

Family Life & Life Skills Education for Adolescents: Trivandrum Experience

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Introduction

Adolescence is a period of experimenting, experiencing and expanding. Adolescents need help and guidance in decision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions. The rebelliousness and dislike for parental intrusion usually keeps parents at bay because teenagers do not relish the idea of help and guidance from parents. However, this may not always be so. Beneath frequent violent outbursts, sudden mood swings and related interpersonal problems of an adolescent, there may be a person crying out for professional help. All adolescents need support and guidance. When parents find it difficult to handle signs of trouble, professional help should be sought at the earliest. Extra care is needed while offering help to adolescents problems because it is not easy for teenagers to accept the fact that they need help. Attempts should be made to understand the adolescent, and to safeguard, protect and guide him/her. The Family Life & Life Skills Education Programme is a good support system for adolescents at the community level.

The Child Development Centre, in association with the District Panchayath, organized the Family Education Programme for high school and higher secondary students studying in various schools of Thiruvananthapuram district. The programme included support mechanisms to provide medical care and counselling in the areas of family life, mental hygiene, reproductive health, responsible sexual behaviour, sexually transmitted diseases etc. to the adolescents. The programme aimed at providing information to adolescents with a conscious effort to strengthen their mental health.

Objectives

1. To provide Family Life & Life Skills Education to all students of Class-IX and XI belonging to 96 schools under the Thiruvananthapuram District Panchayath.
2. To offer group counselling to needy students regarding certain common psychological issues.
3. To offer individual counselling to needy students for their specific psychological / emotional problems.
4. To offer referral services at Child Development Centre when needed.
5. To provide medical care to all students.

Methodology

The basic strategy adopted in this school-based programme was to reach out to each and every student of Class-IX and XI belonging to 96 schools under the Thiruvananthapuram District Panchayat. Family Life & Life Skills Education Classes were conducted and Counselling services were offered to those who demanded or were identified by their teachers.

Step 1:

Family Life Education module was prepared by experts for Class-IX students, which included the following topics of (a) Reproductive health – growth, nutrition and maturation; (b) Life skills - importance of adolescence, life skills development and improving study habits; (c) HIV –AIDS.

Following were the components of Family Life Education for the school children.

Adolescent Nutrition:

Studies carried out at the Child Development centre, Thiruvananthapuram, have demonstrated that birth weight is the single most important factor that determines the mental development of the young child and that a baby with normal birth weight has an edge over the low birth weight baby at least to start with. It is also clear that the most significant community factors that predict low birth weight are pre-pregnant weight of mother less than 40 kg and height less than 140 cm. Hence nutritional monitoring of pre-adolescents and adolescents should form part and parcel of any adolescent programme.

Adolescent Nutrition should focus on both malnutrition (more important in the case of females) and obesity. The latter is now seen with increasing frequency and may be due to urbanisation, less physical activity at school and home and changing food habits. Childhood onset adult diseases like hypertension, diabetes and heart disease and co-morbid conditions should also be considered.

Personal Hygiene:

It is worth mentioning that many school girls do not drink water adequately, nor pass urine frequently at school because of the poor hygiene school toilets. This contributes towards silent urinary tract infection. Hence immediate attention is needed to overcome this problem. In many residential institutions for girls, proper menstrual hygiene is not taught to the girls. They also need to be made aware that some amount of vaginal discharge and dysmenorrhoea is within normal limits.

Understanding one's emotions:

An adolescent with a wholesome personality is one, who has strong mental, physical and cognitive skills, which enable him to behave, relate to and act effectively in the family and in the society at large. Family Life Education is an acceptable mode of introducing what is essential for adolescents to understand and appreciate.

Life Skills Development:

Life skills development emphasizes the links between knowledge, attitude, values and positive health behaviour. Life skills education is an active and dynamic process and is based on the social learning theory. Actual practice of skills is vital either by working in small groups or in pairs through brainstorming, role-play, games and debates. Homework assignment practice in actual situations is also necessary. The optimal strategies for Life Skills Education are using existing infrastructure of schools, providing access to adolescents on a large scale and having experienced teachers as facilitators. Counselling is undertaken when an adolescent shows consistent failure in mastering good life skills, resulting in adjustment failure at school, home or social circles.

Need for Life Skills Training:

Capabilities of persons include personal, conceptual, managerial and technical skills. Of these, the personal skill is the basic skill that makes the person competent to acquire other skills. Life skill is nothing, but personal skill. It can be defined as the ability for adaptive and positive behaviour that empowers a person to make informed choices in the face of complex life situations. Life skill makes the person psychologically competent to perform the basic human functions. Psychological competence can be defined as a person's ability to maintain a state of social and mental well being while adjusting with oneself or interacting with others. This competence can be achieved and improved through life skills training. Life skills cannot be imbibed through reading books. Different training methods are used for different skills. After training, the skill should, be practiced in real life situations.

The main aim of life skills training is to make children perform better in all walks of life by acquiring psychological competence; finding proper solutions to day to day problems; coping with different situations in life; performing well in different spheres of life; creating a positive attitude; identifying capability and improving ability.

Saying "NO" to Alcohol, Smoking & Substance Abuse:

The capacity to say "NO" to unwanted influences from peers and even from persons of authority is one of the many life skills that an adolescent should learn and practice, especially to avoid the menace of substance abuse.

Awareness of one's own Sexuality, HIV/AIDS and Substance Abuse:

As per data from all medical colleges in Kerala, HIV positivity is about one in 500 antenatal mothers and 3.5% among STD patients. For young adolescents sexual matters should be presented in a way that is acceptable to the local community, emphasizing the advantages of practicing abstinence and dangers of irresponsible behaviour. For older adolescents, the program should lay emphasis on understanding and appreciating one's sexuality and the attitude that sexual relationship is like any other relationship where the feelings and needs of both partners are equally important.

Sex Education:

A decade ago it was considered a taboo to talk about sex, but the emergence of sexually transmitted infections (STI) and HIV / AIDS have brought some respectability to the subject. Child prostitution is now considered a social menace. Sexual abuse of children is now increasingly being recognized creating further parental anxiety. Many wonder if sexual freedom is responsible for increasing numbers of teenage unwanted pregnancies. The Reproductive and Child Health (RCH) Program of Government of India has given us an opportunity for the first time to plan and execute concrete actions for promoting adolescent reproductive health. However, many parents are not yet ready to accept sex education for their children in school. Hence a more acceptable term "Family Life Education" has been used. The Indian Academy of Paediatrics (IAP) has committed itself for promoting the cause of adolescents with the slogan "We promise to look after you till 18".

Step 2:

The Life Skills Education module was prepared by experts for Class-XI students, which included the following topics of (a) life skill training for adolescents, (b) Nutrition and body image, (c) reproductive health of adolescents, (d) adolescent problems and counselling, (e) scholastic achievement, (f) career planning and (g) premarital counselling.

Step 3:

Two days training was offered to two teachers, one male & one female, from each high school and higher secondary school under District Panchayath on the topics that were to be handled in schools.

Step 4:

A team from Child Development Centre comprising two doctors, four counsellors and adolescent educators (possessed Post Graduate Diploma in Clinical Child Development) visited schools to take classes on Family Life / Life Skills Education, conduct medical check-up and offer group / individual counselling for selected students. The trained teachers from the school facilitated the arrangements at the school and identified children with psychological / emotional problems.

Step 5:

Parent-teacher meetings were conducted to have participatory discussions on the common problems observed in the school-making and to chalk out practical strategies to overcome the same. Adolescent Health Cards, designed at Child Development Centre and approved by the Indian Academy of Paediatrics (IAP), were distributed to the students in an effort to have the health profile of the each child recorded. The health card system was introduced as part of the efforts by the IAP to monitor the health problems of the much neglected adolescent group.

Common questions posed by students during Family Life / Life Skills Education Sessions.

1. I daydream whenever I study, what should be done to get concentration in studies?
2. What is being studied couldn't be reproduced when a question is asked, what to do?
3. I am getting mentally disturbed in class, I can't concentrate?
4. Why is it difficult to adjust with opposite sex?
5. Why are boys attracted to girls?
6. How to avoid love failure?
7. I have pain during menses, should I take medicines?
8. I am 15 years old and had not yet had my periods. Please advice me.
9. I have got watery discharge I am afraid to consult a doctor, can you suggest some medicines?
10. My breast look asymmetrical, Is there any problem?
11. I have night emissions, is it abnormal?
12. If I masturbate daily, will it result in less production in future?
13. When I talk to a girl, my friends make fun of me saying that I am having an affair. What to do?
14. I am not able to develop a good relationship with others. I feel like no one considers me. What to do?
15. I hate to hear advises. Why is it so?

Results & Discussion

Scholastic Problems

Lack of concentration and lack of memory were the most common complaints followed by lack of motivation for studying, difficulty in learning specific subjects and making career choices. Girls reported to have more problems than boys.

Table 1 Scholastic Problems			
Scholastic Problems	Boys	Girls	Total
Lack of concentration	170	273	443
Lack of memory	125	256	381
Lack of motivation	76	79	155
Difficulty in learning specific subjects	62	62	124
Career guidance	3	10	13
Grand Total	436	680	1116

Family problems:

The family problems observed were alcoholic father, financial difficulty, broken family, broken rivalry and separation from home. Girls had more family problems than boys. Alcoholic father was a serious problem in a significant proportion of adolescents. As a chronic drinker he caused nuisance and physical harassment to his family. Absence of the father due to separation, broken family and financial difficulties resulted in insecurity, frustration and disappointment in the adolescents. All these had an adverse effect on the mental health of adolescents resulting in poor performance in class and social problems and feeling guilty later.

Table 2 Family problems			
Family Problems	Boys	Girls	Total
Alcoholic father	53	91	144
Financial problem	23	77	100
Broken family	41	90	131
Problem with parents	5	11	16
Sibling rivalry	13	12	25
Separation from home	4	2	6
Grand Total	139	283	422

Emotional problems

Adolescence is the phase during which emotional turmoil takes its toll. An adolescent may feel moody or frustrated by the problems of everyday life and so may lose sleep or become irritable and angry. Emotional problems observed were anxiety / tension and intolerant anger. Emotional problems were found to be more in girls than boys. Many students reported feelings of anxiety and tension. They were anxious to questions asked, to talk to opposite sex, to face a crowd or about their career. Both boys and girls had problems in controlling their anger. They usually reacted in a destructive manner ending by hurting others and feeling guilty later.

Table 3 Emotional problems			
Emotional Problems	Boys	Girls	Total
Anxiety/tension	32	49	81
Intolerant anger	34	30	64
Grand Total	66	79	145

Drug abuse

Experimentation with drugs during adolescence is common. Unfortunately, teenagers are often not able foresee the consequences of their actions done in haste. They also have a tendency to feel that they are immune to these problems. The few adolescents who came for help seemed to be aware of the consequences and wanted to reduce the frequency of usage. The most commonly abused local drugs were Shambhu, cigarette and Pan Parag. Use of other drugs (alcohol and Hans) was less common. The usage of certain drugs was due to their easy availability in the nearby areas of schools. Most boys using drugs reported that they had been using them for about 3 years. The drug use started because of curiosity, but later culminated into a habit. Drug use was more common in some schools; the teachers were aware of the problem and had warned the students about the adverse effects.

Table 4 Drug abuse			
Drug abuse	Boys	Girls	Total
Pan Parag	31	0	31
Cigarette	20	0	20
Shambhu	17	0	17
Alcohol	11	0	11
Hans	2	0	2
Grand Total	81	0	81

Psychological Problems

Students developed psychological problems like depressive symptoms, suicidal tendencies / attempted suicide, phobia, irrational beliefs and low self-esteem. Some of the adolescents preferred to be alone all the time as they were unhappy with their life. Some of them were at different stages of the suicidal process and a few admitted to having serious thoughts about suicide. Students with suicidal ideations reported family and financial problems. Low Self-esteem could have played an important role in suicidal tendencies among adolescents.

Table 5 Psychological Problems			
Psychological Problems	Boys	Girls	Total
Depressive symptom	6	2	8
Suicidal tendencies	8	15	23
Attempted suicide	1	3	4
Phobia	5	19	24
Sleep problems	4	1	5
Mental deficits	5	5	10
Irrational beliefs	5	4	9
Low self esteem	3	6	9
Grand Total	37	55	92

Sexual abuse:

Sexual abuse was present in 24 girls and 6 boys. Some of the adolescents reported to have been sexually abused before they attained puberty. Most cases of sexual abuse were of incest; usually by the step father, father himself or uncle. Abuse by touching private parts or giving bad looks was also reported. Cases in which intercourse took place were few.

Child sexual abuse is a hidden, but significant, problem in our community. Sexual abuse is a severe stress that adversely affects the development and health of adolescents. Its prevalence has been difficult to estimate among adolescents in school populations.

Pornography:

Some students reported watching blue films regularly. Frequent viewing reduced their capacity to concentrate in various activities of daily life.

Sexual doubts:

Students had doubts about "masturbation" such as "How many times in a week / day is it safe to masturbate, is it evil to masturbate, will frequent masturbation lead to health problems" etc.

Involvement in sexual act:

Those who had sex with a person and of the same age felt guilty about it and were curious to know whether it was carried out in the safe period.

Homosexuality:

Only a few cases of homosexuality were detected and as such it was not a prominent problem among students.

Table 6 Sexual abuse			
Problems	Boys	Girls	Total
Sexual abuse	6	24	30
Involvement in sex	6	0	6
Sexual doubts	36	0	36
Pornography	18	0	18
Verbal harassment	0	11	11
Homosexuality	3	5	8
1) Homosexual tendency	0	2	2
2) Lesbian	0	3	3
3) Gays	3	0	3
Grand Total	69	40	109

Personal Problems

Inter-personal problems:

Adolescents share their thoughts and feelings with their peers. They give great importance to friendship, but get easily hurt due to peer conflicts. Some students complained that their academic performance was disrupted because the teachers unduly favoured some students. There is a need to develop strategies that would help adolescents handle interpersonal difficulties.

Love Affairs:

Many adults dismiss teen love as love that is not real. While feelings aroused in some adolescents are of infatuation and are immature, those in others may signal a mature love. People of all ages can have either of the above, and teens especially need to know the difference. Students reported that deep love for the opposite sex hindered their studies. Many students said they couldn't break the relationship that had been created.

Body Image:

During adolescence there is increased concern about one's body image. This may be due of personality factors, over consciousness about one's looks, or because of a desire to appeal to the opposite sex.

Table 7 Personal Problems			
Problems	Boys	Girls	Total
Inter-personal problems	28	36	64
Teachers	13	6	19
Peers	15	30	45
Destructive Behaviour	20	2	22
Love affair	255	230	485
Beauty concern	17	47	62
Grand Total	320	315	633

Summary and Conclusion

Although all adolescents need some support and guidance, some young people, whose adolescence is marked by major problems, may require professional help. Parents first notice such changes in their adolescents and are often troubled by the confrontational nature of the adolescent's behaviour. It is not easy to decide where to draw the limits and where to give in. Hence, there are no tailor made solutions to these problems. There is a need to develop strategies to deal with adolescents, through trial and error, through experience or by adopting specific practices. Family Life and Life Skills Education Classes aim at meeting the sole objective of helping the adolescent get through his / her life phase successfully.

Paediatricians have the best opportunity to help adolescents and their parents. It is in this context that the IAP Executive Board have unanimously decided to celebrate 1st August as "Teenage Day" and the whole of August as Teenage Month and have trained over 1000 Paediatricians in Family Life & Life Skills Education.

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