Qualitative Assessment of Life Skill Development of Adolescent Girls through Kishori Panchayat: An Adolescents for Health Action Model in Selected Villages of Rural Central India

Ishita Guha, Chetna H. Maliye, Subodh S. Gupta, Bishan S. Garg

Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra, India

Abstract

Background: The “Adolescents for Health Action model,” Kishori Panchayat (KP) is an innovative approach for mobilizing and empowering adolescent girls by enhancing their life skills by participating in various community health activities, a platform for interaction with peer-groups, villagers, community leaders, and health-care providers. Aim: The aim of the study is to follow-up the quantitative data regarding the effectiveness of KP in enhancing life skill education among adolescent girls who are members of KP compared to Non-KP girls. Objectives: The main objectives are: (1) to study the knowledge and perceptions regarding life skills among adolescent girls (12–18 years) of KP and non-KP and (2) to identify features of KP and related contextual factors that contributed to the outcome. Methodology: The qualitative study was carried out among 100 KP girls and non-KP girls, respectively (12–18 years), under 20 villages of rural Wardha district over 1-year period after obtaining consent in writing from participants and Institutional Ethics Committee. Focus group discussion was conducted in each village. Key informant interviews of social workers of KPs and school teachers conducted until data saturation. Results: Findings suggest that KP girls had more knowledge and perception regarding life skills and their application compared to non-KP girls. Life skill education program by KP was found to be received positively by adolescent girls. Conclusion: Institutionalization of this can help in building a sustainable model for empowerment of adolescent girls.

Keywords: Adolescents, Kishori Panchayat, life skills education

Introduction

Adolescence is the most challenging phase of human life which can be considered as period of opportunity for making a productive adulthood by inculcating healthy behaviors and lifestyles and also a period of risk because majority of the health problems or risk behaviors that have serious immediate or late consequences are mostly initiated during this phase. There remains a significant gap between having accurate and reliable information and its translation into behavior; life skill development is the key facilitator.

Various programs for enhancing life skills of adolescent girls are prevailing in India. However, financial constraints, lack of trained professionals, and inadequate awareness of beneficiaries lead to poor coverage of target population, and thus, the effectiveness of these programs become doubtful.
the social workers on health education, life skills training, family life education, maternal and child health, and vocational trainings. The forum also encourages in counseling of antenatal/postnatal care, childcare, immunization, home visits, street plays, rallies, and preparing health education materials. They are also supposed to disseminate the knowledge gained through KP to peers and villagers.

Although it required intense initial efforts, gradually turned to a self-sustainable model. Thus, KP has an imperative role in developing various life skills necessary to function confidently and competently in everyday life.[5-7]

Aim
The study aimed at follow-up the quantitative data regarding the effectiveness of KP in enhancing life skill among adolescent girls who are members of KP compared to non-KP girls [Figure 1].[7]

Objectives
The main objectives of the study were as follows:
1. To study the knowledge and perceptions regarding life skills among adolescent girls (12–18 years) who are members of KP and non-KP
2. To identify features of KP and related contextual factors that contributed to the outcome.

Methodology
The quantitative study carried out from January 2016 to December 2016 in ten randomly selected villages under Anji and Waifad primary health center (PHC), respectively, in rural Wardha, Maharashtra. KP was present in Anji area only.

One hundred adolescent school-going girls aged 12–18 years who were members of KP and non KP members (10 girls from each village) were included in the study from the two PHC areas, respectively, by random lottery method.

Seven social workers of KP and 12 teachers of schools were included as key informants to identify the features of KP and various contextual factors that contributed to life skill development among girls. Informed written consent was obtained, and permission from Institutional Ethics Committee was obtained.

Data collection
i. Focus group discussions (FGD): It was conducted for each group of ten girls of KP and non-KP separately in each village. Open-ended questions were used. Audio recordings and notes were made and FGD was coordinated by the first author
ii. Key Informant Interviews: Data were collected through in-depth interviews of social workers providing health education in KPs and school teachers engaged in health education were conducted until data saturation. Open-ended semi-structured questions used. Audio recording and field notes were taken. Each interview took about 35–40 min.

Field notes
The notes contained all information provided by participants, and also their nonverbal acts were noted. The notes were rewritten, organized, and transferred to word processor.

Figure 1: Distribution of the life skills scores among Kishori Panchayat girls and non-Kishori Panchayat girls
Guha, et al.: Qualitative assessment of life skill development of adolescent girls through Kishori Panchayat

**Qualitative data analysis**

Data were compiled and analyzed using thematic framework approach. From transcripts, raw data themes were identified and grouped as First-order, second-order, and higher-order themes [Table 1].

**RESULTS**

The analysis was done under two broad themes named life skills and KP program described as follows:

**Life skills**

*Knowledge about life skills*

Majority of the school-going adolescent girls in KP were aware about few of the life skills such as problem-solving, decision-making, self-esteem and self-management, and adjustment.

A participant mentioned, “Saying NO is also a life skill and it was discussed in our KP. It helps to escape many problems.”

**Table 1: Coding Framework**

| Higher-order themes | Second-order themes | First-order themes |
|---------------------|---------------------|--------------------|
| Life skills         | Knowledge about life skills | KP girls | Non-KP girls |
|                     | Problem-solving      | Problem-solving   |
|                     | Decision-making      | Decision-making   |
|                     | Self-esteem          | Not heard of “Jivaan koushal” |
|                     | Self-management      |                    |
|                     | Adjustment            |                    |
| Sources of developing life skills | KP | Parents |
|                     | Schools               | Schools |
|                     | Parents               | Siblings |
|                     | Textbooks             |                    |
| Perception of life skills | Improves academic performance | Job opportunity increases |
|                     | Self-capability to solve problem | Helpful in academics |
|                     | Personality buildup   | Improve in sports and extracurricular activities |
|                     | Develop confidence    |                    |
|                     | Useful at job/job opportunity |                    |
|                     | Useful in personal lives |                    |
| Application of life skills | Management of personal issues | Not known by most |
|                     | Management of family issues | Academic improvement |
|                     | Management of community issues | Family and personal problem solution |
|                     | Academic development  |                    |
| Transfer of life skills | Transfer knowledge to siblings and friends | Transfer knowledge to siblings |
| KP Program           | Positive views        | Learning opportunity |
|                     | Opportunity to communicate with peer groups | |
|                     | Practical knowledge gain |                    |
|                     | Adverse situation handling |                    |
|                     | Acquire leadership skill |                    |
|                     | Role of KP girls in various fields | |
|                     | Involvement of girls in Village Health Nutrition and Sanitation Committee | |
|                     | Support from parents, village | |
| Negative views       | Time management problem | |
|                     | Availability of all group members | |
|                     | Irregularity of meetings | |
|                     | Less interesting | |
|                     | Workload of trainers | |
| Drawbacks in life skill training in KP | Short duration | |
|                     | Irregularity of meetings | |
|                     | Lack of interest of social workers | |
| Suggestions for improvement | Approach in deliberation of lectures | |
|                     | Change in timings of meetings | |
|                     | Regularity of meetings | |
|                     | Involvement of parents | |
|                     | Quality training of social workers | |
|                     | Additional supportive social worker | |
|                     | Guest lectures | |

KP: Kishori Panchayat
Another said, “Jivaan koushal yane khud se decision lene ki aur sabke sathe mil jhul ke rehne ki kshamta hota hai.”

“Life skill is self-decision making capability and adjustment with all.”

Very few of the non-KP girls had some knowledge regarding life skills, but majority of them were unaware about the word “jivaan koushal”. As mentioned by one girl, “Jivaan koushal ke bare me maine nehi suna kabhi.”

“I have never heard of life skills.”

One girl said that life skills were not taught in their schools. Hence, it is clear that the KP girls had better knowledge regarding life skills compared to non-KP girls.

Sources of developing life skills

Almost all the KP girls mentioned that the sources that are helpful for the development of their life skills are KP. Few girls said that from schools and parents also they get to know about life skills and only one girl mentioned that she knew it from textbook. None of the girl mentioned about role of friends, neighbors, or media in developing life skills.

“Kishori Panchayat meetings me hume jivaan koushal par bataya jata hai aur hum apne ghar ke problems aur personal problems bhi share karte hai, aur jayshree tai (social worker) hume upay batate hai kaise problem se bahar nikal sakte hai.”

“In the Kishori Panchayat meetings, we are told about life skills and we also share our personal and family problems and Jayshree tai (social worker) tells us how to solve those”.

“Koi problem hua to maa baba batate hai kaise aur kya karna chahiye.”

“If there is any problem, I talk to my parents and they tell me what and how to solve the problem.”

One mentioned that “Schools me bhi health education class mai teacher batate hai kaise aur kahare NO kehna chahiye.”

“In schools also teachers tell us about how and where to say NO.”

One teacher mentioned that “Baccho ke school ke kitab mai likha hai jivaan koushal ke bare me, par ye directly nehi padhaya jata hai.”

“Life skills are mentioned in the text books, but we do not directly teach those.”

According to most of the social workers, KP is a unique platform for life skill training. However, as the girls stay most of the time with family members and in schools, so parents and school teachers also have a major role in life skill training. Also few of them said that girls of this age are more influenced by peer groups. Non-KP girls mostly mentioned about schools, parents as sources of life skill education.

Perception regarding utility of life skills

The KP girls have a clear notion that life skills are helpful even for their future lives.

Girls opined that, “It will help us to become a better person and tackle many hurdles of day to day life. It will be also helpful for our academic development and personal development.”

“Jivan Koushal sikshan se hum apne problems khud solve kar payenge aur hamari confidence bhi bar jayegi.”

“By developing life skills, we shall be able to solve our own problems, and there will be increase in our confidence.”

One said, “Jivan koushal sikhe se humari studies me bhi aache marks ayenge aur future mai hum kya karna hai wo soch payenge, jobs mai bhi fayda hoga.”

“By learning life skills we shall be able to score good marks in academics and we shall be able to take decision for our future studies, it will be helpful for jobs also.”

According to social workers and school teachers, life skills will help girls in developing their personality, confidence, and tackle day-to-day problems wisely and take decisions correctly.

Few of the non-KP girls mentioned it is helpful for academic development and career opportunity improvement in sports and extracurricular activities, but most of the non-KP girls were unaware regarding life skills and its utility.

Many teachers mentioned that life skill training improves classroom interaction, improvement in academic performances. Furthermore, teacher–student relationship improves as stated by one.

Methods of applications and transfer of life skills

According to the KP girls, life skills are applicable everywhere in daily life, straight from managing personal issues, family problems, and academics and also in their future lives.

One mentioned, “I set my targets for study and manage my routine accordingly for studies, so during examination time, I do not get panic.”

Hence, the popular reasons found for life skills application were handling personal disputes, time management, and growing self-confidence.

On asking most of the girls in KP mentioned that they impart what they learn in KP to their siblings and friends.

As stated by a social worker, in a village KP girls, and self-help group females saved one minor girl from early marriage. They all went to the girl’s father and counseled regarding the disadvantages of early marriage, and finally, the parents agreed.

KP also arranges for Kishori melawas where they get to know regarding various health issues and life skills development as stated by social workers. Furthermore, KP girls share their experiences which also helps in transmitting the life skill education and information to others.

Few of the non-KP girls stated that life skills can be transferred from teachers and parents. Life skills can be applied for problem-solving, decision-making, and for managing academic performances as mentioned by a non-KP girl.
Kishori Panchayat program

Positive views
Most of the adolescent girls said that KP provides learning opportunity. “Hume naye azaaro ke bare me pata chalta hai aur kissa kharra, duar ki laat hai to kya karna hai wo bhi bataate hai.”

“We get to know about many new diseases and if someone is having addiction to tobacco, alcohol, we are told how to manage such issues.”

Few said that “Hum log KP me sabse baat cheet kar sakte hai, apna problem bhi share kar pate hai. “

“We can talk to each other in KP and share our problems.”

According to social workers, KP helps to build leadership qualities among the girls, enhance confidence, and encourages toward self-development.

A social worker reported that they divide the KP girls into various subcommittees named “swacchata”, “arogya”, “prachar prasar,” and “bal suraksha din committee,” and they are mostly involved in health awareness, immunization, and counseling during village health and nutrition days, and awareness regarding various national programs. Thus, girls acquire communication skills and decision-making capacities. Even KP girls used to be members of Village Health, Nutrition and Sanitation Committees that also attribute to leadership qualities development, but unfortunately, recently, this practice is not prevalent everywhere. One social worker also stated that girls of rural areas are more supportive than urban areas, though initially during formation of KP in rural areas even parents of the girls were against, after repeated counseling, it was possible, and at present, they get full family and village support.

Negative views
Regular attendance and time adherence in KP were difficult for girls in higher classes, as they have to go for tuitions as mentioned by social workers and girls.

Very few girls in late adolescence said that they find KP teaching not interesting as topics are repeated.

Availability of all group members together is difficult and few said that KP meetings are not held regularly.

Most of the social workers mentioned that because of workload, it is difficult for them to concentrate on KP activities fully.

Drawbacks in life skill training in KP
Time constraint, a common issue as mentioned by almost all participants. Few girls said that KP group meeting occurs once a month and many topics are discussed within this short time period which is not very effective.

Few said that meetings are not conducted regularly, so it is difficult to keep pace with the continuity of training process.

Majority of the social workers said that they are not trained specifically for proving life skill training. But for better effectiveness, they feel the necessity of training. Few reported that lack of interest of social workers may also affect the training program; it may be because most of them are overburdened with work.

Suggestions for improvement
Many participants suggested that life skill training classes should be separately arranged and detailed discussion with examples of practical problems may be more effective.

Few girls suggested that teaching techniques need to be improved and made more interesting rather than simple lectures.

“My mobile mai azaaro ki video dikhate hai, usse iya daad rehta hai, waise aagar jivaan koushal bhi Sikhate to aacha hota.”

Few elder girls of KP mentioned that instead of attending meetings after school and tuitions if it could be arranged during the leisure period, they will be able to attend regularly.

Many social workers mentioned that teaching should be more focused to the practical problems of daily lives. Guest lecturers can be more effective as stated by one as girls will follow them more. Moreover, they felt the need of additional workforce.

“Sath me aur koi bhi hota to kaam bhi aachese kar pate aur KP me focus kar payenge.”

Few social workers and teachers mentioned that involvement of parents is also necessary in KP meetings.

Discussion
Findings suggest that KP girls were more aware regarding knowledge and perceptions regarding life skills and its application and transfer compared to non-KP girls which is also seen in quantitative data analysis. Thus, it suggests that training of life skills by direct sessions or during the process of community activities, KP has played a positive role in life skills development of adolescent girls. It may also be attributed to the fact that KP girls get more exposure to communicate and express their thoughts and problems before peer group during KP meetings and community activities. Thus, in this process, they develop and enhance their communication skill, problem-solving, critical and creative thinking, empathy skills, leadership qualities social workers also share their experiences from which also girls get awareness, and can prepare themselves for various inconveniences. Moreover, sharing problems helps in coping with stressed situations. Thus, KP prepares girls to be self-reliant, proficient, and empowered.

Life skill education program of KP was found to be received positively by the adolescent girls. It promotes learning opportunity, communication, leadership skills, self-esteem, coping up with adverse situations, adjustment in schools, family and society, improves academic performances, and also enhances future scopes. The findings indicated mainly two drawbacks, short duration imparted for life skill training and irregularity of KP meetings. Possible solution can be more time allotment for each of individual skill training by introducing innovative techniques. Linking more girls to KP may be effective in maximizing the effect of life skill
Table 2: Findings of other studies

| Study                  | Life skill education model                                                                 | Findings                                                                 |
|------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Marios and Georgios(9) | Consisted of 17 teaching hours, thrice in a week implemented for 2 months                  | Positive reception of the program by participants was noticed            |
|                        | Goal-setting, problem-solving strategies, and positive thinking skill development were emphasized | Lack of variety in teaching techniques and compulsory nature of goal-setting were the drawbacks |
| Srikala and Kishore (2010)(9) | NIMHANS model was implemented weekly once for an hour and continued for 1 year (total 12-20 sessions). Training of teachers was also conducted | Significant improvement in adjustment capability with teachers, peers, family members, healthy behavior changes, enhanced coping skills, and self-worth perceived by adolescents was reported |
| Mohammadi(10)          | Pre-poststudy life skill training was imparted in the experimental group in 12 sessions (each session of 90 min) as lectures, discussion, practical exercises, role plays, provision of educational pamphlets, books and journals | Improved self-esteem and life satisfaction among adolescent students was reported which is also predictor of mental and psychological health |
| Pujar and Patil (2016)(11) | Training of adolescents through training modules, guest lectures, brainstorming methods, role plays, working in groups for a period of 3 months, weekly twice | Posttest after a month suggested significant improvement in critical thinking, coping with stress, problem-solving, creative thinking, and empathy skills |
| Kazemi et al.(12)      | Life skill training administered in experimental group of adolescent students and pre-postassessment done using training module | Communication skill and self-awareness was significantly increased after life skill training among adolescents |
| Parvathy and Pillai(13) | Life skill training module was administered on one group of adolescents and no training was given to the other group. Pre-postdata was collected | Overall decision-making skill, critical thinking skill was significantly enhanced in the experimental group |

NIMHANS: National institute of mental health and neurosciences

development among them. Moreover, guest lecturers from specialists, parents meetings can be useful.

The results of this study compliment the results of Marios and Georgios, Srikala and Kishore (2010), Mohammadi, Pujar and Patil (2016), Kazemi et al., Parvathy and Pillai, study which suggests effectiveness of life skills training programs [Table 2]. Although in these studies, life skill education sessions were taken directly and for definitive period of time, whereas KP is imparting life skill training through both direct sessions and indirectly by participation in community activities [Table 2].

**Limitation**

Biases could not be removed regarding information collection as non-KP girls were not much cooperative during focus group discussion due to poor rapport, so the results of the study cannot be generalized. The reason may be as they did not have such frequent exposures to such interviews.

**Conclusion**

Based on the study, we can conclude that life skill education by a community-based adolescent for health action model like KP was found to be very suitable and effective for rural adolescent girls in empowering them and enhancing their knowledge and perception regarding life skills. Hence, this kind of model with minimum resources and intensive efforts can be a good support system at the community level.

**Implications**

This type of self-sustainable model for adolescent girls is found to be very helpful in empowering them.

**Financial support and sponsorship**

Nil.

**Table 2: Findings of other studies**

| Study                  | Life skill education model                                                                 | Findings                                                                 |
|------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Marios and Georgios(9) | Consisted of 17 teaching hours, thrice in a week implemented for 2 months                  | Positive reception of the program by participants was noticed            |
|                        | Goal-setting, problem-solving strategies, and positive thinking skill development were emphasized | Lack of variety in teaching techniques and compulsory nature of goal-setting were the drawbacks |
| Srikala and Kishore (2010)(9) | NIMHANS model was implemented weekly once for an hour and continued for 1 year (total 12-20 sessions). Training of teachers was also conducted | Significant improvement in adjustment capability with teachers, peers, family members, healthy behavior changes, enhanced coping skills, and self-worth perceived by adolescents was reported |
| Mohammadi(10)          | Pre-poststudy life skill training was imparted in the experimental group in 12 sessions (each session of 90 min) as lectures, discussion, practical exercises, role plays, provision of educational pamphlets, books and journals | Improved self-esteem and life satisfaction among adolescent students was reported which is also predictor of mental and psychological health |
| Pujar and Patil (2016)(11) | Training of adolescents through training modules, guest lectures, brainstorming methods, role plays, working in groups for a period of 3 months, weekly twice | Posttest after a month suggested significant improvement in critical thinking, coping with stress, problem-solving, creative thinking, and empathy skills |
| Kazemi et al.(12)      | Life skill training administered in experimental group of adolescent students and pre-postassessment done using training module | Communication skill and self-awareness was significantly increased after life skill training among adolescents |
| Parvathy and Pillai(13) | Life skill training module was administered on one group of adolescents and no training was given to the other group. Pre-postdata was collected | Overall decision-making skill, critical thinking skill was significantly enhanced in the experimental group |

NIMHANS: National institute of mental health and neurosciences

development among them. Moreover, guest lecturers from specialists, parents meetings can be useful.

The results of this study compliment the results of Marios and Georgios, Srikala and Kishore (2010), Mohammadi, Pujar and Patil (2016), Kazemi et al., Parvathy and Pillai, study which suggests effectiveness of life skills training programs [Table 2]. Although in these studies, life skill education sessions were taken directly and for definitive period of time, whereas KP is imparting life skill training through both direct sessions and indirectly by participation in community activities [Table 2].

**Limitation**

Biases could not be removed regarding information collection as non-KP girls were not much cooperative during focus group discussion due to poor rapport, so the results of the study cannot be generalized. The reason may be as they did not have such frequent exposures to such interviews.

**Conclusion**

Based on the study, we can conclude that life skill education by a community-based adolescent for health action model like KP was found to be very suitable and effective for rural adolescent girls in empowering them and enhancing their knowledge and perception regarding life skills. Hence, this kind of model with minimum resources and intensive efforts can be a good support system at the community level.

**Implications**

This type of self-sustainable model for adolescent girls is found to be very helpful in empowering them.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

**REFERENCES**

1. Sunita S, Gururaj G. Health behaviours and problems among young people in India: Cause for concern and call for action. Indian J Med Res 2014;140:185-208.
2. Sharma S. Measuring life skills of adolescents in a secondary school of Kathmandu: An experience. Kathmandu Univ Med J (KUMJ) 2003;1:170-6.
3. Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent health: Present status and its related programmes in India. Are we in the right direction? J Clin Diag Res 2015;9:L001-6.
4. Gupta M, Bhatnagar N, Bahugana P. Inequity in awareness and utilization of adolescent reproductive and sexual health services in union territory, Chandigarh, North India. Indian J Public Health 2015;59:9-17.
5. Varley S. Community Led Initiatives for Child Survival Program; 2008. Available from: http://pdf.usaid.gov/pdf_docs/Pdaca727.pdf. [Last cited on 2017 Nov 27].
6. Pyle DF, Gupta SD, Kumar Y, Nangalia R, Pahariya S. Child Survival Program India Final Evaluation; 2008. Available from: https://www.oecd.org/derec/unitedstates/42305530.pdf. [Last cited on 2017 Nov 27].
7. Guha I. Life Skills of Adolescent Girls in Relation to Their Self-Concept Developed Through Kishori Panchayat in Rural Central India. Master’s Thesis. Nashik, Maharashtra: Maharashtra University of Health Sciences; 2018. p. 152.
8. Marios G, Georgios G. A quantitative evaluation of a life skills program in a physical education context. Hell J Psychol 2010;7:315-34.
9. Srikala B, Kishore KV. Activity Manual for The Teachers on Health Promotion Using Life Skills Approach: 9th Standard, Bangalore: National Institute of Mental Health and Neurosciences; 2010.
10. Mohammadi A. Survey the effects of life skills training on Tabriz high school student’s satisfaction of life. Procedia Soc Behav Sci 2011;30:1843-5.
11. Pujar L, Patil S. Life skill development : Educational empowerment of adolescent girls. RA J Appl Res 2016;2:468-72.
12. Kazemi R, Monemi S, Abolahsami A. The effectiveness of life skill training on self-esteem and communication skills of students with dyscalculia. Procedia Soc Behav Sci 2014;114:863-6.
13. Parvathy V, Pillai RR. Impact of life skills education on adolescents in rural school. Int J Adv Res 2015;3:788-94.