DISCUSSION/CRTICAL APPRAISAL

Contents:
• Discussion and comparison of findings of the present study with other studies
• Justifications for the variations in results
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Discussion/ Critical Appraisal:

Previous chapters of the present study contain details of secondary data reviewed and the results of primary data obtained from the field. Only analysis of data and interpretation may not serve all the purposes of a research unless the results are compared with previous similar studies. Therefore, discussion chapter had been developed to have a critical appraisal of the present study with other existing literatures and also to express the general observations of various variables and its relativity. Similarly, this chapter contains discussion and critical appraisal of findings of various facets like development, problems, knowledge, attitude, coping skills and its dependability on each other, and the impact of intervention programmes as in connection with previous studies.

According to Laurence "differences in timing and rate of puberty among individuals growing up in the same general stage result chiefly, but not exclusively, from various factors. In this respect, the timing and rate pubertal maturation is the product of an interaction between age, gender, nature and nurture, between certain conditions under which one has developed. Adolescents of different geographical area also will have differences in their growth. Social scientists who study adolescence usually differentiate among early adolescence, which covers the period from about age 10 years through 13 years of age; middle adolescence, from about 14 years of age through 18 years; and late adolescence from about 19 years of age through age 22 years. These divisions correspond to the way in which many societies group young people in educational institutions (Elizabeth B. Hurlock; 1993). According to Kett, puberty has been heavily associated with teenagers and the onset of adolescent development. However, the start of puberty has had somewhat of an increase in preadolescence. These changes have made it more
difficult to rigidly define the time frame in which adolescence occurs. The end of adolescence and the beginning of adulthood varies by country and by function, and furthermore even within a single nation-state or culture there can be different ages at which an individual is considered to be (chronologically and legally) mature enough to be entrusted by society with certain tasks. Such milestones include, but are not limited to, driving a vehicle, having legal sexual relations, serving in the armed forces or on a jury, purchasing and drinking alcohol, voting, entering into contracts, completing certain levels of education, and marrying. In studying adolescent development, adolescence can be defined biologically, as the physical transition marked by the onset of puberty and the termination of physical growth. The chief transition during adolescence is the physical transition. The physical development during adolescence varies from gender to gender, urban to rural and also with the age. The total development and the physical development was found varying among respondents of the present study from one age level to another for example respondents of upper age had higher total and physical development as compared with respondents of lower ages whereas the other developmental dimensions were not having any significant differences (the mean total development of 12 years was 24.00 and for 16 years the mean total development was 27.10). However, there was no difference found in development among respondents of same age. Even the developmental experiences were found early among urban respondents (p-value of total development = 0.1057) as compared with rural respondents. The development might have been a factor associated with nutritional conditions of different geographical areas (because there was significant difference found in physical development of urban and rural respondents = p-value = 0.0408 at 5% level of significance. Even inhibition to discuss the developmental issues was observed during the field work in rural areas, which may be another important element need to be considered while stating the developmental differences. Total development was found high among boys (p-value = 0.0000) and certain developmental dimensions like physical development (p value = 0.000), social development (0.0403 p value), emotional development (0.0160) etc were varying among boys and girls. Here the socio-cultural
limitations might have been the influencing factor as gender in an important
segment in deciding the social freedom of a growing individual in our society (as
boys have more freedom in making new friends and developing new social
interests etc) and girls in most of our culture are more protected, noticed and
controlled by their elders during their growth especially during teenage and that
may be the reason for boys to have higher level of emotional concerns so that even
they would be noticed. Individual's knowledge about their own thinking process
improves during adolescence. But the cognitive transition may vary from gender,
region and the socio cultural factors. Also it depends on the intellectual level of
individuals." The intellectual skills can be gained through the everyday challenges
and opportunities for learning. Lack of learning exposures may result in poor
cognitive development.(Lal;2000) The major findings of the present study showed
there was significant difference in development of psychological dimensions
among urban and rural respondents(p=0.0451) and that may be due to more
opportunities for learning and exposure at urban areas.

A number of studies (Elizabeth.B.Hurlock; 1953, Bischof; 1976, Tanner; 1971)
suggest that social as well as physical factors in the environment influence the
onset of maturation among adolescents. For example, the puberty may occur
somewhat earlier among who have grown up in less cohesive family environment.
Stress, in turn may affect hormonal secretions in adolescent. A great deal of stress,
however, is likely to slow maturation. The puberty maturation may also be
influenced by the family economic conditions.

The present study also states that there was major difference in development
between respondents belonging to different family patterns (joint and nuclear
family) and parents of different nature (open minded parents and authoritative
parents). Even the development was found to be high among those respondents
who had good coping skills (p-0.0298). That may even be understood the other way
like the satisfactory in development among respondents might have helped in
developing effective coping skills as the developmental experiences may directly or
indirectly contribute for the personality development too. The developmental satisfaction may help the adolescents in developing self esteem, self concept, and self confidence which is very significant in management of identity crisis among teens. Therefore, it could be stated that the successful development during the adolescence stage may be the result of effective management skills or even the coping skills among adolescents at different stages of adolescence may influence the further development. The role of socio-cultural factors like family values, parenting, supportive systems, cultural beliefs, knowledge and awareness of developmental issues, etc also may be significant during adolescence. Similarly, the development found connection with level of knowledge and attitude. The level of development had shown its implication on level of knowledge and attitude and the level of knowledge and attitude of respondents had its influence on development too. Therefore it could also be stated that, the development, knowledge, attitude and coping skills among adolescents may be interdependent.

Parental contribution to self concept during late adolescence predicted greater satisfaction with self. There is a positive significant relationship between self concept and parental verbal interaction. Parental protective behavior positively contributes to self concept and their rejecting behavior contributes negatively. Thus, parental styles seem to be nurturing and hindering the self concept among adolescents. (Orsan et al.2009) Parents who are supportive, normative and resilient have positive relationship with adolescent's self concept. When parents are more supportive, lenient in discipline and apply very natural style of dealing with their adolescents, their teens are more likely to be physically fit, carry good health and higher concept about themselves. (Robert et al:2009) Parents with supportive, confronting and innovative styles will have significant positive relationship and parents with prescriptive style will have significant negative relationship with the social self concept of adolescents. Parents with supportive, normative and problem solving styles will have positive relationship with temperamental self concept of adolescents, whereas sulking, aggressive and prescriptive styles will show negative relationship with temperamental self concept. Thus, the development of good
personality traits and social acceptance depends on parents’ natural way of caring their children. Parents with normative, problem solving and innovative style will have positive influence on the educational self concept and parents with aggressive and task obsessive styles will have negative influence on the educational self concept of adolescents. It has been also proved that parents’ supportive style shows positive influence with the moral self concept of adolescents. Parents’ problem solving and innovative styles have influence on positive intellectual self concept. Parents’ positive interaction is of great significance in developing psychological as well as academic self concept of adolescents. Children who have encouraging parents are likely to enjoy superior advantage and opportunities which in turn enhances child’s self concept. Parental behavior is the main force running through the family relationship and home environment. Self concept does not grow in a vacuum; parental styles seem to be the major factor which affects the self concept of children. (Nirmaldeep et al.2005) The effect of any one stressor is exacerbated if other stressors accompany it. Adolescents who have certain resources-either internal (self esteem, healthy identity) or external (social support) are less likely to be adversely affected by stress. Some adolescents use more effective coping strategies than do others. Specialists like Coleman.JJ, Hertzberg and M.Morris who studied coping strategies distinguish between strategies that involve taking steps to change the source of the stress and those that involve efforts to adapt to the problem. Adolescents who use primary control strategies are better adjusted, less depressed and less likely to have behavior problems. (Adams J.F; 1973). Even the present study had found out that the respondents who had easy access to discuss their concerns with parents, teachers and significant family members and the respondents who had depended upon primary supportive systems as the sources of information had scored high level of development, less problems, good level of knowledge, attitude and coping skills. The education status of respondents and their parents had significant relationship with sources of support they had depended upon however, the other factors like parental traits, family type, and modern facilities etc had not shown any significance as the support/ sources of help received by the respondents. There are various literatures on significance of attitude
and knowledge in solving/ preventing major problems during adolescence like HIV/AIDS, STI's, teenage pregnancy, substance abuse, etc. Those all studies had concentrated on developmental challenges exclusively and there is no literature available which suggests/ recommends significance of knowledge and attitude for development of effective coping strategies and for a successful journey of adolescence. However, the available literatures may be utilized for the purpose of understanding the value of knowledge, attitude, coping skills and the development ultimately. Adolescents who lack with knowledge towards development, possess negative attitude towards developmental issues and having ineffective coping strategies and are likely to experience developmental problems. (Kakar; 2009) the findings of present study states that the development had significant relationship with coping (p=0.0298), attitude (p=0.0007) and knowledge (p=0.0007).

Adolescence is the period of life when the individual shows signs of development in every respect. Hence, it is only natural that the expression of emotions should undergo similar modification. For example, the adolescent is very sensitive to any injury to his prestige. Any physical deformity is so magnified in its evil effects that it even enters his dreaming state and modifies it. Many of his emotions he suppresses externally but they find expression in the form of day dreams. The high intensity of his sexual instinct is one reason why the adolescent is more prone to react to love than to any other emotion. The emotion finds expression in the form of excessive and almost obsession attraction to individuals of the other sex. As the adolescent’s field of knowledge widens, the situations that give raise to emotions in him also changes. He becomes angry if his country is attacked by another nation, he can even show displeasure at any instance of injustice that comes to his notice, and he can rebel against society. He develops hatred for authority if administration is strict. Emotional development reaches its maturity in adulthood. In this stage, the various emotions such as fear, anger, hatred, discrimination, pleasure etc can be seen in an individual, and generally their patterns of expression can also be recognized. Emotional reactions at this age are influenced by such complex
factors as values, desires, ideals, viewpoints and common ethos of the society. Manifestation of emotions also is relatively refined the adult being normally possessing the direction to hide his emotions when the occasion so require. Even when angry, he does not immediately give it expressed but stores in his mind and manifest some days later when the opportunity present itself (Maynard:2008)

There are key differences between boys and girls coping style. A greater percentage of boys report frequent use of avoidance coping skills than girls, and also, frequent use of distraction coping strategies than girls. Boys more likely than girls use sports as a coping mechanism. Girls prefer prevention of problems before they arise. (Timko C, et al.2008). Gender wise comparison of problems of adolescents, boys have more problems in the school and family environment, with friends and with money. Girls have more problems of developmental concern (D. Muralidharan, et al.2000). The present study, however, has discovered that there was no significant difference between boys and girls with respect to the problems experienced (p-0.99270). Girls more frequently make use of support seeking and active coping strategies than boys. (Anita Chandra;2009). The findings of the present study says that there was no significant difference found in coping level of respondents with respect to their gender(p-0.8404).

The psychiatric social work research in the area of adolescent mental health pressing on the need for more of intervention based and evidence based experimental research. At present, there is a great need for testing the efficacy of different psychosocial approaches and techniques with adolescents. Many researchers in the area of child and adolescent mental health have been involved in experimental studies. Most of these studies have focused on the efficacy of skill education on different groups of adolescents such as street children, juvenile offenders, school children etc. There are some studies (Group work with adolescents by Indramma, etc) which focus on testing the efficacy of different techniques such as group work with adolescents, behavioral modification with children of conduct disorder and supportive psychotherapy with emotionally
disturbed, play therapy with abused, brief psychotherapy with disturbed. There have also been some studies which were conducted for parents of disturbed children such as efficacy of home based training programmes for parents of mentally retarded and autistic children, efficacy of group work intervention with parents of disturbed children, supportive therapy with parents of disturbed children and so on.

Many parents dread the onset of adolescence, fearing that their child will become hostile and rebellious and begin to reject his or her family. Although it is incorrect to characterize adolescence as a time when the family ceases to be important, or as a time of inherent and inevitable family conflict, adolescence is a period of significant change and reorganization in family relationships. Family relationships change most around the time of puberty, with increasing conflict and decreasing closeness occurring in many parent-adolescent relationships. Changes in the ways adolescents view family rules and regulations may contribute to increased disagreement between them and their parents. Family conflict during this stage is more likely to take the form of bickering over day-to-day issues than outright fighting. Similarly, the diminished closeness is more likely to be manifested in increased privacy on the part of the adolescent and diminished physical affection between teenagers and parents, rather than any serious loss of love or respect between parents and children. Research suggests that this distancing is temporary, and that family relationships may become less conflicted and more intimate during late adolescence. Generally speaking, most young people are able to negotiate the biological, cognitive, emotional, and social transitions of adolescence successfully. Some adolescents, however, are at risk of developing certain problems, such as: eating disorders such as anorexia nervosa, bulimia, or obesity, drug or alcohol use, depression or suicidal ideation, violent behavior, anxiety, stress, or sleep disorders and unsafe sexual activities. The parents of respondents were not included in the main study and therefore the relationship of respondents with their parents could not be covered but based on the problems discussed by the respondents it could be understood that majority of the respondents who had social challenges had problem
with their parents and the nature of the parents was causing psycho-social problems, however the problems like unsafe sexual activities, drugs, alcohol etc were not found among the respondents. The changes in behavior of respondents and conflicts between parents were expressed by the parents during intervention programme.

The social support adolescents seek during crisis can be categorized into two: Primary and Secondary sources. Primary sources are like parents, other family members, friends etc. The secondary sources contain principal, teachers, counselors, coach etc. Teens rely for support on different individuals depending on the source of their stress. It was evident in present study that the respondents had depended upon both the sources of support based on their need. Parents must prepare their adolescents to accept the changes. Daughters must be prepared by the mothers for the first menstruation. The onset may be much earlier than expected. Therefore, involving them in such discussions is essential at the earliest. Discuss the changes describing it as a natural and normal process. Mention the challenges can be experienced and effective handling the development. If parents find lack of knowledge they even can consult experts/ professionals. Also they need to discuss about the importance of personal hygiene. Parents must help adolescents in overcoming the myths and misconceptions related to developmental aspects. In case, adolescents are found with discomfort with their developments, parents must make required arrangements and provide basic information, so that their child feels comfortable in any situation. Most of time the inner most concerns are never been discussed by the adolescents with elders. Rather they prefer their friends to seek guidance which may most of the time be incorrect or misleading. Therefore, it is the primary duty of parents to understand the core concerns, worries, etc, of their growing child and comfortably discuss with them about their feelings. It is the responsibility of parents to fulfill the needs of their growing children in a realistic way. It is also important to make adolescents to understand the family values.

According to Snary parenting styles are constellation of parental attitudes, practices and nonverbal expressions that characterize the nature of the parent-child
interactions across diverse situation. It must be stressed that there is no best way to raise children. The quality of parent-child relationship has been argued to have a significant impact on the competence, resilience and well-being of all individuals. However, the present study could not find any significance between parents' nature and developmental problems inspite of majority of the parents' of the respondents were authoritative in nature (as reported by the respondents).

Achievement motivation refers to the behavior of an individual who strives to accomplish something, to do his best to excel. This involves competition with a particular standard of the excellence of performance and influences learning and personality development of an individual. Adolescents with high achievement motivation are self-confident individuals who functions well in situations where they assure personal responsibility and can control what happens to them. They set challenging but realistic goals demanding maximum efforts. They are neither satisfied with automatic success that does not come from easy goals nor they try to do impossible tasks. They take pride in their accomplishment and drive pleasure in striving for the challenging goals, which they set for themselves. An individual with the motive to achieve is spurred by his/her needs to satisfy, his/her drives to know and understand, to acquire feelings of personal adequacy and self-esteem and to receive approval from others as part of a desire to master his/her environment. (Furu; 1962)

Adolescence is a crucial period of development. There will be remarkable physical, psychological and behavioral changes taking place. Therefore, the awareness activities for adolescents about these changes and the natural developmental process seek an emergence requirement. Even the professionals who deal with adolescents very closely especially teacher, health workers, and volunteers need to know this process clearly. Adolescence is a significant period where one would move from childhood to growing stage along with many changes within him. Adolescents constitute almost 22% of our population. With the history of traditional condition this group is getting effected ting by the rapid changes of
socio-economic situations of our country. This is also leading towards developing unhealthy habits like alcohol, immoral sexual relationships, sexually transmitted infections etc. the negligence about education among rural and tribal folks also is effecting the development of nation. In this regard the awareness programmes about effective management of adolescence stage need to be designed.(Prasanna Hota ;2004) Wide variety of skills related to physical, intellectual, interpersonal and emotional competence is required for healthy growth and development of adolescents. World Health Organization (WHO) has suggested a core set of 10. Life skills, such as self-awareness, empathy, interpersonal relations, etc, needless to say that if these skills are effectively imparted to adolescents, several psychological problems can be prevented and total well being can be promoted. (C. Ramasubramanian, et al.2000) A wider understanding of adolescent development now throws a clearer light on deviations from normal pattern; knowledge of the nature and causes of mental health problems in adolescents is steadily increasing; new and effective methods of treatments are evolving; and clinical and education services for adolescents with mental disorders are growing in scope and sophistication. Mental health is a growing concern of all persons, young and old, not because of humanitarian orientation or because of increasing incidents of mental health problems, but it is realized that much of the waste caused by mental illness is avoidable.(Bernard; 1965) Group work can be done with adolescents who have a common problem or difficulty. The minimum number of members required for any group is 5 and the maximum is 12. Group itself has a healing effect on its members. It's easy for adolescents to explain their specific problems in a group rather than in an individual session. They feel accepted in the group and change is also more likely to happen in the group compared to individual work. Adolescents can be taught about health, sex and sexuality issues through group work. Inhibitions are seen to be less in group sessions (V.Indramma; 2007). Similar result was found when the intervention programme was assessed. The researcher had adopted various social work methods like, social casework and group work etc for the purpose of interventions. The involvement of parents, teachers etc also had added the extra value for the
intervention. Along with knowledge about development, the training in life skills also had helped the respondents in developing effective coping skills. The analysis of intervention findings had helped in understanding the importance of social work interventions, methods and techniques. The present study overall had helped in knowing the interdependability of development, problems, knowledge, attitude and coping skills among during adolescence and also supported in understanding the need for a social work intervention which focuses on overall aspects of adolescence and guides the teens in understanding and identifying themselves so that they with the support of others may develop very effective development management skills.

An article published in Times of India reveals that as many as 12 state governments including Karnataka have banned sex education on the grounds that it would erode our cultural and moral values. Surely, that is a dangerous disconnect between ground reality and self-delusion. Sex is still a dirty word in India and the tragedy of the Indian adolescent's situation was succinctly driven home. That may be the reason, the respondents were not very comfortable during the study in discussing their sexual development, any sexual experiences or even sexual concerns/problems.

As Selvaraj (2002) explains in his study on challenges of adolescent development impact of adolescence could be understood as lack of formal or informal education, school dropout and childhood labour, malnutrition and anemia, early marriage, teenage pregnancies, habits and behaviours picked up during adolescence period have lifelong impact, lot of unmet needs regarding nutrition, reproductive health and mental health, lacking safe and supportive environment, desire for experimentation, sexual maturity and onset of sexual activity, transition from dependence to relative independence, ignorance about sex and sexuality, lack of understanding, sub optimal support at family level, social frustration, inadequate school syllabus about adolescent health, misdirected peer pressure in absence of adequate knowledge and lack of recreational, creative, and working
opportunity etc. Adolescents are reluctant in seeking help may be due to fear, discomfort, poor perception of the issues, lack of privacy, confidentiality, cumbersome feelings, parental reactions, lack of information, etc. Majority of the developmental problems among adolescents can be prevented at the earliest by providing health education, skill development trainings, life skill education, counseling, awareness programmes and clinical management if required. Adolescent friendly health centers need to be established and focusing on good reception facilities, accessibility, quality care service, well trained people, security, easy communication to the outside, privacy and conducive environment. Adolescent friendly health workers should possess the qualities like friendly nature, knowledgeable, presentable, effective communication skills, empathetic, punctuality, flexibility, active listener acceptance and non-judgemental. The adolescent period is hazardous for adolescent health due to absence of proper guidance and counselling. Family has a crucial role in shaping the adolescents behavior. Parents have to ensure a safe, secure, and supportive environment for the adolescents. Family members in the community need to be informed and educated about adolescence problems. A positive and encouraging attitude has to be developed among the family members and the community towards adolescents. School teachers need be trained on adolescent health. Community leaders also play a vital role on adolescent care. The field experience with selected respondents and even the intervention programme had helped the research scholar to observe that the respondents were lacking with formal or informal awareness regarding their developmental management, a few were deprived of education, social security, basic care and protection, basic nutrition, freedom of expression etc(mentioned in the case discussion).

The present study mainly focuses on developmental problems of adolescents and its connectivity with the level of knowledge, attitude and coping skills. It was presumed that the developmental challenges during adolescence has stronger connection with level of knowledge among adolescents and its impact on development of attitude towards developmental changes and coping strategies
adopted as to manage the challenging situations. There are various number of studies disclosing the connectivity of knowledge, attitude coping skills among adolescents which are concerned with a specific issue like HIV/AIDS, Alcoholism, Drugs, etc, however, there are no studies found related to assessing the relativity or dependability of developmental problems, knowledge, attitude and coping skills. There are some rare studies focused on the impact of interventions on behavioural aspects of adolescents but no studies had exclusively been conducted so far focusing upon the management of adolescence through imparting knowledge, attitude and coping skills. The results of the study helps in understanding there is greater level of dependability of developmental aspects of adolescents upon the level of knowledge, attitude and the impact of level of knowledge and coping skills on development, developmental problems and acquisition of coping skills. The findings of present study also helps in understanding the role of intervention programmes in upgrading the knowledge, its influence on adopting required attitude and coping skills for effective management of the stage. Certain observations made during the field work especially the socio-cultural environment, are may also be the factors affecting for the differences in developmental issues, knowledge, attitude coping skills among adolescents. Some obvious socio-cultural factors like, living standards, regions, education, religion, gender, family pattern, parents, and cultural believes related to growth and changes may have greater influence on development of adolescents with their unique level of knowledge, attitude and coping skills. The increased social restrictions on adolescents especially on girls along with their developmental changes may affect the negative attitude and coping skills. Review indicates that most preventive program with adolescents have been specific addressing specific issues of substance abuse, teen pregnancy, violence, bullying, etc. However generic programs with multiple outcomes have also been present and found to be effective too. Evaluation of the Impact of the model shows that it improves knowledge, attitude and, coping, of adolescents, as there was a significant difference between the groups in the program and not in the program.

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Conclusion: A few literatures had supported the findings of the present study and few more could not be accepted and that may be due to various limitations of the study. As the study was intending to discover the level of knowledge and attitude among adolescents as the causes for any developmental challenges and its relationship with coping skills and ultimately the impact of knowledge, attitude and coping skills on successful adolescence development, role of supportive systems in development of knowledge, attitude, and coping skills, there were no much of exclusive literatures could be found related to the study. Therefore, the study had to be developed with the help of existing literatures on adolescence. Most of the literatures were contributed by foreign (specially western) authors and the situations of adolescents may be very different among different regions and total dependence on existing foreign literatures may sometime fail/ restrict in describing the proper perceptions of our (Indian) socio-cultural and psychological aspects. There were lots of literatures supported in designing the intervention programme and the findings of the intervention in the present study also were considerably matching with the previous studies on interventions for adolescents.
“LIFE is a gift, I accept it. Life is an adventure, I dare it. Life is a mystery, I'm unfolding it. Life is a puzzle, I'm solving it. Life is a game, I play it. Life can be a struggle, I'm facing it. Life is beauty, I Praise it. Life is an opportunity, I took it. Life is my mission, I'm fulfilling it!”

-M.K. Gandhi