Chapter V

DISCUSSION

This chapter brings out the findings into the limelight with the appropriate literature review, statistical analysis and the findings of the study based on the objectives. Further, it also helps the scholar to bring out the recommendations for further studies. The aim of the study was “to assess the effectiveness of the structured teaching module on life skill approaches to promote health of the school going adolescent girls at Puducherry”

A total of 358 subjects were selected for the study by simple random technique from four Government and four Private schools. Pretest was administered. Knowledge and attitude on reproductive health was assessed by using the questionnaire on knowledge and attitude. Self-esteem was assessed by using Rajini’s scale. Six interventional sessions were given (participating activity teaching module using life skill approaches). After the third intervention mother’s meeting was organized, and they were taught about rearing techniques of their adolescent daughters. Parental tips were given as handouts in Tamil (local language) regarding healthy rearing practices. The teachers were given special tips to identify
the problems and to manage the adolescent girls. At the end of the intervention, posttest was administered.

The objectives of the study were:

**OBJECTIVES**

1. To evaluate the knowledge of the adolescent girls towards reproductive health.

2. To elicit the attitude of the adolescent girls towards reproductive health.

3. To assess the level of self-esteem of the adolescent girls

4. To assess the effectiveness of teaching module using selected life skill approaches.

5. To associate self-esteem, knowledge and attitude towards reproductive health with selected socio-demographic variables (Type of school, medium of instruction, and parental education).

**The first objective of the study was to evaluate the knowledge of the school going adolescent girls towards reproductive health.**

The level of knowledge of the subjects was assessed by using the questionnaire on knowledge on reproductive health.

Only minimum score was obtained by the subjects in the pretest on reproductive health. It indicated that the knowledge of
the subjects on reproductive organs, hygienic practices and on nutrition were poor. This indicated the need for health education regarding reproductive system, hygienic practices and nutrition.

The study findings were also supported by the following review studies.

**Adhikaari, P. et al (2007)** in his study on the adolescent girls to evaluate the knowledge and practice brought out the fact that only 6.0% of the girls knew that menstruation is a physiological process. Only 36.7% knew that it is caused by hormones. Ninety-four percentage of them used pads during the period, whereas only 11.3% disposed it properly. The overall knowledge and practice was only 40.6% and 12.9% respectively.

**Abiove-Kutevi, EA.** (2000) in his study on menstrual knowledge and practices found that, amongst the 53.1% of them, who had attained menarche, 40% of subjects were deficient in knowledge about menstruation. Although menstrual knowledge was higher in post-menarcheal girls, 10% of them were totally ignorant about menses and 84% were not psychologically prepared for the menarche.

Menstrual Knowledge and perception among the adolescent girls was very poor and the practice was incorrect (**Nemade, et al 1989**).
Koff, E. and Rierdan, J.’s (1995) study on early adolescent girls' understanding of menstruation revealed that the knowledge of the girls about the location and function of reproductive structures was faulty, and most of them did not understand how they were interrelated. Girls associated a variety of negative physical and psychological changes with menstruation, indicating that they had not yet learned the biology of menstruation.

The study done by Unni JC (2010) on the adolescent girls only 8% of the adolescent girls were aware of all the aspects of maintaining menstrual hygiene. He recommended family health educational programme for the adolescent.

Khanna, R.S, Goyal and Bhawsar, R (2007) in their extensive survey on menstrual practices and reproductive problems on the adolescents, conducted at Rajasthan, brought out the fact that 92% of the girls were not aware about the natural phenomenon of menstruation among women. The situation was even worse in rural areas where the awareness was hardly 3%. Whereas, they observed that the women in their family keep themselves away from certain activities for two or three days stating that they were unclean and that cow had touched them or lizard had touched them for keeping them away from any activities.
The second objective of the study was to elicit the attitude of the school going adolescent girls towards reproductive health.

In this study the attitude the subjects towards the reproductive health in the pretest was not much appreciable. Though all the subjects did not show negative attitude towards reproductive health, none of them showed high positive attitude towards reproductive health.

Koff. E. and Rierdan J (1995) in his study found out that the adolescent girls had incomplete knowledge and had a variety of misconceptions or ignorance. The learned cultural stereotypes and myths about menstrual symptomatology was widely observed.


Chang et al. (2007) revealed in their study that a negative attitude towards menstrual health leads to psychological distress. There was a negative correlation between attitude and distress.

Bheenaveni. R (2010) in her study found out that the pubescent girls were secluded for 21 days within the house. The room was separated with an iron rod and fire was kept burning to denote purity and to keep away daiyyam or witches and evil spirit.
The girls are polluted and hence prohibited from touching people and other people are not granted permission to touch her. In case of default, a bath was essential for purification.

The findings of the study were supported by a study on menstrual health by Narayan et al. (2001).

The girl is instructed not to look at the birds on an empty stomach, not to go out alone, and especially not to go in to the *pooja* (prayer) room; she should not touch flowering plants, stored foods such as tamarind, salt, rice, pickle etc (Narayanan et al., 2001)

**Bheenavani R (2010)** cited that menstrual blood is believed to be polluting. There are varying restrictions placed on a girl due to this belief such as not touching people or not touching washed clothes, not touching certain flowering plants, lest they die. A woman can’t touch her child during menstruation. If she has to touch the child, the child must be first unclothed absolutely or pre-fabricated to wear silken clothes. Visiting or touching images of gods, temples, and religious scriptures was also prohibited. A fear is inculcated in the adolescent that she will be sinning, if she breaks these taboos.

There are several misconceptions and traditional beliefs regarding menstrual hygiene and practices during the menstrual
period and most of them are related to unsafe and unhygienic measures (Gupta and Jain, 1988).

Nearly 70% of the adolescent girls believed that menstruation is not a natural process. Every four out of five girls believed that one should not attend religious rituals during menstruation. Majority of the subjects believed that one should not cook during menstruation. Girls are not allowed to touch any item in the kitchen.

Menstrual blood is dirty, its expulsion is very important or it will lead to various diseases. They also believed that taking bath with cold water during menstruation leads to swelling in the fallopian tubes and would cause abdominal pain. Women believed that certain foods considered being hot or sour in nature should be avoided as they enhance bleeding and pain. Religious practices such as visiting holy places, touching religious texts, were avoided including housework and cooking (Garg S et al., 2001).

The third objective of the study was: “To assess the level of self-esteem of the school going adolescent girls”.

Self esteem is one of the targets in life skills. There are four domains, such as personal, family, social and self-concept in the self-esteem. In the pretest the subjects obtained moderate level of self-esteem in all the four domains in all the four domains such as personal self-esteem(75.14%), Family (69.83%), Social(74.58%)
and self-concept (74.58%). None of them scored high or very high level of self-esteem score in the pretest.

In the posttest majority of the subjects scored very high and high level of self-esteem. None of them scored low, very low, or even moderate level of self-esteem. There was a remarkable change in the level of perceived self-esteem in the posttest in all the domains such as, personal (89.66%), Family (94.97%), Social (93.86%) and self-concept (90.50%). Wong et al (2010) in their study found out that social support and self-esteem had significant effects on the life satisfaction. Social support increases the self-esteem of the children. One third to one half of the adolescents, struggle with low self-esteem, especially in early adolescence (Harter, 1990, Hirsch & Dubois, 1991).

The findings were supported by the following studies. Jeannie, S. (2007) in his study on body image and self-esteem among adolescent girls brought out that body image has effect on the level of self-esteem.

Deniz, M.E. (2006) in his study on stress, life satisfaction and self-esteem of University students found out that there was a positive relationship between the life satisfaction and self-esteem

Gecas (1971), Bachman (1970) found that parental support is strongly related to self-esteem.
Gecas, V. and Schwalbe, M.L (1987) in their study of parental behaviour and adolescent self-esteem, found out that parental behaviour as parental support, granting autonomy, and participation has an important effect on adolescent self-esteem, but self-esteem-self-worth and self efficacy do not have any relationship. Girls are strongly affected by the parental support and participation.

Frank, M. et al., (2006) in his longitudinal study “self-esteem in adolescent females” brought out the fact that self-esteem begins to decline at age 11 years, but appeared to be stable between 9 and 14 years of age; with greater satisfaction with physical appearances. Self esteem is also related to socio-economic status. Perceived appearance and academic competency, determines the consistency in the development of self-esteem.

Parents also begin to realize that their adolescent daughters are no longer little children. Government also insists the importance and the rights of the girl child. As a result, the parents started giving privileges to their daughters to educate them. Secondly, parent-adolescents relationships are eased, when the parents try to understand the adolescents and the new cultural values of the peer group. As the adolescent progresses, peer group influences begin to wane, mainly, most of the adolescents want to become individuals with their own rights.
The fourth objective of the study was *To assess the effectiveness of teaching module using selected life skill approaches.*

The life skills are generic skills used to enhance the ability of the adolescent girls. It is used in all the areas to empower the school going adolescent girls. There are ten such generic skills used to bring out the abilities hidden in the adolescent girl. Participatory activity approaches are the method used to make the adolescent girls more effective.

In the posttest all the subjects gained knowledge on reproductive health after the intervention on life skill approaches. There is significant difference between the pretest mean (1.75) and the posttest mean (29.662). The difference is statistically significant (p value <0.001). It is the evident that education using life skill approaches is an effective intervention.

Statistically significant difference was noted in the attitude towards reproductive health. The subjects changed their negative attitude to positive attitude in the posttest. There is a significant difference in the mean score of pretest (104.76) and the posttest (132.43) showed the effectiveness of the interventional program.

In this study, there was significant difference in the level of self-esteem.
The mean score obtained by the subjects in pretest was (181.06) and posttest was (363.84). The difference in the level is statistically significant. It showed the effectiveness of the program.

Similar enhancement in the level of self-esteem mean score was noticed in the domains such as personal pretest mean score (44.78) to posttest mean score (90.54), family (44.96) and (91.42); social (45.65) and (90.96) and self-concept pretest mean score (44.75) and posttest mean score (90.60) showing the effectiveness of the teaching module. The differences were statistically significant at P < 0.001.

**The findings were supported by the following studies:**

The studies carried out by (Singh, S.P 2006; Dasgupta, A. and Sankar, M. 2008; Anoop Khanna, R.S. et al., 2008 and Wood, JM. 2007) mostly measured the knowledge and attitude of the adolescents towards menstrual health, revealed the level of knowledge and attitude related to menstrual health. All the studies suggested the need for the information, which is necessary for the adolescent girls to enhance the level of knowledge and to change the attitude to positive way.

**Sindhu Devi, M (2007)** in her study clearly showed that there exists a necessity for the preparation of a self instructional module for the adolescents on reproductive health to improve
knowledge, develop a positive attitude and to accept the correct practices for the attainment of positive reproductive health.

**Miller, JP. and Bewen, BE. (2010)** contributory life skills are complementary constructs of self-esteem and self-perceived development of competency and coping. Life skills and self-esteem perhaps develop sequentially or simultaneously.

**Yadav, P. (2009) and Iqbal, N. (2009)** study on the impact of life skill training on self-esteem showed that the subjects improved significantly in posttest condition in all the levels of self-esteem.

**Chaudhary, S. et al. (2010)** in their study on Life skill intervention programme for adolescents showed that there is a change in the level of understanding among the adolescent girls.

**Lai HR et al. (2009)** on his study on, the effect of a self-esteem program found out that the experimental group was significantly superior to the control group in respect to physical self-esteem (p .02). For girls, the experimental group was significantly superior to the control group in family self-esteem (p = .02).

With the change in the level of knowledge and attitude towards reproductive health and perceived self-esteem in all the
domains as Personal self-esteem, Family self-esteem, Social self-esteem and self-concept, including general self-esteem the following hypotheses stated in the study are accepted.

1. The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate significantly better level of knowledge on reproductive health in the posttest.

2. The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate significantly positive attitude towards reproductive health

3. The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate significantly a higher level of perceived self-esteem in the posttest.

4. The Adolescent girls after receiving structured teaching module based on life skills approaches will demonstrate significantly a higher level of the perceived self-esteem related to the domain of Personal Self-esteem in the posttest.

5. The Adolescent girls after receiving structured teaching module based on life skills approaches will demonstrate significantly a higher level of perceived self-esteem in the domain related to the Family self-esteem in the posttest.
6. The Adolescent girls after receiving structured teaching module based on life skills approaches will demonstrate a significantly a higher level of perceived self-esteem in the domain social self-esteem in the posttest.

7. The Adolescent girls after receiving structured teaching module based on life skills approaches will demonstrate significantly a higher level of perceived self-esteem in the domain Self-concept self-esteem in the posttest.

The fifth objective of the study was to associate self-esteem, knowledge and attitude towards reproductive health with selected socio-demographic variables (Type of school, medium of instruction, and parental education).

In this study it was observed that the subjects from private school had better knowledge and attitude towards reproductive health.

The difference is statistically significant at P < 0.001 showing an association between knowledge and attitude towards reproductive health and type of school.

The subjects from English medium showed positive attitude towards reproductive health than the subjects from Tamil medium. The difference is statistically significant P < 0.001 showing an
association between the medium of instruction and knowledge attitude towards reproductive health.

The subjects from English medium scored higher level of self-esteem in all the domains than the subjects from Tamil medium. The difference is statistically significant $p < 0.001$ showing an association between medium of instruction and self-esteem.

The subjects from private school scored better knowledge and showed positive attitude towards reproductive health than the subjects from Government school. The difference is statistically significant $P < 0.001$.

The subjects from private school showed enhanced level of self-esteem in all the domains as personal, family, social and self-concept than the subjects from Government school.

The difference in the level of self-esteem is statistically significant $P < 0.001$. It showed that there is an association between the knowledge and attitude towards reproductive health, and self-esteem and the type of school.
As the level of educational status of the mother increases the level of knowledge and attitude towards reproductive health of the subjects increased.

The difference in the score showed statistically significant $P < 0.001$.

Whereas level of knowledge on hygienic practice and nutrition does not show the association with the educational status of the mother.

As the level of educational status of the mother increased, the subjects showed enhanced perceived self-esteem in all the domains as personal, family, social and self-concept.

The difference is statistically significant $P < 0.001$ showing an association between the educational status of the mother and knowledge and attitude towards reproductive health and perceived level of self-esteem.

**The study finding are supported by the following studies:**

**Dasgupta, A. and Sankar, K. (2008)** brought out that poor literacy level of mother or absence of proper health education programme on menstrual health in school may be the cause for the ignorance. The enhancement of self-esteem and the learning of
assertiveness skill were all achieved by the use of Life Skills Training.

Sindhu Devi, M. (2007) in her study brought out the fact that the Central School obtained higher score than the state Government schools, but private convent schools obtained lesser score on knowledge related to reproductive health.

Anoop Khanna, R.S (2006) in his study found that the mother is the source of information related to knowledge and attitude towards menstrual health.

Winkleby et al. 2004 there is a significant difference in the self-esteem of adolescents after Life Skills Training. The training also greatly improved their ability to effectively work in groups to accomplish their goals (Friesenhahn 1999).

The study findings revealed that the teaching module using life skill approaches was very effective for the adolescent girls. Hence, it is suggested that all schools can adopt the interactive teaching module to enhance the knowledge and attitude towards reproductive health and to promote the perceived level of self-esteem. It will help the adolescent girls to be self-confident and take the problems as a challenge with courage and assertiveness.