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Attitude of Adolescents Towards Family Life Education (FLE): A Comparative Study of Jammu and Palampur

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INTRODUCTION

Adolescents are growing up in the world in which they will have to make more decisions for themselves than any previous generation. They experiment more, make choices and risks and learn by their own experiences rather than by those of others, many are able to face change and confidence and with the vision of better life in future which they can build with their own efforts. Yet for others, the result is confusion, despair and risk taking of a kind which is ultimately self destructive, considering 'the adolescent stage as a traumatic period."

Early pregnancy, increased pre- marital sexual activity and limited knowledge regarding reproductive health, all results in increased risks of STD infections including HIV/AIDS, maternal morbidity and mortality, unwanted pregnancies and unsafe abortion, thus endangering the physical and reproductive health, and productivity of adolescent. As per results revealed by Registrar General of India and National Family Health Survey, for1992-1993 in India, 38% girls get married at 19.5 years. In 1991, 26.1% of the total fertility in India is attributed to women in the age group of15-19 years, 8% of India' 26-27 million annual birth are to mothers under 19 years of age; 7.1% of currently married women in the age group 15-19 years were practicing contraception; the infant mortality rate among live births of adolescent women is about 30% higher compared to those of older women aged 20-24 years.

Another study conducted by Central Social Welfare Board (CSWB) in1991 in 6 metropolitan cities of India has revealed that 40% prostitutes are less than 18 years of age. Also Govt. estimates that almost 25% of rape victims are adolescent girls. According to WHO, 250 million new cases of STD'S occur worldwide each year? One in every 20 teenagers acquires STD each year. (Coonly and Koontz, 1994)

Adolescents are very important asset for prevention of HIV/AIDS and other major problems country is facing today. All this require adolescent education of Family Planning and Sex Education Programme which will help them to learn the right way to live. Young people want to seek guidance but they don't know where to get it. This results that many teenagers turn to their peers or media for related information, which often provide inaccurate information (Thapar, 1998).

Family Life Education (FLE) includes a study of self-awareness, understanding of others, of sexuality, marriage and parenthood as FLE is concerned with learning about living, family and social relationship and personal development. FLE program is developed with concern for changes in modern world. The goal is to develop the ability of family members to carry out their roles more effectively, to enhance comm-unication between family members and to improve quality of family life.

RESEARCH METHODOLOGY

The sample of the study consisted of:
Sample I: Textbooks of SCERT (English, social science and science) of standard 7^{th}-10^{th}.
Sample II: Adolescents from 7^{th}-10^{th} standard

Sample I consisted of textbooks of standard 7^{th}-10^{th}. The textbooks identified were mostly science books and had content related to FLE like-Population Education; Human Reproduction etc. Population Education was comprised of components as- problem our country is facing today, causes of increasing problems or cause of tremendous growth of population, factors responsible for High Birth Rate, legal age of marriage (both for boys and girls), ideal size of the family, ideal composition of the family etc.

Sample II consisted of 40 adolescent boys and girls each of both regions from STD 7^{th}-10^{th}. From each STD 5 boys and 5 girls were selected.
Tools: Questionnaire was used for the collection of data. It consisted of 2 major categories:
Background Information: This includes the respondent's name, age, sex, birth order, type of family area of residence etc.

Specific Information: Multiple choice questions on Population Education were framed in which the respondent had to tick the right answer, so that the specific information can be drawn out.
Data Collection: Data Collection was done with the help of a questionnaire, which consisted of open as well as close-ended questions.
Data Analysis: After the collection of data, analysis was done on the basis of the categories formed in questionnaire.

RESULTS

Background Information reveals that the mean age of the respondents (both from Jammu and Palampur) was 14.5 years; were 1st born, were from nuclear family, 4 members were there in the family and mean qualification of the parents was graduation, Majority of the mothers were housewives and their monthly income ranges from 7000-8000/- .

Table 1: Background information

Variables	*Jammu (Mean)*	*Palampur (Mean)*
Age of girls (years)	14.5	14.5
Birth order	1st	1st
Type of family	Nuclear	Nuclear
No of family members (F.M)	4	4
Qualification of F.M.	Graduation	Graduation
Occupation of parents	Housewife	Housewife
Monthly Income	7000-8000	Same

Table 2 reveals that the calculated value of Chi- square is more than the table value in almost all the components of Population Education, so there is no difference in level of awareness among the adolescents in Jammu and Palampur. It is found that the majority of the respondents in both the regions had adequate knowledge regarding various concepts of population education. The remaining respondents had either no knowledge or false beliefs regarding various concepts of population education. The reason can be that the adolescents might have not read about these components as they were studying in lower standard in which the topic might not be present. Sources of information regarding these issues were books, friends, parents and teachers.

DISCUSSION

The sample of the present study appears to be aware of the issues related to Family Life Education in their textbooks. Few adolescents were either having false beliefs or no knowledge regarding the content present in their curriculum. From the studies reviewed, it was found that the adolescence is the period of rapid physical changes and sexual maturity. In India parent child relationship does not foster healthy discussion among them. The relations are power based hence there is communication problem, adolescents does not have appropriate source of knowledge to clear their doubts or to satisfy their queries related to various issues of population education (one of the most important components of FLE) as a result they develop myths and experiment with sex.

The adolescent status is poor in relation to the education, lack of employment due to overpopulation, poor sex knowledge, social evils

Table 2(a): Distribution of adolescents with regard to their knowledge regarding population education

	Jammu (n=40)						*Palampur (n=40)*					
Issues	*M*	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
Population Explosion	15	75	18	90	33	83	20	100	17	85	39	97.5
Unemployment	1	2.5	1	2.5	2	5	8	40	6	30	14	35
Don't know	-	-	5	-	5	-	1	30	2	60	3	7.5
Any other	-	-	-	-	-	-	1	30	-		1	2.5

M= Male F=Female T= Total

Table 2(b): Knowledge regarding causes of over population

	Jammu (n=40)						*Palampur (n=40)*					
Issues	*M*	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
Lack of knowledge	12	60	16	80	28	70	10	50	8	40	18	45
Birth, death migration	8	40	4	20	12	30	11	55	13	65	24	60
Don't know	-	-	-	-	-	-	-	-	-	-	-	-

Table 2(c): Knowledge regarding causes of over population

Tremendous growth of population caused by	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
Sharp decline in death rate to disproportionate decline in birth rate	16	80	14	70	30	75	3	15	5	25	8	20
Concept of more hands more work	1	5	3	15	4	10	4	20	7	35	11	28
Don't know	2	10	2	10	4	10	4	20	6	30	10	25
Any other	1	5	1	5	2	5	2	10	1	2	3	8

Table 2(d): Knowledge regarding- responsible factors for high birth rate.

Factors responsible for high birth rate	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
Lack of knowledge about measures to control	11	6	13	65	24	60	13	65	5	25	18	45
Customs	16	80	8	40	24	60	14	70	12	60	26	65
Don't know	-	-	-	-	-	-	3	15	3	15	6	15

Table 2(e): Distribution of adolescents with regard to their knowledge regarding marriage and family

Legal age at marriage for girls	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
For girls												
18 years	11	55	14	70	25	63	12	60	15	75	27	68
20 years	9	45	5	25	14	35	10	50	3	15	13	33
Don't know	-	-	1	5	1	5	1	5	1	5	2	6
Any other	-	-	-	-	-	-	-	-	1	5	1	3

Table 2(f): Awareness level regarding legal age of marriage

Legal age at marriage for boys	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
21 years	13	65	15	75	28	70	17	85	17	85	34	85
25 years	6	30	4	20	10	25	8	40	2	10	10	25
Don't know	-	-	-	-	-	-	-	-	1	5	1	3
Any other	1	5	1	5	2	6	-	-	-	-	-	-

Table 2(g): Awareness level regarding planning size of family

Can family size be planned	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
Yes	16	80	20	10	36	90	16	80	14	70	30	75
No	2	10	-	0	2	5	-	-	-	-	-	-
Don't know	2	80	-	-	2	5	4	20	-	-	4	10

Table 2(h): Awareness level regarding the ideal size of the family

Ideal size of the family	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
3	-	-	-	-	-	-	4	20	8	40	12	30
4	20	100	20	100	40	100	14	70	9	45	23	58

Table 2(i): Awareness level about the ideal composition of the family

Ideal composition of the family	*Jammu (n=40)*						*Palampur (n=40)*					
	M	*%*	*F*	*%*	*T*	*%*	*M*	*%*	*F*	*%*	*T*	*%*
1 male, 1 female	-	-	-	-	-	-	2	10	1	5	3	8
2 males, 2 females	17	85	15	75	32	80	14	70	16	80	30	75
2male, 1female	2	10	2	10	4	10	4	20	-	-	4	10
Don't know	1	5	2	10	3	8	1	5	5	25	6	15
Any other	2	10	5	25	7	-	1	5	-	-	1	3

Insignificant (R – 2) (C – 2) at 5% level.

prevailing like child marriage, increasing risk of infection, raises chances of unwanted pregnancies and unsafe abortion, health risk like AIDS and other problems to which adolescents are prone to. So in order to improve the overall status of the adolescents in an organized manner, certain steps have been taken by government as well as voluntary organizations, working for adolescent education. The major steps in this area has been taken by NCERT (National Council of Education and Training) with valuable contribution of introducing the various aspects of family life education in text books of science of standard 7th to 10th and very general from primary level. All the textbooks of science recommended by NCERT and SCERT (State Council for Education Research and Training) had elements of family life education proceedings stage by stage in each standard. The good reason behind introducing content was that majority of the adolescents read NCERT textbooks in India.

KEYWORDS Family Life Education. Population Education. Sex Education Programme. Adolescents

ABSTRACT The present study was conducted to investigate the attitude of adolescents regarding issues in Family Life Education (FLE) as it appears in their curriculum, to assess their sources of information and to study the attitudes of adolescents in 2 different regions—Jammu (J&K) and Palampur (Himachal- Pradesh). The 1st sample consisted of SCERT textbooks and 2nd sample was 40 adolescent boys and girls in each region from selected schools. Multi stage sampling technique was used. Data was collected with help of tools: content analysis of SCERT books of std-7th-10th and based on this a questionnaire was prepared. The results of the study show that most of FLE content are their science books they have. Majority of the adolescents were aware of the issues related to FLE in their textbooks. Few adolescents were either having false beliefs or no knowledge regarding the content present in their curriculum. Source of information regarding FLE were books, friends, parents and teachers.

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