

CHAPTER 2

REVIEW OF RELATED

LITERATURE

LITERATURE REVIEW ON HEALTH AMONG SCHOOL GOING ADOLESCENTS IN INDIA

ADOLESCENCE EDUCATION IN INDIA: CURRENT PERSPECTIVES

Adolescence education is defined as a broad program that aims to build a strong foundation for lifelong health by acquiring information and attitudes, beliefs and values about one's identity, relationships, and intimacy. Reproductive health is considered to be a state of physical, emotional, mental, and social well-being in relation to body and not merely the absence of disease or infirmity as defined by the WHO. Psychological and socio-cultural influences in the delivery of this education can increase the likelihood of effectiveness. Primarily, during adolescence (10–19 years) its provision is a crucial preventative tool, as it is the opportune time when young people experience developmental changes in their physiology and behavior as they enter adulthood. The complex emotional state in which youth find themselves in, stigma surrounding matters in the Indian society and widespread gender inequality faced makes it increasingly challenging for adolescents to attain the knowledge they need. Through what is termed “family life education” (FLE), we can hope to teach the roles and responsibilities of males and females toward each other in all relationships in familial and social contexts, thus endowing the knowledge necessary to maintain reproductive health as they navigate through the vulnerabilities of life. These include several negative reproductive health outcomes, such as early and closely spaced pregnancy, unsafe abortions, sexually transmitted infection (STI), HIV/AIDS, and physical violence, the rates of which are already increasing at a disturbing rate.

NEED FOR ADOLESCENCE EDUCATION IN INDIA

The importance of delivery of Adolescence education in a timely fashion to this significant demographic is emphasized by current statistics that show that almost one in every fifth person on the globe is an adolescent. They comprise 18% (1.2 billion) of world's population in 2009, with 88% living in developing countries. India has the largest adolescent population (243 million with more than 50% of the adolescent population living in urban areas). These figures indicate the importance of specifically addressing the healthcare needs of this considerable demographic, particularly for the developing countries such as India. Recent literature suggests that at this time they are highly likely to experiment and engage in the types of risky behaviors that have the potential to influence the quality of health and probability of survival in both short- and long-term over their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of tailored primary preventative measures would significantly improve the survival and general health conditions, nutritional status, and reproductive health of the future Indian adult population. This encompasses issues such as early pregnancy, unsafe abortions, STIs including HIV, and physical abuse and violence.

THE CURRENT SCENARIO IN CLINICAL SETTINGS

The Adolescence education needs in India are currently overlooked or are not understood by the Indian healthcare system. This could be owing to the lack of knowledge of scientific evidence along with the gross unpreparedness of the public health system. Healthcare professionals often lack the knowledge themselves that impacts upon imparting

information to the adolescent population who seek it. Often comprehensive Adolescence education histories are not taken, and health is not openly discussed due to cultural and traditional norms in society. Incorrect information has the potential to create misunderstanding in the youth making them less likely to adopt healthy practices and attitudes toward reproduction enabling them to maintain lifelong health.

A HOLISTIC PERSPECTIVE

In addition, the skills, adolescents develop from Adolescence education are linked to more general life-skills, such as communication, listening, decision-making, negotiation and learning to ask for, and identify sources of help and advice such as parents, care givers, and professionals through the family, community, and health and welfare services. These useful life-skills are not only to applicable to healthy relationships but also in other aspects of life. They are taught to recognize situations in which they are pressurized by others and how to resist and deal with these, along with challenging long-standing prejudices they are faced in day-to-day life.

A CULTURAL CHALLENGE

Public discussion of topics of reproductive education are widely considered as taboo in the Indian society, therefore acting as a barrier to delivery of adequate and effective Adolescence education to Indian adolescents. Adolescence education at school level has attracted strong objections and apprehension from all areas of the society, including parents, teachers, and politicians, with its provision banned in six states which include

Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, and Karnataka. Legislators contend that it corrupts the youth and offends “Indian values,” leading to promiscuity, experimentation, and irresponsible behavior. Some opponents argue that Adolescence education has no place in a country such as India with its rich cultural traditions and ethos. These views lie at the heart of the traditional Indian psyche and will need to be approached tentatively with psychological insight when challenged. Expertise from healthcare professionals along with patience and time will be required in order to bring about what is likely to be a gradual change in the existing conservative attitudes.

ASPECTS OF ADOLESCENCE EDUCATION:

The very foundation stone of Adolescence Education is importing of information. This is best done by answering questions. For this purpose:

- (i) We should always give a truthful answer to a question.
- (ii) We should regard Adolescence knowledge as exactly like any other knowledge.

For example, we should not try to hide the answer of a question from a child about the birth of child. If asked by the child, they can be told that the baby grows in his mother’s body and the same thing will happen with them in future. Boys and girls are to be treated alike in the matter of gaining information on gender differences. The girls have the same right to knowledge as boys. The girls should acquire some rudiments of the knowledge regarding menstruation and the hygiene.

The teaching of biology will make clear to our children that the human organs are essentially similar to those of other mammals. They must know about the disease like AID.

They should be taught it truthfully without exaggeration. They should learn both how to avoid it and how to care it.

It is not easy to answer about the exact age of the child for imparting Adolescence Education. It is very worthwhile to suggest that the physiological facts should be well-understood by all children in the first few years of life before the onset of adolescence. So, healthy attitude to Adolescence Education should be developed in children. The children must know in advanced, what changes are expected in them with onset of puberty. Knowledge about Adolescence must be imparted at all stages in a normal and healthy manner. All this speaks of the fact that time has changed and we must provide them, with right type of guidance – the sooner the better.

When we take the Adolescence Education, the stress is on heightening on prevention of STI diseases and on family planning. According to D. Gopal Rao from the book “Population Education”, Family life education in the west grew out of the growing evidence of disintegration of family whereas adolescence education and family life education within the scope of population education.

CONCLUSION

School going adolescents need to be provided with proper and systematic programs on health-related issues. Proper needs-assessment, intervention, monitoring, and evaluation plans, and school health policies need to take place. A joint effort from the school authority, parents, teachers, social workers, psychologist, medical professionals, and mental health professionals will bring forth a comprehensive model for health, education and all-round development of the school going adolescent in India.

CHAPTER SUMMARY

The data gathered from the literature suggest that adolescent behavior cannot be caused by a single particular factor, but by a combination of different aspects such as individual, family, peer, cultural and community factors. Furthermore, the literature review also confirmed that lack of knowledge regarding Adolescence and reproductive health has a negative effect on the lives of adolescents, society as well as the economy of the country. The literature reviewed in this section helped me to contextualize my research project within an accepted body of knowledge. Furthermore, it provided good, solid background knowledge. It helped me to refine questions in order to address the aims of the investigation. I then adapted the research instruments for use in this study. Those research methods are discussed further in the next section. Finally, literature review enabled me to evaluate the project more effectively, by comparing and contrasting the results with what is already known.
