

Yuvika- A Report of Life Skills Training Workshop for Adolescent Girls in Rural Maharashtra

Dr. Fazila Patankar^{1*}, Dr. Shalini Ojha²

¹Associate Professor, Dept of Community Medicine, Terna Medical College Navi Mumbai, Maharashtra, India

²Asst. Prof. Dept of Community Medicine, Terna Medical College Navi Mumbai, Maharashtra, India

Case Report

*Corresponding author

Dr. Fazila Patankar

Article History

Received: 10.07.2018

Accepted: 25.07.2018

Published: 30.07.2018

DOI:

10.21276/sjams.2018.6.7.47



Abstract: Adolescence is a period of biological, cognitive and social transition. Key aspects of adolescents' lives include sexual and reproductive health, education and nutrition. Physical and sexual abuse, the lack of autonomy and decision making in important areas of their lives and the impact of media on adolescent behaviour are some of the challenges in the life of adolescents. These vulnerabilities impact adolescents' health and well-being and create obstacles to their growth and development. Taking into account the multidimensional needs of the adolescent, a training workshop was conducted for the school going adolescent girls of a rural area in Maharashtra with the aim of empowering them with life skills and creating awareness regarding their sexual and reproductive health. The objectives were- i) To help adolescent girls be better informed on matters related to sexuality, reproduction and contraception before their sexual debut ii) To develop skills to be assertive in relationships with the opposite sex, and iii) To develop skills to be able to prevent or protect oneself from sexual abuse. A three day workshop was conducted in a school and junior college of rural Maharashtra and topics like Family, Adolescence and Nutrition, Growing up, Menstruation, Reproduction & Family Planning, HIV/AIDS, and Life Skills & Negotiation Skills were explored in depth. All the sessions were conducted in a play way and participatory manner using the medium of games like Manya/ Amany (True/False), Snake & Ladder, Quizzes, Body Mapping, Case Studies & Role Play. Results-i) Some of the girls were indulging in some sort of sexual activity, ii) there were gaps in their knowledge regarding sexual and reproductive health. Conclusion: There was a need for educating adolescents on sexual and reproductive health with emphasis on family planning. Adolescent friendly centres in high schools and junior colleges, especially in rural areas are essential for their holistic development.

Keywords: Adolescents, life skills, sexual and reproductive health.

INTRODUCTION

Adolescents are young adults in the age group of 10 – 19 years. So their health and nutritional status has an intergenerational effect. They constitute nearly 22% of India's population of which 72% reside in rural areas [1]. Adolescent girls constitute a socially disadvantageous class in Indian society, especially in rural areas. Many of the adolescents, especially the girls, are sexually active; however they lack information and skills for self-protection. They have low level of information on family planning and usage of contraception [2].

Adolescent girls have simple but wide pervading crucial reproductive health needs that include menstrual hygiene, contraception (including emergency contraception), safety from sexually transmitted diseases and HIV. In India 19% girls and 35% boys had comprehensive knowledge about HIV/AIDS. Only 15% young men and women (15-24 y) reported that they

received family life or sex education [3]. Eventually due to inadequate knowledge they are at greater risk of exposure to unprotected sex, unethical sexual practice and STIs. In the age group of 15–19 y, among those who had sexual intercourse, 10.5% of girls and 10.8% of boys reported having STI or symptoms of STI and 0.07% of girls and 0.01% of boys were found to be HIV positive [4]. The awareness regarding transmission of STIs is low among adolescents. In Indian communities, especially in rural areas, communication gap exists with parents and other adults members of the family on these issues. Furthermore sexuality during adolescent age leads to teenage pregnancy, unsafe abortion, sexually transmitted diseases including HIV/AIDS and social problems. The risk of adverse outcomes is higher in case of adolescent pregnancy [4]. Life skills have been defined as 'abilities for adaptive and positive behaviour that enable us to deal effectively with the demands and challenges of everyday life' [5]. The need for life skills training for adolescent girls was felt by the school in

Gavhan- rural area in Maharashtra for a number of reasons; chief of them being a growing awareness of their sexuality and a high tendency towards experimentation by the adolescent girls. Indulging in some kind of sexual behaviour was also reported by the school authorities. As a result there was a demand from the school to conduct a workshop to create awareness amongst adolescent girls about topics like nutrition, menstrual hygiene, reproductive and sexual health, family planning, personal safety & life skills. To address these issues a workshop imparting life skills to the adolescent girls was conducted in the high school and junior college of Gavhan.

CASE REPORT

A 3 day training workshop was organized from 26/2/18 – 28/2/18 for the adolescent girls of standards 9 and 11. Girls of 10th and 12th standards were excluded on account of approaching board exams. Informed consent was taken from the parents as well as the school authorities. There were 47 girls in all. Arrangements were made to conduct the sessions in a closed hall ensuring privacy so that the girls would feel free to open up and participate without any inhibitions in the workshop. The girls were divided into 5 groups randomly and after an initial icebreaking session, named their groups as ‘Dreamgirl’, ‘Warrior Princesses’, ‘Teenagers’, ‘Killer Angels’ and ‘Wonder Girls’.

Topics covered were as follows

DAY 1- Family, Adolescence and Nutrition

DAY 2- Growing up. Menstruation, Reproduction & Family Planning

DAY 3- HIV/AIDS, Life Skills & Negotiation Skills

All the sessions were conducted in a play way and participatory manner using the medium of games like Manya/Amanya (True/False), Snake & Ladder, Quizzes, Body Mapping, Case Studies & Role Play.

In the session on Family the role of family and its importance was discussed and it was concluded that a FAMILY provides care, protection, sharing of chores, economic stability and emotional support. At the same time roles and responsibilities of the adolescents and the family members was re- enforced.

The next session focused on gender roles. Some of the questions discussed were

- Who would I call a ‘good’ man?
- What kinds of male behaviour would I disapprove of?
- Some moments in my life when I was proud of being female?
- Some incidents in my childhood when I felt discriminated against as a girl.

The responses were as follows

Attributes of a good man –Caring, Protective, Kind, Polite, Hardworking.

Male behaviour that they would disapprove of were Abusive or violent behaviour, Ogling at women, Eve teasing, alcoholism.

The girls spoke about how whenever they read or heard about great achievements accomplished by females, they felt proud to be a female. For example, they spoke about Mary Kom, Sakshi Malik & P V Sindhu. They said they felt proud seeing women especially Indian women achieve such high laurels in the field of sports and all of them also hoped that they too would be able to break the glass ceiling.

Most of the girls shared their experiences of discrimination and spoke about how their brothers had all the freedom in the world. Their brothers could go out as and when they wished to, whereas the girls were not given the same level of freedom and their movements and activities were closely monitored. Some of the verbatims are as follows

“Bhai toh apni manmani karta hai, sirf hume mummy papa ki baat maanni padta hai. Ladko ko toh saara freedom hai.”

“Agar ladki padhai mein kamzor ho toh uski Padhai band karwake shaadi kara dete hai, lekin agar ladka padhai mein kamzor ho toh uski padhai toh chalu rakhte hai.”

Through another game various adjectives like strong, brave, smart, beautiful, talkative, shy, etc.were distributed amongst the girls and they were asked to label them as male or female qualities. Majority responded that these adjectives could apply to either sex.

Nutrition was then discussed covering the various food groups, deficiency states with special emphasis on anaemia and healthy cooking practices. A snake and ladder game on nutrition helped in re enforcing their knowledge.

The second day of the workshop was devoted to growing up, menstruation, reproduction and family planning. With the help of flip charts, videos and body mapping the anatomy and physiology of the male and female body was discussed in depth. The girls were shy and inhibited initially but as the sessions progressed they took part in the activities keenly.

A surprising observation from this session was that some of the girls had questions related to pregnancy, abortions and STI’s. They wanted to know about the different contraceptive methods. As a result these topics were discussed in depth. Dangers of

pregnancy in adolescence, life threatening risk of unsafe abortions and vulnerability to STI's and HIV/ AIDS were explained. Myths and misconceptions regarding menstruation were cleared. Role plays depicting various situations were enacted and possible outcomes and solutions were discussed.

The last day of the workshop started with the session on HIV/AIDS. Modes of transmission, high risk groups, prevention, treatment and issues relating to stigma and discrimination were covered. The students were quite inquisitive and asked a lot about how HIV spreads. They were especially concerned about spread of HIV through kissing. Some of the girls had doubts such as whether HIV spreads by sharing clothes or by touching each other. Myths and misconceptions related to it were also discussed through games and case studies.

We focused on Life skills education and training in our last session. The participants were introduced to a range of topics and exercises such as examining the meaning of love and intimate relationships, learning to behave as equals, being assertive in intimate relationships, dealing with sexual harassment and to be able to say no to nonconsensual sex. Participatory training methods were used throughout the workshop.

RESULTS AND DISCUSSION

- At the end of the workshop it was observed that the girls were more confident and assertive. They realised that they had the power to say NO and they were in a better position to cope with stress and difficult situations.
- Some of the girls were indulging in some sort of sexual activity.
- There was a need for educating adolescents on sexual and reproductive health.
- Family planning needs to be addressed and they need to be aware of contraceptive options available to them.

In a study carried out in Dharwad, it was seen that life skill education is helpful in the rural adolescent girls to take positive actions and improve the coping skills of stress and problem solving ability. The intervention on lifeskill development is a good support system for adolescents at the community level[6]. Pupakumarag in his study showed that life skills training was effective in preventing a wide range of problems such as substance abuse, teenage pregnancies, violence and bullying and to promote self confidence and self-esteem among the adolescents[7]. Vrinda and Rao proved that life skills training enhanced their psychosocial competencies[8].

A study carried out in Chennai to study the Pattern of sexual behavior in adolescents and young

adults attending STD clinic in a tertiary care center in South India found that a significant proportion of adolescents and young adults, are involved in risky sexual behavior, lack a complete knowledge about safe sex practices, and hence are at risk of acquiring HIV/STIs[9].

The data shows that adolescents and youth have limited awareness about sexual and reproductive health matters. For instance, only 15% of young men and women (15–24 years) reported receiving any family life or sex education [3].

Knowledge of contraception among adolescents was more than 90% in NFHS 3, despite this high percentage, only a little more than 10 % of adolescent girls were found to be using any form of contraceptive[10].

RECOMMENDATIONS

- Adolescent friendly services with counselors and doctors need to be available in schools and villages to provide comprehensive health services, including contraceptive advice to adolescent girls and boys.
- Also, there is a need for training teachers as well as parents on needs of adolescents and the problems faced by them so that they can carry out further life skills training for adolescent girls in the community.
- Initial workshop is to be followed by more such workshops in the future for boys and girls as well as combined workshops in the future. This will help them understand each other better and help them to treat members of the opposite sex as friends and colleagues.

REFERENCES

1. Registrar General I. Census of India 2011: provisional population totals-India data sheet. Office of the Registrar General Census Commissioner, India. Indian Census Bureau. 2011.
2. Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent health: Present status and its related programmes in India. Are we in the right direction?. Journal of clinical and diagnostic research: JCDR. 2015 Mar;9(3):LE01.
3. Strategy Handbook. Rashtriya Kishor Swasthya Karyakram. Adolescent Health Division Ministry of Health and Family Welfare Government of India. January 2014 [Internet]. [cited 2014 September 8]. Available from: <https://www.dropbox.com/s/0oj4p422y7st4ku/RKSK%20Strategy%20Handbook.pdf>.
4. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3), 2005–06: India.
5. WHO. 1993.

6. Pujar L, Land Patil S. S²: Life Skill Development: Educational empowerment of Adolescent Girls; RA Journal of applied Research. 2016; 2 (5) : 468-472.
7. Puspakumara J. Effectiveness of lifeskills training programme in preventing common issues among adolescents: a community based quasi experimental study (ALST). Presentation, Dept of Psychiatry, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. 2011.
8. Vranda MN, Rao MC. Life skills education for young adolescents–Indian experience. Journal of the Indian Academy of Applied Psychology. 2011;37(9):9-15.
9. Maheswari SU, Kalaivani S. Pattern of sexual behavior in adolescents and young adults attending STD clinic in a tertiary care center in South India. Indian Journal of Sexually Transmitted Diseases and AIDS. 2017 Jul 1;38(2):171.
10. Nair MK. Adolescent sexual and reproductive health. Indian pediatrics. 2004;41(1):7-13.