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Kishori Awareness Programme: A Government Developmental Initiative Towards Adolescent Girls

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ABSTRACT

Dr. APJ. Abdul Kalam, former President of India (2002-2007) states that "the resource of the youth is an important building block for transforming India into a developed Nation". Youth's progress of our nation depends on their empowerment. Especially girls being the creators of future healthy generations, their empowerment becomes an essentiality than an option, as they face many challenges and problems. Thus the government of Karnataka has initiated Kishori Awareness Programme under Sarva Shikshan Abhiyan from 2005 to 2013 to empower through various sensitive issues pertinent to physical and psychological changes. Objectives: To ascertain the usefulness of the program, to assess the knowledge in trained girls and compare the same with untrained girls by opting an evaluation research design in the Government Kannada Medium Schools of Dharwad city .Primary data was obtained through self structured questionnaires and results were statistical analyzed by using SPSS and interpreted. Results: The data showed that the trained respondents fell in the 'High' (56.50%) and 'Average' (43.50%) knowledge level and untrained respondents fell in the 'Low' (72.90%) and 'Average' (27.10%) levels. Conclusion: This significant population necessitates with policies to be a valuable asset of the country, unless if groomed well through school-based program and their energy is channelized productively through school based educational program.

Keywords: Youths, Kishori Awareness Program, School based educational program

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INTRODUCTION

Under the aegis of the Ministry of Women and Child Development, in 2005, Karnataka government on an experimental basis implemented Kishori Awareness Program to train to 9-14 years govemment Kannada medium school going adolescent girls through awareness camps (Jagruthi shibhira) through Hubli and Dharwad district through the Public Instruction Department with the help of the Sarvashikshan Abhiyan Programme. The training manual devised which included issues pertinent to female adolescents of the region with the objectives of creating awareness among the teachers about the need of adolescents, to understand their physical and psychological changes. Besides creating awareness on various issues like child rights, child trafficking and abuse, importance of education, health and hygiene, gender equality, personality and skill development, HIV/AIDS and Life Skill Education. Life Skills Education is one such initiative which can play a vital role in creating awareness and providing guidance to adolescents, as it empowers them with improved decision making skills, abilities that promote mental wellbeing and competencies to face the realities of life, builds self-esteem and confidence, ability to take responsibility for self and the society around. (Srikala &Kumar 2010). Rationale behind the introduction of programs is, the age of Adolescence is characterized by changes in physical, emotional, intellectual, social-role, relationship and expectations towards society (USAID, 2012).

REVIEW OF LITERATURE

The researcher has made an elaborate survey of the literature various issues like child rights, child trafficking, child abuse, importance of education, health and hygiene, gender equality, personality and skill development, HIV/AIDS and lastly Life Skill Education published during the last one decade and more, to find out previous studies evaluation.

Based on these premises the authors in the review made an attempt to explore the health status and challenges faced by adolescent girls. The studies revealed that better and improved socio-economic status had significant impact on the physical growth of adolescent's, disparity in the educational level and occupation of parents in the urban and rural set-up. Inequalities in income which had a direct impact on the adolescents. Health risks faced by them and also found a relationship between education and mother's occupation with the increase in the Anemia.Higher prevalence of obesity, lack of physical activity, consuming of junk food, imbalance in nutrient consumption, and more malnutrition found in urban children when compared to the rural students. It was therefore authors of the review suggested that creation of awareness in the adolescents and their mother on nutritional health is in a need of the hour. An

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intervention focused, not only at micro level-household, but also at a macro level-state level and stringent policies, programs for both public and private school adolescents are in need to enable them to have healthy life ahead (Report of the District level Household Survey on Reproductive & Child Health(2006);Haboubi and Shaikh(2008); Ahmad, Liaqat, Paracha, Qayyum and Uppal (2009);Choudhary, Mishra and Shukla (2010); Iyer, Bhoite and Roy (2011);Saibaba, Ram, Rao, Devi and Syamala (2012);Kulkarni, Durge and Kasturwar (2012) and Ramrao (2013).

Authors quoted that, in gender role socialization through life cycle, boys quickly learn the culturally determined masculine traits and girls traditionally are subjected to sanctions and violated by stereotyped gender roles. Socially determined behaviors, tasks, and responsibilities for men and women based on socially perceived differences defined how they ought to think, act, and feel. Various studies reveal that adolescent girls when moving from elementary to high school tend to lose their confidence and self-esteem, mute their voice and stuck in the conflicted zone. In a study, it showed European countries deal with gender inequality. The report suggested that changing gender roles, which are deep-rooted in the society, are complex to change the attitude of the adolescent. It can be done only by the active involvement of teachers, counselors, experts and government personnel and school culture which might change the attitude of the young ones in schools. None the less ICRW, TISS and CORO (2011) reported about a project called GEMS (Gender Equity Movement in Schools) result showed that after the intervention in the school, a significant change in the attitude and behaviour of girls was observed. The studies reviewed revealed that continuous school-based programs on gender issues definably changed the attitudes of adolescents. Such an initiative therefore could be safely considered useful for transforming young adolescents and building skills in them to a healthier life (Tavris and Offir (1997); Weinstein & Rosen (2006); ICRW, TISS and CORO (2011); Norway and EEA (2011); Jaya, Dhillon and Kumar (2014).

The Yoga and physical exercises are considered to be the best medicine for keeping oneself fit at all stages of human life and to ward off many-a-physical as well as psychological ailment. Modern world adolescents, who were overburdened in the competitive world by parents, environment, academic pressure, planning out a career for themselves put them under considerable strain, tension. intense feelings of joy, sorrow, fear, love, disappointment and anger typical of their age were to be attended too. Meditation had significantly reduced bullying, improved interpersonal relationship and also observed that it would improve their academic performance, if practiced for longer duration if they are taught in the schools in their early stages, students improved in social skills, academic performances, immunity,

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awareness, concentration, will power, and productivity. It improved overall health condition of all age groups to have longer and healthy life, they considered it might be essential to lay a foundation for physic-psychological condition during adolescence, which could change the lifestyle and inculcate good habits through educational programs fosters better health ,higher self efficacy; improved academic, social, emotional and psychomotor skills are enhanced. The author suggested that yoga would definitely improve overall personality and should be given priority and included in the curriculum to mould the adolescents (Radhi (2002); Krishnan (2006); Ramesh (2011); Dubey (2011); Noggle, Steiner, Minami and Khalsa (2012); Brahnbhatt (2012); Ashok and Satish (2013); Srivastava and Shaheer. (2013); Bernes' (2016); Kalapriya (2016); Verma et al., (2015) and Bhave et al., (2015).

Child Rights is yet another area where the adolescents need to be awakened, unless the children and adolescents know what they deserve and how these rights help them in shaping their personality and the future, they may not be able to face the challenges of the complex world. A report prepared by Ministry of Women and Child Development, Govt. of India, explained that India had the world's largest children population, where every 5th child in the world lived in India. About 40 per cent children were found in difficult circumstances with many problems. Though the average score of child right awareness was relatively high, there were serious lacunae in their awareness and unaware of the other rights as they were less exposed to media, books providing information on child rights. In an another study it opined despite of all these policies, Commissions, Acts, and legislation implemented for the protection of children, facilities are still lacking in protecting the needs of the children and children disclosed that except for the child line 1098, they were not exposed to any other awareness program in the school. The review studies suggested that schools should provide basic information about their rights to in a non-threatening, child friendly and culturally supportive manner, so as to make them understand the importance of their rights and accept them. In protecting child rights, since teachers play a significant role-formally and informally-having better knowledge of child rights will enable them to direct children to a good and healthier life (Gangadharan and Shreeanjan (2012-2013); Gafoor (2008); Anne and Ong' Ondo (2013) Singh & Verma (2013); Satyiyaraj and Jayaraman (2013); Bhargava and Ahmad (2015).

Child abuse is a violation of child rights, declining biological, psychological, social, emotional and behavioral consequences for children, families, and society, lasting for a lifetime. The outcomes of the CSA resulted not only in personality development disorders but also manifested in to violent behavior resulting in delinquency, teen pregnancy, low academic achievement, drug abuse, and sexual risk. The traces were carried to the adulthood mental health status leading to psychosis, affective

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anxiety, substance abuse, and personality disorder among the victims. Clinical disorder risks are high in childhood and adulthood. The National Survey of Child and Adolescent Well-Being (NSCAW) and Child Welfare Department highlighted that the issue had an effect on physical, psychological, behavioral, and societal patterns, which might vary from individual to individual. The outcome might be mild, severe or long lasting for a lifetime, which ultimately diminishes the brain development, poor physical, mental and emotional health, cognitive, social difficulties, alcohol, drug abuse and abusive behavior.School-based educational programs were still inconclusive towards reducing victimization and. Primary prevention to control or avoid the sexual abuse among children, was to have a preventive approach which should be at multi-level and multi-disciplinary, where adults, schools, community, Govemment teachers, school psychologists, and clinicians had to be sensitized. Intervention had to be effectively provided at the both family and school levels. (Marshall et al., (1996); Lazenbatt (2010); Ministry of Women and Child Development (2007); Finkelhor (2009); National Sexual Violence Resource Centre (2011); Hardened and Jaffrelot (2013); Walsh, Zwi, Woolfendens and Shonsky (2015).

The review shows that, people are still caught up with variety of superstitious beliefs, irrespective of their regional background, age, literacy level, gender or class. Few studies have brought out the impact this superstitious belief on psychological state. However, a cursory search of literature has shown that there is a notable gap in research on superstitious belief among adolescents in India. Studies found higher level of superstitions belief in female student's than male students and especially also found higher level of superstitions belief in rural areas students than urban areas students. Educated parents children did not had blind faiths because of their scientific knowledge and outlook. The researcher therefore recommended that the school authorities may arrange seminars, debates, panel discussions, skits and plays to dispel superstitious belief in people, especially in parents with lower educational and economic back grounds (George and Prasad (2006) ;Futrell (2011);Mundada (2013);Dhillon (2014) and Kashiha (2015).

Physical changes are concomitant and indicators of human growth. The changes are more striking and profound in adolescence. Reviews showed poor knowledge in sexual relationships, teen pregnancy, puberty changes, pre-marital sex; contraceptives usage was very low, self-breast examination and lack of information about sexually transmitted diseases, ovulation, menstruation process and hygiene, negative attitude regarding health, safe sexual practices. Majority of them faced restrictions during menstruation for household work; shyness to consult male doctors at hospitals was the major deterrent for seeking treatment among female adolescents. Studies found School-based program educational intervention showed improvement in the knowledge of reproductive health, especially female

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adolescents. Thus studies have strongly recommended, that Adolescents to be informed about sexual and reproductive health, interpersonal skills. Besides, a need for adolescent policy and intervention was recommended, along with an emphasis for providing adolescent friendly health services (Creating Resources for Empowerment in Action (2005) ;Ali, Ali, Waheed and Ali (2006); Ersin and Bahar (2009) ;Rao, Lena, Nair, Kamath and Kamath (2008); Das, Pal and Pal (2010) ;Malleshappa, Krishna and Nandini (2011); Jain, Kumar and Khanna (2013) ;Kotwal, Khan and Kaul (2014) ;Cortez, Hinson& Petroni (2014).

Menstruation is a natural physiological condition, inadequate information in female adolescents had led to vulnerability, consuming less nutritious food, inculcated a strong bondage with traditional beliefs, taboos, and misconceptions. Results Found unhealthy hygienic practices by using old plain cloth as absorbent, unaware of the use of pads during school hours, lacked the cleanliness of external genital, restrictions, dysmenorrhea, premenstrual symptoms (headache, fatigue, feeling of increased weight, abdominal bloating, backache, breast heaviness and joint pain) and self- medication, unaware of reproductive organs and physiology. Prior information about menstruation has been reported to prepare the girl child to be self sufficient to cope with her health and wellbeing, It therefore issue needs to be addressed through strong health awareness education in schools, community, by including parents and teachers to make future mothers have a safe and healthy life. In order to educate the girls about menstruation and bring positive attitudinal changes in them, their mothers play a key role followed by their teachers (Nagar and Aimol (2010) ; Omidva and Begum (2010) ;Mittal & Goel (2011) ;Verma, Pandya, Ramanuj and Singh (2011) ;Thakre et al., (2011);Datta et al., (2012); Kewal, Vidyadhar, Dilip and Bhavthanbar (2013); Dharampal,Wagh & Dudhe (2012);Patil and Angadi (2013);Pugalenthi, Senthil,Jayakumar and Pandiammal (2013) ;Yasmin, Manna, Mallike, Ahmed and Paria (2013); Vani, Veena, Subitha. Kumar & Bupathy (2013); Geetha, Sathyavathi, Bharathi, Reddy, Reddy & Reddy (2016).

HIV/AIDS is the pandemic staring in the face, more often, the reckless youngsters, results showed adolescents lack of information about HIV/AIDS among female adolescents, wrong notion about mode of transmission, unprotected sexual intercourse, and false belief on transmission. Despite the exposure of the respondents to the information about HIV/AIDS studies found myths and misconceptions, lack of preventive measures among the adolescents, rural girls had low level of awareness, lack of distinction between HIV and AIDS. Thus authors recommended school based education on changing the knowledge, attitudes and behavior of the adolescents. Finally Broader context of policy and adolescent-centric

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approaches were necessary(Gash, Ahmad, Kasur and Baslir (2007);Lal, Nath, Badhan and Ingle (2008);Rahma, Kabir and Shahidullah (2009);Singh and Jain (2009);Murugan, Sabarimuthu, Umadevi and Ghana (2010);Mkandawire (2011);Shweta, Mundkur and Chitanya (2011);Kurapti, Vajpayee, Raina and Vishnubhatta (2012);Zaini and Anjum (2015); Vaghela (2015).

The adolescence being a transitory stage in human life needs a special attention as an individual crosses over from the immaturity of childhood to the maturity of adulthood. Unless this individual is groomed well and mentored to play adult roles and bear the responsibilities which are concomitant, the life will be miserable. Hence, the individual needs to acquire and possess certain life skills which are a pre-requisite for any individual to assist in coping with the contingencies of life. Students who exhibited low adjustments, self-esteem, emotional instability and behaviour problems during pre-test, showed changes after being trained in the life skill educational program. Studies also revealed that low decision making, problem solving skills, interpersonal relationship, empathy, managing their stress, coping with emotion, and life skill. Life skill promotion for adolescents would divert attention and increases recreation activities, improving knowledge on reproductive health, sex and contraceptive education among adolescents and develops positive changes in students' behaviour as increased interaction, confidence level, and coping level, better adjustment with peer and academic performance. Hence, this program strongly recommended its inclusion in the curriculum, which would improve psycho-social competence among the adolescents and reduce their problems. The studies prove that life skill development programs, which target adolescents early in life, can prevent aggression, improve social skills, boost educational achievement and improve social skills.(WHO (2009);UNICEF (2004);Srikala and Kumar (2010);Aparna and Raakhee (2011);Dinakaran and Gabriel (2014) Anuradha (2014) Pujar and Patil (2016**).**

METHODOLOGY: OBJECTIVES OF THE STUDY

The researcher intended to evaluate the program by eliciting views, opinions from all the stakeholder-the Administrators, the Teacher-Resource Persons, and the Beneficiary and Non-beneficiary Adolescent Girl Students. The following objectives were therefore set for this study:

1. To examine the socio-demographic profile of the respondents of this study;
2. To explore the views of the administrators about the implementation and viability of this program;
3. To explore opinions of the Teacher Resource Persons on the program in general;

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4. In order to ascertain the usefulness of the program, to assess the knowledge of adolescent girls trained under the Kishori Awareness Program (residential) and compare the same with the knowledge of adolescent girls who had not attended this training;
5. To examine the impact of this program on the behaviour of the beneficiaries by comparing the same with the behavior of the non-trainees
6. To make appropriate suggestions, from social work perspective, to the stakeholders to determine the future course of action with regard to this program.

Since the present study had aimed to assess its effectiveness of Kishori Awareness Programme on enhancing awareness level among beneficiaries, the researcher has opted for an evaluation research design. Evaluation plays a significant role in supporting the continuity of any welfare program and determining the direction in which it needs to be taken for obtaining optimum results without the wastage of resources. Since the professional social work has, besides many other functions, a function of being watch dog and contributing to the policy formation and implementation, evaluation of such schemes becomes its inalienable function. Adolescent Girl Student Beneficiaries from all the Government Kannada Medium Schools of Dharwad city , besides the Administrators and Teacher Resource Persons trained to be trainers, and the untrained female adolescent students studying with the beneficiary girls in cluster where KAP was implemented were considered to be the universe of the study,

Figure 1: **SAMPLING PROCEDURE**

	ADM	TRP	TD	UT
Universe (Total Population)	**12**	**48**	**10 to12 % of the total 2100 Beneficiaries**	**Matching number of voluntary Participants**
Sample (Proposed to be selected)	**12**	**48**	**240**	**240**
Sample (Actually available)	**08**	**21**	**170**	**170**

*** Administrators,* Teacher Resource Persons* Trained and Untrained Female Adolescents**

Only female Adolescents students from Government Kannada Medium Schools of 10 to 19 years age group and residents of Dharwad were included. Adolescent girls who were the beneficiaries of Kishori Awareness Program and their class mates who had no opportunity to be the recipients of the benefits of this program were included. Teachers of Government Kannada Medium Schools who have undergone training to impart and the administrative personnel who were the part of KAP program in Dharwad.

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Lastly Adolescent Girl Students of the Government English Medium schools and Girl students from other classes other than those who were studying with the beneficiaries were excluded.

Primary data was obtained through administering self structured questionnaires (prepared with the support of Kishori Awareness Program manual) for three different categories of respondents, and the secondary data were obtained by consulting available sources such as books, journals articles, published and unpublished documents, reports, websites from different data bases, such as Infibnet –Shodganga-Shodsindu, Research Gate, Google Scholar, Google e-books, Pub Med, JSTOR, Biomedical Research, International Journal of Indian Psychology, Sage Journals, Science Direct , Pro-Quest, J-Gate, PsycINFO, Semantic Scholar, Springer Link ,Times of India, various reports of the Ministry of Women and Child Development, Govt., of India, UNICEF, UNDP, USAID, UNODC, UNFPA,UNESCO and WHO; reports of the National and International NGOs, Annual and Census Reports of the Government of India and the State of Karnataka.

The questionnaire for the adolescent girl students was pre-tested with a total of 20 each female-trained and untrained adolescent respondents and suitably modified as a part of pilot study. Data collected the data in three stages, from the beneficiaries, administrators and Teacher-Resource Persons . The collected data were cleaned, coded and computed and analyzed by working out frequency tables and percentages, and using simple statistical measurements/tests and were compared to assess the efficacy of the program and inferences were drawn.

LIMITATIONS

Inordinate delay caused in obtaining accurate data about the planning, inception and implementation of the program. Absence of accurate information about the beneficiaries. Initial reluctance of teacher resource persons in responding to researcher's request. Delayed permission from and shorter duration permitted by the school authorities for data collection.

FINDINGS AND CONCLUSION

The major findings of the primary data obtained from the field from three different groups (Administrators, Teacher Resource persons, Trained and Untrained adolescent girls) by administering three separate sets of questionnaires could be summarized as follows:

The Views of the Administrators and Members of the Manual Drafting Committee

There were 08 respondents under this category, preponderantly males belonging to an average age of 48.25 years, almost 87.5 per cent being Post-Graduates with above16 years of experience, serving as higher officials in reputed Departments of Government of Karnataka. When explored the views

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of the administrators about the implementation and viability of this program a majority of the respondents was found to have not been involved in the initial or pre-manual drafting meetings. Hence, almost 62.50 per cent respondents appeared to have had little clarity about the specific objectives of the program. Nonetheless, they in unison confirmed that the 13 components incorporated in the training manual were done after thoroughly studying the diverse developmental needs of female adolescents. Majority of them were unable to provide fruitful information regarding finance and evaluation part of the program as they were seldom involved in these processes of KAP,though very few were engaged in Resource Mobilization and Planning. Though there was consensus about and satisfaction with the harnessing of their expertise in the Drafting, and Designing of the Teaching-Learning Manual, Scheduling Contents, Quality Implementing strategies, Creating Student Friendly Environment, Pre-workshop Preparations, and Monitoring of the whole program, they did not seem to be fully satisfied with the measures adopted for Selection and Developing Professional Teacher-Resource Persons, Technical Assistance provided to them, Documentation and Evaluation Process. Further, a majority was unhappy with certain aspects of the program such as lack of coordination between the Cluster Resource Person and the Teacher-Resource Persons, inability of teacher-resource persons in handling the sessions pertaining to sensitive issues without inhibitions, assessment, evaluation, and lack of continuing and active collaboration with Non-Government Organizations, which were associated with the drafting of the Training Manual, in the implementation of this program at the grass roots and evaluation of the same.

The General Opinions of the Teacher-Resource Persons about KAP

Teacher-Resource Persons belonging to middle age group, almost all with a minimum of 15 years of service experience of working in Government Kannada Medium Schools. From their revelations it could be inferred that majority of them had knowledge about the genesis, nature, objectives and mode of implementation of this program, besides the duration, target groups, venue, program schedule, expected outcomes, etc. They were completely satisfied with the arrangements made for the accommodation and the facilities provided to the adolescent trainees during the workshops. They did not have any qualms either about the quality of the contents incorporated under each of the component, or the methodology. They even confirmed that they could witness behavioral changes pertaining to academic performance, attendance, self image, social skills, hygiene, etc, among the beneficiaries after their subjection to this training.

However, these respondents were found to be not sensitized about the primary objectives and core vision of KAP, lacked with school based training exposure, unable to complete workshop assignment

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within prescribed time schedule, poor evaluation or feedback procedure, documentation, uncomfortable while discussing certain components such as menstrual hygiene management, physical changes during adolescence, child abuse, and women and child trafficking etc, which were some of the most important inputs the Program was envisaging to provide to the beneficiaries. Further, in unison all of them perceived the workshop assignment as an additional burden.

Assessment of Knowledge and behavioral Practice of the Respondents in the 13 Components of KAP

The researcher attempted to discern the efficacy of KAP, by assessing their knowledge and behavioral practices in the areas covered under this program by administering a self structured scale prepared with the support of Kishori Awareness Training Manual. There were 13 different components covered in the KAP manual. The cumulative scores of the respondents on knowledge and awareness were consolidated and the respondents were classified in three levels viz., low, average, and high levels. The efficacy of KAP was attempted to be examined by comparing the overall awareness and knowledge of the respondents, both trained and untrained, on all the 13 components.

FIGURE2: Overall Awareness Level among Trained and Untrained Respondents on 13 components

Sl No	Components	Trained				Untrained			
		Low	AVRG	High	Total	Low	AVRG	High	Total
1	Importance of Female Education	-	2 (1.18)	168 (98.82)	170 (100)	12 (7.65)	82 (48.23)	76 (44.12)	170 (100)
2	Health and Nutrition	10 (5.88)	64 (37.65)	96 (56.47)	170 (100)	12 (7.1)	63 (37.1)	95 (55.9)	170 (100)
3	Gender Equality and Discrimination	09 (5.3)	35 (20.6)	126 (74.1)	170 (100)	134 (78.8)	34 (20.0)	2 (1.2)	170 (100)
4	Physical Exercise	-	16 (9.4)	154 (90.6)	170 (100)	52 (30.6)	70 (41.2)	48 (28.2)	170 (100)
5	Child Rights	06 (3.5)	51 (30.0)	113 (66.5)	170 (100)	108 (63.5)	62 (36.5)	-	170 (100)
6	Child Sexual Abuse	70 (41.2)	70 (41.2)	30 (17.6)	170 (100)	141 (82.9)	27 (15.9)	02 (1.17)	170 (100)
6a	Women & Child Trafficking	63 (37.1)	107 (62.0)	-	170 (100)	170 (100)	-	-	170 (100)
7	Superstitious Belief	11 (6.47)	159 (93.52)	-	170 (100)	86 (50.58)	84 (49.42)	-	170 (100)
8	Adolescent Physical Changes	17 (10)	97 (57.1)	56 (32.9)	170 (100)	108 (63.5)	56 (32.9)	6 (3.5)	170 (100)
9	Menstrual Hygiene management	-	2 (1.2)	168 (98.8)	170 (100)	17 (10)	142 (83.5)	11 (6.5)	170 (100)

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10	HIV/AIDS	108 (63.5)	62 (36.5)	-	170 (100)	86 (50.6)	84 (49.4)	-	170 (100)
11	Skill Development	52 (30.59)	13 (7.6)	105 (61.8)	170 (100)	-	157 (92.4)	13 (7.64)	170 (100)
12	Personality Development	-	86 (50.6)	84 (49.4)	170 (100)	57 (33.5)	113 (66.5)	-	170 (100)
13	Life skill Education	58 (34.1)	91 (53.5)	21 (12.4)	170 (100)	151 (88.8)	19 (11.2)	-	170 (100)
	Overall Knowledge	-	74 (43.5)	96 (56.5)	170 (100)	124 (72.9)	46 (27.1)	-	170 (100)

CONCLUSION

The examination revealed that a lot of sincere efforts had gone into the preparation and implementation of the program, as those at the helm of affairs were highly qualified and genuinely interested in educating adolescent girls in an effort to develop their holistic personality and prepare them for their adult roles. They incorporated latest strategies and pedagogical methods for imparting the knowledge to the beneficiaries; the program lacked systematic documentation and evaluation. Majority of them expressed that they have been involved from the beginning till end of this program. Teacher Resource Persons overtly expressed their resentment of extra burden in vacation. Though all of them in unison confirmed that they were trained about the contents and the pedagogical skills to be used to train the girls, their lackadaisical attitude towards the training, because it disturbed their comfort zone seems to have affected the quality of training adversely. Moreover, their responsibility pertaining to KAP, despite their education, experience of working, and the special training of KAP, seems to have eclipsed by their socio-cultural being, as they confessed, they were not comfortable in handling sexual and reproductive health components. Nonetheless, the resource persons stated that though they could not observe positive changes in the behavior of the girls with regard to coping abilities, decision makings, and high risk sexual behaviors, they had witnessed obvious changes pertaining to their academic performance, attendance, self image, social skills, hygiene, etc, after their subjection to this training.

The comparison of the cumulative scores of knowledge on all the thirteen components of the KAP showed that the trained respondents had better knowledge than the untrained respondents to their exposure to the KAP training. The analysis showed that a majority of the trained respondents had high level of awareness and knowledge while the untrained showed poor knowledge as a majority of them exhibited low knowledge. Nonetheless, the untrained respondents exhibited better knowledge on issues such as HIV/AIDS and Personality Development than the trained respondents and almost the same

knowledge as regards the Health and nutrition, without undergoing KAP training.The awareness of both the groups appears almost the same, though the trained respondents have an edge over the untrained. Moreover, a large percentage of the children still remember the inputs provided to them through this training as accurately as mentioned in the training manual even after a time gap of more than a year.

Nonetheless, the practice when compared, the trained girls in some of the areas do not seem to be better than the untrained, especially with menstrual hygiene management issues. This they attribute to their inability to practice what they were taught in the training, on one hand, to the inadequate physical conditions/facilities both at schools and at home, and on the other hand, to the socio-economic conditions of their families. The researcher prefers to conclude that KAP is an effective program barring some drawbacks. There is a need to continue it with new vigor eliminating or plugging the gaps successfully. It will go a long way in developing the holistic personality of the adolescent girls by cautioning them about the areas where they need to be more careful and alert

SUGGESTIONS FOR FUTURE RESEARCH

• An interventional studies could be thought of on changing Gender Roles, Reproductive Health issues, Child Sexual Abuse, Menstrual Hygiene Management, HIV/AIDS , etc., so that the quality of life of adolescents can be improved by enabling them to make informed decisions.

• Implementation of Life Skills Education empowers them with improved decision making skills, abilities that promote mental wellbeing and competencies to face the realities of life, build their self-esteem and self-confidence; develop the ability to take responsibility for self, relationships and society around.

• Educational Program seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The program aims at bringing about a difference in the quality of lives of the adolescent girls and provides them with an opportunity to realize their full potential.

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