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**Unit 1 Understanding Adolescence
Education**



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E-Content

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UNIT 1

UNDERSTANDING ADOLESCENCE EDUCATION

INSTRUCTIONAL OBJECTIVES:

After studying this unit, you will be able to:

- To facilitate a positive attitude towards the importance of adolescence education programmes at the school level.
- Develop understanding about physical, physiological, psychological, socio-cultural and interpersonal issues related to the processes of growing up.

ADOLESCENCE: UNDERSTANDING OF PHYSIOLOGICAL, SOCIO-EMOTIONAL, COGNITIVE & CULTURAL ASPECTS

Adolescence (from Latin *adolescere*, meaning "to grow up") is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood. The period of adolescence is most closely associated with the teenage years. The chronological age provides only a rough marker of adolescence, and scholars have found it difficult to agree upon a precise definition of adolescence.

Physiological Development

Physical development refers to the physical changes in the size, structure and proportion of the parts of the body that take place at the moment of conception. Directly physical development determines what children can do at a particular age. Indirectly, it

influences their attitude toward self and others. As the child grows physically, the range of his experiences increases. The increase in his experience contributes to the developments in cognitive, emotional, social and moral areas. Studies show that growth comes in cycles. The term 'cycles' means that physical growth does not occur at regular rate rather in periods or phases, sometimes rapidly and sometimes slowly.

During the early childhood years, the growth is slow. Height and weight increase at the lower rate during this period. During early childhood all the parts of the child's body grow, but at different rates. During early childhood, the forehead area develops faster than the lower part of the face. This is due to rapid growth of the brain. The trunk grows longer and broader in the early years of childhood. *Arms* grow much longer between babyhood and age 6. Arms are thin and straight because the muscles grow at a very slow rate. Legs grow at a slower rate than the arms. Teeth – most of the baby teeth have cut through the germs shortly after baby hood ends. The baby teeth will be fall between 5 and 7. The process of losing baby teeth and replacing them with permanent teeth goes on until the child is 12 or 13 years.

Sex Differences

- At birth girls tend to be shorter than boys.
- Boys are generally taller than girls at all ages except 10, 11 and 12 years as girls tend to reach puberty earlier.
- Boys tend to be heavier than girl right through the first nine years. Between ten to fourteen years the girls have a tendency to shoot ahead.

Motor Development

Motor development means the development of control over bodily movements through the coordinated activity of the nerve centers, the nerves and the muscles. Motor development is of greater significance for the total development of the child.

Sequence in the Development of Major Skills

Motor development follows a definite sequence starting with the head and moving downwards, and from the centre to the sides. At various stages of development the children learn to combine the new skills that they have learnt with those learnt previously. In this way co-ordination occurs, and more complex tasks become possible.

Factors influencing motor development

Heredity, Maturation, readiness and learning are the major factors influencing motor development.

Puberty in general

Puberty is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual maturity. The average onset of puberty is at 10 or 11 for girls and age 11 or 12 for boys. Every person's individual timetable for puberty is influenced primarily by heredity, although environmental factors, such as diet and exercise, also exert some influence. These factors can also contribute to precocious and delayed puberty. Some of the most significant parts of pubertal development involve distinctive physiological changes in individuals' height, weight, body composition, and circulatory and respiratory systems.

Growth spurt

The adolescent growth spurt is a rapid increase in the individual's height and weight during puberty resulting from the simultaneous release of growth hormones, thyroid hormones, and androgens. Males experience their growth spurt about two years later, on average, than females. During their peak height velocity (the time of most rapid growth), adolescents grow at a growth rate nearly identical to that of a toddler—about

4 inches (10.3 cm) a year for males and 3.5 inches (9 cm) for females. In addition to changes in height, adolescents also experience a significant increase in weight (Marshall, 1978). The weight gained during adolescence constitutes nearly half of one's adult body weight. Teenage and early adult males may continue to gain natural muscle growth even after puberty. The accelerated growth in different body parts happens at different times, but for all adolescents it has a fairly regular sequence. The first places to grow are the extremities—the head, hands and feet—followed by the arms and legs, then the torso and shoulders. This non-uniform growth is one reason why an adolescent body may seem out of proportion.

Reproduction-related changes

Primary sex characteristics are those directly related to the sex organs. In males, the first stages of puberty involve growth of the testes and scrotum, followed by growth of the penis. At the time that the penis develops, the seminal vesicles, the prostate, and the bulbourethral gland also enlarge and develop. The first ejaculation of seminal fluid generally occurs about one year after the beginning of accelerated penis growth, although this is often determined culturally rather than biologically, since for many boys first ejaculation occurs as a result of masturbation. Boys are generally fertile before they have an adult appearance. In females, changes in the primary sex characteristics involve growth of the uterus, vagina, and other aspects of the reproductive system. Menarche, the beginning of menstruation, is a relatively late development which follows a long series of hormonal changes. Generally, a girl is not fully fertile until several years after menarche, as regular ovulation follows menarche by about two years. Unlike males, therefore, females usually appear physically mature before they are capable of becoming pregnant.

Changes in the Brain

The human brain is not fully developed by the time a person reaches puberty. Between the ages of 10 and 25, the brain undergoes changes that have important implications for

behaviour. The brain reaches 90% of its adult size by the time a person is six years of age. Thus, the brain does not grow in size much during adolescence. However, the creases in the brain continue to become more complex until the late teens. The biggest changes in the folds of the brain during this time occur in the parts of the cortex that process cognitive and emotional information.

Socio-Emotional Development

'Emotional development' refers to the emergence of emotions like anger, joy, delight, happiness, fear, anxiety and sorrow and the socially acceptable ways of expressing them. As the child grows up and becomes aware of acceptable ways of behaviour, a variety of emotions also emerge. As an infant he expresses only discomfort and delight. As he grows older expressions of joy, happiness, fear, anger and disappointment appear. He learns to express these emotions in a healthy manner. From the simple emotional states present at birth, new and more complex emotions develop. Once again like an infant an individual experiences emotional imbalances during adolescence.

Moral and Religious Development

With the development of social sense the children during this period learn to behave according to the norms of the society and culture. Also the group sense make them follow some moral or ethical code. It prepares a stage of proper moral development. The formation of strong sentiments during this period intensifies the process of moral development. The impact of religion and religious practice is also felt for the first time at this age.

Social Development

Social development implies the development of an individual in such a way as he becomes a useful member of society or the group to which he belongs. Social development begins with the infant's first contact with other people and continues

throughout life. It is the net result of the child's constant interactions with his social environment. Social development helps in learning and acquiring social qualities of character. Social development enables the child to adjust himself to his social environment and to maintain social relationships.

Identity development

A common belief about adolescence is that it is the time when teenagers form personal identities. **Egocentrism** in adolescents forms a self-conscious desire to feel important in their peer groups and enjoy social acceptance. Empirical studies suggest that this process might be more accurately described as identity development, rather than formation, but confirms a normative process of change in both content and structure of one's thoughts about the self. Since choices made during adolescent years can influence later life, high levels of self-awareness and self-control during mid-adolescence will lead to better decisions during the transition to adulthood.

Self-esteem

The major aspect of identity formation is self-esteem, one's thoughts and feelings about one's self-concept and identity. Contrary to popular belief, there is no empirical evidence for a significant drop in self-esteem over the course of adolescence. "Barometric self-esteem" fluctuates rapidly and can cause severe distress and anxiety, but baseline self-esteem remains highly stable across adolescence. The validity of global self-esteem scales has been questioned, and many suggest that more specific scales might reveal more about the adolescent experience. Girls are most likely to enjoy high self-esteem when engaged in supportive relationships with friends, the most important function of friendship to them is having someone who can provide social and moral support. When they fail to win friends' approval or couldn't find someone with whom to share common activities and common interests, in these cases, girls suffer from low self-esteem. In contrast, boys are more concerned with establishing and asserting their independence and defining their relation to authority.

Cognitive / Intellectual Development and Adolescence

Adolescence is the period of maximum growth and development with regard to mental functioning. Intelligence reaches its climax during these period. Intellectual powers like logical thinking abstract reasoning and concentration are almost developed in to the end of this period. An adolescent learns to reason and seeks answers to how and why of critical thinking scientifically. **Hero worship** is most prominent at this period. Adolescent generally love adventures activities and develop interest in reading books.

According to **Jean Piaget** there are four main stages of intellectual development.

1. The sensory motor stage (Birth to 2 years)
2. The pre-operational stage (2 to 7 years)
3. The Concrete operational stage (7 to 11 years)
4. The Formal operational stage (11 to 16 years)

Moral Development

According to Piaget there are four stages in the moral development of a child.

- *Anomy* (first five years) is the stage without law. Pain and pleasure are the only regulation of behaviour at this stage.
- *Heteronomy* (5-8 years). It is external authority that controls moral conduct. 'Do that', 'don't do that', rewards and punishments regulate moral development.
- *Heteronomy* (reciprocity) (9-13 years): At this stage there is a morality of co-operation with peers or equals. This stage is regulated by reciprocity which implies we should not do to others what will be offensive to us.
- *Autonomy* (13-18 years): The individual at this stage is fully responsible for his behaviour. The rules governing moral behaviour come from within the individual.

Problems confronted by Adolescence and its Remedial Measures

A quantitative analysis of the problems of thus revealed is given below. This chart provide a clear idea about the common problems of the adolescence.

Table 1.1: Problems Common to the Adolescents

Sl. No.	Problem	Total % having this problem
1.	Cannot keep mind on studies	8.3
2.	Problem with a particular subject	5.0
3.	Too much emotional attachment with school mate	5.7
4.	Unable to stick to time schedule for study	5.7
5.	Not interested in certain subjects	5.3
6.	Trouble with same subjects	5.3
7.	Getting low marks in scholastic achievements	4.0
8.	Not knowing how to be popular	3.0
9.	Percentage Having Adjustment Problems	42.3

Table 1.2: Area-wise Distribution of Problems and Comparison of Problem Areas

Sl. No.	Problem Areas	No. of Problems Checked	Ranking
1.	Adjustment to school	1012	1
2.	Personal psychological relations	941	2
3.	Social Recreational Reactions	847	4
4.	Health and Physical Development	798	5
5.	The future: Vocational and Educational	702	7
6.	Curriculum and Teaching Procedure	688	8
7.	Home and Family	592	9
8.	Courtship, sex and Marriage	562	10
9.	Morals and Religion	469	11
10.	Social psychological relations	924	3
	Total	793	

Remedial Measures for Adolescents Problems

- Good Effects of Emotions: Emotions work as motives which drive the organism for an action. Love, fear, anger and curiosity, may help to achieve our goal.
- Control and training of Emotions: Developing proper emotions and controlling them is very essential objective of education during adolescence. Proper training, development of resistance, guidance and counselling and proper understanding will help for the same.

The teacher and school can encourage the development of affective maturity in adolescence. School should provide identification of proper model and constructive ways of expressing feelings. An important method which a class room teacher can encourage is to help the students to express their emotions in constructive ways.

Significance of the study of Adolescence

Adolescence is the most important period of human life. A major part of the country's population range between 13 to 21 years. The countries success in various fields of life depends on the proper guidance of adolescence.

- Understanding developmental characteristics and problems: .
- Maintenance of mental health
- Adjustment to responsibility:
- Psychology of the adolescence is important to know something about ourselves

Special characteristics of adolescence with respect to need and problem of adolescence

- Intensification of self-awareness.
- Intensification of sex consciousness.
- Independence v/s dependence
- Peer group relationship.
- Idealism v/s realism
- Vocational choice and need of self-support.

What can teachers, parents and schools do for adolescence?

The needs of the adolescence have to be satisfied and their problems are to be realized in a proper way in order to help them for proper growth and development.

- Proper knowledge of adolescent's psychology.
- Providing suitable environment for proper growth.
- Rendering proper sex education.
- Training of emotions and satisfaction of emotional needs.
- Provide religious and moral education.
- Arranging guidance and counselling centres.

Needs and problems of Adolescence

- **Primary Needs:** Primary needs are physiological in origin and their fulfilment is inevitable because they are concerned with the very existence of the individual. They are Basic needs (Oxygen, water and food), Need for rest and sleep and Need for sex.
- **Secondary Needs or Socio psychological needs** includes Need for security, Need for love, Need for recognition and approval, Need for achievement, Need for freedom and independence and need for self expression.

Problems of Adolescence

- Problems related with intensification of sex consciousness
- Childhood vs. Adulthood conflicts
- Adjustment difficulties with parents
- Adjustment difficulties with community
- Adjustment difficulties with school discipline
- Financial problems
- Problem of freedom and liberty
- Conflict between parental aspiration and aspirations of the children
- Class-room conflict

- Heterosexual adjustment problems
- Health adjustment

Indian Adolescents - Needs and Concerns

In India Adolescents number, according to 2001 Census is over 225 million in the age-group 10-19 years, constituting nearly 22 (21.8) per cent of Indian population and this number is growing with a definite possibility of making this country the youngest in the world in the near future. Although there are now policy initiatives to recognise them as a distinct population group, social environment is still far away from acknowledging their distinct place.

ADOLESCENCE EDUCATION: HISTORY, CONCEPT, NEED AND RELEVANCE

This section is focusing on developing an appropriate understanding of the conceptual framework of adolescence education. Adolescence education is an educational response to the needs, concerns and realities of adolescents. This discussion describes the realities of Indian adolescents, and adolescence education as a systematic response to address their concerns. Adolescents are a positive resource. They have energy and idealism. Adolescence is a transition period between childhood and adulthood. Adolescents need information and somebody who will answer their questions. Adolescence education is a response to the adolescents' need for authentic information, provided in a safe and friendly atmosphere.

Realities of Adolescents in India

Although young people are considered healthy, findings from NFHS 3 indicate that a substantial proportion of young people suffer from anaemia (56% of females and 25%

of males in the 15-24 age group) that can adversely affect their physical growth, cognitive development, performance in school and at work as well as reproduction.

- Findings from NFHS-3 show that as many as 19% of young women aged 20-24 were married before age 15, and 49% before age 18. Domestic violence is widely prevalent within marriage
- Sexual Harassment in public spaces, institutions of education, in and around home and at the workplace is also a well established fact.
- Child abuse, bullying and ragging are also common and more so among boys.

Hence, although India has a vast human resource at its disposal, the country will have to make consistent and substantive investments in the health and well-being of its young people in order to harness their potential.

Understanding the Framework of Adolescence Education

Adolescence Education aims to respond to the concerns of adolescents, specifically the ones that are yet to be assimilated by school curriculum in full measure. The overall objective of Adolescence Education is to provide adolescents with accurate, age appropriate and culturally relevant information, promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively;

- The guiding principles of Adolescence Education;
- Main content areas of adolescence education include (i) the process of growing up, (ii) prevention of HIV and AIDS and, (iii) prevention of substance/drug Abuse;
- Understanding of life skills development as a core objective and as a generic concept, not only related to the selective concerns of adolescents like peer pressure or risk taking behaviour;

- The need for participatory teaching/transaction methods that build on the experiences of learners rather than didactic and rote teaching-learning methods.

Guiding Principles of Adolescence Education are draw out below:

- Adolescence Education should recognize and respond to the reality that adolescents are heterogeneous: with diversity in terms of urban/rural, caste, class, religion, cultural beliefs, and so on.
- Adolescence Education should enable adolescents to understand and negotiate existing and constantly changing lived realities.
- Teachers need to unlearn and learn in order to facilitate the effective transaction of this curricular area. This is relevant in respect of content, attitudes and pedagogical modalities.
- The program should enable adolescents to articulate their issues and know their rights, counter shame and fear, build up self-esteem and self-confidence, and develop ability to take on responsibility for self, relationships and (to an extent) society around them.
- Adolescence education should influence the entire school curriculum and ethos, rather than being an isolated, stand-alone component.
- The Adolescence Education should have inbuilt flexibility- in terms of content and process to be able to respond to dynamic needs of young people
- The program should empower young people through participatory, process oriented, non-judgemental approaches that build on the experiences of learners, and provide them with opportunities to think critically, analyse and infer learning rather than being prescriptive.

Life Skills Development: Core Objective of Adolescence Education

Life skills are psycho-social abilities that empower individuals to connect with self as well as others and develop healthy life style and positive behaviours. Life skills equip individuals with competence to manage challenging situations and utilize existing opportunities optimally. These skills enhance coping resources and personal and social competencies of individuals.

Adolescent Realities: Adolescents are a positive resource for the country. They have unlimited energy, vitality and idealism, as well as a strong urge to experiment and create a better world. Adolescence is a transition period between childhood and adulthood, usually characterized by youthful exuberance as its most endearing hallmark. During adolescence the physical, intellectual, and emotional characteristics and patterns of childhood are gradually replaced by adult ones, and girls and boys progressively evolve into a state of relative socio-economic independence (UNICEF, 1999).

Adolescence Education: A Response to Adolescent Realities

It is universally accepted that the health needs, and particularly the reproductive and sexual health (ARSH) needs of adolescents, continue to be ignored and neglected. As they stand at the threshold of adulthood, they need authentic knowledge that helps them understand the process of growing up with particular reference to their reproductive and sexual health needs. By developing a critical understanding, they have to be well equipped to cope with the problems which they confront. They need guidance and independence simultaneously, education as well as opportunities to explore life for themselves in order to attain the level of maturity required to make responsible and informed decisions.

Objectives, Themes and Scope of Adolescence Education:

The concept of 'adolescence education' was preferred to terms like sex education, sexuality education, family life education, reproductive health education, puberty education, life skills education and AIDS education at the National Seminar on Adolescence Education, organised by NCERT in 1993. The National Seminar endorsed the use of the concept of adolescence education and recommended the introduction of "suitable components of adolescence education in the curricula at all stages of schooling" (NCERT, 1994). As a follow up to its recommendations, a General Framework of Adolescence Education was finalised through nationwide consultations focusing on the following three requirements:

- Incorporating all the critical concerns of adolescent reproductive and sexual health (ARSH) in the specific context of Indian socio-cultural ethos;
- Preparing the scheme of contents suitable to provide adequate coverage to ARSH concerns in consonance with the nature and scope of existing school syllabi of different stages; and
- Identifying curriculum transaction strategies focused on promoting experiential learning suited to the specific needs of this new curricular area.

Arguments for and against Adolescent Education

Arguments Against

- Sex and sexuality are intimately private matters which are not to be discussed in public, and that too with young children.
- If schools start providing knowledge about sexual development, young children will be encouraged to experiment with the newly acquired knowledge.
- The regular discussion of sex and sexuality, which is a treasured sublime instinct of human beings, will reduce it to a mundane routine affair.

Arguments For

- It is a myth to regard the socio-cultural traditions of India as a safeguard against irresponsible sexual behaviour of individuals.

- A number of studies show that adolescents would like to get accurate information about the changes in their bodies including sexual development.
- Adolescence education will enable adolescents to manage their sexual development responsibly and develop a healthy attitude towards sex and sexuality.
- Sexual abuse and exploitation of young girls and boys, and even minors, is a problem in our society. These situations demand urgent educational intervention, so that young people are made aware of the need to respect the inviolability of every person, and to safeguard themselves against abuse and exploitation.
- The impact of certain traditional values that used to influence sex-related behaviour of individuals has been waning. There is a need to reinforce those social and cultural values that may provide sustenance to responsible sexual behaviour.

Life Skills: A generic concept and its contextual applications

Life Skills requires to be perceived as done in Dakar Framework for Action (World Education Forum, Dakar, Senegal, 2000), that stresses the need for not only psychomotor or practical skills, but also those psychosocial abilities – life skills - that will enable individuals to learn and use knowledge into action, to develop reasoning and analytical strengths, to manage emotions and to live with and relate to others.

Life skills are abilities to be developed in every individual to equip them to meet the challenges of life and optimise opportunities to live a healthier, happier, productive and fulfilling life.

Life Skills as an integral part of Adolescence Education

In view of the above, the revised framework of Adolescence Education incorporates life skills as one of the competencies, perhaps the most critical competency developed and

inculcated through education. It is generally believed that a person who is educated is equipped with all the needed abilities including life skills. But in reality this does not happen. Knowing what needs to be done or knowing what needs to be changed does not mean that the learners automatically know how to bring about behaviour changes. It is the Life skills that, if properly developed, provide the know-how and the tools to actualize behaviour change.

Life Skills are different from other Skills:

- Other skills like mechanical skills, livelihood skills, vocational skills or language skills are technical, life skills are psycho-social directed towards personal actions or actions towards others;
- Life skills are interpersonal skills empowering individuals to interact with the self as well as others and develop healthy lifestyle and responsive and responsible behaviour.; and
- Other skills are product of continued practice, while life skills are developed through interactive experiential learning.

Life Skills Development: Approach Framework

It is important to note that life skills development does not mean development of skills afresh by a set of educational interventions at a particular point of time. Life skills development is an integral part of the all-encompassing process of socialisation that continues throughout human life. School education is an integral part of this process. In fact, individuals apply the acquired life skills in different contexts differently. An individual may have acquired a life skill and she/he may also be equipped with the ability to apply that skill in a context that is fundamentally different from adolescent reproductive and sexual health. Life skills development, therefore, may be more aptly defined as a process of acquiring the ability to apply concerned skills in the specific context and not the development of that skill afresh.

Integration of Life Skills in content and process of Adolescence Education

In order to ensure that the ongoing education system plays a proactive role in life skills development among learners, there is a need to integrate an approach to provide opportunities of experiential learning to them. This approach needs to be integrated right from the stage of curriculum development to syllabi and materials development, transaction of materials, organization of learning experiences and evaluation. All these aspects of education must actualize a process wherein the learner is no longer treated as a passive recipient of information and facts, but is made an active participant in gathering information, understanding issues and problems, examining the alternatives, seeking reasons, making decisions and solving problems.

Adolescence Education Programme in India: National Framework

In pursuance of the decisions of the Inter-Ministerial Meeting, the Adolescence Education programme (AEP) was developed in a series of meetings involving key stakeholders, senior officials from MHRD, NACO, UNICEF and UNFPA. MHRD was identified as the lead agency for the implementation of AEP, with the financial and technical support from NACO, UNICEF and UNFPA. Regional workshops were organized to have wider consultations with all the States and Union Territories. The process was culminated by the national meeting of Secretaries of Education & Project Directors SACS on Adolescence Education, that was jointly organized by MHRD and NACO on 15 June 2005. The Meeting was addressed by Secretary, DS&HE, Secretary, DEE&L, Special Secretary and Director General, NACO, Director, NCERT, Chairman, CBSE, Vice Chancellor, IGNOU, Chairperson, NCTE, Chairperson, NIOS and Country Representative, UNICEF, among several others.

Adolescence Education: Its evolution in India

The term adolescence education was first used as the title of a publication on sex education brought out by UNESCO Principal Regional Office for Asia and the Pacific, Bangkok in 1990. However, NCERT did not simply adopt the nomenclature but developed its specific connotation and delineated the broad framework of the concept in the Seminar. The National Seminar recommended the introduction of “adolescence education into the curricula at all stages of schooling.” It was attended by representatives of almost all the stakeholders in the school education system; viz., eminent educationists, psychologists, medical scientists, sexologists, curriculum developers, teacher educators, school principals and teachers, representatives of government and non- governmental organizations involved in sex education, family life education, AIDS education, health education, preventive education against drug abuse and population education, university education, AIIMS, NACO, SCERTs, State Boards, Family Planning Association of India, Parivar Sewa Sanatha, Centre for Social Research, Reproductive Health Foundation and National Institute of Mental Health and Neurosciences, Ministry of Health and Family Welfare, UNESO and UNFPA.

Need of Educational Intervention

It is in this context that the need for an educational intervention has been strongly felt. This need is particularly felt in India, because the school curriculum does not include the crucial elements of reproductive and sexual health such as physical, psychological/mental development especially in the context of sexual development during the period of adolescence, HIV/ AIDS and substance (drug) abuse. There are contents on the biological aspects of the reproduction system in the school syllabi and textbooks, but education in these elements cannot be complete by giving simply the biological information. There is a need to focus on physiological, emotional and socio-cultural dimensions of the adolescent reproductive and sexual health (ARSH) in a holistic manner.

Adolescence Education Programme (AEP)

The AEP aims to support young people's right to:

- Know about themselves, their adolescence and their sexuality
- Basic facts on HIV and other sexually transmitted infections
- protect themselves by developing and reinforcing life-skills
- Knowledge to dispel myths and clarify misconceptions

Training Programmes: Under AEP, the CBSE is conducting empowerment programmes for different stakeholders. At least two nodal teachers per school will undergo training to conduct the following school level activities;

- Advocacy activities at the school and community level.
- Using the Question Box and responding to questions raised by students.
- Conducting classroom sessions by organizing interactive student activities.
- Strengthening linkages with adolescent / youth-friendly health services.
- Peer educators will also be trained to reach the out-of-school adolescents who have either dropped out or were never enrolled.

Adolescence Education Programme: teachers to be awarded for imparting quality HIV/AIDS awareness

The AEP aims to support Young People's 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.

Goals of Adolescence Education Programme (AEP)

The objectives of AEP is to ensure that: (i) all schools provide accurate age appropriate life skills based adolescence education in a sustained manner to young people (10-18 yrs) in schools; (ii) every child is equipped with accurate information, knowledge and life skills to protect themselves from HIV and manage adolescent reproductive sexual health (ARSH) issues and concerns; (iii) all out-of-school adolescents are provided basic information and services on adolescent reproductive and sexual health, HIV prevention and prevention of substance abuse; (iv) effective integration of adolescence education components in school curriculum as well as the teacher education courses takes place; and (v) linkages to youth friendly services are established and resources for additional information are easily accessible.

Scheme of Content: Adolescence Education Programme focuses on major contents related to the following three components:

- Process of Growing up
- HIV/AIDS
- Substance (Drug) Abuse

Target Group: The mandate of the Adolescence Education Programme is to cover all secondary and senior secondary schools, rural, urban and transitional across the country. It covers all students studying at the secondary and senior secondary level in i) Government, local body and government-aided schools, ii) Educational Guarantee Schemes (alternative innovative schemes, across the country iii) all out-of-school children and adolescents being catered to by the adult literacy programmes iv) students of open schooling/open university systems. It covers selected nodal teachers and peer educators of all the secondary and senior secondary schools, concerned educational administrators and other educational functionaries. The pre-service pupil teachers and teacher educators also constitute its target group. Policy framers, Senior functionaries

involved in policy operationalisation, Opinion leaders, Media persons, community leaders and parents are covered through advocacy programmes.

Approach for Transaction:

- Since adolescence education focused primarily on life skills development has emerged as a curricular area in response to the pressing demands emanating from outside the education system, it is considered to be imposed on the education system and hence is often not put through the general curriculum planning and review process. It is often given, if at all it is done, a marginal space within the curriculum.
- It deals with contents that are very sensitive in nature and there is an in-built resistance to these elements. Its content structure is still undergoing the process of validation.
- This educational area focuses on problems confronted by adolescents who have been traditionally treated as a homogeneous group which they are not.
- Adolescence education is primarily aimed at influencing the non-cognitive domain and developing life skills among the learners.
- Although there is an increasing realisation of the urgency for adolescence education and developing coping skills among adolescents, the age-old inhibitions and perceptible apprehensions in the adult world would require persistent efforts aimed at creating enabling environment for this educational intervention in schools.

Strategies: In view of the above, the following strategies are adopted under AEP to facilitate the institutionalisation of this curricular area in the content and process of school education and teacher education.

Advocacy: The first and foremost need is to create a favourable environment for acceptance of the urgent need to impart adolescence education in schools.

Life skills based co-curricular activities

Adolescence Education Programme provides priority to the organization of life skills based co-curricular activities, even though the integration of adolescence education elements in syllabi and textbooks has the potential to make this educational intervention a permanent part of school curriculum.

Integration in the School Curriculum

- School syllabi and textbooks of all the subjects have to be reviewed to identify the scope of integration of elements of adolescence education and also the relevant entry points in each subject;
- Needed materials for facilitating effective integration with a focus on life skills development may have to be prepared;
- Intensive orientation of curriculum framers, textbook writers, teacher educators and other concerned educational functionaries will make great contribution;
- The adolescence education contents may then be suitably incorporated in the syllabi and textbooks when they are revised; and
- These elements and the needed transactional methods may be integrated in the teacher education courses.

Major Activity Components: Advocacy and training are the major activities being organized under the Adolescence Education Programme.

Implementing Agencies

- COBSE
- NIOS
- UNFPA
- CBSE
- KVS, NVS
- NCERT

- MHRD
- IGNOU
- NCTE
- Directorate of Adult Education
- SCERTs/SIEs/Directorates of Education
- State Boards of Education,
- District Education Office
- District Institutes of Education and Training (DIETs)

ROLE OF SOCIAL AGENCIES IN ADOLESCENCE EDUCATION: FAMILY, SCHOOL, RELIGION, COMMUNITY & MEDIA

Together we all in adolescent health and development can come out with the best possible methods to empower young people to make rational decisions in life. At the Macro level we can contribute in:

- Building positive relationships with adolescents;
- Opening channels of communication (two-way) with adolescents on their needs and concerns especially with regard to difficult subjects like Reproductive and Sexual Health
- Ensuring proper implementation of AEP and ARSH Programmes; and
- Strengthening linkages with other systems and enable concerted effort for adolescent development.

Family

'Responsible Parents' can...

- appreciate the significance of the period of adolescence, its problems and challenges

- express our respect, love and care equally to all children irrespective of their gender and sexuality
- help them learn basic values to live by
- encourage decision-making skills among adolescents by providing them with age-appropriate opportunities.
- find out about their friends and help them identify and make friends with those who have a positive influence on them.
- refrain from thrusting goals on them; rather help them to channelize their energies in constructive ways.
- talk to them on their sexual and reproductive health needs and concerns;

School

‘Teachers’ can...

- Express the respect, and value for adolescents. Let them know that teachers trust them
- Never be judgmental and refrain from forcing personal values while interacting with adolescents (preaching proves counterproductive)
- Create a supportive school environment: the human factor is personified in the teacher.
- Work towards integrating gender and rights perspective in the school system
- Contribute to development of their self-esteem and positive body image.
- Help adolescents to become sexually responsible adults by changing negative attitudes and perceptions.
- Promote sexual and reproductive health seeking behaviour; breaking down the taboo attached with it.
- Protect them from sexual exploitation or sexual abuse.

Opinion Leaders / Community Leaders

'Opinion/ Community leaders' can ...

- Endorse the cause of adolescent health at every available opportunity
- Initiate a positive dialogue on adolescent concerns and Rights
- Represent the cause of adolescent to elected representatives of our area and other relevant authorities especially health and education authorities
- Provide protection to adolescents from unlawful punishments
- Provide space and opportunities to adolescents to present their concerns to elders without fear and hesitation.
- Help government and civil societies to organize IEC camps and interactive sessions on adolescent health; social evils like early marriages in the area
- Support media to produce in-depth news stories, articles and features on issues for adolescents particularly on days like the World AIDS Day, International Youth Day and Women's Day.

Government Officials

Government officials/ civil servants can:

- Enhance and push for positive policy changes and decisions on matters pertaining to adolescents
- Integrate Gender and Rights perspective in all policies and programmes
- Help in bringing and maintaining Adolescent Reproductive and Sexual Health programme centre-stage
- Sensitize decision makers and elected representatives for pro adolescent /pro-youth approach keeping in tune with globalisation and changing perceptions and expected demands by young people as they take on electoral responsibilities in near future

Service Providers

A Service Provider can ...

- Make reproductive and sexual health services adolescent friendly
- Involve local adolescents/young people in planning to encourage ownership
- Promote and disseminate information on available services for adolescents at the Community Health Centre (CHC)/ Public Health Centre (PHC)/ district hospital
- Make procedures easier and designate days and timings suitable to adolescents
- Be non-judgmental
- Be conscious of our language and conduct to avoid biasness with regard to sex, gender, caste/religion
- Assure trust and confidentiality
- Maintain a record of adolescents seeking Information and services
- Make available range of services- preventive, curative and counselling
- Provide necessary support to those complaining sexual abuse and harassment
- Mobilize community leaders and parents to reach information, education and counselling to every adolescent in the area

Peers

Peer groups offer members the opportunity to develop social skills such as empathy, sharing, and leadership. On a larger scale, adolescents often associate with *crowds*, groups of individuals who share a common interest or activity. Often, crowd identities may be the basis for stereotyping young people, such as jocks or nerds. In large, multi-ethnic high schools, there are often ethnically-determined crowds as well. While crowds are very influential during early and middle adolescence, they lose salience during high school as students identify more individually.

Culture

Culture is learned and socially shared, and it affects all aspects of an individual's life. Social responsibilities, sexual expression, and belief system development, for instance, are all things that are likely to vary by culture. Many cultures are present within any given country and racial or socioeconomic group. Furthermore, to avoid ethnocentrism, researchers must be careful not to define the culture's role in adolescence in terms of their own cultural beliefs

Social roles and responsibilities

The lifestyle of an adolescent in a given culture is profoundly shaped by the roles and responsibilities he or she is expected to assume. The extent to which an adolescent is expected to share family responsibilities is one large determining factor in normative adolescent behaviour. For instance, adolescents in certain cultures are expected to contribute significantly to household chores and responsibilities. Household chores are frequently divided into self-care tasks and family-care tasks.

Belief system development

Adolescence is frequently characterized by a transformation of an adolescent's understanding of the world, the rational direction towards a life course, and the active seeking of new ideas rather than the unquestioning acceptance of adult authority. An adolescent begins to develop a unique belief system through his or her interaction with social, familial, and cultural environments. While organized religion is not necessarily a part of every adolescent's life experience, youth are still held responsible for forming a set of beliefs about themselves, the world around them, and whatever higher powers they may or may not believe. This process is often accompanied or aided by cultural traditions that intend to provide a meaningful transition to adulthood through a ceremony, ritual, confirmation, or rite of passage

Social influence

Peer acceptance and social norms gain a significantly greater hand in directing behaviour at the onset of adolescence; as such, the alcohol and illegal drug habits of teens tend to be shaped largely by the substance use of friends and other classmates. In fact, studies suggest that more significantly than actual drug norms, an individual's perception of the illicit drug use by friends and peers is highly associated with his or her own habits in substance use during both middle and high school, a relationship that increases in strength over time.

Media

Media commands respect from all sections of society for being credible and just. With people's exposure to at least one medium – T.V, Radio or Print; media has a major role to play with regard to Adolescent Reproductive and Sexual Health (ARSH) and need of appropriate education and services.

A 'Media Representative' can;

- play a constructive role in breaking myths and prejudices that are prevalent in the society on adolescent sexual and reproductive health
- Integrate Gender and Rights perspective in all programmes that involve adolescent and young people
- Promote Sexual and Reproductive health Rights of adolescents and children
- Mould peoples' attitude and perceptions with regard to adolescents and their needs
- Encourage positive and meaningful discussions on ARSH
- Dedicate specific time/space for adolescent issues

Body image

Much research has been conducted on the psychological ramifications of body image on adolescents. Modern day teenagers are exposed to more media on a daily basis than any generation before them. Recent studies have indicated that the average teenager watches roughly 1500 hours of television per year. As such, modern day adolescents are exposed to many representations of ideal beauty. The concept of a person being unhappy with their own image or appearance has been defined as "body dissatisfaction". In teenagers, body dissatisfaction is often associated with body mass, low self-esteem, and a typical eating patterns. Scholars continue to debate the effects of media on body dissatisfaction in teens.

Social Networking: Within the past ten years, the amount of social networking sites available to the public has greatly increased as well as the number of adolescents using them. Several sources report a high proportion of adolescents who use social media: 73% of 12-17 year olds reported having at least one social networking profile; two-thirds (68%) of teens text every day, half (51%) visit social networking sites daily, and 11% send or receive tweets at least once every day. In fact, more than a third (34%) of teens visit their main social networking site several times a day.

Role of Religion and Community in Adolescence Education

Although religious practices differ by culture, political boundary, local community, and individual, some form of religion is influential, even central, in the lives of many people across the globe. Religion is an important context for development because it provides a means of socialization in areas such as moral behaviour and offers emotional support to individuals from the cradle to the grave. Given cognitive advances during adolescence including increased abilities to think abstractly and understand symbolism, it is important to study the impact of religion during this stage. Over 80% of teens ages 13–17 have expressed the importance of faith in their daily lives and decision making

processes, and approximately 90% have been reported to have some kind of belief in God or a “cosmic life force”. Religion also plays an important role for youth elsewhere in the world.

Religion and Adolescent Plans for the Future

The most common pattern clearly shown in religion and adolescence research is to conceptualize religion as an effective control mechanism within society. Thus adolescents are seen as opting not to engage in antisocial behaviour (delinquency and so on) because of the threat the religious institution holds over the thinking, feeling, and acting adolescent. A brief look at the deviance literature that studies religion will show this common interpretation of why religion is an effective social control mechanism. The various articles that focus on hellfire and other aspects of religion emphasize this point. As observers have noted, theorists are late in rethinking the controlling and supportive mechanisms of religion.

Role of community in Adolescence Education

Many scholars and practitioners have advocated for a more ecological approach to sexual health promotion for adolescents, such as one that includes involvement from schools, parents, and community organizations. Although extensive research has been conducted with schools and parents, little is known about the roles Community-Based Organizations (CBOs) may play in the education and promotion of sexual health to young people. Studies indicate that a wide variety of topics were covered by CBOs through programming and services, resources, and/or referral protocols. Topics covered varied in frequency. Overall, participants indicated a relatively comprehensive and accessible approach to providing sexuality information to youth.

CONCLUSION

Adolescence is one of the important period in one's life. Proper guidance and elders assistance essential in this period. Adolescence education is one of the important aspect of schooling. Teachers are the most appropriate person to transact education on family life matters.

MODEL QUESTIONS

1. Define Growth spurt.
2. Discuss Significance of the study of Adolescence. What are the Special characteristics of adolescence with respect to need and problem of adolescence.
3. Do young people get adequate information and support to resolve their concerns? If yes, who provides this information? If no, is it important to provide them necessary information and support to address their concerns? Please provide reasons for your response.
4. Every individual experiences emotional imbalances during adolescence. Why?
5. Expand: LGBT, NACO, ARSH and UNICEF.
6. Explain the role of social agencies in adolescence education.
7. Hero-worship is most prominent at adolescence period. What is it?
8. Name the two prominent psychologists who have made attempts to study the nature and sequence of cognitive development.
9. What are the aims of Adolescent Education Programme (AEP) in India?
10. What are the different problems confronted by adolescents and suggest its remedial measures.

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