Chapter V

Summary & Conclusions
SUMMARY AND CONCLUSIONS

Adolescence brings with it expanded capacities – for abstract thought and contemplating the future, for empathy and idealism, for critical thought including the questioning of self and others, and for reproduction. Yet the use of these new capacities is dependent on the environment in which adolescents live. So while adolescents display more self-reliance than children, they lack the status and resources of adults. Indeed, they are often dependent on adults to meet many of their basic needs.

Since independence, the country’s health status has improved significantly: average life spans have increased, fewer children now die before their first birthday, and total fertility has declined. Despite this, too many still suffer from preventable infections (including HIV/AIDS) and under nutrition. Fertility rates still outstrip those in most Asian countries. At the same time, new health threats like hyper tension, diabetes, cardiovascular diseases and cancers are emerging. These continuing challenges, together with the social changes are resulting in high psychological morbidities too. Poised in the midst of this transition, there is an urgent need for long term strategies which can empower our adolescent girls –the future home makers and mothers of our country.
The present study is an honest endeavor towards this cherished goal of every conscientious educationist. The strong convictions of the researcher that a great potential exists in each and every adolescent girl to steer themselves towards a better future if provided with life sustaining knowledge, attitudes and skills has been well rewarded by the promising outcome of the present research.

The present research study targeted a goal of fostering adolescent development rather than problem-prevention. To encourage healthy behaviour among adolescent girls, it is important to provide adequately for their development needs. Hence the researcher focused on communication strategies which were designed to provide opportunities and support to empower the adolescent girls for life preparedness.

The promotion of adolescent development involves:

- Commitment to adolescent girls
- Acknowledging differences in unmet needs
- Recognizing risks prevailing in families and in the society
- Using of a variety of communication strategies.

Keeping the above factors in mind the present research focused on helping adolescent girls master key competencies for life preparedness namely, Nutrition, Reproductive health and Life skills. Such a unique
program ultimately contributes to the empowerment of adolescent girls by developing resilience to tackle their own life experiences, conflicting situations and interpersonal relationships.

The present study had the broad objective of evolving through experimentation a comprehensive need based package with appropriate communication strategies that would empower adolescent girls towards life preparedness.

This study was based on the pre test- post test design to assess the impact of the communication strategies adopted in the research design. It was hypothesized that the most gain scores would be observed in the group exposed to the interactive intervention sessions followed by the group exposed to the self-study material. The least gain scores would be observed in the control group where no intervention was provided.

**The salient findings of the present research are:**

- The problem survey identified three thrust areas for the present study namely, Nutrition, Reproductive Health and Life skills.

- Mean age was found to be 18.10 years, 17.94 years and 17.88 years for the Experimental Group I, Experimental Group II and Control Group respectively.
➢ Majority of the sample in all the three groups were Hindus, unmarried day scholars studying in first year degree course.

➢ Nuclear type of families was found to be more common in all the three groups and most of the respondents lived in the urban areas.

➢ The mean age of the respondents’ fathers were 49.86 Years, 47.18 Years and 48.44 for the Experimental Group I, Experimental Group II and the Control group respectively. Levels of education of the respondents’ fathers ranged from illiteracy to professional education. Majority of the fathers in all the three groups were found to be employed in private sectors.

➢ The mean age of the respondents’ mothers were 42.66 Years, 40.10 Years and 41.90 Years in the Experimental Group I, Experimental Group II and Control group respectively. Majority of the respondents’ mothers had studied up to SSLC and were housewives.

➢ Among family problems faced by the respondents one problem that was over represented across the three groups was economic hardships. Marital conflicts, divorce and separation between parents, family violence, generation gap and harsh disciplining were the other problems reported by the respondents.

➢ Overall, the mean pre-test scores for attitudes towards Nutrition among respondents of Experimental Group I was 149.43 (SD: 232
10.37) which significantly increased to 169.17 (SD: 9.41) in the post-test indicating a very large impact of the interactive intervention program with an effect size of 1.99. Among the respondents of the Experimental Group II, the mean pre-test total score was 146.40 (SD: 9.24), which significantly increased to 156.86 (SD: 10.74) in the post-test indicating a large effect size of 1.05. In case of the respondents from the Control Group, the overall combined effect was found to be comparatively smaller than Experimental Group I and Experimental Group II. This concludes that the interactive intervention program resulted in the greatest gain in scores. The self-study group showed the second highest gain in scores and the Control Group showed least gain scores.

The overall assessment of Nutrition Knowledge in the three groups revealed the following trend. The pre-test score among respondents of Experimental Group I (interactive intervention group) was 14.90±5.01 ranging from 4 to 24 and it increased to 21.57±2.11 ranging from 18-25 in the post-test. As expected, the knowledge scores of Experimental group I in the post-test showed significant improvement. The effect size of the gain scores was highest (1.87) in this group among the three experimental groups.
The respondents of Experimental Group II (self-study material) had a large effect of 0.89 with the pre-test score showing an increase from 14.32±2.71 to 16.52±2.24 in the post-test. Respondents of Control group notched a small effect, with an effect size of 0.23.

From these discussions it is clear that the respondents of Experimental group I had the highest gain scores when compared to Experimental group II and Control group.

➢ The analysis of data for attitudes on Reproductive Health has revealed that the effect of intervention in terms of outcome is significantly more in Experimental Group I when compared to Experimental Group II and Control Group. The outcome in Experimental Group I was 30.87±14.79 (Very Large effect size of 2.40), Experimental Group II 12.42±13.16, (Large effect size 1.40) and 4.48±14.96 (Small effect size 0.38) in Control group. Therefore it can be concluded that the interactive intervention conducted for the respondents of the Experimental Group I had the largest effect in the present study. The Experimental Group II recorded the second largest gain in scores and the Control Group had the least gain score.
The analysis of data pertaining to gain in knowledge on reproductive health has revealed that the pre-test scores for reproductive health knowledge among respondents of Experimental Group I was 7.47±0.90 ranging from 5 to 9 and it increased to 11.93±1.57 ranging from 8-15 in the post-test. As hypothesized, the knowledge scores of Experimental group I in the post-test showed significant improvement. The effect size of the gain scores was highest (3.61) in this group among the three experimental groups. The respondents of Experimental Group II showed a large effect of intervention (1.07) with the pre-test score showing an increase from 7.70±1.87 to 9.34±1.1 in the post-test. Respondents of Control group notched a negligible effect with an effect size of 0.08. This indicates that the respondents of Experimental group I had the highest gain scores when compared to Experimental group II and Control group.

The outcome or the gain scores registered by the three groups for attitudes towards life skills indicated that the effect of intervention in terms of outcome is significantly more in Experimental Group I when compared to Experimental Group II and Control Group. While, the outcome in Experimental Group I was 36.50, it was
10.72 in the Experimental Group II and 7.62 in Control Group. This indicates that the interactive intervention conducted for the respondents of the Experimental Group I had the largest effect. The Experimental Group II recorded the second largest gain in scores and the Control Group had the least gain score.

Overall assessment of improvement in the three Experimental groups was carried out to find the impact of the research design. It was observed that the respondents of Experimental Group I showed the highest improvement in all the five aspects namely Attitudes on Nutrition Knowledge on Nutrition, Attitudes on Reproductive Health, Knowledge on Reproductive Health and Attitudes on Life Skills, followed by Experimental group II and then the Control Group. A small percentage of the respondents recorded no improvement in the areas of knowledge in Nutrition and Reproductive Health during the post-test phase in experimental Group II and Control Group.

The communication strategies identified for the present study received good feedback from the evaluators. The three pronged evaluation and corresponding ranking for each communication strategy signifies their acceptance across the three groups of evaluators - the respondents, the peer observers and staff observers.
The communication strategies with adolescent-centered approaches were preferred more when compared to predominantly didactic approaches. Strategies in which simple limits were set like the paper and pencil activities and those with an element of fun were also favored well. A closer observation reveals a definite preference of the respondents towards strategies that include some physical activities.

➢ Communication strategies developed to empower adolescent girls through a comprehensive need based package was accepted by the respondents of Experimental Group I and II. Evaluation and ranking of communication strategies placed peer education club, workshop and exhibition in the top slot, while demonstrations, leaflets and pamphlets received a very low ranking.

CONCLUSION

For India to identify adolescent development as an important area for action, a need for a strategic framework of program should emerge. Such programs require a climate in which the urgency and value of action is recognized. The case for adolescent girls' life preparedness is a powerful one. There is an urgent need to implement effective, relatively low-cost, sustainable action on a scale large enough to meet the needs of the adolescent girls on a national level. In addition, the objectives and
strategies of programming need to be clear and feasible, and its effectiveness measured through appropriate indicators. It must also be flexible, not only to take into account the different needs in different social contexts, but to respond to change and apply lessons learnt from experience in this relatively new field of action. If all this were easy, then the universal implementation of adolescent development programs would already have been achieved. In reality, the challenges that face those working to improve the lives of young people are considerable but not unsurmountable. The present research is proof of this.

This research hypothesized that appropriate communication strategies if introduced through interactive sessions would benefit the adolescents and bring about a change for the better in knowledge and attitudes thereby leading to practice. This in turn will lead to empowerment and empowerment would further lead to progress.

The study concludes that communication strategies evolved in this research design proved effective in terms of bringing about a change in knowledge and attitudes of the adolescent girls who formed the Group I and II of the Experimental sample.
The researcher’s perspective for effective communication strategies to empower adolescent girls for life preparedness is presented below:

A- Awareness generation

D- Discourage early marriages and teenage pregnancies

O- Organise adolescent-centered programs

L- Life skills education

E- Elevate self-esteem

S- Safe, secure and supportive environment

C- Counselling services

E- Empower for emerging lifestyles

N- Nutrition education

T- Training for peer education/peer counseling

G- Gender considerations

I- Involve parents and community

R- Reproductive health education

L- Love unconditionally

S- Services to be made adolescent friendly.
RECOMMENDATIONS

- Adolescent development programs should draw on existing human and material resources in the community to enhance self-help and social support and develop flexible systems for strengthening adolescent participation. This requires full and continuous access to information, learning opportunities as well as funding support.

- A case should be made for adolescent health by advocating the need for adolescent health policies and programs including those relating to sexual and reproductive health, on the basis of the public health and economic benefits, which accrue from investing in the health and development of adolescents.

- Government should describe the needs in adolescent development and generate commitment to meeting them by co-sponsoring situation analyses and planning activities, with the meaningful of adolescents, such as creating multisectoral national task forces, convening National workshops etc., in order to forge coalitions with interested organizations and develop plans of actions.

- The nation should support the implementation of action plans and other clearly focused activities in adolescent development.
mobilizing local resources, building on existing infrastructures within the public, non-governmental and private sectors.

➢ The nation should support approaches that have the potential to be expanded in cost effective and sustainable ways. In order to study the lessons learned joint program reviews complementary to programming processes should be carried out.

➢ In the Five Year Plans adequate funds should be allocated exclusively for maximizing adolescent potential through effective, appropriate communication strategies.

➢ Support should be provided for the monitoring, evaluation and operation of programs including the use of appropriate indicators, putting this information to use to inform the community and improve the quality and coverage of programs.

➢ Intensify the means used to share information that focuses on the adolescent development and successful programming experiences.
➢ Foster adult-youth partnerships at programming level to explore and identify what mechanisms could be used to ensure continuous youth participation so that effects may be maximized.

➢ Colleges offering Pre-University Courses should introduce compulsory Life Preparedness classes, especially for adolescent girls. There is a need for providing holistic approach to education as against the existent exclusive academic approach today. These classes should be based on spiritual, physical, intellectual, creative, emotional and social aspects. These classes should compulsorily extend up to the completion of higher education to have a greater impact.

➢ No institution, private or public, can single handedly work for adolescent development. Therefore there is a need for cooperation from different sectors such as Government, NGOs, education etc to create an environment and work with a common goal to will enable all young people to maximize their potential.