

**A STUDY ON SELF ESTEEM BEFORE AND AFTER  
HUGGING AMONG ADOLESCENT GIRLS IN  
SELECTED ORPHANAGE, BANGALORE.**

**BY  
30083643**

**A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R.  
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF  
THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF  
MASTER OF SCIENCE IN NURSING**

**MARCH - 2010**

**A STUDY ON SELF ESTEEM BEFORE AND AFTER  
HUGGING AMONG ADOLESCENT GIRLS IN  
SELECTED ORPHANAGE, BANGALORE.**

**BY  
30083643**

Research Advisor: \_\_\_\_\_

Prof. Dr. JEYASEELAN MANICKAM DEVADASON, R.N., R.P.N., M.N., D.Lit., Ph.D.,

Clinical Speciality Advisor: \_\_\_\_\_

Dr. Mrs. TAMILMANI, R.N., R.M., M.N., D.Lit., Ph.D.,

**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
AWARD OF THE DEGREE OF MASTER OF SCIENCE IN NURSING  
FROM THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.**

**MARCH – 2010**

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

30083643

AT THE ANNAI J.K.K. SAMPOORANI AMMAL COLLEGE OF NURSING

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD  
OF THE DEGREE OF MASTER OF NURSING FROM THE TAMILNADU DR. M.G.R.  
MEDICAL UNIVERSITY, CHENNAI.

Examiners:

1. \_\_\_\_\_

2. \_\_\_\_\_

---

Dr. JEYASEELAN MANICKAM DEVADASON,  
R.N., R.P.N., M.N., D.Lit., Ph.D.,  
DEAN, H.O.D., Nursing Research,  
Annai J.K.K. Sampoorani Ammal College of Nursing,  
Komarapalayam.

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

30083643

AT THE ANNAI J.K.K. SAMPOORANI AMMAL COLLEGE OF NURSING

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD  
OF THE DEGREE OF MASTER OF NURSING FROM THE TAMILNADU DR. M.G.R.  
MEDICAL UNIVERSITY, CHENNAI.

---

Dr. JEYASEELAN MANICKAM DEVADASON,  
R.N., R.P.N., M.N., D.Lit., Ph.D.,  
DEAN, H.O.D., Nursing Research,  
Annai J.K.K. Sampoorani Ammal College of Nursing,  
Komarapalayam.

# ACKNOWLEDGEMENT

*But he said to me, "My grace is sufficient for you,  
for my power is made perfect in weakness."*

*- Corinthians 12:9*

It gives me immense pleasure to remember with gratitude all those who stood by me, supporting and encouraging me in each and every moment of this endeavor. It is their love and care that helped me to make this difficult sail a smooth one.

First of all I praise and thank the **LORD ALMIGHTY** for **HIS** abundant grace and providing me strength and blessings through out this study.

I owe my deep sense of gratitude to **Dr. J.K.K MUNIRAJAH**, Founder, Managing Trustee, Annai J.K.K Sampoorani Ammal College of Nursing for the facilities he had provided me in this institution during this course of my study.

I am greatly indebted to my guide, **Dr. JEYASEELAN MANICKAM DEVADASON**, Dean, HOD - Nursing Research, Annai J.K.K. Sampoorani Ammal College of Nursing, Komarapalayam. Who helped me to grow in the process of doing this work, who has always been there to patiently listen and to give his valuable suggestions, showing me the right track to proceed in this work. His constant support and utmost consideration was felt at the most needed moments of this work. Which invariably contributed his knowledge to unite the difficult knots of this research work.

I express my grateful thanks to Prof. **Dr.Mrs. TAMILMANI**, Principal, Annai J.K.K Sampoorani Ammal College of Nursing, for her constant support, encouragement and guidance, and valuable hints she rendered during the course of this study.

I am indebted and will ever remain grateful to **Prof. Mrs. JESSIE SUDARSANAM**, M.Sc., (N), Annai JKK Sampoorani Ammal College of Nursing, for her valuable guidance and encouragement.

I extend my sincere gratitude to the panel of experts namely, **Dr. MUNIRAJU**, Psychiatry, **Dr.TAMILMANI**, Principal, **Mr. SENTHIL KUMAR**, **Mrs. LALITHA VIJAY** and **Ms.SOPHIA**, for giving their valuable opinions and suggestions for this study.

I express my heart felt thanks and gratitude to **Mrs. BEULAH FERNANDEZ**, Director, **Sunshine Children Home**, for her subtle humor and all possible help and support in conducting my study and also encouraged me for all my achievements.

I express my sincere thanks to **Mr. DHANAPAL**, Statistician for his wonderful guidance rendered in the statistical analysis of the data.

I extend a special thanks, to the librarians, **Mr. JEYARAJ** and **Mr. EBENEZAR**, Annai JKK Sampoorani Ammal College of Nursing, NIMHANS Bangalore, and the librarian of Dr.MGR Medical University, Chennai and CMC Vellore for providing the necessary support and guidance in the search for the literature on the project.

My sincere thanks to **Mr.M.SETHURAMAN**, **Mr.V.MOHANRAJ**, **Mr.M.PALANISAMY**, **Mr.T.JAGANRAJ** and **Mr.S.MANIKANDAN**, Computer staff for their excellent cooperation in the task of preparing the Script of this Thesis.

I owe my deep sense of gratitude towards all **Adolescent Girls in Sunshine Home**, who participated in the study willingly and gave full cooperation during data collection.

My heartfelt thanks to my beloved friend **Ms. KAVITHA.K**, who helped me a lot and tried her best to bring out the best in me and for timely help and endless support towards me during this study.

I am at loss if I do not thank my **CLASSMATES**, friends, and loved ones for their encouragement and contributions during the study.

Above all I would take this time to once again thank our **GOD ALMIGHTY** for **HIS** marvelous leading presence through out the walk of Life.

**30083643**

## TABLE OF CONTENTS

| CHAPTER<br>NO. | CONTENT  | PAGE NO.     |
|----------------|--|--------------|
| <b>I</b>       | <b>INTRODUCTION</b>                              | <b>1-14</b>  |
|                | - Background of the study                        | 1            |
|                | - Need for the study                             | 3            |
|                | - Statement of the problem                       | 10           |
|                | - Objectives of the study                        | 10           |
|                | - Hypotheses                                     | 11           |
|                | - Operational definition                         | 11           |
|                | - Assumptions                                    | 12           |
|                | - Delimitations                                  | 12           |
|                | - Conceptual framework of the study              | 12           |
| <b>II</b>      | <b>REVIEW OF LITERATURE</b>                      | <b>15-24</b> |
|                | 1. Studies related to self esteem and adolescent | 15           |
|                | 2. Studies related to hugging                    | 21           |
|                | 3. Studies related to touching and self esteem   | 23           |
| <b>III</b>     | <b>METHODOLOGY</b>                               | <b>25-32</b> |
|                | - Research approach                              | 25           |
|                | - Research design                                | 25           |
|                | - Variables                                      | 28           |
|                | - Settings of the study                          | 28           |
|                | - Population                                     | 28           |
|                | - Sampling criteria                              | 29           |
|                | - Sample and sample size                         | 29           |

| CHAPTER<br>NO. | CONTENT   | PAGE NO.     |
|----------------|---|--------------|
|                | - Sampling technique  | 29           |
|                | - Development of the tool   | 30           |
|                | - Description of the tool   | 30           |
|                | - Scoring   | 30           |
|                | - Validity of the tool  | 30           |
|                | - Reliability   | 31           |
|                | - Pilot study   | 31           |
|                | - Data collection procedure   | 31           |
|                | - Plan for data analysis  | 32           |
|                | - Ethical consideration   | 32           |
| <b>IV</b>      | <b>DATA ANALYSIS AND INTERPRETATION</b>   | <b>33-43</b> |
|                | - Data on background factors of self esteem among adolescent girls.   | 34           |
|                | - Data on self esteem before and after hugging among adolescent girls.  | 41           |
|                | - Data on association between the mean difference in self esteem and background factors among adolescent girls. | 42           |
| <b>V</b>       | <b>SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION</b>                 | <b>44-49</b> |
|                | - Summary   | 44           |
|                | - Characteristics of the study sample   | 46           |
|                | - Major Findings  | 46           |
|                | - Discussion  | 47           |

| CHAPTER<br>NO. | CONTENT              | PAGE NO.     |
|----------------|----------------------|--------------|
|                | - Implications       | 48           |
|                | - Limitations        | 49           |
|                | - Recommendations    | 49           |
|                | - Conclusion         | 49           |
|                | <b>REFERENCES</b>    | <b>50-54</b> |
|                | - Text books         | 50           |
|                | - Journals           | 51           |
|                | - Unpublished Thesis | 54           |
|                | - Secondary sources  | 54           |
|                | <b>APPENDICES</b>    |              |
|                | <b>ABSTRACT</b>      |              |

## LIST OF TABLES

| TABLE NO | TITLE  | PAGE NO. |
|----------|--|----------|
| 1.       | Frequency and percentage distributions on adolescent girls regarding background factors                                    | 34       |
| 2.       | Linear regression regarding association between mean difference self esteem and background factors among adolescent girls. | 42       |

## LIST OF FIGURES

| FIGURE NO. | TITLE  | PAGE NO. |
|------------|--|----------|
| 1.         | Conceptual frame work  | 14       |
| 2.         | Research design  | 27       |
| 3.         | Frequency and percentage distribution of availability of parents among adolescent girls. | 37       |
| 4.         | Frequency and percentage distribution of hostel experience among adolescent girls.       | 38       |
| 5.         | Frequency and percentage distribution of education among adolescent girls.               | 39       |
| 6.         | Frequency and percentage distribution of leisure time activity among adolescent girls.   | 40       |
| 7.         | Mean self esteem before and after hugging among adolescent girls.                        | 41       |

## LIST OF APPENDIX

| NO. | APPENDIX  |
|-----|---|
| 1.  | Letters seeking permission for content validity         |
| 2.  | List of experts   |
| 3.  | Permission letter to conduct the research study         |
| 4.  | Permission letter granted to conduct the research study |
| 5.  | Content validated certificate                           |
| 6.  | Self administered questionnaire (English)               |
| 7.  | Standardized tool of Rosenberg's self esteem scale.     |
| 8.  | Guidelines to hug a girl                                |

# CHAPTER – I

## INTRODUCTION

*“ Give a little love to a child and you get a great deal back”*

-Ruskin

### BACKGROUND

Adolescents are the specific group of people in the society to carry out many developmental tasks and resolve the problems of the nation but many times they themselves land up in the problem because of configurations, dilemmas, ambivalent thoughts and pessimism about their future life. The number of adolescents aged 10-19 years in India is increasing and is estimated to be 230 million, comprising over one fifth of the population. **(United Nations Population Fund. (2006) Adolescents in India.)**

The negative effects of institutional rearing are well documented. Poor care giving, lack of stimulation, and the absence of a consistent caregiver have been implicated in the negative outcomes among institutionalized children (**Rutter *et al*, 2001**). As fostering and adoption are not as yet available, or even accepted, in some countries, orphanages are still being used as child placements following disasters, war situations and other causes of parent loss or absence. Although such settings can provide a secure and positive alternative to abusive and unsafe family or community environments, they cannot provide individualized and family nurturing. Instead, evidence predominantly from studies with infants and young children, indicates the risk of attachment disorders and developmental delays (in the physical, behavioral, social and cognitive domains). These are largely accounted for by absence of individual nurturing relationships with primary caregivers (**Daunhauer *et al*, 2005**). Findings are

similar to those from research with children in public care who have been raised in a range of institutions (Browne *et al*, 2006). Additional risk factors operate for children orphaned by HIV/AIDS. Age of admission to the institution and length of stay are important factors involved (Leite and Schmid, 2004).

Self-esteem is all about how much we feel valued, loved, accepted, and thought well of by others and how much we value, love, and accept ourselves. People with healthy self-esteem are able to feel good about themselves, appreciate their own worth, and take pride in their abilities, skills, and accomplishments. People with low self-esteem may feel as if no one will like them or accept them or that they can't do well in anything.

The most basic task for one's mental, emotional and social health which begins in infancy and continues until one dies, is the construction of his or her positive self esteem. According to Maslow people 'have a need or desire for a stable, firmly based, usually high evaluation of themselves for self-report or self esteem and for self esteem of others.

When teenagers struggles with issues such as poor grades, social awkwardness, the loss of friends during transition, or adjustment to change, they can often question themselves and their self worth. Being teenagers, they tend to be more observant of the comments that people are making and they use these comment to determine their worth in the world. Of course they are naturally looking for specific things to be said and instead of asking the question they hope to have these answers provided for them. Without direct communication teenagers often misinterpret the communication around them.

'Touch Needs' are met by having a positive family support system that shows affection which can help adolescence feel important, needed, and loved. If they cannot fulfill those "touch needs" in the home, they reach out to the world. Hugging loosens you up and breaks the bond of body as well as society. Hugging also brings people closer to each other. If an

interpersonal relationship with somebody is not working, hugging 20 times a day and will make a significant difference.

The theory is that touch is not only nice. It's needed! Scientific research supports the theory that stimulant by touch is absolutely necessary for our physical as well as our emotional well-being. Touch is used to help relieve pain and depression and anxiety, to bolster a patient's will to live, and to help premature babies who have been deprived of touch in their incubator to grow and thrive.

## NEED FOR THE STUDY

Young people between 10 and 19 years constitute approximately 1.8 billion and represent 27% of the world population. More than half of the world's young people- some 850 million between the ages of 10 and 19 live in Asia and the Pacific. (UNFPA 2005). In the South Asian region it constitutes 31% of the total population.

Adolescents aged 10-19 years comprise over one-fifth of population. Within the region, Bangladesh and Pakistan have the greatest proportion of adolescents, while India has the greatest absolute number. Adolescent age 10-19 years consists of 331.1 million and represents 30% of the total population (2006). **(India, central statistical organization, youth in India).**

A positive sense of self esteem is an important variable in determining how an individual functions in the world. A person's ability to contribute in a meaningful way to society often depends on one's self esteem.

**Martyn.N (2009)**, studied the relationships among self-esteem, stress, coping, eating behavior, and depressive mood in adolescents. The purpose of this study was to examine relationships among self-esteem, stress, social support, and coping; and to test a model of their

effects on eating behavior and depressive mood in a sample of 102 high school students (87% minority). Results indicate that (a) stress and low self esteem were related to avoidant coping and depressive mood, and that (b) low self-esteem and avoidant coping were related to unhealthy eating behavior and also suggests that teaching adolescents skills to reduce stress, build self-esteem, and also use more positive approaches to coping may prevent unhealthy eating and subsequent obesity, and lower risk of depressive symptoms.

Self-esteem as a basic human need as it plays a vital and essential role for the normal and healthy development. It is an important component in psychological health. It increases one's self- worth, self-identity, value and self-confidence thereby bringing happiness and achievements in one's life.

Maslow defines these basic needs in his famous hierarchy of needs, which includes psychological needs, the needs for safety and security, the need for love and belonging, the need for self esteem and the need to actualize the self. One of the important components of Maslow's hierarchy is the self esteem. Self esteem is one's judgment of one's own worth that is how the person's standards and performance are compared to others and to one's ideal self. If a person's self- esteem does not match with the ideal self, then low self- concept results. Self esteem is an important issue of mental health. Most people have a need for a stable self-respect and self esteem. Maslow explains a lower and a higher self esteem. The lower one is the need for status, recognition, fame, prestige and attention. The higher one is the need for self- esteem, strength, competence, mastery, self confidence, independence and freedom. The last one is higher because it rest more on inner competence won through experience. Deprivation of these needs can lead to a sense of inferiority, weakness and helplessness. Healthy self-respect is based on earned respect. **(Maslow)**.

Low self-esteem is a critical issue facing teens. It has been proven that low self-esteem affects learning and can lead to such problems as delinquency, unhealthy relationships, eating disorders, drugs and suicide.

Children struggle hard in getting the most essential requirements to meet the basic needs of life and such children need special attention and educational intervention. These disadvantaged adolescents are generally malnourished and often anemic; many of them physically stunted, suffer psychologically from undue family pressures and abuses and are neglected at home. They tend to develop low self-esteem from broken families, single-headed households because of the death, separation, or labor migration of one of their parents. Moreover, they live in slums and squatter communities, sub-human conditions and are susceptible to crime syndicates and gang conflicts, substance/drug abuse, and gambling.

**Fromme et, al. (2002)** conducted a study on child's comfort with touch which was directly related to higher levels of socialization, self- confidence, assertiveness and other forms of effective interpersonal skills, social competence, satisfaction with life, with oneself, and with one's childhood, as well as active rather than passive modes of coping with problems.

"Teens today are bombarded with high expectations from nearly every aspect of their lives. Parents expect, teachers expect, friends expect and the celebrity obsessed culture we are currently experiencing sets the bar of expectation at an unrealistic level."

It may seem unimportant to worry about teen self esteem, but in reality, it can set the stage for one's entire life. According to a questionnaire given to 900 students in grades 7-12, self esteem helps teens to deal with emotional stress. Additionally, having good self esteem correlates with success later in life - mainly because good grades and confidence can allow a teen to start out with scholarships and other opportunities.

Orphanages are full in most countries. Yet the welfare of these orphaned and abandoned children is not the top priority in the current system of adoption. The number of orphans worldwide is estimated at more than 13 million. The total number of orphans worldwide is projected to reach 44 million by 2010. It is estimated there are between 143 million and 210 million orphans worldwide (recent UNICEF report.)

According to data released in 2003 as many as eight million boys and girls around the world live in institutional care. Some studies have found that violence in residential institutions is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family based care.

Every 15 seconds, another child becomes an AIDS orphan in Africa every day 5,760 more children become orphans. Every year 2,102,400 more children become orphans (in Africa alone) 143,000,000 Orphans in the world today spend an average of 10 years in an orphanage or foster home. Approximately 250,000 children are adopted annually. Over a Million children would still become orphans every year, and every year 7 Million children would still grow to adulthood as orphans with no one to belong to and no place to call home. (UNICEF 2008)

Low self-esteem as well as low levels of social confidence, assertiveness, personal control and self-efficacy has been found a risk factor for a teen to initiate cigarette smoking. In addition, adolescents with depression frequently exhibit low self-esteem. And teens with learning disabilities may, as a result, have low self-esteem.

Low self esteem is a feeling of being inappropriate to life of being all wrong. Low self esteem people seek safety of the familiar and undemanding people. Most importantly, self esteem is not an instinct; rather it must be learned and cultivated. Man not only needs to be a whole, but also needs to feel a part of some thing bigger than himself, that is belongingness. He needs to believe that his life and death has a meaning and a purpose. It is up to an individual to create and sustain that meaning, to generate his own purpose in life.

**Jacobs, boson and Joseph (2003)** suggested that people with low self esteem are less likely to accept positive feedback from themselves than from an outsider source but equally likely to accept negative feedback from self and an outsider.

**Kimberly A. Mahaffy (2004)** examined the relationship between gender, adolescent self-esteem, and three outcomes: Educational status, occupational status, and income attainment. She found a positive association between gender, self-esteem, and the socioeconomic outcomes initially. Taking into account social context and individual-level factors, self-esteem in adolescence is not related to women's socioeconomic achievements, but it continues to have a positive estimated effect on men's occupational status and income attainment. However, the influence of self-esteem on men's achievements is small in practical terms. The author suggests that adolescent girls and boys would be better served by social programs that explain how social structural arrangements contribute to gender inequality and encourage them to take part in social change.

There are some Personal Tips on How to Improve Your Self Esteem such as Love and belief in yourself, Make other people feel important, Stop feeling negative, Do activities you love doing, and exercise.

Hugging is healthy. It helps the body's immune system, it keeps you healthier, it cures depression, it reduces stress, it induces sleep, it's invigorating, it's rejuvenating, it has no unpleasant side effects, and hugging is nothing less than a miracle drug.

Touch has come full circle from the West to the East. Time was when parents and hospitals were advised to leave a crying baby alone. Today the pediatricians and psychologists tell us to pick up and cuddle the children.

Hugging is being used even as an aid in treating some physical illnesses, following research that it leads to certain positive physiological changes. For example, touch stimulates nerve endings, thereby helping in relieving pain. It is thus not uncommon for a chronic pain patient's body for half-an-hour. This pushes up the blood to tissues, a study at the nursing' associations in the USA have since endorsed therapeutic touch.

Hugging accomplishes many things that you may never thought of It feels good, dispels loneliness, overcomes fear, opens doors to feelings, builds self –esteem, fosters altruism, slows down aging, helps curb appetite, eases tension, fights insomnia, keeps arms and shoulder muscles in condition, provides stretching exercise if you are short, provides stooping exercise if you are tall. Offers a wholesome alternative to promiscuity, offers a healthy, safe alternative to alcohol and other drug abuse, affirms physical being.

Everybody needs a hug. It changes metabolism. Research has found that hugging stimulates brain cells. According to intelligence researcher Gordon. J co-author of "Brighter Baby," new studies show that **children** who get some sustained form of touching, such as a long hug everyday, are smarter. "The more physical contact a little one gets, the more the brain cells are stimulated, creating stronger, faster brain synapses and boosting IQ." So, hugging is important beyond that of an emotional standpoint. Research has proven this. Leo Buscaglia(1998).

Hugging is all natural. It is organic, naturally sweet, no pesticides, no preservatives, no artificial ingredients and 100 percent wholesome. When one person hugs or touches another, it actually invigorates the body by stimulating the level of hemoglobin which carries oxygen to tissues. When these tissues receive oxygen, they have a new energy that continues to rejuvenate the body. Other research in the hugging field has shown that hugging helps lessen the chances of senility in people age 70+, increases liveliness, curiosity, problem-solving

abilities and overall physical well-being, and substantially improves a newborn's developmental progress. (Kathleen, **The hug therapy book**. Feb 2006)

Therapeutic touch, recognized as an essential tool for healing, is now part of nurses' training in several large medical centers. Touch is used to help relieve pain and depression and anxiety, to bolster a patient's will to live. Hugging is an intimate form of touch. We are suffering in our society from a sad condition best described as touch deprivation, skin hunger and hug inhibition. We need to recognize that every human being has a profound physical and emotional need for touch - men and women and children. Touch is the primary way we contact and connect with each other.

Various experiments have shown that hugging can make people feel better about themselves, positively affect children's language skills and IQ, and help improve the mental outlook of the person who is being hugged, as well as the hugger.

**Maville.JA (2008)** conducted a study on effect of healing touch on stress perception and biological correlates. Single group, repeated measures design with a non probability convenience sample of 30 subjects was used. Physiological data were collected for 10 minutes before intervention, during 30 minutes of healing touch treatment, and for 10 minutes post treatment. During the course of treatment changes were observed for all psychological and physiological measures, with the exception of muscle tension that remained constant. Results suggested that healing touch treatment is associated with both physiological and psychological relaxation.

**Dowd .T., (2007)**, studied the comparison of healing touch, coaching and a combined intervention on comfort and stress in younger college students. Three nursing interventions to increase total comfort and reduce stress-related events in young college students experiencing stress were compared. Healing touch, coaching and a combination of both, were compared to

a waitlist. On comfort and stress, healing touch had better immediate results, while coaching had better carryover effects.

The present study is concerned about the self esteem and hugging among the adolescent girls. The self esteem and hugging among adolescents girls are likely to be influenced by other background characteristics of the individual such as age, education, availability of parents, number of close friends, leisure time activity, physical health problems, rank and number of visits per month, who had chosen the course, and the category of admission.

In addition, the adolescents of today feel like they do not fit in with society, so, usually, they join a gang looking for love and protection. They need to feel like they belong. Most of the time, kids join gangs because their needs are not being met at home or school. We are suffering in our society from a sad condition best deprived as touch deprivation, skin hunger and hug inhibition. We need to recognize that every adolescents are tomorrows generation. This problem had awakened much interest and an attempt is made here to learn of this phenomena more.

## **STATEMENT OF THE PROBLEM**

A study on self esteem before and after Hugging among adolescent girls in selected orphanage, Bangalore.

## **OBJECTIVES**

1. To assess the self esteem before and after hugging among adolescent girls.
2. To test the association between the mean difference in self esteem and selected factors among adolescent girls.

## HYPOTHESES

- H<sub>1</sub> - There will be a significant difference in self esteem before and after hugging among adolescent girls.
- H<sub>2</sub> - There will be a significant association between the mean difference in self esteem and selected factors among adolescent girls.

## OPERATIONAL DEFINITION

**1. Self esteem:** Self-esteem refers to the feel of value, worth, acceptance of themselves in relation to the world as measured by the items in the Rosenberg self esteem scale. Self esteem was measured in terms of self esteem scores.

**2. Hugging:** Hugging refers to a physical method of holding each other in respect and appreciation and warmth as specified in the guide to hug a girl. (Appendix). Hugging was performed by the Director of the orphanage, for 4-5 seconds twice a day for 2 weeks.

**3. Adolescents:** Those children who are found to be in the age group of 9-13 years residing at Sunshine home, Bangalore.

**4. Selected factors:** Selected factors refer to those elements and factors which were thought to influence the effect of hugging on self esteem among adolescent girls such as age, religion, availability of parents, education, personal time spent, rank, chronic physical health problems, duration of experience, leisure time activity, number of visits, school grade, number of friends and religion.

## ASSUMPTIONS

The assumptions of the study were as follows,

- ❖ Adolescent girls in orphanage will have self esteem need.
- ❖ The adolescent girls will co-operate with the investigator and would be willing to participate in the study.
- ❖ Every individual is unique and responds in a unique manner to hugging
- ❖ The response of adolescent girls to the items in the questionnaire will be the true measure of their self-esteem.

## DELIMITATIONS

The study was delimited to,

- Adolescents girls who were selected by enumeration method.
- Only one orphanage
- Only adolescent girls.
- Hugging done by the Director only.

## CONCEPTUAL FRAME WORK

Conceptual frame work is the conceptual underpinning of the study. It is a group of concepts and a set of proportions that spells out the relationship between them.

The nursing process is a blue print for a nursing care. Nursing process is a systematic problem solving method for providing individualized care for the client in all state of health. Four basic steps are involved in the process are, assessment, planning, implementation and evaluation. **ANA (2003)**

**1. Assessment:** The nurse collects data on patient's health status. This information is used for problem identification. Assessment is done based on subjective and objective data. In this study assessment of self esteem was done by Rosenberg's self esteem scale before the intervention through hugging among adolescent girls.

**2. Goal:** The goal is to improve the self esteem of the adolescent girls.

**3. Planning:** In this step of process care plan is formulated it is individualized, based on assessment and nursing diagnosis. The investigator planned to administer hug 2 times a day for 2 weeks through the Director of the orphanage and assess the effect of self esteem after hugging.

**4. Implementation:** In this study implementation refers to performing hugging of adolescents to improve self esteem. Hugging was given 2 times a day for 4 to 5 seconds by the Director of the orphanage in Sunshine home.

**5. Evaluation:** The nurse determines the adolescents' progress towards meeting expected outcome and achieving goals and success of nursing intervention. In this study evaluation was done by assessing self esteem by Rosenberg's self esteem scale after the intervention of hugging.

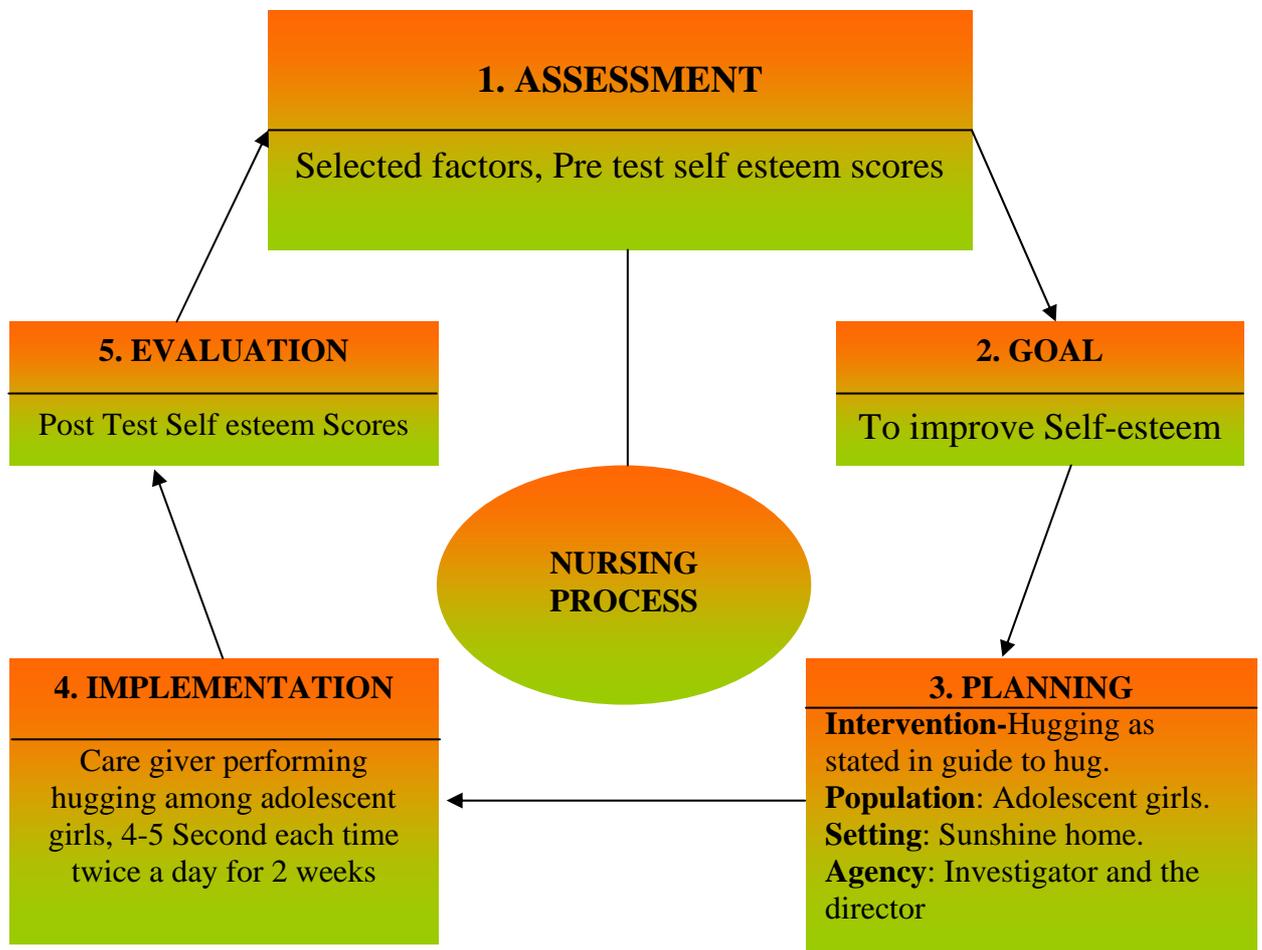


Fig: 1 CONCEPTUAL FRAME WORK BASED ON  
NURSING PROCESS MODEL- ANA (2003)

## CHAPTER – II

### REVIEW OF LITERATURE

Researchers never conduct a study in an intellectual vacuum, their studies are actually undertaken within context of an existing knowledge base (**Polit & Hungler 1999**)

The review of literature is defined as a broad, comprehensive in depth, systematic and critical review of scholarly publications, unpublished scholarly printed materials, audio-visual material and personal communications.

Review of literature of the present study was arranged in the following headings:

- I. Review regarding self esteem among adolescent
- II. Review related to hugging
- III. Review related to touching and self esteem

#### I. STUDIES RELATED TO SELF ESTEEM AND ADOLESCENT

**Jonovska S, et.al., (2009)** conducted a study to assess the relationships between psychosocial characteristics of self-esteem, basic emotional reactions toward illness or injury including depression and anxiety, as well as perception of quality of life and social support in children and adolescents during the treatment for tubular bones' fractures. Sample comprehends 135 patients, both genders, 10-18 years of age. Data was collected by using half-structured socio-demographical questionnaire, evaluation of medical records and self-reported questionnaires by Rosenberg Self-esteem Scale (RSS), Children Depression Inventory (CDI), Spielberg State Trait Anxiety Inventory (STAI), and Test of Perception of

Social Support (TPSS). RSS, CDI and STAI were administered to the patients at baseline after 6 months of the trauma. Results of this study shows that they had close and strong relationships between examined variables of self esteem, and basic emotional reaction towards illness or injury.

**Perrin EM, et.al., (2009)** conducted a descriptive study to examine sex and ethnicity-specific relationships between adolescents' self-esteem and weight perception. A Sample of 13,001 (6,427 males, 6,574 females) were included in this study between the ages 11-21years. Association between low self-esteem and perceived obesity within body mass index (BMI) percentile categories, controlling for sociodemographics and stratified by sex and ethnicity were examined. 25.1% and 8% of normal weight females and males, respectively, perceived themselves as obesity, with variation by ethnicity. Low self-esteem was most strongly associated with misperceived overweight in moderate BMI percentile categories (males: OR = 2.34; 95% CI: 1.60-3.41; females: OR = 2.39; 95% CI: 1.82, 3.16). Odds of correctly perceived overweight were higher for low (versus high) self-esteem in white and black females but not males of any race/ethnicity.

**Smokowski PR, Rose RA, (2009)** conducted a longitudinal study to examine the, person-centered trajectories of acculturation, internalizing symptoms, and self-esteem. Adolescents selected in this study (N=349) were compared for acculturation measures (time in the US, culture-of-origin involvement, US cultural involvement, for both parents and adolescents); acculturation stressors (perceived discrimination, acculturation conflicts); and family dynamics (parent-adolescent conflict, familism). Results indicated that, over time, Latino adolescents' internalizing problems decreased and their self-esteem increased. However, it showed that increased length of time living in the US was significantly related to lower self-esteem among adolescents. Parent-adolescent conflict was a strong risk factor, which not only directly heightened internalizing symptoms and lowered self-esteem, but also mediated the effects of acculturation conflicts and perceived discrimination on these outcomes and revealed familism as a cultural asset associated with fewer internalizing symptoms and higher self-esteem.

**Sharaf AY, Thompson EA, (2009)** conducted a study of how family support and self-esteem might interact to protect against adolescent suicide risk. Eight hundred and forty nine adolescents were included in the study Hierarchical multiple regressions was used to examine the moderating effect of family support on the relationship between self-esteem and suicide risk behaviors among potential high school dropouts, using questionnaires and in-depth assessment interviews. Family support moderated the impact of self-esteem on suicide risk; the ameliorating effect of self-esteem was stronger among adolescents with low versus high family support. Self-esteem influences adolescent suicide risk behaviors for youth with low as well as high family support. Interventions designed to strengthen both self-esteem and support resources are appropriate.

**Jia Y, Way N, (2009)** conducted a study to explore students' perceptions of 3 dimensions of school climate (teacher support, student-student support, and opportunities for autonomy in the classroom) and the associations between these dimensions and adolescent psychological and academic adjustment. Data were drawn from 2 studies involving 706 middle school students (M = 12.26 years) from Nanjing, China, and 709 middle school students (M = 12.36 years) from New York City. Findings revealed that students in China perceived higher levels of teacher support, student-student support, and opportunities for autonomy in the classroom than students in the United States. Furthermore, students' perceptions of teacher support and student-student support were positively associated with adolescents' self-esteem and grade point average but negatively associated with depressive symptoms for both Chinese and American adolescents.

**Kavas (2009)** studied the relationship between self esteem and health-risk behaviors and use of cigarettes, alcohol and drugs and the gender differences in self esteem and health risk behaviors among a group of 243 late adolescent (124 males, 119 female) using a cross-sectional survey design. The age range of the participant was 17-24 with a mean age of 20.43 (SD= 1.21). Self report questionnaire was used to collect the data and the tool used was a

standardized Rosenberg self-esteem scale. The findings of the study revealed that self-esteem was negatively associated with alcohol and illicit drug use; on the other hand, significant gender differences were found on cigarette and drug use with males reporting more cigarette and drug use.

**Whitesell N.R., (2008)** conducted a longitudinal study of self esteem, Cultural identity and academic success among American Indian adolescents. The sample included 1,611 participants from the voice of Indian teen's project, a 3 year longitudinal study of adolescents from 3 diverse American Indian cultural groups. Trajectories of self-esteem were clearly related to academic achievement; cultural identities in contrast, were largely unrelated, with no direct effects and only very small indirect effects. The relationships between self -esteem and success were mediated by personal resources and problem behaviors.

**Morea J.M, (2008)** conducted a study on conceptualizing and measuring illness self-concept; a comparison with self-esteem and optimism in predicting fibromyalgia adjustment. illness self-concept, to the extent to which individuals are consumed by their illness, was theoretically described and evaluated with the illness self- concept scale, a new item scale, to predict adjustment in fibromayalgia. To establish convergent and discriminant validity, illness self-concept was compared to self-esteem and optimism in predicting health status, illness intrusiveness, depression and life satisfaction. The illness self-concept scale demonstrated good reliability ( $\alpha=.94$ ; test-retest  $r=.80$ ) and was strong predictor of outcomes, even after controlling for optimism or self-esteem. The illness self-concept scale predicted unique variance in health-related outcomes; optimism and self-esteem did not, provide constructing validation.

**Ehrenberg.A, (2008)** examined the role personality and self esteem in university students ( $N=200$ ) use of communication technologies. Results revealed that more disagreeable individuals spent increased time on calls, where as extraverted and neurotic individuals

reported increased time spent text messaging. More disagreeable individuals and those with lower self-esteem spent increased time using instant messaging. For addictive tendencies related to communication technologies, more neurotic individuals reported stronger mobile phone addictive tendencies, while more disagreeable individuals and those with lower self-esteem reported stronger instant messaging addictive tendencies.

**William J. O'Donnell, (2005)** conducted a study to identify the developmental process whereby the self-esteem of young adolescents is more closely related to feelings toward parents and towards best friends. The subjects, 138 eighth-graders and 139 eleventh-graders, (n=277) were included in the study. Tennessee Self Concept Scale was used to find the Family Feelings with regard to parents and best male and female friends. Self-esteem was found to be significantly related to feelings toward parents and toward friends for adolescents of both grades. Feelings toward parents were generally more closely related to self-esteem than feelings toward friends, although the relationship between self-esteem and feelings toward parents was decreased with the older group. If a developmental shift in the relationship between self-esteem and feelings toward friends occurs, it does so slowly, showing only a slight beginning by the eleventh grade.

**Deborah J., et.al., (2004)**, conducted a study to examine both the direct and indirect relations of parent and peer attachment with self-esteem and to examine the potential mediating roles of empathy and social behaviour. 246 college students (n=246) (Meanage = 18.6 years, S.D. = 1.61) completed self-report measures of parent and peer attachment, empathy, social behavior, and self-esteem. Structural equation modelling revealed that parental attachment had mostly direct effects on self-esteem. Among females, the links between peer attachment and self-esteem, however, were entirely mediated by empathy and prosocial behavior. From this, study suggests that although close supportive relationships with parents and peers are related to adolescent self-esteem, these links are complex.

**Rajinikanth A.M., (2003)** conducted a study to assess the effectiveness of self-esteem therapy on self esteem among the orthopaedically handicapped adolescents. Pre-experimental design was used. Convenient sampling method was used to collect the samples. Samples included in the study was (n=30). A self-esteem therapy module was used, reliability correlation was  $r=0.98$ , which was high. The findings revealed that the orthopaedically handicapped adolescents who were exposed to self-esteem therapy had significant increase in post test self esteem score.  $t=4.62$  ( $p<0.001$ ).

**Nigu.K., (2001)** conducted a descriptive study to assess self esteem, study habit, and academic achievement among students in selected colleges of nursing in Tamilnadu. Quota sampling method was used to select the samples. Sample size was (n=30). Self administered questionnaire were prepared as tool for data collection. Reliability coefficient was  $r=0.84$ , which was high. The studies revealed that there is a significant difference between the mean scores of study habit among students in high and low academic achievers  $t=2.18$  ( $p<0.05$ ).

**Byrne.B., (2000)** conducted a study on relations between self-esteem and coping strategies of adolescents. Sample suggested was 361 male and female adolescents in Grades 7 through 12. Coping strategies were assessed by the Adolescent Coping Orientation for Problem Experiences and self-esteem was assessed by the Coopersmith's Self-Esteem Inventory. Multivariate analyses revealed that adolescents with lower self-esteem utilized more avoidance coping strategies than adolescents with higher self-esteem. In addition, males reported utilizing avoidance coping strategies more frequently than females; females were found to utilize social and spiritual supports more.

## II. STUDIES RELATED TO HUGGING

Hentz. F et.al., (2009) conducted a study on the assessment strategies of the impact of healing touch in nursing care. A prospective multicentre randomized study was carried out on 784 patients and 8 situations of healing touch indication, to create a control group to be compared to the group treated with healing touch. Visual analog pain scales were used. Only willing patients who were prescribed healing touch were included in the experiment. It was found that healing touch was relaxing and helped patient to be prepared for the medical act and healing touch fostered confidence between the patient and the medical practitioner.

Henricson. M., (2006) conducted a study of preparation before giving tactile touch in an intensive care unit. This study was apart of a larger project that examines whether tactile touch can relieve the suffering of patients in the ICU. 4 assistant nurses and 1 registered nurses' each with diplomas in tactile touch working at three different ICUs in Sweden, participated in the study. A phenomenological approach was chosen to achieve experience-based and person – centered descriptions. Data were collected through interviews and analyzed following Giorgi's method. The main finding was that before providing tactile touch, the nurses needed to add the new role as touch therapists, to their professional one. The essential aspect being the transition from nurse to touch therapist. Findings included a general structure, with four constituents; a sense of inner balance, an unconditional respect for the patients' integrity, a relationship with the patient characterized by reciprocal trust, and a supportive environment.

Gupta and Schork., (2005) conducted a retrospective study that body boundaries have not been 'consistently outlined by touch, caress, and secure holding, individuals in later life experience their body self and body image as disproportionate, misshapen, and overly large'. In their retrospective account (n= 173) samples that were included in the study, and found that a direct correlation between a perception of relative deprivation of hugging during

early childhood and drive for thinness among females (but not males) in their sample (Pearson  $r=.29$ ). Suggesting the importance of touch in infancy for the development of self esteem among females.

**Wilkinson D.S., (2002)** conducted an interventional study based on three treatment conditions such as no treatment, healing touch only and healing touch care plus inclusive of music and guided imagery in practitioner's office or clients home on 22 clients who never experienced healing touch, by using, quasi-experimental and naturalistic approaches to measure the clinical effectiveness of healing touch on variables assumed to be related to health enhancement and to determine whether practitioner training level moderates treatment. He analyzed the data by using nomothetic and idiographic analyses. The findings revealed that clients reported a statistically significant reduction of stress level after both healing touch conditions. Perceived enhancement of health was reported by 13 of 22 clients (59%). Themes of relaxation, connection, and enhanced awareness were identified. Pain relief was reported by 6 of 11 clients (55%) experiencing pain. The data supported that the clinical effectiveness of healing touch in health enhancement, specially for raising secretory immunoglobulin (sigA) concentrations, lowering stress perceptions and relieving pain.

**Adomat R., (2000)** conducted a study on care of the critically ill patient; the impact of stress on the use of touch in intensive therapy units. This study sought to establish whether there was a relationship between categories of touch deployed by nurses and the individual characteristics of the nurses. The patient's prognosis was also explored in relation to the touch types used. The nurses were observed and the observations were categorized with the use of an adapted taxonomy. This study also sought to identify potential stressors for nurses in intensive therapy unit through a semi-structured interview. The analysis indicated that there was no significant relationship between touch type and a patient's prognosis. However, there was a significant relationship between caring/social touch and a nurse's length of service ( $r_s=-0.54$ ,  $p<0.01$ ). The interview data discovered that the stressors were related to the

organizational pressures of the environment in which care was delivered, rather than the involvement of caring for critically ill patients.

**Tiffany.F, (2000)** in a study revealed American adolescents touching each other less were more aggressive toward their peers as compared with French adolescents. The samples consisted of 20 French and 20 American (N=20) adolescents in senior high school. To ensure similarity in socioeconomic status, the observations were conducted at Mc Donald's restaurants in middle neighborhoods in which high schools were located. Samples (n=40) were observed in Paris and Miami to assess the amount of touching and aggression during their peer interactions. The American adolescents spent less time leaning against, stroking, kissing, and hugging their peers than did the French adolescents. Instead, they showed more self- touching and more aggressive verbal and physical behavior.

### **III. STUDIES RELATED TO TOUCH AND SELF ESTEEM**

**Moore T, Ting B, (2008)** conducted a study to explore the experience of participating in a Therapeutic Touch practice group. A qualitative descriptive-exploratory method was used, involving 12 members of practice groups in Ontario and British Columbia, Canada. Analysis of the data using an extraction-synthesis process yielded four themes: (a) learning with others through sharing and hands-on experience is valued; (b) connecting with a network of supportive relationships that sustain self and Therapeutic Touch practice; (c) comfort-discomfort arising with self, others, or ideas; and (d) meaningful changes emerge while experiencing group energy and Therapeutic Touch. The findings expand current knowledge about the positive aspects of participating in practice groups and provide a beginning understanding of member discomfort, which had not been previously reported. This knowledge will be useful to Therapeutic Touch organizations, practice group leaders, and group members.

It will also guide health care agencies and practitioners of other healing modalities who may be considering establishing practice groups.

**Taylor.B, (2001)** study used a mixed methodology to investigate the effects of Healing Touch (HT) on the coping ability, self esteem and general health of undergraduate nursing students to: check the veracity of claims made by HT practitioners that the therapy is effective in reducing stress; monitor the effects of HT on participants' scores using instruments which measure coping, self esteem and general health; and compare objective data with subjective accounts relating to coping, self esteem and general health. Quantitative findings showed no effects of HT on the coping ability, self esteem and general health of first year students, but there were some slight effects for the third year students who were in the experimental group. Qualitative findings showed that all participants in the experimental group found the experience positive and concluded that healing touch is effective in measuring the effects of healing touch.

## CHAPTER – III

### METHODOLOGY

Research methodology is the systematic way to carry out an academic study and research in flawless manner. This chapter includes research design, variables, setting, population, sample and sample size, sampling technique, development of tool, content validity, pilot study, data collection procedures, plan for the data analysis and ethical consideration.

The present study was conducted on self esteem before and after hugging among adolescent girls in selected orphanage, Bangalore.

#### RESEARCH APPROACH

Talbot (1995) defines research approach as logical, orderly and objective means of generating and testing ideas. The research approach is the most essential part of any research to find out how well a Programme, treatment, practice and policy is effective. In this study self esteem before and after hugging among adolescent girls were evaluated.

#### RESEARCH DESIGN

Research design helps the researcher in the selection of the subject; identification of the variables, their manifestation and control, and types of statistical analysis is to interpret the data. After considering all the above factors related to the selected problem, the researcher has selected pre- experimental research design (one group pre test, post test design). In the absence of control group, subjects act as their own controls where pre test and post test were analyzed for difference.

The design used in this study was a pre-experimental design, to be precise, one group pretest post test design.

## RESEARCH DESIGN NOTATION

|                |   |                |
|----------------|---|----------------|
| O <sub>1</sub> | X | O <sub>2</sub> |
|----------------|---|----------------|

X : The intervention through hugging

O<sub>1</sub> : pre test self esteem

O<sub>2</sub> : post test self esteem

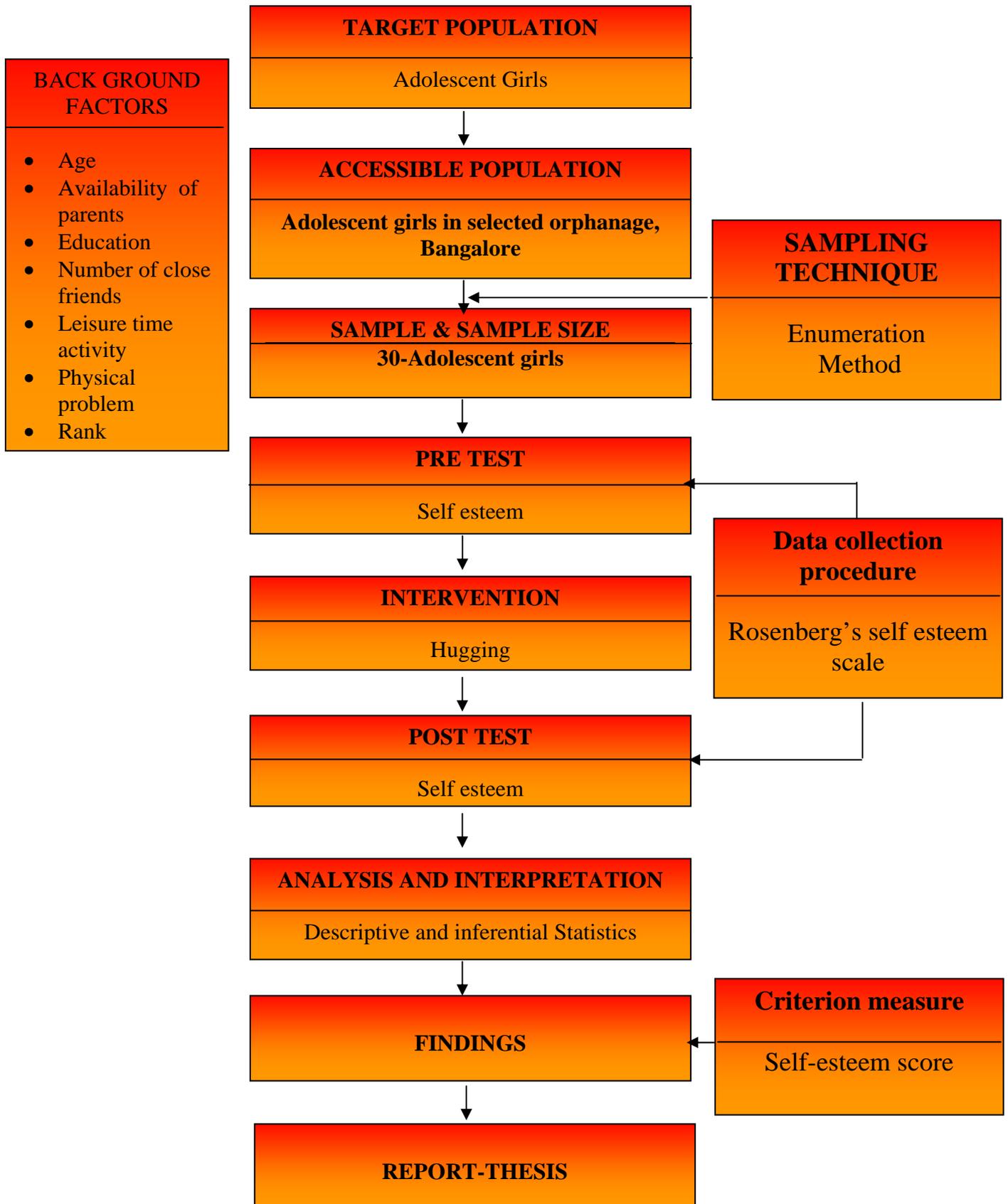


Fig. 2: SCHEMATIC PRESENTATION ON RESEARCH DESIGN

## VARIABLES

**Independent variable** : Hugging

**Dependent variable** : Self esteem

**Associate variable** : Age, Availability of parents, Education, Number of close friends, Leisure time activity, Physical problem, Rank, and Number of visits per month.

## SETTING OF THE STUDY

Research setting is the specific place where data collection is to be made. The selection of setting was done on the basis of feasibility of conducting the study, availability of the subjects and permission from authorities.

The study was conducted in the Sunshine home at Bangalore. The proximity, availability of samples, acquaintance of the researcher with the area and the co-operation from the orphanage authorities were the reasons to select this setting.

## POPULATION

Target population refers to the population that the researcher wishes to make a generalization. In this research the target population was the adolescent girls.

Accessible population refers to the aggregate of cases which conform to the designed criteria and which is accessible to the researcher as the pool of subjects or objects. In this study the accessible populations were adolescent girls who were residing in Sunshine orphanage at Bangalore.

## **SAMPLING CRITERIA**

The inclusion criteria characterizes that each sample elements must be included in the sample.

### **Inclusion criteria, refers to those adolescent girls,**

- Who were 9 - 13 yrs of age.
- Who can understand and speak English.
- Females only

The Exclusion criteria are characteristics that could confound and contaminate the results of the study; therefore such participants are excluded from the study

### **Exclusive criteria refers to those adolescent girls,**

- Who were sick
- who were not willing to participate

## **SAMPLE AND SAMPLE SIZE**

The adolescent girls who were present in the Sunshine home at Bangalore were sample of the study A sample is the subset of the population that has been selected to represent the population of interest. The sample for the study was adolescent girls. All the adolescent girls fulfilling the sampling criteria were included in the study. There were 32 eligible adolescent girls in the home.

## **SAMPLE TECHNIQUE**

It is the process of selecting representatives units or subset of a population of the study in a research. Total enumeration method was used to select samples.

## DEVELOPMENT OF THE TOOL

The tool is a written device that a researcher uses to collect the data. After careful and detailed review of literature, the investigator identified a standardized tool to assess the self esteem.

## DESCRIPTION OF THE TOOL

**Section I: Background factors of adolescent girls:** This section sought certain personal information regarding adolescent girls. It Consisted of 14 items which includes age, religion, availability of parents, education, personal time spent, rank, chronic physical health, duration of experience, leisure time activity, number of visits and number of friends,

**Section II: Rosenberg self esteem scale:** Self esteem was assessed by Rosenberg self esteem scale before and after hugging.

## SCORING

Self esteem was measured in terms of self esteem scores. The maximum score was 50, the minimum score was 10. A high score meant a higher self-esteem. Items 3, 5, 8, 9 and 10 arte scored in reverse.

## VALIDITY OF THE TOOL

The entire tool was validated by 3 nursing experts, one medical experts and one psychologist. Experts were requested to judge the tool for its clarity, relatedness, sequence, meaningfulness and content. Few modifications were made as per suggestions given by the experts. The tool was developed in English and validity was established.

## RELIABILITY

The stability of an instrument refers to the instruments reliability to produce the same result with repeated testing. Reliability was done by test –retest method among 10 adolescents. The subjects were selected by enumeration method. Reliability was computed using Karl Pearson's Correlation coefficient method. The reliability coefficient was found to be  $r = 0.76$  high.

Hugging refers to a physical method of holding each other in respect and appreciation and warmth as specified in the guide to "hug a girl" (appendix). The Director of the home practiced and executed the intervention as specified in the guide.

## PILOT STUDY

It is a small version or trail run of the major study. Chansandra church of hope orphanage, Bangalore was selected for pilot study. After obtaining directors approval from the authorities concerned, the researcher selected 5 adolescent girls as study sample by purposive sampling, which was not included in the main study later. Intervention on hugging was administered two times a day for 5 days. The study was found to be feasible with regard to time, availability of the subjects and practicability of the designed methodology

## DATA COLLECTION PROCEDURE

The study was done for the specified four weeks in the month of October. Formal permission was sought and obtained from the Director of the sunshine home, Bangalore. A total of 32 children in the age group of 9-13 years were identified in the study using total enumeration method. The objective of the study was explained to all 30 adolescent girls and informed consent was obtained orally. The data were collected using self administered questionnaire. Pretest of self esteem was assessed with the use of Rosenberg's self esteem

scale. Intervention on Hugging was performed by Director, 2 times a day for 2 weeks. Post test of self esteem was assessed with the use of Rosenberg's self esteem scale as the post test observation. For the post test only 30 adolescent girls were qualified. There was an attrition of two cases due to non-compliance. The total was edited for completion.

## **PLAN FOR DATA ANALYSIS**

In the present study the data collected were grouped and analyzed, using SPSS, version10 software. The level of significance was 0.05.

### **The data were analyzed as follows:**

1. The data were organized in master excel sheet
2. Back ground variables of adolescent girls were analyzed using frequency and percentage distribution
3. Mean score and 't' test analyzed data on self esteem before and after hugging among adolescent girls.
4. The associations between post test self esteem in relation to selected factors were analyzed using linear regression.

## **ETHICAL CONSIDERATION**

Ethical consideration was taken into account for the purpose of study to assess the effectiveness of hugging among adolescent girls. Oral informed consent was obtained from the individual adolescent by oral. The adolescent girls had the freedom to leave the study at their will without assigning any reason. Due permission from orphanage guardian was obtained. Explanation regarding the purpose of the hugging was given to the adolescent girls and those who were involved in the study. Thus the ethical issues and confidentiality were ensured in this study.

## CHAPTER – IV

### DATA ANALYSIS AND INTERPRETATION

Polit (2004) defines analysis as a method of organizing data in such a way that the research question can be answered. Interpretation is a process of making sense of the result and examines the simplification of the findings with a broader context.

Analysis of data was done using SPSS version 10 packages. A probability less than 0.05 were considered to be significant.

#### THE OBJECTIVES OF THE STUDY

1. To assess the self esteem before and after hugging among adolescent girls.
2. To test the association between mean differences in self esteem and selected factors of adolescent girls.

The data collected were edited, tabulated, analyzed interpreted and findings obtained were presented in the form of tables, and diagrams under the following section.

- |               |   |   |
|---------------|---|---|
| Section – I   | : | Data on background factors of self esteem among adolescent girls.   |
| Section – II  | : | Data on self esteem before and after hugging among adolescent girls.  |
| Section – III | : | Data on association between the mean difference in self esteem and background factors among adolescent girls. |

SECTION – I: DATA ON BACKGROUND FACTORS OF SELF ESTEEM  
AMONG ADOLESCENT GIRLS

TABLE- 1

Frequency and percentage distributions on adolescent girls regarding  
background factors

(N = 30)

| <i>Background factors</i>         | <i>Frequency</i> | <i>Percentage</i> |
|-----------------------------------|------------------|-------------------|
| <b>Age</b>                        |                  |                   |
| a) 9-13 yrs                       | 23               | 76.6%             |
| b) 14-16 yrs                      | 7                | 23.3%             |
| <b>Number of close friends</b>    |                  |                   |
| a) Nil                            | 1                | 3.3%              |
| b) 1-2                            | 15               | 50%               |
| c) 3 or more                      | 14               | 46.6%             |
| <b>Religion</b>                   |                  |                   |
| a) Hindu                          | -                | -                 |
| b) Muslim                         | -                | -                 |
| c) Christian                      | 30               | 100%              |
| <b>Relatives visits per month</b> |                  |                   |
| a) <4                             | 13               | 43.3%             |
| b) >4 and above                   | 13               | 43.3%             |
| c) Nil                            | 4                | 13.3%             |
| <b>Time spent with care taker</b> |                  |                   |
| a) <1/2 hour                      | 11               | 36.6%             |
| b) >1/2 hour                      | 19               | 63.3%             |

| <i>Background factors</i>                        | <i>Frequency</i> | <i>Percentage</i> |
|--|------------------|-------------------|
| <b>Friends / classmates calling by nick name</b> |                  |                   |
| a) Yes   | 23               | 76.6%             |
| b) No  | 7                | 23.3%             |
| <b>Body image among friends</b>                  |                  |                   |
| a) Attractive                                    | 9                | 30%               |
| b) Not attractive                                | 21               | 70%               |
| <b>Any chronic health problems</b>               |                  |                   |
| a) Respiratory problems                          | 2                | 6.6%              |
| b) Abdomen problems                              | 1                | 3.3%              |
| c) Skin problems                                 | 12               | 40%               |
| d) Any other _____ (specify)                     | --               | --                |
| e) Nil   | 15               | 50%               |
| <b>Rank in class</b>                             |                  |                   |
| a) Within top 10 ranks                           | 7                | 23.3%             |
| b) Within last 10 ranks                          | 5                | 16.6%             |
| c) Between top 10 and last 10 ranks              | 18               | 60%               |

**Table 1** shows the frequency and percentage distribution of adolescent girls regarding background factors.

Regarding **age**, majority of the adolescent girls 23 (76.6%) were in the age group of 9-13 years and least 7 (23.3%) were in the age group of 14-16 years.

With regard to **number of close friends**, majority 15 (50%) were having 1-2 friends and least 14 (46.6%) were having more than 3 friends.

With regard to **religion** all 30 (100%) were Christians.

Regarding **number of visit per month**, equal number of adolescent girls 13 (43.3%) reported more and less than 4 visits per month. And least 4 (13.3%) had no visitors.

With regard to **time spent with Director**, majority of adolescent girls 19 (63.3%) spent more than 1/2 hour, and least 11 (36.6%) spent less than 1/2 hour.

With regard to **nick name**, majority 23 (76.6%) were called by nick name and least 7 (23.3%) were called only by their by name.

Regarding **awards**, majority 19 (63.3%) received awards and least 11 (36.6%) did not receive any awards in sports, competition and education.

Regarding **body image**, majority 21 (70%) felt that their body image was not attractive and least 9 (30%) felt that their body image was attractive.

With regard to **chronic health problems**, majority of the adolescent girls 15 (50%) had no health problems and least 1 (3.3%) had abdomen problems.

Regarding **rank**, majority of adolescent girls 18 (60%) were between top 10 and last 10 rank, and least 5 (16.6%) were within last 10 ranks.

It was inferred that majority of the adolescent girls were in the age group of 9-13 years, belonged to Christians, had 1-2 close friends, had visitors more and less than 4 times in a month, spent time with care taker more than 1/2 hour, were called by nick name, received awards, felt that their body image was not attractive, had no chronic health problems and were between top 10 and last 10 ranks

Figure 3, reveals the frequency and percentage distribution of availability of parents among adolescent girls.

Regarding **availability of parents**, majority of adolescent girls 19 (63.3%) had one parent living and least 4 (13.3%) were divorced / separated.

It was inferred that majority of adolescent girls had one parent living.

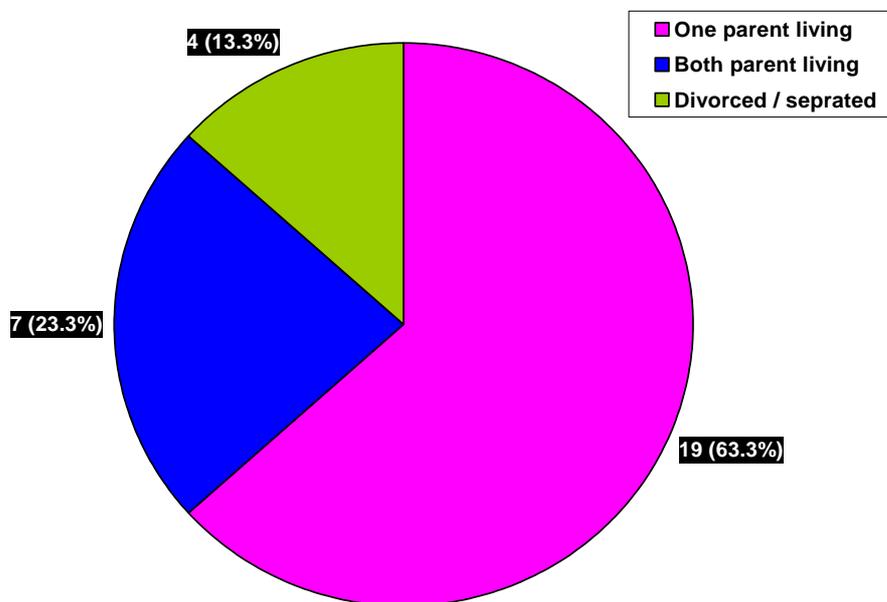


Fig. 3: Frequency and percentage distribution of availability of parents among adolescent girls

Figure 4, shows the frequency and percentage distribution of hostel experience among adolescent girls.

Regarding **hostel experience**, majority of adolescent girls 17 (56.6%) had above 5 years and least 2 (6.6%) had 3-5 years hostel experience.

It was inferred that majority of adolescent girls had more than 5 years of hostel experience.

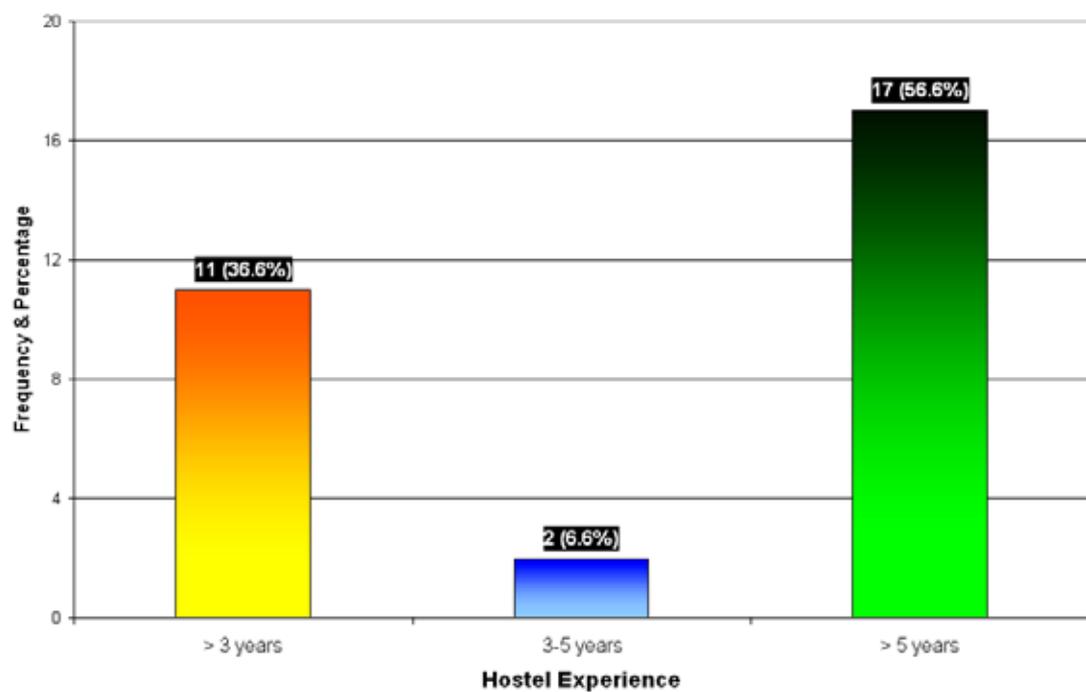


Fig. 4: Frequency and percentage distribution of hostel experience among adolescent girls

Figure 5, reveals the frequency and percentage distribution of education among adolescent girls.

Regarding **education**, majority of adolescent girls 21 (70%) were in middle school and least 5 (16.6%) were in high school.

It was inferred that majority of adolescent girls were in middle school.

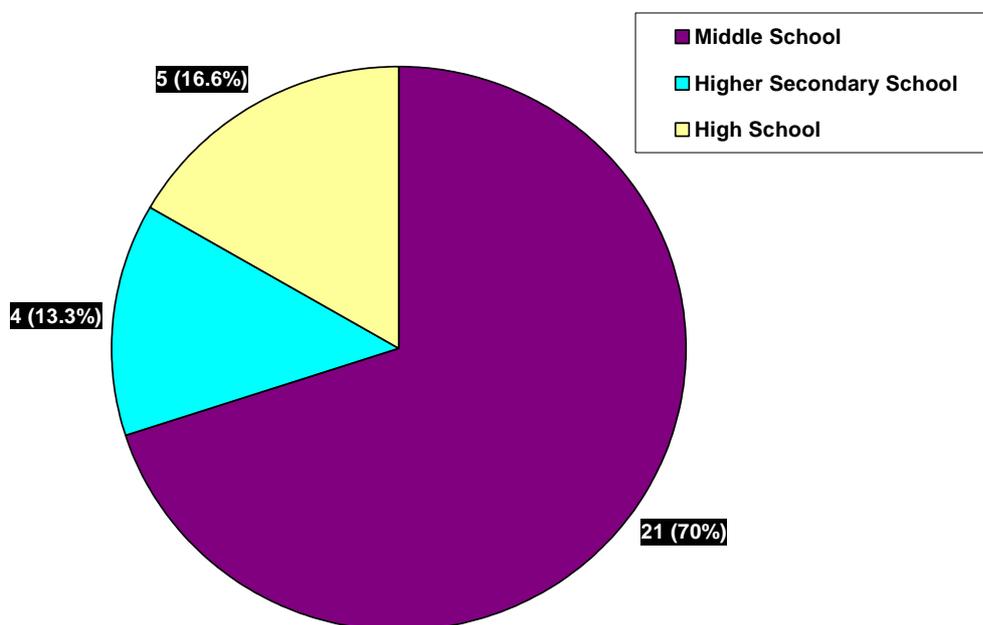


Fig. 5: Frequency and percentage distribution of education among adolescent girls

Figure 6, reveals the frequency and percentage distribution of leisure time activity among adolescent girls.

Regarding leisure time, majority of adolescent girls 11 (36.6%) were watching T.V. during leisure time and least 4 (13.5%) loved to play.

It was inferred that majority of adolescent girls loved to watch T.V. during leisure time.

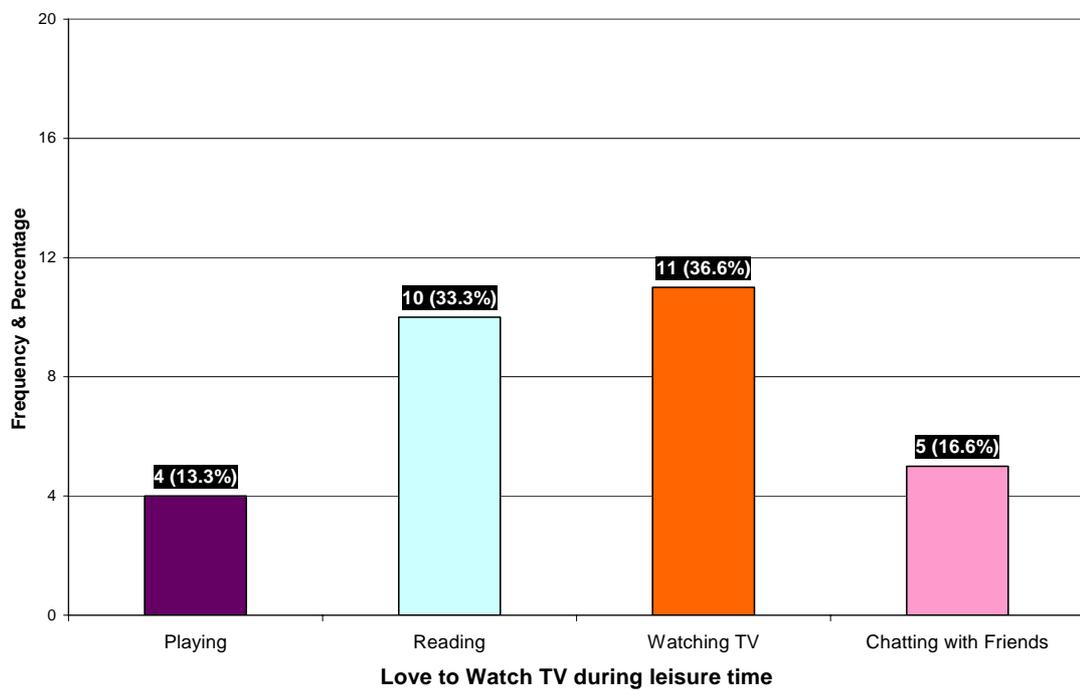


Fig. 6: Frequency and percentage distribution of leisure time activity among adolescent girls

## SECTION – II: DATA ON SELF ESTEEM BEFORE AND AFTER THE HUGGING AMONG ADOLESCENT GIRLS

For the purpose of this study the following null hypothesis was stated.

H<sub>01</sub> : There will be no significant difference in self esteem before and after hugging among adolescent girls.

Figure 7 reveals the difference between the self esteem, before and after hugging among adolescent girls. Post test self esteem mean 37.5 (SD = 3.95) after hugging was more than the pre test self esteem mean 29.2 (SD = 4.79). The obtained 't' value  $t = 8.19$  ( $P < 0.05$ ) was significant.

There was a significant increase in the self esteem after hugging. Hence the hugging was found to be effective.

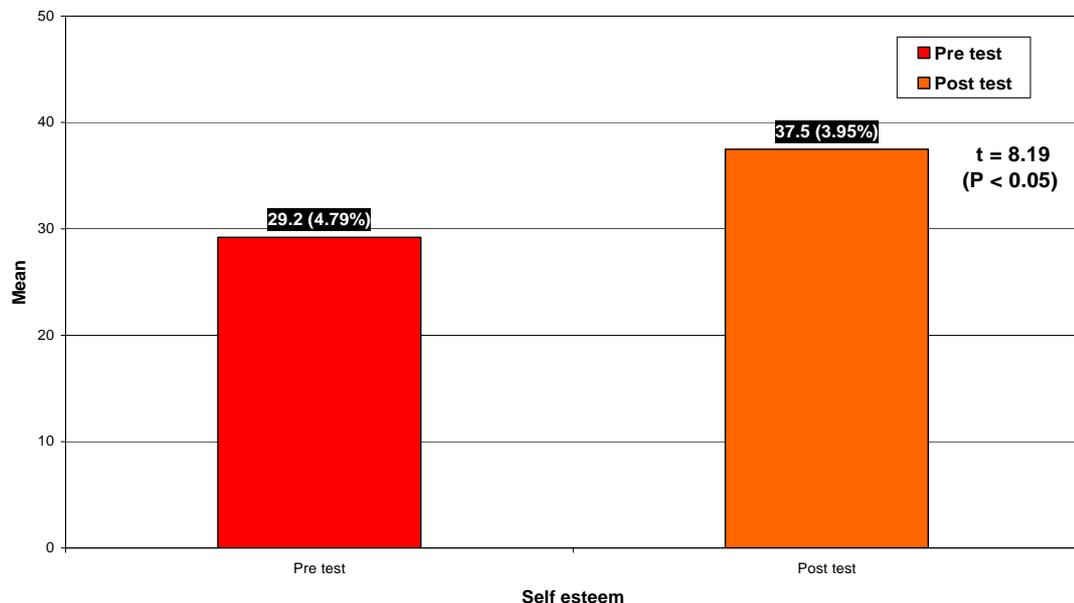


Fig. 7: Mean self esteem before and after hugging among adolescent girls

**SECTION – III: DATA ON ASSOCIATION BETWEEN THE MEAN DIFFERENCE SELF ESTEEM AND SELECTED BACKGROUND FACTORS AMONG ADOLESCENT GIRLS**

For the purpose of this study the following null hypothesis was stated.

H<sub>01</sub> : There will be no significant association between mean difference in self esteem in relation to hugging among adolescent girls and selected factors, such as age, education, availability of parents, and number of close friends, leisure time activity, chronic physical problems, rank and body image.

**TABLE – 2**

**Linear regression regarding association between mean difference self esteem and background factors among adolescent girls**

(N = 30)

| <i>Test</i>                | <i>Standardized co-efficient (beta)</i> | <i>"t" value</i> | <i>Significance</i> |
|----------------------------|---|------------------|---------------------|
| Age                        | -0.083                                  | -0.253           | 0.80 (NS)           |
| Education                  | 0.361                                   | 1.039            | 0.31 (NS)           |
| Availability of parents    | 0.028                                   | -0.112           | 0.91 (NS)           |
| Number of close friends    | 0.348                                   | 1.661            | 0.11 (NS)           |
| Leisure time activity      | -0.072                                  | -0.309           | 0.76 (NS)           |
| Physical health problems   | 0.441                                   | 2.001            | 0.06 (NS)           |
| Rank                       | 0.545                                   | 1.880            | 0.78 (NS)           |
| Number of visits per month | 0.853                                   | 2.789            | 0.013 (S)           |

S = Significant    NS = Not Significant

**Table 2** reveals the standardized co-efficient and "t" value regarding mean difference self esteem and selected factors among adolescent girls based on linear regression.

The obtained "t" values  $t = 0.253$  ( $P = 0.80$ );  $t = 1.039$  ( $P = 0.31$ );  $t = 0.112$  ( $P = 0.91$ );  $t = 1.661$  ( $P = 0.11$ );  $t = 0.309$  ( $P = 0.76$ );  $t = 2.001$  ( $P = 0.06$ );  $t = 1.880$  ( $P = 0.78$ ); reported for age in year, education, availability of parents, number of close friends, leisure time activity, chronic health problems and rank in the class respectively were not significantly associated with self esteem among adolescent girls.

The obtained  $t = 2.789$  ( $P = 0.013$ ) regarding mean difference in self-esteem and number of visits was significant. Number of visits per month made significant difference in mean difference self esteem among adolescent girls.

The selected factors such as age in years, education, availability of parents, and number of close friends, leisure time activity, chronic health problem and rank in class made no difference in the mean difference self esteem among adolescent girls.

It was inferred that number of visits in addition to hugging contributed for the improvement of self esteem among adolescent girls.

## CHAPTER – V

### SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The quality of any research project is based on study findings, limitations, interpretations of the results and recommendation that incorporate the study implications. It also gives meaning to the result obtained in the study.

#### SUMMARY

The prime aim of the study was to assess the effectiveness of hugging on self esteem among adolescent girls in selected orphanage, Bangalore.

The objectives of the study were,

1. To assess the self esteem before and after hugging among adolescent girls.
2. To test the association between mean difference in self esteem and selected factors among adolescent girls.

The study attempted to examine the following research hypothesis.

- H<sub>1</sub> - There will be a significant difference in self esteem before and after hugging among adolescent girls.
- H<sub>2</sub> - There will be a significant association between the mean difference in self esteem and selected factors among adolescent girls.

The major assumption of the study include the adolescent girls would co-operate with the investigator and every adolescent girls was unique.

The review of literature enabled the investigator to develop conceptual framework, and develop intervention of hugging. Literature review was done for the present study and presented in the following heading. 1) Reviews related to adolescent and self esteem, 2) Reviews related to hugging. 3) Reviews related to touching and self esteem.

The conceptual framework adopted for the present study was based on nursing process model. (ANA-2003)

The research adopted for the study was evaluative in nature. The present study was a pre-experimental study, one group pretest post test design. Independent variables in this study were hugging and dependent variable was self esteem. Associate variables for this study were age in years, education, religion, availability of parents, number of close friends, leisure time activity, physical health problems, rank, and number of visits per month.

The tool used in this study was a standardized Rosenberg self esteem scale to assess self esteem. The content validity of the tool was established by five experts. The tool was found reliable and feasible. The reliability of the tool was done by test re-test method and the computed reliability coefficient,  $r = 0.76$  was high. The pilot study was conducted in Chansandra, church of hope orphanage with a number of 5 adolescent girls at Bangalore and the study was found feasible.

The main study was conducted in Sunshine home Bangalore, total enumeration method was used to select the samples, number of samples were 30, oral consent was obtained. Pretest was done to assess the self esteem among adolescent girls. The intervention on hugging was done; post test was done at the end of 2 weeks. The data gathered were analyzed using SPSS (version 10) software at the level of 0.05 level of significance based on the objectives of the study.

## CHARACTERISTICS OF STUDY SAMPLES

Majority of adolescent girls were in the age group of 9-13 years 23(76.6%) were Christians 30(100%), had 1-2 close friends 15 (50%), equal number of adolescent girls 13(43.3%) reported more and less than 4 visits per month, were called by nick name 23(76.6%), spent time with care taker more than ½ hour 19(63.3%), received awards 19 (63.3%), felt that their body image was not attractive 21(70%), had no chronic health problems 15 (50%) and were between top 10 and last 10 ranks 18 (60%).

## MAJOR FINDINGS

The major findings of the study are presented under the following headings based on the objective of the study.

**Objective 1: To assess the self esteem before and after hugging among adolescent girls.**

- There was a significant increase in self esteem after the hugging among adolescent girls,  $t= 8.19$  ( $p<0.05$ )

**Objective 2: To test the association between mean difference self esteem and selected factors of adolescent girls.**

- There was no significant association ( $p>0.05$ ) between selected background factors such as age in years  $t = 0.253$  ( $P = 0.80$ ); education  $t = 1.039$  ( $P = 0.31$ ); availability of parents  $t= 0.112$  ( $P = 0.91$ ); number of close friends  $t= 1.661$  ( $P = 0.11$ ); leisure time activity  $t = 0.039$  ( $P = 0.76$ ); chronic health problems  $t= 2.001$  ( $p = 0.06$ ); and rank in the class  $t= 1.880$   $p= (0.78)$ .
- There was a significant association between mean difference self esteem and number of visits among adolescent girls.  $t= 2.789$  ( $p=0.013$ ).

## DISCUSSION

The discussion of the study findings were presented under the following headings based on the findings of the study.

### **Finding 1: Findings on the self-esteem before and after hugging among adolescent girls.**

- There was a significant increase in mean self esteem after the hugging  $t=8.19$  ( $p=0.05$ )

The above findings were supported by studies conducted by **Sharaf, AY, Thompson EA (2009)** reported that self esteem influences adolescent behaviors and interventions designed to strengthen both self esteem and support resources are appropriate. **White sell N.R (2008)** reported that relationships between self esteem and success were mediated by problem behaviors, **Rajinikanth A.NM (2003)** reported that the orthopaedically handicapped adolescents were exposed to self esteem therapy had significant increase in post test self esteem score, **Hentz .F et., al (2009)** reported that healing touch fostered confidence between patient and medical practitioner, **Wilkinson D.S ( 2002)** reported that healing touch lowers stress perceptions and relieves pain, and **Taylor.B (2001)** reported that healing touch is effective and has a positive measure.

### **Finding 2: To test the association between mean difference self esteem and selected factors of adolescent girls.**

- There was no significant association ( $p>0.05$ ) between selected factors such as age in years  $t = 0.253$  ( $P = 0.80$ ); education  $t = 1.039$  ( $P = 0.31$ ); availability of parents  $t= 0.112$  ( $P = 0.91$ ); number of close friends  $t= 1.661$  ( $P = 0.11$ ); leisure time activity  $t = 0.039$  ( $P = 0.76$ ); chronic health problems  $t= 2.001$  ( $p = 0.06$ ) and rank in the class  $t= 1.880$   $p= (0.78)$ .

- There was a significant association between mean difference self esteem and number of visits among adolescent girls.  $t= 2.789$  ( $p=0.013$ ).

## IMPLICATIONS

The study had implications, guidelines and suggestions for nursing practice and nursing research.

### Implications for nursing practice

- Hugging is an effective measure to increase the self esteem. Nurses can make this hugging as an effective measure to enhance the self esteem of adolescent groups.
- Nurses can plan the goal of nursing management of psychiatric patients and enhance the self esteem and sense of well being to the patient through the development of mutually agreed goals.
- Hugging by significant person boosts self esteem among adolescents.
- Pediatric nurses can incorporate hugging as part of caring children.
- School health nurses can use this intervention boost withdrawn children.

### Implications for nursing research

- Increase research will potentiate nurses to equip themselves better while assessing the self esteem of clients and their relatives as well.
- The study will be valuable reference for further research.
- The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.
- Large scale studies can be conducted.

### **Implications for nursing education**

- Nurses can be trained to assess the self esteem of the patients and their relatives. The importance of promoting self-esteem of students should be stressed in the application of nursing process. Also nurses can be educated as how to enhance self esteem by using various interventions and encourage the students regarding participation in the self esteem groups.

### **LIMITATIONS**

- Period of hugging was only for 2 weeks
- The samples were selected by total enumeration method.
- In a ultimately sensitive country, hugging the opposite sex had to be excluded.

### **RECOMMENDATIONS**

- A similar study can be replicated on a large scale.
- A study on impact of stigma on self esteem can be done.
- The study can be carried out for a longer period of time.

### **CONCLUSION**

Self esteem is one of the basic human needs. For an individual to achieve in life, he or she should have positive self esteem towards himself. So in future nurses can incorporate hugging as a part of nursing intervention in treating adolescent groups.

# REFERENCES

## BOOKS

1. Branden, Nathaniel. (1992), "The power of self esteem". Health communications, Deerfield, FI
2. Brown J. and Button N (1989), "Association Between Child Maltreatment and Self-Esteem. The Social Importance of Self-Esteem". U.C Press, Berkely, CA.
3. Clemes, H., Bean, R. (1981). "Self-Esteem: the key to your child's well being", New York, N.Y. Kensington Publishing Corp,
4. Crockenberg, S, & Soby, B.( 1989) "Self-Esteem and Teenage Pregnancy.' The Social limportance of Self-Esteem". U.C press, Berkely, CA.
5. Fischer, (1999), "Child & Adolescent Psychiatry. A comprehensive text book", Baltimore, Williams & Willkin Pp 297-298. Mosby Year book of psychology (1995). St. Louis Mosby
6. Frey, Diane And Carlock, C.J, (1987) "Enhancing Self-Esteem". Muncie, Indiana; Accerelated Development, Inc.
7. Garmon C.karl, (1999) "Psychology of Adolescents", Sage Publications, London
8. Karl Garrison, g (1975), "Psychology of Adolescence", New Jersey: Prentice Hall Inc., Eaglewood cliffs, Pp 200-300.
9. Lalitha, k.(1995), "Mental Health and Psychiatric Nursing", Bangalore; Gajana Book Publishers, Pp; 110-115.
10. Mecca, Andrew et al.( 1989), "The Social Importance of Self-Esteem", Berkely, CA, University of California Press,
11. Parker N., and Marsh Y(1990). "Developing Self-Esteem; A Positive Guide for Personal Success", Crisp Publications, Los Altos, CA,

12. Reasoner, R.,( 1994) "Building Self-Esteem In Elementary schools; Administrators Guide", Consulting Psychologists Press, Palo Alto, CA.
13. Stuart and Sudeen (1979), "Principles and Practice of Psychological Nursing" London: C.V Mosby Co. Pp: 491-514.
14. Walz, Garry & Bleuler, Jeanne,( 1992), "Student Self-Esteem" Eric Counseling Personnel Services, Inc. Greensboro, N.C
15. Wright, H and Martin S et, al. (1993), "Mental Health Nursing", I Edition, , chapman & hall, London, Pp (406)

## JOURNALS

1. Admat.R; (1994) "Care of the Critically Ill Patient; The Impact of Stress On The use of touch in intensive therapy units;" Journal of Advance Nurses, 19(5): 912-922.
2. Byrne, Bruce (2000) "Relationships between anxiety, fear, self-esteem, and coping strategies in adolescence" Adolescence
3. Cooper, J.E., Holman, J. & Braithwaite, V. A. (1983). Self-esteem and family cohesion: The child's perspective. Journal of Marriage and the Family, 45, 153-159.
4. Cigales.M et. al (1996), Touch among children at nursery school, Early development and care, 120, 110-110.
5. Deborah J. et. al (2004), "pathways to self-esteem in late adolescence: the role of parent and peer attachment, empathy, and social behaviors" , Journal Of Adolescence, 27(6);703-716
6. Dowd.T (2007), Comparison of Healing Touch, Coaching and A Combined Intervention on Comfort and Stress In Younger College Students, 21(4): 194-20

7. Donohue, M. J., & Benson, P. L. (1995). Religion and the Well-Being of Adolescents, Journal of Social Issues, 51, 145-160.
8. Field .t et., al (1994) "Touching in infant toddler and preschool nurseries", Early development and care, 98, 113-120.
9. Fox.k (2000), "self esteem self perceptions and exercise", international journal of sport psychology, 31, 228-240.
10. Hentz.F.et.,al; (2009) 'Assessment Strategies of the Impact of Healing Touch In Nursing Care'; Rech Soins Information (97) 87-91.
11. Henricson .M,(2006); A Transition From Nurse To Touch Therapist, A Study of Preparation Before Giving Tactile Touch in an Intensive Care Unit, Journal of Intensive Critical Care Nursing; 22(4), 239-245.
12. Heather Bartlett (2001) Self-Esteem, Stress, Coping. Burnout, Moderating Variables, Journal of Nursing Times Research, vol 2(5), 361-369.
13. Kavas.B.A (2009), Self -Esteem and Health Risk Behaviors among Turkish Late Adolescents, Journal of Educational Sciences, Spring; 44 (173); 187-189.
14. Kathleen (2006) 'The Hug Therapy Book, Human Rights Watch, Abandoned to the State
15. Lisa Pullen et, al; (2009); A Study On Self Esteem Among Well Adolescents Seeking A New Direction, Journal of Issues Comprehensive Pediatric Nursing, 21(4), 229-241.
16. Mecca, A. et., al (1989). The Social Importance of Self-Esteem. Berkeley: University of California Press.
17. Murk, C. (1995). Self-Esteem: Research, Theory, and Practice. New York: Springer Publishing Company
18. Mary Ann (2000); self esteem in adolescents treated in an outpatient mental health setting, Journal of Issues In Comprehensive Pediatric Nursing, vol.21, (3), 159-171.

19. Martyn.N (2009); "The relationships among self-esteem, coping, eating behavior and depressive mood in adolescents"; Journal of Res nurse heath, 32(1); 96-109.
20. Morea J.M (2008) Conceptualizing and measuring illness self-concept: A Comparison with Self-Esteem and Optimism in predicting Fibromyalgia, Adjustment Res Nurse Health, 31(6), 563-575
21. Maville JA (2008) Effect of Healing Touch on Stress Perception and Biological Correlates; Journal Of Holistic Nurse Practice, 22(2); 103-110.
22. Modric. M.; (1998), Journal of issues in comprehensive pediatric nursing, 21 (4), 229-241.
23. Tiffany .F (2000), "American adolescents touch each other less and are more aggressive toward their peers as compared with French adolescents", Journal of adolescence, vol.34.
24. Wilkinson at., al (2002); The Clinical Effectiveness of Healing Touch; Journal Of Alternative Complement Med, 8(1), 33-47.
25. Whitesell (2009); Self- Esteem, cultural, identity and academic success among American Indian adolescents, Journal of Educational Sciences, University of Colorado, Denver, jan;15 (1), 38-50.
26. Wylie.r (1979), The self concept", university of Nebraska press, Lincoln, vol 2.
27. William J. O'Donnell. (2005) "Adolescent self-esteem related to feelings toward parents and friends" Journal of Youth and Adolescence, 5 (2); 179-185.
28. Winston J. H (2006); The Rosenberg self esteem scale and harter's self perception profile for adolescents' psychology in schools; 30(2), 132-136.

## UNPUBLISHED THESIS

1. **Rajanikanth A.M (2003)**, "A study to assess the effectiveness of self-esteem therapy on self-esteem among the orthopaedically handicapped adolescents," A dissertation submitted for M.Sc.Nursing., at Tamilnadu Dr. M.G.R Medical University, Chennai.
2. **Nigu.K (2001)**, "A study to assess self-esteem, study habit, and academic achievement among students in selected colleges of nursing,' A dissertation submitted for M.Sc.Nursing., at Tamilnadu Dr. M.G.R Medical University, Chennai.
3. **Rojamma .J (2004)**, "A comparative study on the level of adjustment among orphanage and day scholar children in a selected high school at Bangalore, Karnataka state," A dissertation submitted for M.Sc.Nursing., at Tamilnadu Dr. M.G.R Medical University, Chennai.

## SECONDARY SOURCES

1. [www.pubmed.com](http://www.pubmed.com)
2. [www.medline.com](http://www.medline.com)
3. [www.google.com](http://www.google.com)
4. [www.medicaljournals.com](http://www.medicaljournals.com)

# APPENDIX – I

## LETTER SEEKING PERMISSION FOR CONTENT VALIDITY

From,

30083643

II Year M.Sc., (N),

Annai JKK Sampoorani Ammal College of Nursing,

Komarapalayam 638183,

Namakkal district.

To

Through,

The Dean,

Annai J.K.K. Sampoorani Ammal College of Nursing,

Komarapalayam- 638183.

Respected Sir/madam,

(Sub: Letter requesting consent to validate the tool.)

I am, 30083643, II year M.S.c., Nursing student of Annai J.K.K Sampoorani Ammal College of Nursing, Komarapalayam.

I have selected the following topic for research '**A study on self esteem before and after hugging among adolescent girls in selected orphanage, Bangalore**'. In partial fulfillment of the requirement for the award of the Degree of Master of Nursing under the Tamilnadu Dr. MGR Medical University, Chennai.

Here with I have enclosed the tool for its content validity and request you to kindly examine the tool and give your valuable opinion and suggestions.

Thanking you,

Place :

Date :

Yours sincerely,  
(30083643)

## APPENDIX – II

### LIST OF EXPERTS

1. **Dr. MUNIRAJU, MBBS.,DPM**  
Civil surgeon,  
Psychiatrist,  
Erode G.H.
  
2. **Dr.Mrs.TAMILMANI, Ph.D.,**  
Principal,  
Annai JKK Sampoorani Ammal College of Nursing,  
Komarapalyam,
  
3. **Mrs. LALITHA VIJAY, M.S.c (N)**  
Associate professor,  
Gokulam college of nursing.,  
Salem.
  
4. **Mr. SENTHIL KUMAR.,**  
Clinical psychologists,  
Erode G.H
  
5. **Ms. SOPHIA**  
Lecturer,  
Annai J.K.K Sampoorani Ammal college of nursing,  
Komarapalayam.

## APPENDIX – III

### PERMISSION LETTER

From,

30083643,

Ilyear M.S.c (N),

Annai J.K.K Sampoorani Ammal college of Nursing,

Komarapalyam-638183.

To,

Through,

The Dean,

Annai J.K.K Sampoorani Ammal College of Nursing,

Komarapalyam- 638183,

Respected sir/madam

**Sub: seeking permission to conduct the research study- regarding.**

I am 30083643, II year M.S.C Nursing student of Annai J.K.K Sampoorani Ammal College of Nursing, Komarapalayam, under the Tamilnadu Dr. M.G.R Medical University, Chennai. As a partial fulfillment of University requirement for an award of Master of Science in Nursing Degree, I am conducting a research on the following topic: **"A study on self esteem before and after hugging among adolescent girls in selected orphanage, Bangalore"**. I would like to conduct the research in your esteemed institution. Please grant me permission for the same.

Thanking you.

Place:

Date:

Yours sincerely,

(30083643)

## APPENDIX – IV

### PERMISSION LETTER GRANTED TO CONDUCT THE RESEARCH STUDY



### SUNSHINE CHILDREN'S HOME & SCHOOL OF SEVENTH-DAY ADVENTISTS

Kalkere, Horamavu Post, Bangalore - 560 043. Phone : 080 - 25651817 (Regd Under Karnataka Societies)

September 23, 2009

TO WHOM IT MAY CONCERN

This is to state that I have granted permission for Leela Devamony to conduct her research at Sunshine Children's Home, Bangalore.

**BEULAH FERNANDEZ**

Director

Sunshine Children's Home & School

Kalkere, Horamavu Post

BANGALORE-560 043

Beulah Fernandez

Director

## APPENDIX – V

### CONTENT VALIDATED CERTIFICATE

I, hereby certify that I have validated the tool of **30083643** II Year M.Sc., Nursing student of Annai J.K.K. Sampoorani Ammal College of Nursing, Komarapalayam, who is Undertaking the following study **“A study on self esteem before and after hugging Among adolescent girls in selected Orphanage, Bangalore.”**

Date:

Signature of the expert

Place:

Designation

# APPENDIX – VI

## SELF ADMINISTERED QUESTIONNAIRE ON SELF ESTEEM AMONG ADOLESCENT GIRLS

### SECTION-I BACKGROUND FACTORS

CODE.NO: \_\_\_\_\_

#### DIRECTIONS

Section- one the following question seek information about your background. Please encircle (o) the right choice which you feel appropriate for you.

1) Age ----- in years (specify)

- a) 9-13yrs
- b) 14-16 yrs

2) Religion

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

3) Availability of parents

- a. one parent living
- b. both not living
- c. Divorced or separated.

4) Duration of hostel experience

- a) < 3yrs
- b) 3-5 yrs
- c) >5 yrs

5) Education

- a) Middle school
- b) High school
- c) Higher secondary school

6) Number of close friends

- a) Nil
- b) 1-2
- c) 3 or more

7) Leisure time activity

- a) Playing
- b) Reading
- c) Watching TV
- d) Chatting with friends.

8) Number of visits from visitors per month

- a) <4
- b) 4 and above
- c) Nil

9) How much time do you spend personally with your care taker/ Warden?

- a) <1/2 hour
- b) >1/2hour.

10) Do your friends or classmates call you by nick name?

- a) Yes
- b) No

11) Have you ever received any awards in sports/education/ competition?

- a) Yes
- b) No

12) How do you rate your body image among your friends?

- a) Attractive
- b) Not attractive.

13) Is there any chronic physical health problems?

- a) Respiratory problems
- b) Skin problems
- c) Abdomen related problems.
- d) Any other------(specify)
- e) Nil

14) State your rank in the class?

- a) Within top 10 ranks
- b) Within last 10 ranks
- c) Between the top 10 and last 10 ranks.

# APPENDIX – VII

## SECTION – II

### ROSERBERG SELF-ESTEEM SCALE

Code No.: \_\_\_\_\_

#### Instruction

This section seeks information regarding self-esteem. You may respond in a 5 point scale 1) Strongly disagree, 2) Moderately disagree, 3) Neither agree / disagree, 4) Strongly agree and 5) Moderately agree.

| S. No. | Content   | Strongly disagree | Moderately disagree | Neither agree/ disagree | Strongly agree | Moderately agree |
|--------|---|-------------------|---------------------|-------------------------|----------------|------------------|
| 1      | I feel that I am a person of worth, at least on an equal basis with others. |                   |                     |                         |                |                  |
| 2      | I feel that I have a number of good qualities                               |                   |                     |                         |                |                  |
| 3      | All in all, I am inclined to think I am a failure.                          |                   |                     |                         |                |                  |
| 4      | I am able to do things as well as most other people.                        |                   |                     |                         |                |                  |
| 5      | I feel I do not have much to be proud of.                                   |                   |                     |                         |                |                  |
| 6      | I take a positive attitude toward myself                                    |                   |                     |                         |                |                  |
| 7      | On the whole, I am satisfied with myself.                                   |                   |                     |                         |                |                  |
| 8      | I wish I could have more respect for myself                                 |                   |                     |                         |                |                  |
| 9      | I certainly feel useless at times.  |                   |                     |                         |                |                  |
| 10     | At times I think I am no good at all.                                       |                   |                     |                         |                |                  |

# APPENDIX – VIII

## GUIDELINES TO HUG A GIRL

### STEP- I

- ❖ Ensure a favorable environment preferably among known people.
- ❖ Be welcoming when you hug, be warm and loving.

### STEP II

- ❖ Approach with confidence where there is established relationship.
- ❖ Look into her eyes for a few seconds with a smile.
- ❖ Lean your torso forward and extend your arms for a split second to make sure she wants the hug.
- ❖ Embrace her by placing your arms around her back firmly but gently.
- ❖ Hug for 4-5 seconds and can move arms back and forth but do not pat her back.
- ❖ Maintain warmth, respect and appreciation.

### STEP III --End the hug appropriately

- ❖ Let your arms slide out from her sides and back to rest at your own sides.
- ❖ Make eye contact with a smile.

### PRECAUTIONS/ TIPS

- ❖ Be sure you are well groomed
- ❖ Be welcoming when you hug
- ❖ Make eye contact
- ❖ Don't hug too tightly
- ❖ Don't hug too early.

## ABSTRACT

A study on 'self esteem before and after hugging among adolescent girls in selected orphanage, Bangalore, was undertaken by **30083643** as a partial fulfillment of the requirement for the award of the Degree of Master of Science in nursing at Annai JKK Sampoorani Ammal College Of Nursing, under Tamilnadu Dr. MGR University during the year 2008-2010.

The objectives of the study were, 1) To assess the self esteem before and after hugging among adolescent girls 2) To test the association between mean difference self esteem and selected factors of adolescent girls.

The research hypothesis formulated were, H<sub>1</sub>) There will be a significant difference in self esteem before and after hugging among adolescent girls. H<sub>2</sub>) There will be no significant association between mean difference self esteem among adolescent girls and selected factors, such as age, education, availability of parents, and number of close friends, leisure time activity, chronic physical problems, rank and body image.

An evaluative approach was used to find out the effectiveness of hugging on self esteem among adolescent girls.

The review of literature was done and organized under various aspects, on studies related to self esteem and adolescents, studies related to hugging and studies related to touch and self esteem.

The conceptual framework of this study was based on nursing process model. The approach selected for this study was evaluative in nature and the research design was pre-experimental design to be precise one group pretest post test design. Study was conducted among 30 adolescent girls who were selected by total enumeration method.

The tool developed and used for data collection was a standardized Rosenberg's self esteem scale. Five experts validated the tool. Reliability was established by test re-test method and the reliability coefficient was found to be ( $r=0.76$ ) high. Pilot study was conducted among 5 adolescent girls who were in Chansandra, church of hope orphanage, Bangalore.

Main study was conducted in Bangalore, Sunshine orphanage. Study samples were selected based on total enumeration method. The data gathered were analyzed by using SPSS (version.10) software.

Inferential statistics was used to evaluate the effectiveness of hugging among adolescent girls. The result showed that there was a significant ( $p<0.05$ ) increase in self esteem after hugging among adolescent girls and there was no significant association in relation to selected factors and the mean difference in self –esteem except the number of visits. The conclusion of the study was that, hugging was effective in increasing self esteem among adolescent girls. The implications, recommendations and conclusion have been stated adequately.