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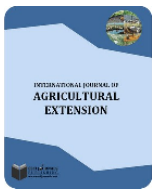

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CAPACITY BUILDING OF UNDER PRIVILEGED RURAL ADOLESCENT GIRLS BY INTERVENTION OF EXTENSION EDUCATION

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A B S T R A C T

Capacity Adolescents have very special and distinct needs, which can no longer be overlooked. Many of the programme and policies are presented in India are only for children and women focus. So this age group are marginalised in general education, life skill, nutrition, and lack of counselling of their future life. The majority of our adolescents today are those who have either dropped out of school or have never enrolled. Therefore, the greatest challenge is to provide meaningful educational opportunities for them through many possible avenues that link the formal school with arenas of non-formal and vocational education. So the present study was undertaken with the objectives (1) To assess the impact of capacity building through the general and life skill education by intervention of 4 month residential camp of under privileged adolescent girls. (2) To assess the impact of nutritional status of under privileged adolescent girls through intervention. The study was undertaken in Pisangan Block of Ajmer District of Rajasthan India. The size of the sample was 50 and exclusively purposive sampling technique was used. The major finding of the study was in general education of pre analysis almost 50% girls were illiterate and 34 % were dropped out upto 4th class, and in post analysis 64% girls acquired the level of 6th class. Pre assessment of the results shows that 68% girls were fell in underweight, 15% were normal and only 2% girls were in overweight or obese categories. After intervention of 4 month residential camp more than sixty percent girls improved their nutritional level and came in normal BMI index. The result of the life skill reveals that 94 % girls increased their awareness about gender and intoxication issues after 4 month intervention. The present study also showed that life skills education significantly reduced the alcohol and drug use among the studied adolescents. In a conclusive way we can say that 4 month residential camp have been exceptionally beneficial to these adolescents girls who have been not get a chance or due to some reason can't go to school for education. This strategy is invest in building capacities of youth to access meaningful livelihoods/jobs to augment incomes and take leadership roles for initiating and leading social change to affect development outcomes positively

Keywords: Capacity Building, adolescent girls, extension education

INTRODUCTION

Adolescents have very special and distinct needs, which can no longer be overlooked. Many of the programme and policies are presented in India are only for children and women focus. So this age group are marginalised in general education, life skill, nutrition, and lack of counselling of their future life. It is also essential to invest in adolescents, as they are the future of the country. They need to be helped to help themselves and to be helped to do it alone. By addressing their needs one would not only be contributing to the socio-economic development of the country but also to other societal concerns like social harmony, gender justice, population stabilisation and improving the quality of life of adolescents. It has often been said that in India there is no phase such as 'adolescents' – from a child one becomes a young adult. Adolescence is a significant period for mental, emotional and psychological development. Adolescence represents a window of opportunity to prepare for healthy adult life. During this period, nutritional problems originating earlier in life can be partially corrected, in addition to addressing the current ones. It is also the period to shape and consolidate healthy eating and life style behaviours, thereby preventing the onset of nutrition related chronic

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diseases in womanhood and prevalence of malnutrition in future generation.

The majority of our adolescents today are those who have either dropped out of school or have never enrolled. Therefore, the greatest challenge is to provide meaningful educational opportunities for them through many possible avenues that link the formal school with arenas of non-formal and vocational education.

"11th plan document of India on education " Ministry of Human Resource Development (2007), reveals that the social composition of out-of-school children indicates that 9.97% of Muslim children,9.54% of Scheduled Tribes (STs), 8.17% of Scheduled Castes (SCs), and 6.97% of Other Backward Class (OBC) children were out of school and an overwhelming majority (68.7%) was concentrated in five States, viz., Bihar (23.6%), UP (22.2%), West Bengal (WB) (9%), MP (8%), and Rajasthan (5.9%) The dropout rate in primary classes which has been decreasing at a very low average rate of 0.5% per annum since 1960s showed a steeper decline by 10.03% over the first three years of the Tenth Plan (29% in 2004–05 as compared to 39.03% in 2001–02).

According to the Rajinder Sachar Committee (2006) findings, more Muslim parents want to send their children to mainstream schools today. The statistics do present a dismal picture: nationwide just 68 per cent of Muslim girls go to school, compared to 72 per cent Dalit girls and 80 per cent of the girls from other communities. Overall, 25 per cent of Muslim children in the age group of 6-14 have either never attended school or have dropped out. However, Sarva Siksha Abhiyan, has started showing results. The strategies giving in centres and non-formal method of education suitable for children from deprived backgrounds seem to be working.

NNMB (2000) described that data on rural adolescents shows that most girls are still married during adolescence. One forth to one fifth among the married adolescent girls is at risk during pregnancy on account of weight and height-related parameters. Under nutrition in girls' increases up to the age of 12 years and as adolescence progresses without improvement in their food intake, it stagnates and results in 40 per cent adolescent girls being stunted, indicating that the proportion of stunting increased with age.

During adolescence, life skills development is more an active process. Despite superior intellectual abilities, the adolescent's behaviour is occasionally coloured by emotions rather than by rationality. Frequently the adolescent is in an emotional dilemma of wanting to be guided by parents, yet wishing to be free from them, and more aligned to their peers. Many critical issues reach their culmination at this stage puberty, dealing with sexuality and gender issues, tackling emotional upheaval, finishing basic schooling, need to make future educational or career choices, facing responsibilities as an individual, etc. Hence Life Skills Development has a ubiquitous relevance for adolescents. So the present study was undertaken with the objectives (1) To assess the impact of capacity building through the general and life skill education by intervention of 4 month residential camp of under privileged adolescent girls. (2) To assess the impact of nutritional status of under privileged adolescent girls through intervention.

METHODOLOGY

The study was conducted in Pisangan block of Ajmer, Rajasthan, India. The sample size of the study was 50. Selection of the sample was exclusively purposively method. The sample of the study was drawn from 4 month residential camp which was organized by Foundation for Education (Doosra Dashak) in above mentioned block.

Tool: For impact assessment of general and life skill education, personal interview with self-structured questionnaire was used. For assessment of nutritional status anthropometry measurement e.g. weight for height and weight for age methodology was used, in which weight, height and age were taken and compared to BMI scale of WHO.

Weight-for-height (W/H) measures body weight relative to height and has the advantage of not requiring age data. Normally, W/H is used as an indicator of current nutritional status and can be useful for screening children at risk and for measuring short-term changes in nutritional status. Weight-for-Age (W/A) is commonly used for monitoring growth and to assess changes in the magnitude of malnutrition over time. However, W/A confounds the effects of short- and long-term health and nutrition problems.

Procedure of data collection:

Firstly the chairman of Doosradashak contacted and asked for permission for doing research work on their 4 month residential camps of adolescents' girls. After getting permission respondents had contacted at camp and explained the purpose of study. Pre assessment of

general education, life skill education, weight, height, age and body mass index (BMI) has been taken. During the residential camp adolescent girls were contacted for fortnightly mid-term assessment. Finally on completion of camp the post assessment was done with extending thanks to all the respondents and also presented the result of intervention of 4 month residential camp to their parents. For statistical analysis mean and percentage were applied on data.

RESULTS AND DISCUSSION

Educational status of adolescents girls: Educational status of adolescent girls before attending the camp table 1 reveals that near about fifty percent of the girls were illiterate, 18 % girls had knowledge about only reading and writing skill and one third of the total respondents was drop out of class 2nd - 4th. After thorough intervention of 4 month residential camp respondents had learned skills and acquired the level of 5th class was more than one third girls. 64% girls acquired the level of 6th class. All girls are mainstreamed in Kasturba Gandhi Balika Vidyalaya (KGBV) for continuation of their education.

Fig. 1 explained the mean value of pre and post assessment of general hindi and general math. In hindi pre and post assessment mean value was 1.4 and 37.58. Similarly in math pre and post assessment mean value was 1.12 and 43.24. This mean value shows the high learning capabilities of adolescents girls and zeal of getting education if they get a chance.

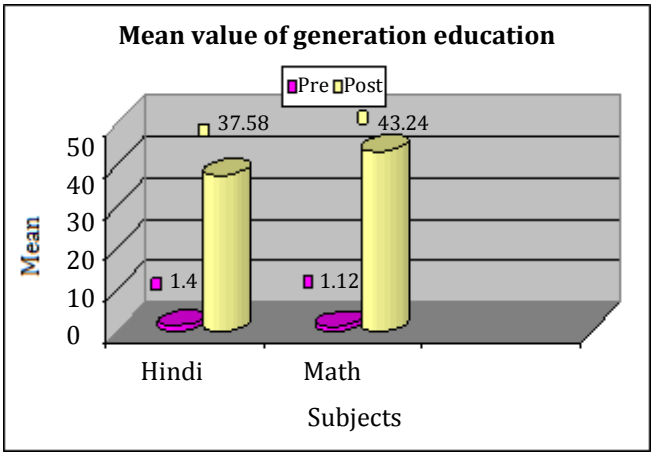

Figure 1. Mean value and percentage of General Education.

Table 1. Educational status of adolescent girls before and after camp.

Class	Number of girls (percentage)	
	Pre	Post
Illiterates	24(48%)	00
Know reading &writing	09(18%)	00
Up to 2nd -4th class Drop out	17 (34%)	00
5th Class	00	18(36%)
6th Class	00	32(64%)
Total	50(100%)	50(100%)

Health Assessment of Adolescents Girls: Table-2 depicted the Anthropometric measurements of adolescents girls. The result indicated that the mean score of weight for age of pre assessment was 27.18 KG, whereas the post assessment mean value was 30.28 KG. Similarly pre and post assessment mean value of height was 135.83cm and 138.57.This reflects that there is drastic change in height and weight of adolescent girls who were attending the 4 month residential camp

Table 2.Mean score of health assessment.

Anthropometry Measurement	Pre	Post
Weight for age	27.18	30.28
Height for age	135.83	138.57

Table and Graph 3 show the nutritional status of rural adolescent girls of 4 month residential camp. Table shows the three categories of body mass index (BMI) that are underweight, normal and overweight or obese. Pre assessment of the results shows that 68% girls were fell in underweight, 15% were normal and only 2% girls were in overweight or obese categories. After intervention of 4 month residential camp more than sixty percent girls improved their nutritional level and came in normal BMI index. The result of the study also shows that if adolescent are provided nutritional and health counselling as well as balanced diet than it will definitely improve their nutritional level. This result supported by Deshmukh, *et al*. (2006) in their study on "Nutritional Status of Adolescents in Rural Rajasthan", reveal that the anthropometric assessment at the community level is to provide an estimate of prevalence and severity of malnutrition. The prevalence of thinness (<5th percentile of BMI for age) was observed to be 53.8 per cent, chronic energy deficiency (BMI<18.5) 75.3 per cent and wasting (<- 2 Z-value of weight for height) was observed to be only 20.8 percent.

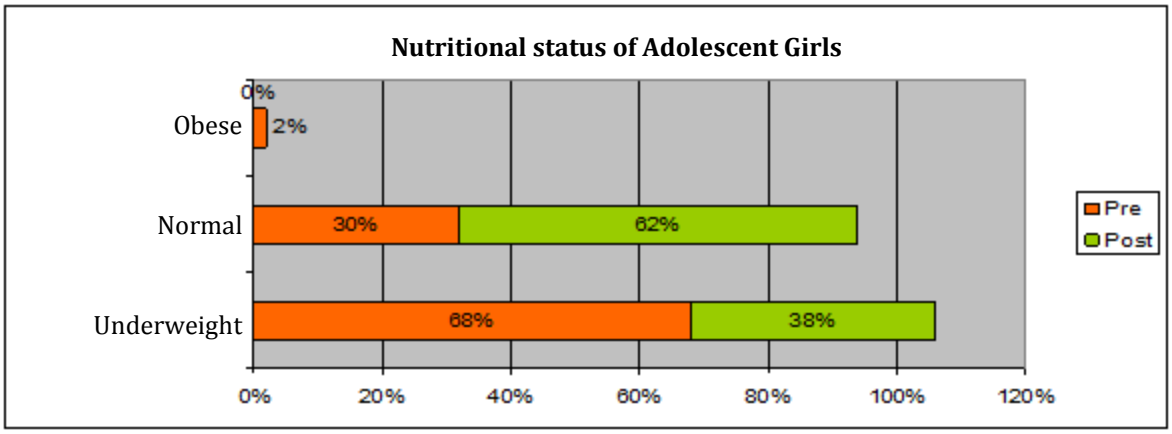

Figure 2.Mean score of health assessment.

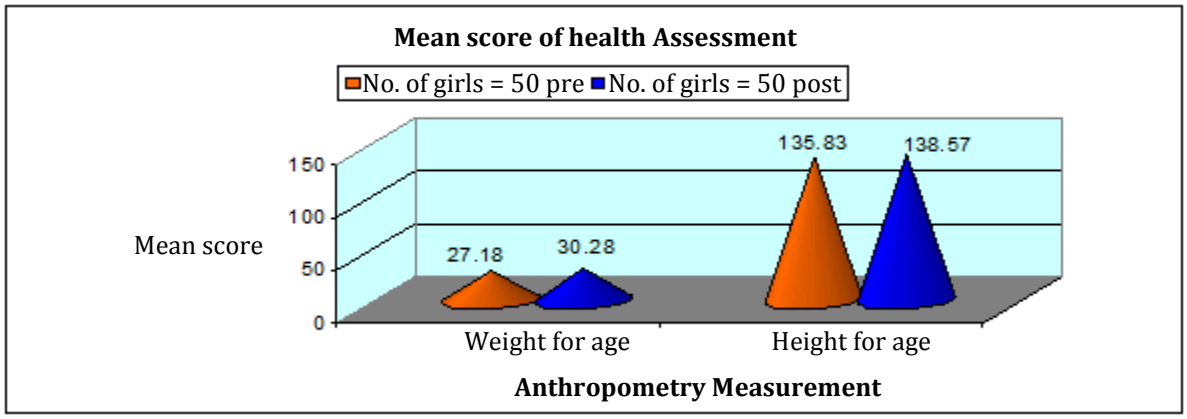

Figure3.Nutritional status of adolescent girls.

Table 3: Nutritional status of adolescent girls.

S. No.	BMI Scale	No of Girls (Percentage)	
		Pre	Post
1.	Underweight	34(68)	19(38)
2.	Normal	15(30)	31(62)
3.	Overweight or Obese	1(2)	0(0)
	Total	50(100)	50(100)

Assessment of Life Skill Education

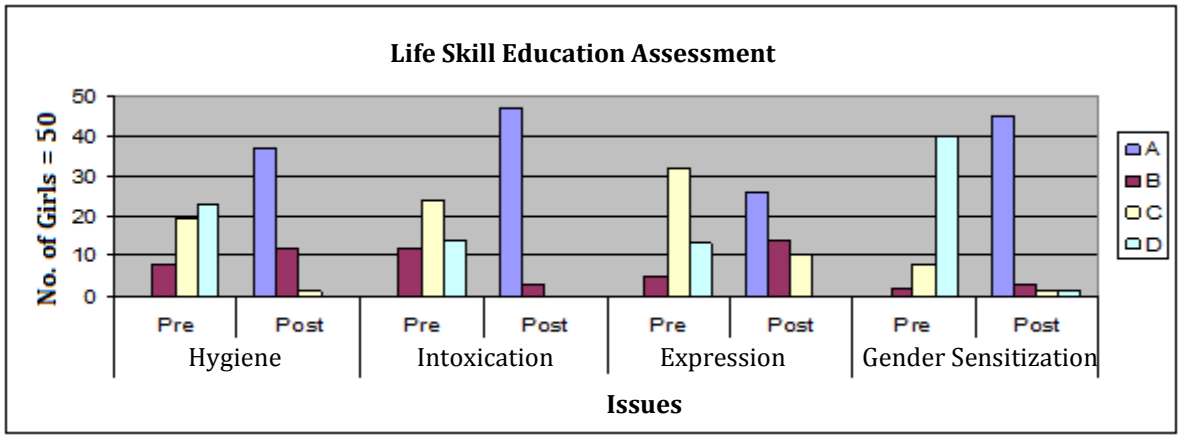

Figure 4.Life Skill Education assessment.

Table 4. Life Skill Education assessment.

Grades	Hygiene		Intoxication		Expression		Gender Sensitisation	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
A	0	37	0	47	0	26	0	45
B	8	12	12	3	5	14	2	3
C	19	1	24	0	32	10	8	1
D	23	0	14	0	13	0	40	1
TOTAL	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**

Life Skill Education: The Life Skills education is a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision–making, thinking, managing emotions, assertiveness, self–esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. The program moves beyond providing information. It addresses the development of the whole individual—so that a person will have the skills to make use of all types of information, whether it is related to HIV/AIDS, STDs, reproductive health, hygiene, safe motherhood, other health issues, and other communication and decision–making situations. The Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions. For fulfilling this aspect four issues i.e. hygiene, intoxication, expression and gender sensitization had been under taken in 4 month residential camp. Table 4 depicted that 23 girls got D grade in pre assessment and in post assessment more than fifty percent girls comes under A grade in hygiene issue. Awareness regarding personal health and hygiene has improved markedly and it has been transformed into behavioral changes. Table also shows the pre and post grading of intoxication, expression and gender sensitization issues. The result of the life skill reveals that 94 % girls increased their awareness about gender and intoxication issues after 4 month intervention. The present study also showed that life skills education significantly reduced the alcohol and drug use among the studied adolescents.

CONCLUSION

4 month residential camps are the principal means of providing integrated learning and they have been efficacious in satisfying basic learning needs of the participants. The present study shows that respondents were able to attain educational level of 5^{th} and 6^{th}, even if they were illiterate. 4 month residential camp have been exceptionally beneficial to these adolescents girls who have been not get a chance or due to some reason can't go to school for education. As seen in the present document critical awareness of respondents on social discrimination, gender equality and intoxication had been notably increased due to intervention of 4 month residential camp. This strategy is invest in building capacities of youth to access meaningful livelihoods /jobs to augment incomes and take leadership roles for initiating and leading social change to affect development outcomes positively.

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