

ORIGINAL ARTICLE

TO STUDY THE ADOLESCENT ATTITUDE AND RELEVANCE TO FAMILY LIFE EDUCATION PROGRAMME

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ABSTRACT: Family life education is a comprehensive program to educate the growing children, regarding the various aspects of living in a society and interacting with other individuals at different levels and in different ways along with imparting age appropriate knowledge of biological and sexual development. Lack of awareness, ignorance, or inappropriate knowledge among youth made us take up this study. Sexual knowledge is sought from peers and magazines, menstrual hygiene, masturbation issues are never dealt by health authorities, educators or parents. Risk taking behavior, substance abuse, violence are very common in teens these problems are to highlighted. And interactive sessions are needed to enhance the learning experience.

KEYWORDS: Family life education, Life skills, Sexual activity, HIV.

INTRODUCTION: Adolescents stand on the threshold of adulthood with all its responsibilities and rights. The urges and feelings of living life influence the adolescents in their teen years, pushing them to experiment and take risk in their lives. As they evolve from teens to youth, the usual sources of information and guidance are peers, media and rarely parents and teachers/doctors. In India the social backgrounds are diverse. The teens are sandwiched between traditional parental controls and promiscuous media giving easily available unregulated information.⁽¹⁾

GOALS OF FAMILY EDUCATION: family life education can help in,

1. Providing knowledge, skills, and attitudes to the adolescents for healthy family.
2. Equipping the adolescents with the ability to make responsible decision about social and sexual behavior.
3. Increase their awareness about their own health and personal development
4. Enhance their life skills.

AIM: Aim of the study to know the knowledge among adolescent about their attitudes towards family Life Education.

MATERIAL AND METHOD: A total of 150 students studying in the Government School in Standard VIII an IX participated in the study. A separate questionnaire for boys and girls was given and they were asked to anonymously answer the questionnaire.⁽²⁾

OBSERVATION: A total of 150 students answered the questionnaire. Out of Which 84 students were boys and 66 were girls.

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The comparison of answer submitted by girls and boys to common questionnaire is as follows:

Q1. Initial information of sex and sexuality?

Who gave you the information on sex and sexuality?

	Girls		Boys	
Friends	60%	N 40	54.5%	N 48
T. V.	85%	N 52	32%	N 28
Parents	18%	N 12	1%	N 1
Books	6%	N 6	15%	N 12
Others	13%	N 9	8%	N 7
No answer	2.5%	N 2	3%	N 2

Table 1

Q2. Peer pressure encountered and peer pressure leading to following;

	Girls		Boys	
Bunking Class	N 22	25%	22%	5
Reading seeing pornography		0	15%	13
Copying	N 6	10%	15%	13
Smoking		0	13%	11
Drinking Alcohol		0	2%	1
Others	N 2	2%	10%	9
None	N 12	20%	15%	13
No answer	N 23	34%	4%	3

Table 2

Q3. What is an infatuation?

	Girls		Boys	
Correct answer	N 33	50%	64%	N 54
Incorrect answer	N 19	28%	15%	N 12
Do not Know	N 14	22%	21%	N 18

Table 3

Q4. What is AIDS?

	Girls	Boys	
Correct Answer	5%	5%	N 54
Incorrect Answer	10%	6%	N 4
Partially Correct	22%	25%	N 24
Do not Know	10%	6%	N
No Answer			

Table 4

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Q5. How is AIDS Spread? (Option were provided).

	Girls	Boys
1/5 Correct	9%	20%
2/5 Correct	35%	28%
3/5 Correct	30%	42%
4	10%	3%
5	0.5%	1%
No answer	80%	6%

Table 5

Q6. How is Aids Prevented? (Correct option were given).

	Girls		Boys	
1/5	N 34	55%	49%	N 41
2/5	N 21	30%	19%	N 16
3/5	N 8	6%	30%	N 24
4/5	N 1	0.5%	0.2%	
5/5		0	0.3%	N 1
Wrong answer	N 2	4%	2%	N 2

Table 6

Questionnaire for Boys:

1. Is masturbation harmful to health?

Yes	50%	n 42
No	54%	n 20
Do not Know	13 %	n 11
No answer	13%	n 11

2. When did you do it first?

Never	4.5%	n 8
Yes	90 %	n 76

Age	12Yrs	50%
	13Yrs	34 %
	14Yrs	23%

3. What is your reaction after masturbating?

Guilty	40%	n 39
Thrill	18%	n 16
Disgusts	17%	n 15

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Others	8%	n 2
No answer	5%	n 5

4. Have you smoked?

Yes	13%	n 12
No	87%	n 72
When age	14yrs	3%
	15Yrs	5%
	16Yrs	5%

5. Have you taken Alcohol?

No	95%	
Yes	5 %	
16Yrs	3%	n 4
15Yrs	2%	n 1

Questionnaire for Girls

1. Who told you about menstruation?

Parents	70%	n 46
Friends	15%	n 10
Others	12%	n 8
No answer	3%	n 2

2. How do you maintain menstrual hygiene?

(>1 answer may be right)

Frequent change of pads	50%	n 33
Washing with each change	33%	n 19
Keeping Pubs hair trimmed	2%	n 1
All of Above	8%	n 6
Others	1.5 %	
No answer	5%	n 3
Do not Know	5%	n 3

3. Where you aware of such event that would occasion?

Yes	62%	n 40
No	32%	n 22
No answer	6%	n 4

4. What is the common cause for missed period?

Hormonal imbalance	50%	n 33
Normal in 1 st few years after menses	21%	n 14

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Pregnancy	12%	n 9
Stress	8.5%	n 7
Depression	1%	n 1
No answer	2.5%	n 2

5. Is it unhealthy for a girl to shaving or bathe during menstrual period?

Yes	30%	n 19
No	67%	n 45
No answer	3%	n 2

DISCUSSION: There is a need for educating our adolescent on various issues specific of their age group through meaningful family life education programme. The third national family health survey (NFHS-3) looked at the adolescent sexual health and risk taking behavior in 2005-2006.^(3,4)

The knowledge about menstrual hygiene is poor among girls.^(5,2) Session our menstrual hygiene for girls should be taken. Curriculum for family education should be appropriate for targeted group.⁽⁶⁾ Boys need to be addressed separately regarding masturbation by the 7th or 8th the class⁽²⁾ The myths regarding it should be cleared. The common source of knowledge about sex and sexuality is through their peers.^(7,6) To ensure that they are provided with accurate and authentic information lessons on safe sex HIV, reproductive anatomy birth control measures should be included in the curriculum. Sessions on substance abuse must be started by VIII and IX class.⁽⁸⁾

An interactive approach and small group sessions are better for engaging the students. Role play exercise also enhance learning experience.⁽⁴⁾

The adolescent's family life education program should include 1-growth and development. The physiological changes, emotional changes should be addressed. 2-Human relationships which include interpersonal interactions, personality development within the family. 3-Values, morals and ethics. Honesty, trust, self-control should be taught. 4-Decision making and problem solving in context to peers, social, personal in should be addressed. 5-Career goals and planning should be discussed. 6-sexual activity problems of premarital, nonmarital sex, sexually transmitted disease should be addressed. Pregnancy and childbirth should be addressed. Parenting skills regarding breast feeding, child development, should be highlighted 7-Preventing violence, substance abuse.8- stress management issue like examination stress, peer pressure, family related problems are told.9- HIV related prevention and management are discussed. 10-diet and fitness obesity, under nutrition, eating disorders are discussed.⁽⁴⁾

The pretested questionnaire is cost effective. Adolescents are able to freely pen their apprehension and fears and clear all their doubts.⁽²⁾

Advantage easy to analyze. Reduces bias. Familiar to students.

LIMITATIONS:

1. The sample size is smaller
2. Responses may not correspond to the actual behavior.

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