Perspective

Adolescence and Family Life Education

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Abstract

Sex and sexuality are still considered a taboo in various cultures, especially in India and is not often discussed. There is a lacuna of family- life education not only in our home and communities but also in our schools. Although the adolescent age group is generally considered to be a healthy period more than one-third of disease burden and more than half of premature deaths among adults can be attributed to behaviours or conditions that begin or occur during this period; exposing the adolescent to a plethora of issues such as experimentation with sex, substance abuse and violence putting them at risk of both intentional and unintentional injuries, STIs, overdose etc. There is a need to address the issues of this age group through a holistic approach of education. This article makes its case towards the need of integrating family-life education not only at the school but also at the community level.

Keywords: Adolescent, Family-life, Education, Sex- education, Public health

The onset of adolescence is a "landmark" period in an individual's life. It is marked by a phase of physical transition with the beginning of puberty and the termination of physical growth. The term "adolescent" is generally used to describe any individual of 10–19 year age group. It is a period of rapid cognitive growth with increased abstract thinking, reasoning and ability of problem solving, and socially it is a road to adulthood. However, with these changes it also brings in vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and childbearing. Adolescents particularly in the low- and middle-income countries are vulnerable.

Around 1 in 6 persons in the world is an adolescent, 1.2 billion people aged 10–19.[1] Low- and middle-income countries have the largest proportions of adolescents, a result of the success of child survival interventions in combination with high fertility rates.[2] Millions of girls are coerced into unwanted sex or marriage at this age, putting them at risk of unwanted pregnancies, abortions, sexually transmitted infections (STIs) including HIV, and dangerous childbirth. Boys too are exposed to various high-risk behaviors such as experimentation with sex, substance abuse and violence putting them at risk of both intentional and unintentional injuries, STIs, overdose, etc.[3]

Although adolescence is considered to be a healthy phase, more than 33% of the disease burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that begin or occur during adolescence – for example, tobacco and alcohol use, poor eating habits, sexual abuse and risky sex. According to WHO fact sheet, an estimated 1.3 million adolescents died in 2012, mostly from preventable or treatable causes, other main causes of adolescent deaths include HIV, suicide, lower respiratory infections and interpersonal violence.[2] These figures are alarming and a cause of major concern at all levels of interventions. One of the major factors that contributes to the increased mortality and morbidity among the adolescent age group in relation to sexual health arises out of ignorance due to lack of education and information

All adolescents experience similar biological, cognitive and physiological changes that affect them during this transitional period. However, most of the health-related outcomes cannot always be attributed to adolescents themselves. There are various external agencies not within the control of the adolescent that contribute and influence their health and

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health-related outcomes. A strong association between the impacts of social determinants such as socioeconomic and educational status and a range of health outcomes, including adolescent pregnancy and a number of health-compromising behaviors is found.[4] Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in this age group, and for any given community's future health and social infrastructure.

Sex and sexuality is one such issue that is still considered a taboo in various cultures, especially in India, and family life is not often discussed. Sex and reproductive education is not adequately stressed on both in schools and at homes. In India, for example, only 15% of young men and women (15–24 years) reported receiving any family life or sex education.[5] Young people need not only know how to protect themselves but also to take responsibility for their health and have the means to do so. This includes being able to obtain correct information regarding their health, be able to report abuse and have a better access to medical facilities for testing, treatment and counselling, if need arises. In a report published by the IIPS and the population council of India, 83% of young men and 78% of young women (aged 15–24) in the study felt that it is important to impart family life or sex education to youth.[6] However, almost half (47%) of young women and 16% of young men reported that they had never received information on sex or reproduction (prior to marriage among the married). This is corroborated with the finding that awareness on sex and reproductive health is very limited in the 15–24 years age group.

Almost one in every seven (15%) young men and 4% of young women in the study had had premarital sex. Also, many of the premarital sexual experiences reported by youth can be categorized as "high risk behavior", for example, 25% of young men and 21% of young women reporting premarital sex had sex with more than one partner. Moreover, consistent condom use was limited – only 13% of young men and 3% of young women reported condom use in all premarital encounters.[6] With this background, it is imperative that families and communities be engaged in educating the adolescents on family life. This would help to foster better relationships within communities, give rise to positive role models, and help early identification of high-risk behavior.

Globally, there were 49 births per 1000 girls aged 15 to 19 years, according to 2010 figures. 16% of women in India had their first child between 15 and 19 years of age while 56% of women residing in rural areas were married by the time of their 18th birthday.[7] These vulnerable girls need not only good antenatal care but also information on contraception to control and regulate their pregnancies. Better access to contraception and value-based, culture-sensitive education and services can reduce the number of girls becoming pregnant and giving birth at too young an age. This will also ensure that every pregnancy is wanted and every childbirth is safe. Other interventions that promote education for girls up to 18 years of age not only prevent under-aged and unplanned pregnancies but also help to reduce the fertility of women. Girls who do become pregnant due to unprotected sex need access to quality antenatal care and adoption options.

Almost all countries are signatories to the UN Convention on the Rights of the Child, which states that adolescents have the right to obtain the health information and services they need to survive and to grow and develop to their full individual potential. This is especially true for those adolescents who are more likely than others to develop health problems because of social, economic and cultural barriers. Based on the above analysis, one cannot deny the need for an environment that can be created that enables and empowers an adolescent to their sexual and reproductive health and their human rights. Interventions based on improving access to correct and reliable information through family life education can go a long way.

Conflict of Interest: None

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