characterized by a spurt of growth, and the beginnings of sexual maturation, they start to think abstractly. In mid-adolescence (14-15 years) main physical changes remain completed, they develop a stronger sense of identity, and thinking becomes more reflective, relates strongly to their peers, though families usually remain of primary importance. In later adolescence (16-19) the body turns to adult form, while they like to get identified noticeably with advanced ideas and opinions (Mehta et al., 1998).

2.1.2 Theories of adolescence

In order to understand the psychosocial and biological dimensions of adolescence, it is important to depict from various theories and the following theories focus on the dimensions as well as behavior.

G. Stanley Hall (1844-1924), is considered the father of adolescent psychology. Working along with the evolutionary theory of development, he was one of the scientific investigators in the century to talk of adolescence. According to him, adolescence is a critical time in personal development and human evolution – a period of transition from primitive to contemporary man. There is simultaneous occurrence of sexual maturation, physical growth, emotional intensity, hypothetical –deductive reasoning, moral, social and political awareness. He defined this period as it to begin with puberty about 12 or 13 years, and end late between 22 years to 25 years of age. Hall also described adolescence as a period of "storm and stress." (Muuss, 1975., Newman and Newman, 1979).

Jean Piaget (1896 – 1980) focused on a cognitive development and viewed adolescence as the stage wherein adult reasoning is achieved. According to Piaget, human beings
make meaning of the world through interaction with the environment. Moving into early adolescence, the child begins to understand causal relationships and logic, and is becoming more sophisticated in problem solving. Piaget believed that by adolescence, a person is able to conceptualize about many variables, allowing for the creation of a system of laws or rules for problem solving (Newman and Newman, 1979).

Erik Homburger Erikson (1902 – 1994) in his psychosocial theory, he recognizes each stage of life as a psycho social crisis, the solution of which could build a positive quality into an individual’s personality, if the conflicts persists or is unsuccessfully resolved, and then a negative quality is incorporated into the personality. Adolescence is the fifth stage in the life stages with identity versus role diffusion as its psychological crisis. He considers adolescence as a pivotal stage, a period of psycho-social moratorium, a period for search, experimentation and introspection from which a personal identity involves. Eriksson’s theory on adolescents being a period of experimentation is widely acclaimed (Muuss, 1975).

Sigmund Freud (1856-1939) viewed adolescence as the final stage of development with the psychosexual stages of development. During this stage, patterns of impulse expression and sublimation crystallize into a life orientation. Freud. A (1895 – 1982) proposed that it is a time of increased libidinal energy associated with biological maturation (Newman and Newman, 1979).

2.1.3 Adolescence: Biological and social dimensions

Adolescence is a process generally requires a decade to complete. It involves, intense and unique developmental tasks, accomplished on the biological, psychological and sociological levels (Schonfeld, 1971).
Adolescent’s tasks include the emancipation from childhood, to learn moral and ethical values to form reliable sense of self and individuality, the classification of vocational interest, the organization of genital activity, and the molding of a personal and social role. These tasks depend on social climate (Sherman, 1974). It is of paramount importance that an environment be created in which adolescents can realize their full potential; grow healthy towards responsible adulthood (WHO, 1998).

As they grow the feeling of maturity develops and adolescent prefers privacy. A general tendency develops to avoid family circle, exhibiting introvert signs, and shyness in facing family members. At this time, parents could be better company by trying to establish confidence in them through effective communication. Indeed a higher sense of confidence will ensure better performance rate of the individual, socially and educationally (Rao, 2002).

It is found that, parental attachment contributes positively to the self-esteem, life satisfaction and negatively to the measures of depressions, anxiety and feeling of alienation. Support, monitoring, and discipline are central dimensions of parental behaviour that are linked with the adolescent’s adjustment and well-being. (Mullik, 1995). Adolescent who lack parental or peer support are at risk for psychosomatic symptoms in general and especially in the journey of stressful life events. Failure in school has a direct effect on the frequency of psychosomatic disorders and an indirect effect by influencing social and emotional conflicts in the family (Nair and Mini, 2002).

The entry into adolescence is marked by the powerful and consistently increasing influence of peers and media, and the decreasing parental influence (Singhal and Rao, 2004). The absence of a warm and intimate father-son relationship can lead a boy to
disappointment leads to define detachment in order to protect him. The father involvement is very vital for a girl too. Father provides the opportunity for vital opposite sex relating so that his daughter can develop and test out her femininity within safe boundaries. Adolescents need the security and attention of childhood apart from father support (Anne, 2005).

An analysis of data nearly 26,000 school adolescents with the objective to assess various needs like economic, academic, health, psychological, family and social relations, found that, adolescents need support and direction for capacity building in cognitive, affective and behavioral domains. They need counseling that would help develop their strength in academic, psychological, family and social domains. They need career information and counseling to make appropriate course choices in line with their intellectual make-up and aptitudes (Singhal and Rao, 2004).

The salient facts about physical development as summarized by Malmquist (1979) are as there is enormous growth among individuals regarding the rate of development and timing of pubertal processes. The sequence of events tend to be invariable by and large, the adolescent female reaches the pubertal apex about two years before her male counterpart on an average. This is about 12 years for girls and 14 for boys. The initiation of puberty occurs in response of maturational changes which begin in the central nervous system, specifically in the hypothalamus. Puberty is marked by a growth spurt during which the velocity of growth approximately doubles. Puberty unveils a number of specific changes in boys and girls. Primary sex characteristics of adolescence that make sexual reproduction possible for girls consist of the vagina, uterus, fallopian tubes and ovaries. For boys, it consists of the penis scrotum, testes prostate gland and seminal
vesicles. Secondary sex characteristics other than the sex organs consist such as extra layers of fat and pubic hair. There is considerable continuity between childhood and adolescent patterns of illness and health care. Both are influenced by individual, family attitudes and resources (Seifert, 1978).

During this phase, mental growth does not keep pace at par with physical growth. Sexual maturation is marked by menarche in girls and nocturnal emission in boys. Adolescent girls are especially susceptible to the biological and social changes taking place during this phase and these effects leads to the existing inequity between the sexes. Owing to outward physical appearance, people start treating adolescent girls as adults. (Kamala, 2000). With physical changes, girls become more concerned than boys about their looks (Pipher, 1994). Appearance is most important for overall self-esteem, especially girls (Usmiani and Daniluk, 1997).

A study of the social dimension of menarche was done at Jawaharlal Institute of post graduate medical education and research in Pondichery (Narayan et.al., 2001), shows that despite the prominence of the ceremonial attention to coming age, very little attention is paid to inform adolescent girls about the actual facts of the life and menstruation.

To learn adolescent girls’ knowledge and practices about menstruation, an interview conducted among 65 females in 14-15 years old attending a rural high school in Guntur District in Andhra Pradesh found that, majority lack awareness about menstruation and hygiene. The need for education about menstruation through several channels (e.g., TV, school nurses, health personnel, compulsory sex education in school, and knowledgeable parents) were emphasized to improve their knowledge (Drakshayani and Ramaiah, 1994).
A study conducted by Audinarayana et al., (2005) in Tamil Nadu also shows that, adolescent girls from rural setting generally may not have much awareness about menstruation and related issues before its experience, since such knowledge is mostly not imparted in schools. Mothers are the major sources but mostly impart traditional practices to be adhered during menstruation period, rather than modern aspects like cleaning perineum on regular intervals with clean or hot water, use of sanitary napkins, etc.

There is a need for both health education and special treatment services for girls from India who have suffered the health consequences of low socioeconomic status, unhygienic practices, and poor nutrition (Joseph, 1996).

Adolescents tend to be poorly informed about their own body and matters related to sexuality and health. A study conducted by Haque (1998) suggests that adolescents need more information about reproductive health, including physiological changes during puberty, sex and reproduction.

A survey of 1054 students in 90 schools in six districts of Madhya Pradesh, (Adolescence Education Newsletter, 2000) showed that 90 percent of the respondents were not aware of the physical, emotional and psychological changes during adolescence.

In India, inadequate attention, is given to adolescent health and nutrition, especially with regard to adolescent girls. Health in adolescence goes together with development. Half of the population in our country is under the age of 20 years. Communities need to be sensitized about the fact that adolescents are a special group with special needs (Bansal and Mehra, 1998).
The physical development and growth spurt characters of adolescents have associated with nutritional problems. The rapid physical growth that occurs in adolescence demands extra nutritional requirements. In 2000, Government of India introduced, Kishori Shakti Yojana a holistic initiative for the development of adolescent girls to improve their health and nutritional status. The programme through its interventions aimed at bringing about a difference in the lives of the adolescent girls in the communities (Bodharkar, 2002).

Adolescent girls constitute a vulnerable group, particularly in India where female child is neglected. Most studies on female adolescence focus on the gynecological problems but problems of nutritional and psychological origin cannot be ignored (Deo and Ghattargi, 2005).

A baseline survey on the prevalence of anemia among adolescent girls was conducted in the rural area of Tamil Nadu by the Christian Medical College and Hospital illustrates that, young girls should be included in the anemia risk group and intervention programmes are needed to increase the hemoglobin levels among adolescent’s girls (Rajaratnam et.al., 2000)

In many parts of the world, adolescence is the time when girls are moved into the roles of wives and mothers. The majority have little or no education, little or no economic assets or opportunities, few friends or confidantes, and little chance to be the subjects of their own development. Thus, they become less and less visible, disconnected with the mainstream of the societies of which they are supposed to be part. In time, they fall victim to the social outcomes that deliver negative biological outcomes, including HIV infection and AIDS (Salaam, 2006). In India, needs of well-being in adolescent age is
high, however, are neglected but they are neither physically nor emotionally prepared for pregnancy and motherhood (Bhatia and Chandra, 1993).

There are physical and emotional problems related to the adolescent girls who get pregnancy before 18 years. In early adolescent years, sex organs are not mature enough to carry out pregnancy. But in our country, religion wise – through early marriages, forceful sexual intercourse by lover or stranger, sexual abuse, our teenagers are reasons of pregnancy. Biologically and psychologically the adolescent girls are not ready to accept the maturity as a mother, it leads to the problems in health of the new born children. (Vijayalakshmi, 1999)

A study conducted among 130 rural adolescent school girls, between 13-17 years old, in Haryana, (Singh et. al, 1999) to assess, their awareness, health-seeking behavior regarding menstrual and reproductive health. Results revealed that awareness about the process of menstruation was poor. Dysmenorrheal and irregular menses were the commonest reported menstrual problem, in addition to this, knowledge about normal duration of pregnancy and the need for extra food during pregnancy was poor. This study highlights the need for educating schoolgirls about adolescent health, pregnancy, and reproductive health problems through schools and parents by the health professionals.

Every society and every generation has dealt with sex and sexuality on its own terms especially for adolescents. Adolescent years are marked by the psychodynamics of change - inter- personal (relationships), intra-personal (biological and psychological) and extra personal (environment) (Jamshedji-Neogi and Sharma, 2003).
Adolescent pregnancy and reproductive and sexual health problems in India found that, women who had their first birth 19 years or below are more likely to suffer from reproductive as well as sexual health problems than women who had their first birth at the age of 20 and above (Kavitha, 2005).

Knowledge about sexually transmitted disease including AIDS was also scanty among unmarried youths. It is noted that (UNESCO, 2001) without the guidance from parents and teachers, information from questionable sources lead to risky behavior. Adolescents tend to be poorly informed about their own bodies and matters related to sexuality and health. Adolescent commonly respects that, discussions with parents about sex or reproduction are taboo. Teachers often find the topic embarrassing or shameful and may avoid such issues even in schools that support to teach family life sex education curriculum. As a result young adolescents will be traveling in the wrong direction to acquire the knowledge of reproduction and the topic related to their reproductive health. Proper guidance and help will go a long way not only in the healthy development of the adolescent to adulthood, but also in the unfolding their inheritance talents for wellness of society. Family life education through direct talk, discussions, film shows etc., is the need of the present scenario (Sukumaran, 2002).

The teachers should have an open mind and welcome to accept family life education or sex education as an integrated part of teaching responsibility. India, with increasing incidences of HIV cases is estimated to have the second highest member of HIV cases in the world. 50% of all new HIV infection is amongst the age groups of 15-24 years with females being more vulnerable (Nair, 2004).
Parents have a perception that their children are not aware about sex; but children are well knowledgeable with wrong information about sex from unauthorized resources and committing mistakes. The number of AIDS patients are increasing in our country day by day and adopting the western culture also. There is a need for value added sex education to make a change in this scenario (Kothari et.al., 1995).

Tata Institute of social sciences, Mumbai; KEM Hospital and Research centre, Pune; Foundation for Research in Health systems, Ahemdabad; and Christian Medical College, Vellore were conducted a study focused on adolescents in the 14-22 age groups revealed that, these population were ill informed regarding, reproductive health and diseases (The Hindu, 1998). Their lack of adequate knowledge about sexual matters and contraception, resulted in early and successive pregnancies and sexual disharmony (Sharma and Sharma,1996).

The findings of the study conducted on sex and sexuality among teenagers and teachers in India (Joshi, 2004) showed a significant difference between male and female adolescent students about values and perceptions relating to the need of sex education, gender equality, social approval, life styles and heterosexuality. The study emphasized the importance of adolescence education to provide the authentic information and understanding regarding the process of growth in adolescents and enable them cope-up with the adolescence related problems.

A study conducted among 110 female adolescents 14-18 years of age attending government senior secondary schools (1 urban and 1 rural) in Chandigarh, India, in 1994 and compared the awareness of AIDS. 84.48 percent of urban and 90.39 percent of rural students agreed that the sex education they received in school was inadequate. The
findings indicate that, although these secondary school students had acquired information about AIDS from a variety of sources, much of this information was inaccurate. There is a need for school-based sex education programs to deepen students' knowledge of HIV/AIDS (Sodhi and Mehta, 1997).

Acquired immunodeficiency syndrome (AIDS) prevention program was developed and tested among low-income adolescent females in Bombay. It was a group considered at high risk due to widespread illiteracy and lack of knowledge about sex. In preparation for the intervention, a household survey was conducted in 6 settlements in study area. The adolescent girls were ill informed about reproductive physiology, sexual aspects of marriage, AIDS and STDs. Adolescent boys were also misinformed about these issues. These findings suggested, need to involve the community in AIDS education and to place the intervention within the broader context of women's status in order to facilitate a climate for behavioral change. It is clear that, the mechanisms to encourage girls to talk to each other, express their opinions, and build self-confidence were essential (Bhende 1994).

An experimental intervention for girls aged between 14-19yrs, was conducted in the slum areas of Allahabad in Uttar Pradesh, India. It provided reproductive health information, vocational counseling and training, and assistance with opening savings accounts, had an impact on their attitudes and behaviors. A quasi-experimental pre- and post test design was used with a comparison of girls of the same age residing in control-area slums. Girls exposed to the intervention showed significantly more knowledge of safe spaces, be a member of a group, score higher on the social skills index, be informed about reproductive health, and spend time on leisure activities than compared to the
matched control respondents. No effect was found on gender-role attitudes, mobility, self-esteem, work expectations, or on number of hours visiting friends, performing domestic chores, or engaging in labor-market work (Mensch et al., 2004).

A survey conducted by Thrissur Medical College (2003) Kerala, shows that, the rate of suicide among adolescents have been increased as 33 among 10,000 population of the group. This rate is very high when compared to the total population of Kerala. Unreported Teenage pregnancies, abuses, missing, deviances, crimes are increasing day by day. The causes of these problems can be categorized into individual and familial problems. At individual level, the physiological and psychological changes in this age will turn the adolescent into a dilemma. The mental stress and suicide are closely related to the pressure from the parents on children’s studies, behaviour and great expectations from them.

The nature of adolescence varies significantly by age, sex, marital status, cultural context etc (Sen, 2004). India tops the world in teen suicides, as exam stress and depression become key factors, but other pressures are also taking a heavy toll. Hormones have a very important role in the intelligence and emotions of adolescents during this period. Depression anxiety, stress leads to suicide among teenagers are rising across the country (India Today, 2008). Rapid changes happening in their body leaves lot of stresses, tensions in their mind. Parents have an important role in this time to make understand their adolescent children. (Satheesh, 1996).

In Kerala, the cases reported in the psychiatrist’s clinic related to the pre marital sex among teenagers are increasing and parents are feeling guilty on their helplessness. They
are not conscious about how and what to educate a teenager and not sensitive about the vulnerable situations of their teenage child (Menon, 1994). Sexuality is becoming a critical problem among adolescents in Kerala. It is going through a phase in which most of the adolescents are influenced by the media. As part of AIDS prevention programme the Govt. of India has been using extensively mass media and electronic media in particular to create awareness among the general public about AIDS and its prevention. Television can also be a source to gap up missed information, missed perception, negative ideas and attitudes about reproductive health issues. So this is an alarm to wake up and bring up our youngsters, with good mental and physical health (Govt. of India 2001).

In 2000, “Learn for Life” a guide to family Health and Life Skill Education for Teachers and Students was published by National Council of Educational Research and Training, included the growing up of adolescents, teenage pregnancy and STI. Based on this, different types of group activities were prescribed and focused on school children to reduce the risk behaviour to prevent the HIV / AIDS (NCERT, NACO, UNICEF and UNESCO 2000). The programme based on this concept was implemented though National AIDS Control Organization project period in selected schools with the help of teachers.

In 2005, Ministry of Human Resource Development, Government of India had launched the Adolescence Education Programme in collaboration with NACO, NCERT and UNICEF. Teachers were supposed to impart the adolescent education to the students. Govt. of Kerala, Dept of General Education presented this adolescent education programme (SCERT, 2006). Unfortunately, due to public, parent’s pressure and anxiety
Adolescent education programme is not yet implemented in any of the schools in Kerala. States like Madhya Pradesh, Chattisgrah, Maharashtra and Karnataka have banned the project, pending revision. Concerned over the opposition from the states, Union has written to the states to review the content, rather than deciding to stop it.

A survey on Health problems of the adolescents of Kerala in 1995 showed that, 20 percent of the adolescent girls are consulting medical practitioners regularly for physical ailments. Teenage pregnancy became common and five percent of the reported cases of abortion are done for adolescent girls because of the lack of awareness, late identification of pregnancy by them. Most of these girls were facing problems related to menstruation. The survey had covered mental health problems of the adolescents, parent – adolescent conflicts, sexuality, reproductive health (Saji, 1995).

In order to reduce risky sexual behavior, empowering adolescents to make informed decisions for facing the challenges of life, they need to develop the necessary life skills. Thus, the focus on interventions with adolescents has to shift from giving information to building life skills. While life skills are built through experiential learning. These skills can be enhanced in the context of Adolescent Sexual and Reproductive Health (ASRH) and through client friendly service delivery system (Nair 2004). Life skills are ‘abilities for adaptive behavior that enable individuals to deal effectively with the demands and challenges of everyday life’ (WHO, 1997).

It is noted that, adolescents face their own set of serious problems like abuses, stranger’s treats during traveling, while alone at home, schools, tuition places etc. (The Hindu Business line, 2004). The usual age of occurrence of sexual abuse happens in less than 6 years, one out of three in 6-12yrs of age and one out of four in the age of 12-18 yrs. As a
multifaceted task, the family, the school, NGOs and the community at large have their own specific roles to play in prevention of child sexual abuse. Adolescents, when they perceive that they do not get love and care from their parents and also lack of adequate supervision of children of single parent, may tend to involve in sexual activities which they often assume as a source of emotional support (Shenoy, 2002).

The activity of trafficking mafia, trapping young girls through grooming boys to behave as romeos is the latest situation in Kerala. Also there is a trend of adolescents especially girls seeking to end their lives in Alapuzha, Thrissur, in 2009 in fear of sex scandal. Sex trade growth in Kerala came into the news with the Surianelli scandal in 1996, and the offer for a role in a TV serial that result in ending the life of Ms.Shari in the Kiliroor sex scandal in 2005. When a sex scandal breaks out, it is the unfortunate young woman who is victimized, while the culprits escape from being brought to justice because of their political or police connections. These all happened to adolescent girls who are from vulnerable family conditions (Leela, 2009).

Family life education must be based on the needs of young people for their preparations for adult life. Adolescent education is an emerging concept which comprises self awareness, personal relationship, human sexuality, reproduction and sexual behavior of adolescents. Various mass media like TV, Radio should be utilized for creating awareness about sexual problems. Moral, value based and spiritual education can be introduced for the students of high schools. With a view of familiarization the prospective teachers with the knowledge and methods of teaching sex problems to the adolescent students, sex education should be provided in the teacher education curriculum (Mohanty and Mohanty 1997).
Educational Intervention study on Impact of a "Modified Curriculum on Life Skills Education", on knowledge, attitudes and skills of adolescent school girls was carried out among 9th and 11th standard school girls in four schools in Urban Field Practice area of PSG Institute of Medical Sciences & Research in Peelamedu, Coimbatore. The study establishes the effectiveness of a Shorter Life Skills Education Programme in schools for Prevention of HIV/AIDS (Chacko et.al., 2005).

The Family Life & Life Skills Education Programme is a good support system for adolescents at the community level. The Child Development Centre, in association with the District Panchayath, organized the Family Education Programme for high school and higher secondary students studying in various schools of Thiruvananthapuram district. The programme included support mechanisms to provide medical care and counseling in the areas of family life, mental hygiene, reproductive health, responsible sexual behaviour, sexually transmitted diseases etc. to the adolescents. Results of the programme concluded the need that, all adolescents have to support and guide, when parents find it difficult to handle signs of trouble; professional help should be sought at the earliest. Extra care is needed while offering help to adolescent’s problems because it is not easy for teenagers to accept the fact that they need help and attempts should be made to understand the adolescent, and to safeguard, protect and guide him/her (Nair 2005).

Impact of sex education to higher secondary school students and an intervention programme was carried out on standard eleven students, consisting of 31 boys and 30 girls. The change observed from the study was significant gain in knowledge in both girls and boys in areas of sexuality, sexual behaviour, friendship, and love and sex role. Self-esteem perception was better acquired in girls than boys (Raj, 1993).
The above reviews highlighting the fact with adolescents especially girls that, they are poorly informed about their body – growth and development, and matters related to sexuality and health. In adolescence, a great number of developmental changes take name in order to make the transition from childhood to adulthood physically, emotionally, socially and psychologically. It is a time of enormous developments functional and ambivalence waiting to be an adult. Reviews also emphasis that, the condition of adolescent girls is vulnerable and disadvantaged, just because of they are girls and adolescent.

2.1.4 Adolescence: Psychological dimensions

The concept of positive mental health is all the more important when we refer to adolescence, the period of storm and stress to capture the sense of conflict and confusion that accompanies the individual’s growing sense of self and society (Muuss, 1975).

Well-being can be defined as the realization of children’s rights and the fulfillment of the opportunity for every child to be in the light of a child’s abilities, potential and skills. The degree to which this is achieved can be measured in terms of positive child outcomes, whereas negative outcomes and deprivation point to the neglect of children’s rights.” (Bradshaw, et.al., 2007)

A brief definition given by Oxford English Dictionary (2000) on psychosocial well being as: the influence of social factors and social factors on individual. The root of psychosocial health lies in the World Health Organization definition as, it is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity.
According to Psychosocial well-being working group (2003) the term “Psychosocial well-being” of individuals and communities explained with respect to three core domains:

1. **Human Capacity**: refers to physical and mental health and specifically considers individuals’ knowledge, capacity and skills. Identifying an individual’s own human capacity is the same as realizing his or her strength and values.

2. **Social ecology**: refers to social connections and supports including relationship, social networks and support system of the individual and the community.

3. **Culture and Values**: refers to culture norms and behavior that are linked to the value system in each society, together with individual and social aspects of functioning, and there by play an important role in determining psychosocial well-being.

Psychosocial well-being is dependent on the capacity to draw on resources from these three core domains in response to the challenges of experienced events and conditions. Importance of mental health and developing skills among children and adolescence are widely accepted as a contribution of psychosocial well-being.

Psycho social -well being the term is frequently used a catch all for aspects of children’s psychological development and social adjustment. The five proposed main domains of psychosocial well being are: 1. Cognitive abilities and cultural competencies (eg. intelligence, communication skills, and technical skills), 2. Personal security, social integration and social competence. (eg. secure attachments, positive adult / peer
relationships, social confidence, sense of belonging) 3. Personal identity and valuation (eg; self concept, self -esteem, feeling valued and respected) 4. Sense of personal agency (eg. Self efficacy, internal locus of control and positive outlook). 5. The emotional and somatic expressions of well being eg. stress levels, sleeping and eating patterns, general health) (Woodhead, 2004). Subjective well-being is included in the framework of psychosocial well-being under ‘emotional and somatic expressions’. The Positive psychological development, interaction with a social environment terms as ‘psychosocial well-being’ rather than psychological well-being to emphasize the role of social and cultural factors in individual experience and development.

Analyzing data about psychosocial well-being for children and adolescents, from a survey conducted in the year 2000, between 9-12 year-old children’s and families in rural Gansu, China, shows that, household expenditures strongly predict children’s psychosocial well-being, both internalizing and externalizing problems. Even in models that control for other family background factors, previous semester’s grades, and possible school or community effects. Children with better psychosocial well-being, perform significantly better in school. The result suggested that, children from wealthier families experience fewer psychosocial problems, and that having fewer psychosocial problems confers a significant educational advantage on these children (Shengchao et.al., 2004).

Psychological Intervention in adolescents varies widely depending on variety of factors like the degree of severity of the problem and the setting. De.Friese, et.al., (1990) pointed out, it is important to identify adolescents with psychosocial problems early, and target them for intervention. If early identification and appropriate intervention are made, the problems are more likely to improve and the cost involved in seeking at the later stage
can be reduced. Current societal conditions and the prevalence of high-risk behavior among adolescents, call for effective school-based precaution programs to address children’s soul and health needs.

An experimental study was conducted by Crosby (1971), on the effects of family life education values and attitude of adolescence, found that, knowledge conceiving personal development within the family may be increased and that participation in a family have a positive influence on student’s attitude towards himself or herself. A positive change in self image is possible through educational institution. The models of intervention can be of four levels: Comprehensive school mental health program and its level of intervention. Integrating in school curriculum – Promotions psychological competence, Part of general health curriculum – Mental health education, Students needing additional help in school – Psychosocial interactions and Students needing additional mental health interaction – Professional treatment.

Cowen (1994) has attempted to define psychological wellness in terms of:

- Behavior makers such as eating, sleeping and working well, having effective interpersonal relationships and mastering age and ability appropriate tasks.
- Psychological marks such as having a sense of belongingness and purpose, control over ones fate and satisfaction with oneself and ones’ existence.

Subjective well being is defined as people’s evaluations of their own lives. Such evaluations can be both cognitive judgments, such as life satisfaction, and emotional responses to events, such as feeling positive emotions. “A person is said to have high subjective well being if he or she experiences life satisfaction and frequent joy and only infrequently experience unpleasant emotion such as sadness and anger. A person is said
to have low subjective well being if he or she is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions such as anger or anxiety” (Diener et al., 1997, Diener, 2002).

Subjective well being is the individual’s current evaluation of her happiness. (Schwartz and Strack, 1999) Psychological well being or subjective well being or happiness refers to what people think and how they feel about their lives – to the cognitive and affective conclusions they reach when they evaluate their existence.

Subjective well being inventory is designed by Nagpal and Sell (1992) to measure feelings of well being or ill being as experienced by an individual, or a group of individuals, in various day-to-day life concerns. It is a composite measure of independent feelings about a variety of life concerns in addition to an overall feeling about life in positive and negative terms.

Subjective well-being is ‘an umbrella term for different valuations that people make regarding their lives, the events happening to their bodies and minds, and the circumstances in which they live’. All of human beings experience a wide range of emotions in our lives and it is normal. But sometimes adolescents have difficulty in controlling emotions, even to the point of letting emotions to control their behavior (Diener, 2002).

It is common in adolescent that, psychosomatic problems and stress frequently plays a role in their development maintenance. To deal with these problems, in addition to a careful medical assessment, the evaluation must include a review of psychosocial functioning in the family, school, peer group, community etc. Appropriate management may include supportive counseling (Nair et al., 2003).
Adolescent poor mental health is associated with the psychological changes like high intensity and volatility in feelings need for immediate gratification, awareness of probable consequences and misunderstanding others feelings, lack of self-esteem, awareness of world around them, which is quite different from that of an adult. From adolescents perspective, adolescence is the time when intelligence is at its peak, permanent personality traits begin taking root, decisions regarding future profession have to be taken in period of extreme emotional instability and identity crisis (Bodhakar, 2002).

By supporting mental well-being and behavioral preparedness, Life skills education equips individuals to behave in a pro-social ways and it is additionally health giving (Birell and Orley, 1996). To achieve health giving pro-social behavior, life skills programme must have effect on the inner layer of mental well-being and middle layers behavioral preparedness. Consequently, life skills education can be seen as tool to empower children and thus enabling them to take more responsibility for their actions (Orley, 1997).

Life skills are, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills empower young people to take positive action to protect them and promote health and positive social relationships (WHO, 2000).

Adolescence is a time when self concept and self-esteem increases in prominence. There is no one single thing or one single factor that goes to build a positive self-esteem. Self-esteem refers to how much a person likes (esteem) herself or himself. Some behaviors
strongly suggest high or low self-esteem. The active competencies and independence are the cornerstones of high esteem among girls in early adolescence (Smoker, 1975). The adolescent may experience a lot of stress as they get confusing information, witnessing conflicts within family, problems in school and have difficulties in establishing self identity and self-esteem. It is a time of increased emotionality, hypothetical thinking and empathy. As a result it is also a time for mood swings ranging from depression to the height of elation. When it is happens, inadequately managed stress can lead to anxiety, withdrawal, aggression, physical illness, or poor coping skills such as drug, alcohol use which leads to depression. (Nair et.al., 2003).

Body image and related self-concept emerge as significant factors associated with health and well-being during this developmental phase, as youths begin to focus more on their physical appearance. Many adolescent girls believe physical appearance is a major part of their self-esteem and their body is a major sense of self. The experience of body dissatisfaction can lead to poor health habits and low self-esteem. (Practice Update from the National Association of Social Workers, 2001).

CEDPA (Center for Development and Population Activities), and Prerana - a private voluntary organization based in India, for addressing the concerns of adolescent females in India, In 1987, it launched a global project called "Options for a Better Life for Young Women". This was designed to improve the lives of women in age between 12-20 by strengthening their skills and increasing their self-awareness”. The ‘Better Life’ program essentially dealt with raising awareness of basic health, focusing on the special concerns of adolescent’s reproductive health, life skills and women’s legal rights. This program
had positively affected the lives of girls and young women and to expand the opportunities available for girls (Chauhan 1991).

Sheshadri and Pandey (1991) have recommended following four conditions must be fulfilled by the school to develop a high sense of self-esteem among students. It is important for students self-esteem that the school provides experience that satisfy these four conditions every day, and learning itself becomes self – enhancing. They are:

1. Connectivity results when a child gains satisfaction from associations that are significant to the child and the importance of these associations has been affirmed by others.

2. Uniqueness occurs when a child can acknowledge and respect the qualities or attributes that make him or her special, different and receives respect and approval from others for these qualities.

3. Power that comes through possessing the resources, opportunity and capability to influence the circumstances of his or her own life to their advantage.

4. Models that reflect a child’s ability to refer to adequate human, philosophical and operational examples that serve to help him or her establish meaningful values goals, ideas and personal standards.

Self-esteem disturbances are common in adolescents, and intervention programme can bring about positive changes and improvements in their self-esteem and it is certain that the change is easier during adolescents than adulthood (Rice, 1990).

Self-esteem is one aspect of psychology which has been studied by researchers time and again. Only to prove that self-esteem once established, it tends to remain consistent throughout adolescence. In a longitudinal study on 44 males and 47 females, aimed to
study the consistency and change in self-esteem from early adolescence to early adulthood. The respondents were from urban settings. The main findings show that, no age related change in the mean level of self-esteem scores than females at every age, and this disparity increased over time. Personality correlation indicate females who were protective, sympathetic and generous at age 14, tend to increase in self-esteem, where in females who were critical, hostile, irritable and negative at age 14 tend to decrease their self-esteem (Block et al., 1993).

Brennan (1985) in a study, the participation in student’s activities upon student’s self-esteem report shows, higher level of student’s participation leads to higher level of self-esteem. Peer group formation, and variety of experience, proved significant in explaining the relationship between participation and self-esteem.

Chiew (1990) investigated the relationship between career goal and self-esteem among adolescents. A sample of 221 students from high school and juniors were administered the Rosenberg Self-esteem Scale (RSE). The teachers also were asked to rate the students self-esteem using the self-esteem rating scales for children (SERSC). It was found that in both the RSE and SERSC, adolescents with some career goals had significantly higher self-esteem than those without any career goal. Young et al. (1997) found that skill based health education significantly improves the self-esteem of the adolescents.

The major elements in depression are feeling of grief, loss, helplessness and guild along with a negative self-image. Symptoms of major depression disorder, common to adults, children and adolescents are persistent sad or irritable mood, loss of interest in activities over enjoyed, significant change in appetite or body weight, difficult sleeping or oversleeping, etc. Adolescence is the time to learn to feel good about doing a complete or
good enough job rather than demanding perfection from themselves and others (Nair and Mini, 2003).

During adolescence a young person must establish a sense of individual identity and feelings of self worthiness, adaptation to mature intellectual abilities, adjustment to society’s demands for behavioral maturity, internalizing a personal value system and preparing adult roles. Adjustment is regarded in terms of the positive characteristics that individuals display. A well-adjusted person has some awareness of his own motives, desires, ambitions, and feelings and has high self-esteem. Capacity to adjust well socially, with other persons and ability to get along with others in any situation are also indicative of adjustments and mental health. A well-adjusted person has the courage for facing failures in his life and is self-confident and optimist. He leads a well-balanced life of work, rest, and recreation. Adjustment is essential to lead a wholesome mentally healthy life (Padmam, 2003).

Mental health is relatively enduring state wherein the person is well adjusted and has zest for living. In today’s competitive world adolescents must learn how to cope with psychological stress, should have the ability to handle peer pressure, deal with emotions, resolve conflicts, build positive relationships, self confidence and to cope with stressors like academic competition and high expectations. However these sensitive topics are rarely addressed in school and within families (WHO, 1999).

Secure pattern of relationship with others are at the core of children’s psychological development and well – being. The qualities of children’s relationship with others are important indicators of social adjustment (Schaffer, 1996).
Adjustment to society demands, behavioral maturity internalizing a personal value system and preparing for adult roles. Proper understanding between adults and adolescence is essential for adjustments. Though an adolescent faces a number of physical, social and psychological problems by proper guidance and support the adolescent can become well adjusted (Raji et.al., 2006). When immaturity is pronounced, it leads to self rejection with its damaging effects on personal and social adjustment (Hurlock, 2000).

Adolescent who lack parental or peer support are at risk for psychosomatic symptoms in general and especially in the journey of stressful life events. Failure in school has a direct effect on the frequency of psychosomatic disorders and an indirect effect by influencing social and emotional conflicts in the family (Nair and Mini, 2002). One of the most important contributions that can be made to improve children’s psychosocial well-being is to help adults in a family is re-establish their capacity for good parenting (MacComack, 1996).

It is important to identify adolescents with psychosocial problems early and target them for intervention. If early identification and appropriate intervention are made, the problems are more likely to improve and the cost involved in seeking at the later point of time can be reduced. (De.Friese et.al., 1990).

The magnitude of mental health problems in children and adolescents has not been recognized sufficiently by government and decision-makers. Children and adolescents have to be respected as human beings with clearly defined rights. These rights and the standards that all governments should fulfill in implementing them are fully articulated in

Cauce et.al., (1992) examined the relationship between the negative events, locus of control, social support and psychological adjustment in 115 early adolescents. It shows that, family support is correlated with adjustment in several domains. School support was related to school competence and peer support was positively related to peer’s competence and anxiety related negatively to school competence.

A study in Kerala (Mridula, 2000) proves that the patterns of adjustments are different for adolescent boys to girls. Mental health and adjustment patterns of an individual are interdependent. So it is necessary to take preventive measures to lower the amount of depression and inferiority in girls. Otherwise it will be danger for the mothers to raise them for tomorrow.

A study conducted among 150 adolescent girls studying in class VIII and IX from Government Vocational Higher Secondary School and 150 adolescent girls studying in class VIII and IX from Govt. Girls High school in Thiruvananthapuram on adjustments of adolescent years found that the mean home adjustment is lower, than that the mean emotional adjustment and means school adjustment. This indicates that students involved in this study have less adjustment problems at home. Comparing the adjustment problems, results show that more number of girls from co education school, repeated problems in school adjustment. There is a statistical significant relationship between home adjustment and academic performance and school adjustment and academic performance. (Nair et.al., 2003)
Adolescence has long been considered as a period of inevitable turmoil and emotional disequilibrium. The efficiency of brief supportive psychotherapy with emotionally disturbed girls was studied in a school setting. Screening of 446 girls (between 3-16 yrs) from schools identified 49 emotionally disturbed girls. Findings of the study reflect the rate of emotional disorder in an urban school going population of Indian adolescent girls aged 13-16 years, is high. This suggests the need for a proactive approach to identify and treat emotional disturbance in this vulnerable group. The author suggests that intervention might have become more sensitive to the characteristics and treatment needs for adolescent girls. Adolescent girls are particularly sophisticated in use of interpersonal relation for self discovery and change. This may facilitate for use of the therapeutic relationships to achieve treatment gains. In addition, therapists are more often female and this goodness of fit may enhance the impact of treatment for adolescent girls (Poornima Bhola and Malavika Kapur, 1999).

Studies relating to socio – economic status have consistently shown that, those from lower socio economic backgrounds are more maladjusted ( Parameswaran, 1957; Reddy, 1971; Shukla and Misra, 1980). Similar results have been found in western studies and it has been suggested that adolescents from lower classes experience higher levels of negative life change and this is related to their adjustment it is noted that, insecurity to be significant in boys and lack of confidence in girls. Girls are found to have adjustment problems related to home, health and social relations ( Natraj, 1968; Gupta and Gupta, 1978).

Kumar (2001) emphasis that, there is a need for social work interventions and test its efficacy in improving child and adolescent mental health. These necessitate establishing
linkages with psychiatric social workers, clinical psychologist, psychiatrist and nurses to facilitate professional and paraprofessional social workers through training and guidance. The above reviews establish the importance of positive mental health – psycho social well being - during adolescence, and its implications in the future adulthood. Focusing that, the habits and behaviour picked up during adolescence have lifelong impact and there is a need for social work interventions in improving child and adolescent mental health.

The following literatures draw attention to the area of institutions for care and protection of children

2.3 Institutions for child care and protection and need for intervention study among adolescent girls in the children’s home.

2.2.1 Institutions for child care and protection

"Children’s Home" means an institution established by a State Government or by voluntary organization and certified by Government under section 34 of Juvenile Justice Act 2000 i.e., homes set up for the reception of child in need of care and protection during the period of any inquiry and subsequently for their care, treatment, education, training, development and rehabilitation (The Juvenile Justice (care and protection of children) Act, 2000). The amendment of section 34 subsection inserted in 2006 as without prejudice, all institutions whether State Government run or Voluntary organizations for children should be registered under the Juvenile Justice Act 2006.

According to Department of Social Welfare, Government of Kerala (2008), of the seven Government children’s homes in the State six are meant for boys and one for girls. Among 840 non-governmental children’s home in the State, 323 are for girls. Number of
Children’s Home for girls are high in number districts like Thrissur, Eranakulam and Kottayam.

Roman Catholic Christians were the first to start institutions for destitute children in India. They opened such institutions in Hyderabad in 1850 and in Madras in 1855. Religion gave them the impetus for starting orphanages and care homes. Gradually orphanages named as Children’s Homes were started. As the number of children needing care increased, mainly in cities and towns, government efforts were added, and thus developed what we now entitle the institutional programmes (Padmam 2003).

2.2.2 Situations of children and adolescents in the Institutions for child care and protection.

The major factor leading to institutionalization of children in Kerala are economic problems, broken homes and orphan-hood (Jessy, 2008).

Orphans are those who have lost their parents due to death, separation or divorce. They can be classified into three. Complete orphans, paternal orphans and maternal orphans. Those children who have neither father nor mother are complete orphans. Paternal orphans have no father and maternal orphans have no mother. But it should be noted that not at all orphans are destitute or in need of care and protection. It is also interesting to note that the concept of orphan change from person to person and from one community to another (Reddy, 1989).

According to Khandelkar (1977) an orphan is a child who has lost his natural parents, and who has no immediate relatives or guardians to support. He becomes a homeless, neglected, dependent child for no fault of his own. In his study on upbringing of deprived children in Maharashtra found various behavioral problems among the inmates.
such as attention, bed wetting, abusing, stealing, hiding food etc. children were withdrawn and they exhibited feelings of insecurity.

The Children’s homes in India’s southernmost states are dominated by female children. The State Government is supporting children abandoned by their parents or rescued from the streets. Always a girl child is left in the cradle of children’s homes. Healthy boys are deserted in India if born to single mothers and boys left by a married couple are the disabled ones (Fordham, 2008).

Institutions for children in need of care and protection are expected to make up for the deprivation faced by these children before being institutionalized. But certain non conducive factors as listed make worsen the situation as follows: Children are brought up in bad environment, which absolutely lacks, health, hygiene, emotion bonds, monotonous routine work, neat and groomed dress, undergoing forceful labor, and strictly controlled movements, subject for angers and harsh or bad words from wardens, with no proper love affection, motivation and all psychosocial support expected in their age. Situation is much worse in adolescent girls. Problems are much more than cited above like, physical and psychological which is very difficult to express in public and becoming easy prey for all social evils, due to lack of self -protecting skills. The amount of pressure they come across is very high compared to boys (Nayak, 2000).

A comparison study on the performance of orphanage reared children with children eared in various family types – (joint family, nuclear family and intermediate family) in intelligence and other indices of personality. Findings of this study revealed intellectual deficit of orphanage reared children, as measured by two groups’ teats of intelligence (Khatri, 1965).
A study on comparison of 65 of the institutionalized and formerly institutionalized children, to a similar group of working class, non-institutionalized children suggest that a policy of allowing parents to leave their children in institutions for a number of years may not be in the best interests of the child. Significant differences were found between institutionalized or previously institutionalized children and their non-institutionalized counterparts on total problem behaviors and anti-social scores. Deviations included restless behavior, poor peer relations, disciplinary problems and disruptive attention-seeking behavior among children who had been institutionalized (Tizard and Hodges, 1978).

Psychological effect of orphan hood in a case study of 193 children in Rakai district of Uganda shows that, the children were capable of distinguishing between their quality of life when their parents were alive and well, when they became sick, and when they eventually died. Most children lost hope when it became clear that their parents were sick, they also felt sad and helpless. When they were adopted, many of them felt angry and depressed. Children living with widowed fathers and those living on their own were significantly more depressed. These children were also more externally oriented than those who lived with their widowed mothers. Teachers need to be retrained in diagnosing psycho-social problems and given skills to deal with them. (Sengendo and Nambi, 1997).

An early study by Goldfarb (1945) delineated psychological aspects of emotional disturbances found in adolescents, whose infancy had been spent in institutions. Absence of normal inhibitory pattern, affect hunger, emotional imperviousness, superficiality of
relationship and absence of normal tension and anxiety are reported as characteristics of the adolescent destitute girls.

It is evident that there is a relative contribution of the “House Mother”, school teacher, peers at institution, and peers at school, government and visitors to destitute Children’s personal happiness with the present state of affairs (material and social living contributions in welfare residential institution). It was found that the variables were significant in influencing the behavior of institutional children (Naidu, 1978).

Behavior problems of institutionalized children, especially orphans are much worse than children who had experienced parental deprivation (Goldfarb, 1945).

In general, a majority of the children, both institutionalized and non-institutionalized, possessed moderate mental health status, and average scholastic achievement. Children from intact families, lower social class and special positions in the family viz., the eldest, youngest and the only child, possessed a lower mental health status compared to the others (Suman, 1986).

A study conducted on the socio psychological problems and personality patterns of deprived children living in destitute homes of Rajasthan, found that 13 percent students fell in the category of highly problematic children. The sample consists of tribal and non-tribal deprived children. Nearly 75 percent of the deprived children were suffering from many problems related to different areas; 30 percent girls were having more than 55 percent socio psychological problems. The deprived children were less adjusted. They had low mental capacity, low self-esteem, and weak super ego; they were reserved, detached, critical, aloof and stiff by nature. They were the least moralist (Nagar, 1992).
A study on psychosocial aspects such as insecurity, self-esteem and adjustment problems among 252 adolescents institutionalized and 252 adolescents from socially and economically poor families but in parental care found that, those who are institutionalized significantly differed from who are in parental care. Study showed that, institutionalized had higher insecurity lower self-esteem and emotional adjustmental problems (Jose, 2008).

A study focused on the level of adjustment among institutionalized adolescents’ shows that, neurotic items and adjustment problems with family matters are more seen with institutionalized children than their counterparts. It is worth noting that the juvenile delinquents face more problems than institutionalized children. Though the overall adjustment scores are slightly higher in the non – institutionalized than the institutionalized group, the difference is not statistically significant. This shows that, problems of adolescents are more contributed by the stage of development rather than other factors like intellectual or family care. Such a finding has important implications for planning and organizing mental health services for adolescents in general and institutionalized adolescents in particular (Anatharaman, 1992).

Youngleson (1973) studied the need to affiliate self-esteem in institutionalized children and compared 24 institutionalized children and a matched control group. The subjects were high school students between ages 15 -17, who were in children’s home. Findings shows that, the data gleaned from the social adjustment inventory confirmed that institutionalized children are less well adjusted and they manifest less self-esteem compared with a control group.
A comparison on the creativity scores among institutionalized and non institutionalized girls, studied among 26 institutionalized girls (girls’ remand home) and 26 non institutionalized girls in the age range 10 – 15 years, belonged to the low socio economic status and examined the impact of brainstorming sessions among the two groups - experimental and control. Kaul’s creativity test was used as a pre post intervention test (measured fluency, flexibility, originality, imagination, sensitivity and richness dimensions). Six brainstorming sessions of one hour duration, held every alternate day for a period of 15 days, were conducted with the subjects on topics such as problematic and impossible situations. The t – test results indicated that significant differences existed between the pre –post test creativity scores of the two experimental groups, when compared to their respective control groups. For the experimental groups, the pre-post intervention findings indicated that their creativity scores were enhanced through the brainstorming sessions, with the institutionalized children is benefiting significantly more than their non institutionalized counterparts. The non institutionalized children were reported as giving more of socially confirming responses that were rational and reality oriented (Gaekward et.al., 1994).

Considering the increasing need for institutional care for children and their implications, Viswanath (1985) suggested the following measures:

1. Educate the community regarding the need for bringing up the destitute children in the community or the natural families and not admit such children in institution or abandon them.
2. Provide support services such as sponsorship services for the needy families and enable them to retain and care for their children in the natural families.
3. Educate the family regarding family life norms, local self-help programmes and foster care.

Sikka (1983) highlighted the importance of after-care programme in institutional care. He observed that the ultimate aim of institutional administration was reformation and rehabilitation of the inmates which was a widely accepted fact. What however had not yet been duly appreciated was the need of after-care services which would be essential to the institutional input.

Gnanasaraswathi (1994) conducted an intervention study on 30 institutionalized adolescents between the age group of 13 -18 years on family education. The tools included a questionnaire on background characteristics and a check list based on Family life education package of UNESCO. The study was based on an experimental design of before and after, without control group. The intervention was carried out for seven days. The post intervention assessment revealed that, the Family Life education programme played a successful role in bringing about highly significant changes in their knowledge regarding family life and the areas of family concept and functions, responsible parenthood and marriage.

An intervention study was conducted among juveniles in the Juvenile homes of Kerala on impact of Life Skill education programme has been proved that, life skill education programme can bring significant levels of improvement in the mental health of the juveniles in the Juvenile homes (Jessy, 2008).

Studies suggest that, the quality of post institutional life can be improved by early intervention services (Mathew and Parthasarathy, 1988) as reported in a study on the
level of reintegration into the community and adjustment of the ex-inmates and destitute.

2.2.3 Need for intervention study among adolescent girls in the children’s home.

An overview of existing researches indicates that, most of the studies on adolescents conducted in schools and communities are either explorative or descriptive and covered the components of bio-socio-psycho aspects of adolescence separately. Majority of these studies emphasized importance of family life education for girls and social work intervention for mental health of children and adolescents.

In general researchers conducted studies among institutionalized children were concerned about the plight and voiced about these children. Reviews on institutionalization continue to affirm that children’s home care is an unsatisfactory option for young children who cannot remain with their own families. Analysis highlighted the negative impact of institutional care on infants and young children, less is known about the fate of adolescent girls currently living in institutional settings in Kerala.

The impact of the non-conducive familial and institutional environment, manifest in the form of behavioral and other problems among children and adolescents. There is a need for improving the mental health of the children who are forced into the set up. Thus it becomes imperative to look at the problems and needs of adolescents in institutions and to initiate activities for betterment accordingly.

It is significant from the reviews that, adolescent girls from the children’s homes of Kerala, their biological, social and psychological dimensions, importance of intervention to this group have not been investigated together by any of the researchers so far. In the absence of such vital data, the problems of the inmates in children’s homes especially,
adolescent girls, are not addressed and scope for their improvement is restrained. So, any social welfare authorities, educational planners, educationalists, health authorities and those who are really sympathetic towards this vulnerable section of our society are not able to do much in this space. This has brought out, the need for intervention study among the adolescent girls in children’s homes.

**Conclusion**

The review reveals that in India, attempts made by Professional Social Workers are yet to focus on the effective intervention strategies to the girl children of the children’s home. Though studies of this kind are difficult to conduct in our setting, it is the need of the hour. The findings of the earlier studies among adolescent girls in general would form the basis for the formulation of appropriate approaches in terms of intervention package for adolescent girls in children’s home as well as research designs. Keeping this in mind the researcher has attempted to evaluate the effectiveness of planned and structured intervention programme for the psycho social well being of the adolescent girls in children’s home to help them to help themselves to survive in future life.