

A Study of Adolescence Education Awareness among Secondary School Students in Kerala

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Abstract – This research aims to determine the knowledge and attitude about Adolescence Education awareness among Secondary school students in Kerala.

The sample population for the study is the stage. In this stage a sample 500 students are select to using stratified random sampling technique by giving importance to factors such as rural and urban Secondary School students.

We observed poor baseline adolescence education awareness among secondary school students. Adolescents have poor baseline knowledge about growing-up changes and a health education intervention programme improves the knowledge and attitude among adolescents. Literature also shows that today's adolescents have improper knowledge about their growing up which is obtained largely from inadequately informed friends, internet or movies. Most of the studies done on adolescents are about sexuality in girls or knowledge regarding HIV /STD.

Keywords – Adolescence Education.

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1. INTRODUCTION

Adolescents are young people between the ages of 10 and 19 years as defined by World Health Organization (WHO). Adolescence is a challenging and dynamic period due to hormonal, physical, emotional, cognitive and social changes. According to WORLD'S YOUTH 2013 data sheet, adolescent population of the world is 1809.6 million and out of that 362 million are from India. In India, adolescents form a major chunk of population.

Young people hold the promise of our future. Working with and helping young people have always been a priority across time and cultures. But the changing times have changed us in exceptional ways to find ways to protect and empower our young people to live and become happy healthy adults. The life skills approach is one such that promises to contribute to the well-being of our young and empower them to meet many challenges of life.

Adolescence is the transition stage from childhood to adulthood. They constitute the population in the age group of 13 to 19 or 12 to 20. The pubertal changes are not only physical but also mental, warranting proper guidance and support, erroneous beliefs and imperfect

knowledge can lead to severe mental aberrations, which will become detrimental to a normal adulthood or marital life, it is well recognized that childhood and adolescence are periods of intense psychological growth and development. Such phases would understandably involve many crises, such as instability, inner turbulence and behavioral deviance. The latter can be conspicuous, florid or even disruptive in many individuals; but could also be dormant, subtle and slowly disintegrative. In either case, it can adversely affect the development of an individual into a healthy adult.

Adolescents in India may face troubles due to lack of right kind of information regarding their own physical and/or sexual development (i.e. growing up changes). Because of many misconceptions, ignorance and social taboos about sex, sexuality, conception and contraception; along with their peculiar developmental stage, adolescents form a vulnerable group. The habits formed during this period tend to last for lifetime. Also, most of the lifestyle diseases such as diabetes, hypertension and coronary disease which present themselves during adulthood have their foundations laid during this period of growing up. Not much attention has been given to this important group by the society. A

good nutritional, social, psychological and emotional support given to adolescents will go a long way in preventing the disease burden on the society.

The terms “adolescents”, “teenagers”, “youth” and “young people” are used differently in various societies. These categories are associated—with different roles, responsibilities and ages that depend on the local context.

It must be taken cognizance of the fact that today's youth are living in societies which are fast evolving under the impact of modernization, often have little access to reliable information and even less to adult counsel. As a result, parents and educators are often confronted with young people's question and expectations, which tend to challenge the established norms and principles and reveal inadequate preparation for coping with various demographic pre-occupations.

It is considered appropriate for the school to bridge this gap. Just as the school prepares the young for the responsibilities of adult citizenship and wage earning capabilities, it should also begin to share with the children the task of preparing them for the responsibilities of parenthood, sexuality and family life. The content of sex or adolescence education would remain unchanged but its utilization and integration would be culture specific.

The main components of Adolescence Education are the physical aspects which include a) the anatomy and physiology of the human reproduction, b) Physical, emotional and psychological changes during puberty, and c) Conception, pregnancy and birth. Study of sex roles is vital to achieving one of the objectives of family life education i.e., to enable the youth to understand and cope with changes in their own lives and in their society; such as the breaking down of traditional social structures and the changing roles of men and women. Men are dominant, independent, unemotional and aggressive; women are sensitive, emotional, nurturing and are somewhat dependent and submissive. Further, literature and mass media tend to create, reinforce and perpetuate many sex role differentiations. Many experts agree that the pressure, anxiety and confusion about male and female roles are core issues and concerns related to sexuality. Stereotyped sex roles hinder people from developing their natural abilities and personalities.

In addition, sexually transmitted diseases and substance abuse is an important area for education due to the dramatic rise in the incidence of AIDS, STD and drug abuse education would address areas of factual education and inculcation of the right social attitude and the realization of the fact that there are critical medical problems which can be preventable.

2. OBJECTIVE OF THE STUDY

This research aimed to assess the level of knowledge of Secondary School students with regard to different aspects of adolescence education viz., process of growing up, reproductive health, HIV/AIDS and drug abuse. To study the attitude of Secondary School students towards various issues related to Adolescence Education. To study the impact of specially designed Adolescence Education Programme on the knowledge level of Secondary School students. To suggest appropriate activities for Adolescence Education for the development of Secondary School students.

3. MATERIALS AND METHODS

3.1 Research Design

The present study employed the Descriptive research design. This research design refers to the method used to describe data and characteristics used to describe the population. The purpose of using the descriptive research method is to acquire accurate, factual, systematic data that can provide readers with an actual picture of the data set that they are reviewing.

3.2 Participants

The respondents of the study includes a sample of 120 students selected to using stratified random sampling technique by giving importance to factors such as rural and urban Secondary School students particularly in the cities of the Indian state Kerala.

3.3 Instruments

The tools for the data collection are selected after making in depth study of available tools to measure knowledge and attitudes of teenagers. The following tools are used to measure knowledge and attitude of Secondary School students. These tools are selected keeping in view of the characteristics of the age factors and the requirements of the present study.

To collecting data on the level of knowledge and attitude towards adolescence education, the questionnaires are the following sections.

- a. Personal data sheet.
- b. Multiple choice test on Knowledge.
- c. Questionnaire on Attitude.

3.4 Procedures

A total of 120 adolescents were recruited considering feasibility and beneficial effect of the intervention. Willingness to participate in the study was obtained by

written parental consent as well as assent from the students after explaining the objective of the study. Also a prior approval from the Principal of the school and the Institutional Ethics Committee (IEC) of our institute was taken. The Personal Interview Technique (PIT) and the Group Interview Technique (GIT) were employed by the researchers. Considering the limitations of the former, the GIT, as a complementary technique involves interviewing groups instead of individuals. It captures group consensus rather than individual opinion. Above all, this is much faster to conduct than personal interview. The GIT, according to Mercado (1999), is appropriate for gathering data needed in planning action projects while the personal interview is suitable in generating benchmark data that can serve as a basis of comparison for evaluating the impact of the project to the beneficiaries.

3.5 Data Analysis

As with all data, analysis and interpretation are required to bring order and understanding of the study. This requires creativity, discipline and a systematic approach. Thus, the steps relative to analyzing data from the questionnaires, as described by Taylor-Power and Renner (2003), were used in this study. This include: getting to know the data, focusing the analysis, categorizing information, identifying patterns and connections within and between categories, and interpretation of the data.

4. RESULTS AND DISCUSSION

4.1 General Awareness of Adolescents:

It was found that most of the adolescents felt that physical appearance is the most important aspect that identifies their personality. But many of the adolescents were unaware of the impact of physical appearance on one's personality. Maximum number of adolescents did feel that those who like their own bodies felt better about themselves. They also felt that physically attractive men and women are usually more self-confident than those who are not attractive. Many adolescents felt attraction towards the opposite sex during adolescent stage as highly immoral though a small percentage of the respondents disagreed to it. An equal number of adolescents agreed as well as disagreed to the opinion that girls are equally competent/capable as boys in all spheres of life. Very small percentages were not aware about the competency levels of girls and boys. Many adolescents had the understanding that girls are more conscious than boys about their physical appearance. A very small percentage of the respondents were undecided and not sure about girls being more conscious than boys about their physical appearance. More number of adolescents was of the opinion that men should take all the important decisions alone. But a maximum number of adolescents disagreed to the opinion that men are stronger than women in all fields. Most of the

adolescents felt that Modern cultures have adversely affected values of the adolescents. A very small percentage of adolescents disagreed to this opinion.

With regard to differences in boys and girls most of the adolescents were of the opinion that girls and boys are treated equally by parents. They also believed that girls are delicate, obedient and beautiful while boys are strong and protective. A maximum number of adolescents also felt that career or job is a must for boys though almost all the adolescents completely disagreed to the opinion that education of girls is a waste and that women cannot take decisions. Most of the respondents also felt that the literacy rate of women is lower than that of men.

A maximum number of adolescents were against the opinion that girls and boys should not interact with each other after the age of twelve. Very few adolescents felt that feeling shy to interact with members of other sex is a disease. Most of the adolescents were of the opinion that it is wrong or abnormal. Only one fourth of the adolescents felt that feeling shy to interact with members of opposite sex is normal. Most of the respondents felt that adolescents love to be accepted as they are or else they love to change their lifestyle. Very few respondents felt that adolescents loved to go away from home and some of them were of the opinion that Adolescents loved to experiment with drugs. A majority of the adolescents were of the opinion that teachers can help Adolescents to develop by being role models or by talking to them about ideal personalities. Very few were of the opinion that teachers could help them by giving lectures on self -image or sermonizing to value self -image. Emotional isolation and talkativeness was considered to be the main reason for lack of close and intimate friendships by a majority of the adolescents. Only one-fourth of the populations were of the opinion that it was due to low test results or school problems. Most of the adolescents were aware that increase in height and weight occurs more rapidly in girls than in boys during the Adolescence period. With regard to knowledge about marriage related information most of the adolescents were aware that early marriage is not a solution for the problems of adolescence. They knew the legal age for boys to get married is 21 years. They also had a good knowledge of the fact that marriage is not the most important goal for a girl.

4.2 Relationship with Parents

Most of the Adolescents were of the opinion that they would discuss their personal problems with their parents and would not prefer to discuss it with their friends. They were also aware that parents interfered in the personal matters of adolescents only for their own welfare.

A good number of Adolescents were of the opinion that the dress pattern and hair style of the adolescents led to conflict with their parents. Most of the Adolescents

felt that their personal and social behaviour are always in conflict with family values. They also were of the opinion that it is the disapproval of their parents that caused unhappiness among them with respect to their parents. A majority of adolescents felt that parents help them to grow normally by positive interaction and giving them total freedom. Very few adolescents were in favour of strict discipline or over protection.

4.3 Knowledge about sex related information

Most of the adolescents were confused and not aware as to whether Sex drive, which is a biological instinct, must be controlled in relation to the norms of the society or not. Majority of the adolescents were of the opinion that learning about sex related issues increases sexual urge. They also felt that discussing sex related issues is against morality. Most of the adolescents were not in agreement with discussing sex related issues with the same gender. Many of them were also confused and not sure whether such discussions are appropriate or not. Most of the adolescents were of the opinion that it is a sin to have pre-marital sex. They were not in favour of premarital sex though many of them were undecided about it. It was found that most Adolescents were not aware or had no knowledge as to whether sex urge if left unchecked resulted in amenity or not. They were mostly undecided about it. A majority of the adolescents were of the opinion that Masturbation caused infertility. However many of them were not sure whether the cause of infertility was due to Masturbation or not. Most of them also disagreed to the opinion that Masturbation badly affects the physical as well as mental health of adolescence.

It was found that most of the adolescents were against the opinion that it is all right for a man to have pre-marital sex. Most of the adolescents were aware that teaching sex related matters did not adversely affect the image of the teachers. They were also aware that knowledge about sex related matters was not the reason for teenagers to be encouraged to experiment with sex. Most of them were against the opinion that teaching about sex related matters destroyed the innocence of the adolescents.

4.4 Awareness of Male and female reproductive growth

A large percentage of adolescents agreed to the fact that they must be aware of male/female reproductive anatomy and functions. Majority of the adolescents were aware of all the parts of the reproductive system of males. But less than fifty percent of the adolescents knew about the parts of the reproductive system of females. Most of the adolescents were not aware about the family planning devices for men and women. Most of them chose devices other than condoms for men such as Mala D, jelly and diaphragm. They also had no idea about the family planning device for women. Very few chose Copper T as the family planning device for

women as compared to other options such as vasectomy, condoms and jelly. With regard to male reproduction system most of the adolescents were not aware that Nocturnal emissions in males were caused when semen is discharged during sleep. Most of them were of the opinion that it is a disease and needed to be treated. Boys develop facial hair due to the secretion of testosterone was known to a majority of the adolescents. They were also aware of the fact that in vasectomy the part that is cut is the vas deference in men.

With regard to female reproduction system most of the adolescents were not aware that reproductive organs of girls develop rapidly between the age of 10 and 12 years. They also did not have the knowledge about the fecundity period of women being from 15 to 45 years. However a good number of adolescents knew that the gestation period among women is normally 280 days and that fertilization occurs in the ovary. With regard to the menstrual cycle in women majority of the adolescents were aware of the fact that it is a natural monthly process and does not make the concerned female impure. They also knew that the normal age for the starting of the menstrual cycle is between 11 and 14 years and that during menstruation girls /women can follow the usual daily activities. However not many adolescents were aware of the normal duration of the menstrual flow which is 3 to 5 days and that menopause usually occurred during the period of 45 to 50 years.

With regard to pregnancy and birth most adolescents were not aware that a foetus develops in the uterus of the mother. However they knew that a baby is born through the vagina of the mother. Majority of the adolescents felt that the sex of the baby is determined at the time of birth. However many of them knew that Amniocentesis is a means by which the sex of the baby can be determined before birth. Most of them were also of the opinion that it is the mother who is responsible for the sex of the child and only she can take care of the child.

4.5 Knowledge of HIV, drug and substance abuse and sexually transmitted diseases

Majority of the adolescents were fully aware that people suffering from AIDS should not be isolated and should be cared for. They knew that HIV can be tested by doing a blood test and that a person infected with HIV should not donate blood. They are also aware that HIV doesn't spread just by hugging or kissing or using public toilets but it can be spread if a child is breast fed by an infected mother. However they were not aware of the physical symptoms that affected HIV patients in the initial stages and what precautionary measures to take to reduce the risk of HIV infection. Most of them felt that the cause for the spread of HIV were the sex workers and drug users. Maximum number of adolescents were aware of the fact that alcohol should

not be sold to individuals before the age of 18 years. They had knowledge about the fact that no drugs will help in reducing distress and that one should be more compassionate towards drug addicts as they can be de-addicted. Most of the adolescents were not aware of the adverse impact of using drugs in their lives though they were able to identify the different types of drugs. They were mostly of the opinion that drugs were used by adolescents due to peer pressure and they also felt that drugs can be prevented by saying "No" to drugs always. Many adolescents were able to identify the sexually transmitted diseases from the others.

CONCLUSION

Adolescence makes up a significant portion of the total population. It can be a time of both disorientation and discovery. The transitional period can bring up issues of independence and self-identity; many adolescents and their peers face tough choices regarding schoolwork, sexuality, drugs, alcohol, and social life. Peer groups, romantic interests, and external appearance tend to naturally increase in importance for some time during a teen's journey toward adulthood.

Adolescence is one of the most rapid phases of human development. Biological maturity precedes psychosocial maturity. This has implications for policy and programme responses to the exploration and experimentation that takes place during adolescence. The characteristics of both the individual and the environment influence the changes taking place during adolescence.

Younger adolescents may be particularly vulnerable when their capacities are still developing and they are beginning to move outside the confines of their families. The changes in adolescence have health consequences not only in adolescence but also over the life-course. The unique nature and importance of adolescence mandates explicit and specific attention in health policy and programmes.

Adolescents tend to take more risks than adults in various domains of life, including health-related risk behaviour such as smoking, alcohol consumption, poor diet, unsafe sex, reckless or drunk driving, or violence. Risk prevention and risk behaviour change, therefore, should be discussed from a developmental or life-span perspective. Changing health-related behaviour requires two separate processes that involve motivation and volition, respectively. First, an intention to change is developed, in part on the basis of self-beliefs. Second, the change must be planned, initiated, and maintained, and relapses must be managed. Self-regulation plays a critical role in these processes.

Adolescents need explicit attention. Adolescents are not simply big children or small adults. Unique developmental processes take place during this period. Adolescents have specific characteristics that need to

be taken into consideration in policies and programmes and in the strategies to reach this section of the population with health promotion, prevention, treatment and care.

Adolescents are not all the same. During adolescence the components of physical and psychosocial development take place at different speeds and duration, even if the sequence is universal. Policies and programmes need to take into consideration the heterogeneity of adolescents, including the differing developmental phases and abilities of younger and older adolescents and of adolescent girls and boys.

Some adolescents are particularly vulnerable. The environments in which some adolescents live, learn and grow can undermine their physical, psychosocial and emotional development—for example, where adolescents lack parental guidance and support, face food shortages, or are surrounded by violence, exploitation and abuse. Policies and programmes need to specifically and explicitly address these adolescents to protect, respect and fulfil their rights to the highest attainable standard of health.

Adolescent development has health implications throughout life. Adolescence provides opportunities to make up, both physically and mentally, for developmental deficits in the first decade of life. At the same time, health interventions are needed in adolescence to build on the investments made during the first decade, in order to maintain positive momentum for transitions to adulthood and health throughout life.

Realizing that adolescents are more motivated by reward than punishment calls into question correctional approaches to deviant behaviour during adolescence. Appreciating that adolescents are more focused on the present than the future has implications for health education messages. The fact that adolescent brains are in some ways designed to encourage risk-taking supports efforts to reduce the harm associated with health-compromising behaviour rather than simply trying to prevent all risk-taking—use of condoms is a good example.

Adolescents need to understand the processes taking place during adolescence. Adolescents may have concerns about the normal developmental processes that are taking place, ranging from the physical manifestations of menarche and spermarche to volatile feelings and emotions. The health sector can be an important source of correct information and offer opportunities for adolescents to discuss their concerns with trained service providers or peers, through health facilities or in other settings such as schools.

To contribute positively, adults need to understand the processes taking place during adolescence. How adolescents are supported during this period of rapid

development determines whether they can take advantage of the opportunities and avoid the threats that are inherent in this period of first-time experiences. To provide the support that is needed, the significant adults in their lives, including parents, teachers, service providers and other duty-bearers, need to understand the changes taking place during the adolescent years and extend their due support throughout the adolescent period of their lives.

RECOMMENDATIONS

Based on the findings of the present study, the recommendations made for improving the awareness of Adolescence Education among adolescents are that adolescents should be given awareness by their schools or colleges by conducting effective Adolescence Education programs which will sensitize our present generation of Adolescents about their reproductive health, substance use and abuse, sex education etc. Parent awareness programs should be conducted for parents of adolescents to give them a clear understanding of the problems faced by their teenage children and how to be there as a support system for their children during times of difficulties they may face. Teachers handling adolescent students should be sensitized through training programs of the expected behaviour mechanism of their students and how to guide their children in the most effective way such that children are ready to take the guidance and follow it through this challenging phase of growth in their lives. Specific adolescent related education programs can be initiated within the communities by the local authorities by calling experts in this field and conducting classes for the benefit of the adolescents and their parents. A full-fledged support system in the environment and surroundings of the adolescents can be developed with the help of all the stakeholders in the society to ensure that the adolescent group of children are guided at every step of their life towards their future growth and success.

Health care centers for the special care and rehabilitation of adolescents need to be established. This will support adolescents who have health issues due to deviant behaviour in the form of substance abuse, sexually transmitted diseases etc.

REFERENCES

Allen, J.P., & Hauser, S.T. (1996). Autonomy and relatedness in adolescent-family interactions as predictors of young adults states of mind regarding attachment. *Development and Psychopathology*, 8, pp. 793-809.

Cooper, M.L., Shaver, P.R., & Collins, N.L. (1998). Attachment styles, emotion regulation, and adjustment in adolescence. *Journal of Personality and Social Psychology*, 74, pp. 1380-1397.

Florian, V., Mikulincer, M., & Bucholtz, I. (1995). Effects of adult attachment style on the perception and search for social support. *Journal of Psychology*, 129, pp. 665-676.

Fonagy, P., Target, M., Steele, M., Steele, H., Leigh, T., Levinson, A., & Kennedy, R. (1997). Morality, disruptive behaviour, borderline personality disorder, crime and their relationship to security of attachment. In L. Atkinson & K. J. Zucker (Eds.), *Attachment and psychopathology*. New York. Guilford.

Kenny, M.E., & Donaldson, G.A. (1991). Contributions of parental attachment and family structure to the social and psychological functioning of first-year college students. *Journal of Counseling Psychology*, 38, pp. 479-486.

Kerns, K.A., & Stevens, A.C. (1996). Parent-child attachment in late adolescence: Links to social relations and personality. *Journal of Youth and Adolescence*, 25, pp. 323-342.

Kobak, R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Development*, 59, pp. 135-146.

Larson, R., & Richards, M. H. (1991). Daily companionship in late childhood and early adolescence: Changing developmental contexts. *Child Development*, 62, pp. 284-300.

Lessard, J.C., & Moretti, M. M. (1998). Suicidal ideation in an adolescent clinical sample: Attachment patterns and clinical implications. *Journal of Adolescence*, 21, pp. 383-395.

Nada-Raja, S., McGee, R., & Stanton, W.R. (1992). Perceived attachments to parents and peers and psychological well-being in adolescence. *Journal of Youth and Adolescence*, 21, pp. 471-485.

Pandav C. S., Anand K., Shamanna B. R., Chowdhury S., Nath L.M. (1997). Economic consequences of HIV/AIDS in India. *Natl Med J India*; 10: p. 27-30.

Papini, D.R., & Roggman, L.A. (1992). Adolescent perceived attachment to parents in relation to competence, depression, and anxiety: A longitudinal study. *Journal of Early Adolescence*, 12, pp. 420-440.

Paterson, J., Pryor, J., & Field, J. (1995). Adolescent attachment to parents and friends in relation to aspects of self-esteem. *Journal of Youth and Adolescence*, 24, pp. 365-376.

Rosenstein, D.S., & Horowitz, H.A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology*, 64, pp. 244-253.

Satpathy SK, Shaukat M. (1997). HIV/AIDS in India-The present scenario. New Delhi: National AIDS Control Organization (NACO), Ministry of Health and Family Welfare: pp. 1-4

Voss. K. (1999). Understanding adolescent antisocial behaviour from attachment theory and coercion theory perspectives. Unpublished doctoral dissertation, Concordia University.

World Health Organization (1995). Focus on population. environment, development. Geneva: WHO; pp. 9: p.7.

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