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Deba Prasad Sahu
Assistant Professor
Mahishadal Girls' College
Mahishadal, Purba
Medinipur West Bengal,
India.

Adolescent education programme is the need of the hours

Deba Prasad Sahu

1. Introduction

Adolescent education is a new dimension in education. The term, adolescent education was used for the first time when the UNESCO Principal Regional Office for Asia and the Pacific published a Package on sex and sexuality containing four modules – physical aspect, social aspect, sex roles and sexually transmitted diseases. It named the Package as Adolescence Education (UNESCO, PROAP, 1992). Thinking of this concept was operationalised in India when the National Council of Educational Research and Training (NCERT) organized a National Seminar on Adolescence Education in April 1993. The main purpose of that seminar was also introduction of sex education in the school curriculum. It was felt by many eminent educationalists that the term 'Adolescence Education' was being used as a euphemism of sex education with view to enhancing the acceptability of this sensitive education area.

But during the course of the development of the conceptual framework of adolescence education, it became abundantly clear that the concept of adolescence education is broader than that of sex education. The conceptual framework was developed around three crucial components.

- i. Process of growing up from childhood to adulthood,
- ii. HIV / AIDS and
- iii. Drug abuse.

This exercise was undertaken on the recommendations of the National Seminar for the introduction of adolescence education in the school curriculum (NCERT, 1994).

Adolescence Sexuality

Adolescence period is a most important stage of a human being. It's a time of storm and stress, strife and strain. The lives of both males and females become wrapped in this new dimension. Adolescence is a time of sexual exploration and experimentation of sexual fantasies and sexual realities. Adolescence is the life stage between childhood and adulthood. Its age limits roughly from age thirteen to the late teens, when the physical growth is nearly complete.

The adolescents' bodies become more adult like, their interest in sexual behaviour increases sharply. Adolescents are actually aware of the rapid changes taking place in their bodies. How they react to such changes greatly affect how they evaluate themselves. It is in this manner that physical and psychological developments are related. Physical changes may cause psychological discomfort.

During the past several decades, attitudes toward sexual activity have changed dramatically. Approaches towards premarital sex, extramarital sex and specific sexual acts are probably more open and permissive today than they have been at any time in recent history. A study (Nita 2007) ^[8] shows that 27% of married had had pre-marital sex with more than five individuals. This study also indicated that most of the Indian youth get their knowledge about sex "primarily through 'self reading', friends and blue films rather than through parents, qualified sex educators and professionals help".

Teenagers are exposed to sexual stimuli on TV, magazines and motion pictures, internet, mobile, computer to a greater extent than ever before. Effective methods of different birth control have lessened the fear of pregnancy. All these changes have given the adolescents more freedom. These changes also produce more conflict, to their social life. The adolescents (ages 15 to 24 yrs) are the high-risk group comprises about 20% of the world's population and accounts for 60% of all new infections each year in many countries (Odu *et al.*; 2008; Tagoe & Aggor, 2009) ^[9, 15]. Epidemiological studies have shown that in South Africa

Correspondence:
Deba Prasad Sahu
Assistant Professor
Mahishadal Girls' College
Mahishadal, Purba
Medinipur West Bengal,
India.

the peak incidence occurs in young people aged 15-24 yrs. (Pettifor *et al.*, 2004) ^[11]. In third world countries, even in India 8% males and 1% females among adolescents had pre-marital sexual experiences (Tripathi, 2003; Rakgoasi & Campbell, 2004) ^[16, 13]. Now a days a large number of young people engage in risky sexual behaviors due to peer pressure (Odu *et al.*, 2008) ^[9], exchange of sex for material goods or money.

Need for Adolescence Education

Although human beings always needs accurate knowledge about sex and sexuality, which they have been denied, to manage their sexual behaviour. Adolescence is a period of sexual developments, during which secondary sexual characteristics appear, grow and develop. It is a period of physical, psychological, intellectual and social maturation from childhood and adulthood, the period extending from puberty to reproductive maturation (NCERT, 1999) ^[7].

Adolescents during this period confront a lot of problems. They experience a lot many changes, but are not able to understand those for want of accurate knowledge when they fail to get these information through authentic sources such as family or schools and other educational institutions, they fall back upon their peer group which as ignorant as they are on the cheap literature that spread and reinforce false knowledge, expressing them to myths and misconceptions. In this regard, the emphasis is being laid on integration of Adolescence Education.

Objectives of AEP

The Adolescence Education Programme (AEP) is positioned by the Dept. of Education and the NACO as a key intervention in preventing new HIV infections and reducing social vulnerability to the infection. The programme is implemented in all states across the country through the Dept. of Edu. (DOE) in collaboration with the state AIDS Control Societies (SACS).

The AEP aims to Supply Young Peoples Right to:

- Know about themselves, their adolescence and their sexuality.
- Basic facts on HIV and other Sexually Transmitted Infections (STI).
- Develop and reinforce life skills that enable them to protect themselves.
- Dispel myths and clarify misconceptions.
- Find ways where they can help fight the HIV epidemic and encourage positive attitudes towards people living with HIV.

Strategies to achieve the objectives

1. To develop positive attitude to the teachers regarding Adolescence education.
2. Properly implement the Adolescence education in school curriculum.
3. Giving some information regarding the process of growing up to students according to their age, so as to enable them to cope up with adolescence related problems.
4. Proper knowledge regarding HIV / AIDS has to give the adolescence learners through different councilors, doctors to organize seminars, workshops once in a month.
5. Govt. should take serious steps to implement the adolescence education the collaboration with NCTE, NCERT, SCERT & different NGOs.
6. To build some values to the adolescence learner such as –

- i. Pre marriage sex relation is not accepted permissible.
- ii. Only one partner should be married in a life.

Healthy Adolescent Project in India

One fifth of India's one billion citizens are between 10 and 19 years of age. Almost 40 percent of young women between 15 and 19 are sexually active with a medium age at marriage of only 16 years. Most young brides have children in their adolescent putting their health and personal development at risk.

To improve the reproductive and overall health of young people in the West Bengal region of India, FHI formed the Healthy Adolescent project in India (HAPI) in partnership with the Family Planning Association of India, the World Association of Girl Guides and Girl Scouts (WAGGGS).

School AIDS Education Programme (SAEP)

This programme was implemented in November, 2005 in 90% of the secondary and senior secondary school in India to provide adequate and accurate knowledge about HIV and AIDS.

Aims of the programme:

1. To provide accurate age appropriate information to young people in school on adolescent and growing up.
2. To provide basic facts on HIV and AIDS transmission and methods of prevention while addressing myths and misconceptions.
3. To develop and encourage positive attitude towards HIV and AIDS and those living with HIV and AIDS.

SAEP implementation is guided by the module called "Learning for Life" prepared by National AIDS Control Organization (NACO).

YUVA

Yuva is a school adolescence programme started in the schools of New Delhi, which aims at developing life skills for HIV prevention. This programme empowers teachers first with the knowledge and skills through workshops and then these trained teachers help their student to understand the same.

Activities of NACO

Government of India has taken several programmes to defend this harmful HIV epidemic. The Government of India established the National AIDS Control Organization in 1992 as an executive body in the Ministry of Health and Family Welfare at New Delhi, to work for the prevention and control of AIDS in the country. NACO has taken several programmes directly or indirectly controlled with different international organizations. In 1987 Govt. of India has taken a programme entitled National AIDS control Programme (NACP). In this year National AIDS Control societies (SACS) was established. Centrally the function of NACO is to take up project, counseling, implementation, monitoring and to held different AIDS control cells in States and Territories. Besides it is also the duty to control STD of the country. Almost more than 62 Centers have been opened for HIV testing.

Government of India has also examined the urgency for addressing towards the growing need of prevention HIV and AIDS education programmes. The National Action Plan for HIV prevention education under the Adolescent Education Programme (2005-2006) has been framed by the Department of Education (MHRD) in collaboration with NACO and UNICEF. This action plan aims at:

1. Co-curricular adolescence education in classes IX-XII;

2. Curriculum of adolescence education in classes IX-XII;

Conclusion

In this paper highlighted the different problems of adolescence facing their social environment. This paper has focused some strategies to achieve the said objectives. Adolescents have unique problems regarding their changing physical aspects, emotional problems, peer pressure, growing expectations of parents, school and society. Factors like hormonal changes influence of media, peer pressure beginning of a search of identity, curiosity on issues related to sex coupled with lack of proper information may make them experiment with drugs, alcohol, sex etc. Teacher has to counsel them about the dangerous fall out of such irresponsible behaviours. A large no. of adolescences has no clear and scientific knowledge about sex education, risky sexual behaviours and thereafter future effect. Therefore, the investigators recommended following activities for administrators, planners, teachers, curriculum planner and parents: sex education and health education should began at home at an early age as two complementary issues.

The study of McManus and Dhar (2006) indicated that knowledge about STIs other than HIV/AIDS was very poor among respondent girls. The majority (71%) had not heard about genital Herpes and almost half had not heard about Gonorrhoea (44%) or Syphilis (43%). This is of particular concern in developing countries like India, as STIs such as Chlamydia, Trichomoniasis, Syphilis and Gonorrhoea are second only to maternal morbidity and mortality as the cause of death, illness and years of healthy life lost among women in their child bearing years (Chen *et al.*, 2002) [3]. McManus and Dhar (*ibid*) found that 22% (n=54) urban adolescent girls did not know that people who always used condoms were safe from all STIs.

Pramanik *et al.*, (2006) [12] found that the students who have greater exposure to HIV/AIDS education demonstrated significantly greater HIV/AIDS knowledge, Female adolescents demonstrated significantly less knowledge about HIV/AIDS compared with male adolescents, while the males reported significantly greater exposure to HIV/AIDS education compared with the females. These results suggest a need for greater HIV/AIDS education and awareness of health resources especially among female adolescents. The Millennium Development Goals (UNESCO, 2009) also highlighted the adolescence education through which young people aged 15-24 years are at the forefront of the epidemic and young women are particularly vulnerable to HIV infection and, therefore, they must be addressed for immediate continuous and comprehensive awareness training programme.

The parents will be first teaching to discuss these subjects. The students should be known both abstinence and safer sex with accurate information's. Let both the girls and boys themselves know their body and the opposite sex as well as to avoid misunderstand. Communication campaigns are necessary to enhance the knowledge and attitude of sex education as well as HIV/AIDS and STDs, awareness of parents about how to bring up their children or should be better emphasized.

Adolescents are the future of our society. To fulfill their proper needs and to solve their different problems we have tried to develop proper knowledge and attitude of the teachers and students towards adolescent education programme for the betterment of the society. Only adolescent education programme can provide an opportunity to minimize the

various problem of adolescent's learner facing their daily social life.

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