

A Study of Belongingness and Love of Adolescents with reference to Population and Development Education

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ABSTRACT: This paper comparatively assessing the relationship between “Belongingness and Love” needs of adolescents with reference to population and development education. For this purpose 616 adolescents comprising both male and female were selected in Chennai city by adopting the Random Sampling Technique. Administering the standardised interview schedule constructed by the investigator was helpful to identify the above said Belongingness and Love needs of adolescents. The data collected were subjected to various statistical analyses. The results of the analysis were presented in the form of tables and interpreted appropriately to arrive at logical findings and conclusions. It is concluded that on the basis of findings, there are difference between the Profile of adolescents such as age, sex, type of institute, location, type of family, and income. There are differences between level of need assessment of adolescents’ with the Opinion of adolescents towards Reproductive Health Education viz., Healthy Sex Practices, Opposite Sex, Social and Cultural Norms, Learning of RHE. Ultimately it was found that Backward Community Female adolescents who study in co-educational colleges, come from the background of urban area living in nuclear family setup with monthly income of below Rs.10,000 have had a high level opinion towards Reproductive Health Education in terms of “Belongingness and Love”.

KEYWORDS: Belongingness and Love Needs, Reproduction, Health, Adolescents, Population and Development Education

I. INTRODUCTION

Adolescence is one of the stages in span of human life. The adolescent age is a crucial stage in the process of development and in this age, opinions are formed and values are required which last for good in their lives. It is widely known that all forms of risk behavior - unprotected sexual activity, tobacco use, experimentation with drugs, unintentional (accidents) and intentional injuries and poor eating habits begin during this time. The contradicting values, tremendous pressure, peer influence, poor frustration tolerance, lack of support system and inadequate guidance lead many adolescents to adapt high risk behaviors. The dawn of adolescence is comparatively earlier in girls than in boys. The stage represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. The ages which are considered to be part of adolescence vary by culture, and ranges from preteens to nineteen years. Adolescence is a transition period from childhood to adulthood marked by

- Perceptible physical, biological and emotional changes
- A need to extend relationship beyond the immediate family.
- A sense of idealism, curiosity and adventure.

However in reality the period of adolescence cannot be confined to denote a precise range of years and it can fall within either of these ranges. Needs of Adolescents are desires for independence, desires to be treated as an adult, desires for freedom, desires to participate in social activities, desires to reform the society, desires to win others appreciation, desires to meet the opposite sex and desires for self expression.

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Population and Development of Education

According to Stephen Viederman, population education is an educational process which assists the individuals, to learn the probable causes and consequences of population phenomenon to define for himself and his communities the nature of the problems associated with population processes and characteristics and to assess the possible effective means by which the society as a whole and he as an individual can respond to and influence these processes in order to enhance the quality of life now and the future. Adolescents must be in the vanguard of the movements to restrict population growth and to promote sustained development. In schools and colleges and through non-formal education they must be made conscious to this dynamics of population growth and its implications for their own further well being and that of the Nation. The word "population education" clearly refers to the information or knowledge relating to birth, death, and migration family planning and so on of human beings. Population education is the process by which the students investigates and explores the nature and meaning of population process, population characteristics, the cause of population change, and the consequences of these processes, characteristics and changes for himself, his family, his society and the world. The content of population education deals with the problems of individuals, family, community, nation and the world.

Reproductive Health

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Many Biological, Social and Cultural factors influence women's health. The low status of women in societies; early marriage, early and frequent child bearing and food taboos during pregnancies are associated health risks as established by various field studies. Improving reproductive health is essential for improving general health and it is the basis for women's empowerment and is also one of the foundations of social and economic development. Good reproductive health is essential from the early stabilization of world population. The 1994 Cairo International Conference on population and development (ICPD) emphasized that improving reproductive health including adoption of family planning practices is essential to human welfare development. Good health is a pre-requisite to human productivity and the development process. The area of population education aims at providing insights into the psychological human reproduction and fertility regulation. The continued process of human reproduction has institutionalized itself under the most significant social institution – The family. While children under six years are clients for primary health care, the children from 6 to 14 or 15 years are no one's concern. Menarche, the first menstrual period signifies sexual maturity. Socio economic status is an important factor which influences the age at menarche. There are stresses of poverty, curiosity about sexual development and sexual behavior which need proper guidance and advice. Psychologists, sociologists and educationalists alike consider adolescence as a crucial period and is the right time to know and develop right knowledge and attitude towards sex. This could be initiated through introduction of sex education to adolescents. The contents of such teaching include reproductive systems, venereal diseases, adjust mental problems, psychological aspect off puberty, marriage, family planning, misconception regarding sex etc. Sex education should be considered as a legitimate and essential aspect of formal schooling. Imparting sex education essentially is a preventive measure to help the children to become emotionally stable and develop character. This would help them to acquire sound moral values and proper attitudes. Sex education can be defined as the education on physical, emotional, intellectual and social aspect of an individual's sexuality with a purpose of developing in the individual rational and responsible attitudes and behavior to sex for a harmonious sexual life. According to WHO sex education is an educational program designed to provide the learners adequate and accurate knowledge of the biological, socio cultural and moral dimensions of the human sexuality. Human sexuality is the core

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of sex education, and is the function of the total personality, which includes the human reproduction system and processes individual feelings being a woman or a man.

Definition of Key Terms

Adolescence: Adolescence is a transition in life that signals a shift from childhood to adulthood.

Population Education: Population Education is an Educational program which provides for a study of the population situation in family, community, nation, and world with the purpose of the developing in the student's rational and responsible attitudes and the behavior towards coping with the situation

Education: Education is the processes in which and by which knowledge, character and behavior of young are shaped and molded.

Health: Health is dynamic process defined by WHO constitution, "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes

Reproductive Health: "Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases"

II. REVIEW OF RELATED STUDIES

Studies on Population Education and Development

1. **Ubaidullah's (1985)** remarks based on the studies conducted revealed that over population in any country would definitely have an adverse impact on the quality of life. Hence either to increase the quality of life or to retain the level of the quality, the growth of population must be controlled.

2. **Sathe A G 1987** – Surveys have indicated that more than one third of Indian girls between the ages of 15 and 19 years are married. Although as per Registrar General's data (1992), the mean age at marriage for girls is increasing steadily and stands at 19.5 years, this may not represent the true picture. A study of rural girls in 6 states has shown that in case of girls the average age at marriage was 13.8 years and that at consummation of marriage 15.3 years. A recent National Family Health Survey (NFHS) also indicates that in India, a majority of the women aged 20 to 24 years have been married even before they reached age of 18 years.

3. **Barker and Rich** have studied the adolescent sexuality in Nigeria in **1990** using the methodology of focus-group discussions organized among the adolescents. The study reports that the adolescents in Nigeria learned about sexuality from popular magazines with names such as Lolly, Fantasy etc, so young people have even mentioned learning about sex from adult movies.

4. **United Nations Population Fund:** Asian and Pacific Population Conference, August **1992**. Women's right to self-determination is rapidly becoming recognized as one of the keys to development. Raising the status of women by improving their education, health and living and working conditions is far more than a humanitarian consideration, it is essential for slower population growth and for economic and social progress. Women should be given high priority in development spending and international aid policies.

5. **Department of Women and Child Development (1992)**, Government of India promoted awareness on health, hygiene, nutrition, family welfare, home management, childcare and facilitate marriage only after 18 years of age and if possible even later. Media campaigns could be used to educate adolescents about risky behavior and condom use, to educate parents on reproductive health, to their medical providers and to establish youth friendly services. (Rajan, 1998; Temin et al., 1999).

6. **International Conference on population and development (ICPD)** held in the year 1994 and its five-year review in 1999, participants identified adolescents as a particularly vulnerable group. At these World conferences, Government committed "to meet the needs of adolescents and youth for information, counseling and high-quality sexual and reproductive health services" as a way to "encourage them to continue their education, maximize their potential, and prevent early marriage and high-risk child bearing".

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Studies on Reproductive and Health Education

7. **Kroll, Leopold, Harrington, Richard, Bailey & Susan (2000)**, UK made a study on Need assessment of children and adolescents. They concluded that need assessment is a frequently used term by all agencies involved in the welfare of children and adolescents, and is a key method in health service planning (Stevens & Raftery, 1994). However, there is often a lack of clarity about the meaning of the phrase "need assessment" (Cohen & Eastman, 1997). This review sets out first to describe some key concepts and issues and second, to describe the development of a needs assessment instrument for adolescents with complex and multiple problems.

8. **Sloan R. Wayland (US)** an expert in the field of population related problems in one of his studies has summarized that the great importance of population changes or the immediate and long range future of mankind is being increasingly recognized by scholars, public, officials and informed citizens in countries in all regions of the world. Professional educators cannot ignore any subject of such great public significance. This clearly indicates the need for the awareness of population education among educators and learners.

9. **Ramanujam et al (2002)** The four pillars of the **FRESH** (Focusing Resources on Effective School Health) approach on clear school health policies- discrimination, a healthy environment, skills-based education and school-based counseling and student clubs. Local attitudes and behaviors are important influences on the development of young people. If the community emphasizes and support healthier behavior, then the likelihood of maintaining such behavior increases. Community pressure can effectively guide a person's decision to act in a given way, and group support is necessary to reinforce and maintain responsible actions.

10. **The State Resource center, Uttar Pradesh, Literacy house**, has made a study of male and female adolescents in the urban and rural areas. Most of the male adolescents are daily laborers and female adolescents are household workers. A sample of 360 adolescents was covered whose knowledge, attitude and behavior regarding gender equality, small family norm, reproductive health and reproductive rights was assessed through discussions and interviews.

III. NEED FOR THE STUDY

In India, majority of the parents and teachers are hesitant to talk about sex education and reproductive health education to adolescents. But with the influence of the western style of life through various sources, the adolescent boys and girls prone to long to have freedom and adapt the western style of life. It is time to recognize the possible role of education in schools and colleges to bring about the desired changes in the value system of the people. About 45% of the populations in the developing countries are under the age group of 15 years who constitute to the major portion of adult population in the next few decades. Their reproduction behavior and attitude towards family size will be very important to control population growth. Population education thus serves as a motivational instrument that would inject in the young the desire to adopt family planning as a way of life and understand the physical, psychological and emotional changes that an adolescent goes through education is the means to change the attitudes of the individuals and help them to make rational decisions. In India, young girls have been sadly neglected, and given step motherly treatment, most of them reach adolescence through years of poverty, illiteracy, ignorance and lack of adequate nutrition and health care. The ill effects of these deprivations are further aggravated by gender discrimination both at the household and the community level. This results in poor nutrition and health status, besides a low social status. But literacy improves their participation in the developmental process. With this researches felt that with the right faculties of guidance and acculturation through parents, teachers, peer group or by self-assessment, the adolescent finds himself on the path of self-empowerment. So the focus of the researcher is to assess the needs of the adolescents.

IV. SIGNIFICANCE OF THE STUDY

Adolescence is a critical period during which significant personality reorganization occurs. Due to unforeseen events happening in the adolescent's life at a rapid pace, changes occur. These changes bring numerous problems, which are not only confined to the physical aspects but also to the psychological aspects. There have been studies to assess the adolescents with reference to population and development education in India and abroad. Here an attempt is made to study the population and development education through nine dimensions such as Reproductive Health Education

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(RHE). The study is aimed to break the silence on adolescents' reproductive health and fill important information gaps regarding associated factors adolescents.

V. FOCUS OF THE STUDY

The focus of the study is to find the needs of the adolescents and their knowledge on different aspects and issues related to their period. The study is attempted to discover the attitudes and opinions and expectation of the adolescents on population education concepts like Reproductive health education (RHE)

General Objectives

Main objective of the study is to assess the awareness on population and development education issues and the Belongingness and Love needs of the adolescents (both sexes).

Specific Objectives

1. To find out the differences in the needs of adolescent boys and girls.
2. To find out the level of awareness of adolescents on reproductive health.
3. To compare the changes in behavior pattern between adolescent girls and boys.

VI. HYPOTHESIS

1. There is no association between the age and Reproductive health education (RHE), among adolescents and Need assessment of adolescents.
2. There is no association between the sex and Reproductive health education (RHE) among adolescents and Need assessment of adolescents.
3. There is no association between the community and Reproductive health education (RHE) among adolescents and Need assessment of adolescents.
4. There is no association between the religion and Reproductive health education (RHE) among adolescents and Need assessment of adolescents.
5. There is no association between the type of family and Reproductive health education (RHE) among adolescents and Need assessment of adolescents.
6. There is no association between the income and Reproductive health education (RHE) among adolescents and Need assessment of adolescents.
7. There is no co-relation between the Need assessment level and the Reproductive health education (RHE) among adolescents and Need assessment of adolescents.

VII. METHODOLOGY

In the present study, Survey Method is adopted. The study focused on the data collected through Interview Schedule having 40 items. According to Maslow's hierarchy of needs, the Belongingness and Love was conceived in terms of Reproductive Health Education keeping in view of the back ground of the sample and opinion of the experts in the field, it was decided, that the rating should be simple to facilitate the sample to indicate the rating with ease and accuracy. The three point rating scale in self prepared questionnaire consisted of having to scores of 2,1,0 respectively.

Sampling Size and Sampling Technique

Simple Random Sampling method has been used to select the respondents for this study. From the sampling frame of 616 adolescents, a proportionate sample of 50 per cent of the adolescents was taken by using simple random sampling method. Altogether 302 adolescents in schools and 314 adolescents in colleges were selected using the proportionate simple random sampling method.

Limitations of the Study

- The sample is taken only from the students of higher secondary and college students of English medium.

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- The present study is limited to the adolescents of Chennai-North and Chennai-South educational districts in Tamil Nadu.
- The study has involved only 616 adolescents.
- Only few schools and colleges gave permission to conduct interviews since the statements in the interview schedule were related to sex education and reproductive health.

VIII. ANALYSIS DESIGN

The collected data were analyzed using the Statistical Package for Social Sciences (SPSS) 16th version. Researcher used the descriptive statistical methods such as frequency tables, mean, standard deviation, and percentages to describe the profile of the adolescents. To explain the relationship among the variables researcher used the inferential statistical tests such as chi-square, t-tests, ANOVA.

Data Analysis and Findings

Background of the Adolescents and Level of Opinion of Adolescents towards RHE

S.No	Background of Respondents	Opinion of Adolescents towards RHE			Total
		Low (Percentage)	Medium (Percentage)	High (Percentage)	
1	School	7 (1.1)	132 (21.4)	163 (26.5)	302 (49)
2	college	8 (1.3)	94 (15.3)	212 (34.4)	314 (51)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

The above table shows that the background of the respondents, More than half (51%) of the respondents were from colleges and around half (49%) of the respondents from schools. The level of Reproductive Health education among adolescents in colleges, it is found that 34 per cent were high, 15 per cent in medium and only one percent in the lower level and in schools, a little variation found, more than one fourth in the higher level, more than one fifth in the medium level and only one per cent in the lower level.

Age and Level of Opinion of Adolescents towards RHE

S.No	Age of the Adolescents	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	16- 17 years	6 (1)	118 (19.2)	141 (22.9)	265 (43)
2	18 - 19 years	9 (1.5)	108 (17.5)	234 (38)	351 (57)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

The age of adolescents vary by culture. The World Health Organization (WHO) defines adolescence as a period of life between 10 years and 19 years of age. It is said that the age between 12-19 years among the female and between 15-19

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years among the male can be treated as adolescence age. However, the period of adolescence cannot be confined to denote a precise range of years and it can fall within either of these ranges. The above table highlights the age and the level of Reproductive Health Education. Majority (57%) of the respondents is 18 - 19 years of age and remaining 43 per cent of the respondents are 16- 17 years of age. Among the 18 - 19 years category, more than one third (38%), below one fifth (17.5%) and negligible (1.5%) per cent in high, medium and lower level and a little variations is shown in the below 18 years category of the adolescents of the study.

Sex and Level of Opinion of Adolescents towards RHE

S.No	Sex of the Adolescents	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Female	6 (1)	98 (15.9)	196 (31.8)	300 (48.7)
2	Male	9 (1.5)	128 (20.8)	179 (29.1)	316 (51.3)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

The age group of adolescence comprises a sizable population in India. There are 225 million adolescents comprising nearly one fifth (22 percent) of the total population. Composition varies by sex and age of the total adolescence population. 12% belongs to 10 to 14 yrs age group. Female adolescents comprise almost 47% and male adolescents 53% of the total population (Census 2001). The table shows the gender of the respondents. It is found that the gender of the respondents is distributed as 51.3 per cent of male respondents and 48.7 per cent of the female from the schools and colleges. It is found that, RHE level is high among the female (31.8%) compared to male (29.1%) but in contrast to that in the medium level female (15.9%) is less than male (20.8%) when it was compared against the sex of the adolescents.

Location and Level of Opinion of Adolescents towards RHE

S.No	Location	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Urban	14 (2.3)	165 (26.8)	338 (54.9)	517 (83.9)
2	Rural	1 (0.2)	61 (9.9)	37 (6)	99 (16.1)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

From the above table, it is found that a vast majority (83.9%) of the adolescents are ailing from urban areas and the remaining (16.1%) in the rural areas. Among the level, fifty five per cent of the adolescents from urban are having high level of RHE where as in rural areas it found only six per cent. 27 per cent of urban adolescents and 10 per cent of the rural adolescents in medium level and few adolescents are in the low level.

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Type of family and Level of Opinion of Adolescents towards RHE

S.No	Type of family	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Nuclear Family	13 (2.1)	140 (22.7)	290 (47.1)	443 (71.9)
2	Joint Family	2 (0.3)	86 (14)	85 (13.8)	173 (28.1)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

The above table shows the type of family of the respondents. More than two third (71.9%) of the respondents were from the nuclear family and remaining above one fourth (28.1%) of the respondents from the Joint family. Among the nuclear family, it shows that nearly half (47.1%) of them in higher level, a little above in medium level and only 2 per cent in the low level. In Joint family, it is equally distributed among the high and medium level and the decimal per cent in the low level.

Family income and Level of Opinion of Adolescents towards RHE

S.No	Family income	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Below Rs. 10,000	5 (0.8)	103 (16.7)	196 (31.8)	304 (49.4)
2	Rs.10,000 and above	10 (1.6)	123 (20)	179 (29.1)	312 (50.6)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

It is found from the above table that, half (50.6%) of the respondents family income is above Rs.10, 000/- and a little below half (49.4%) of the respondents family income per month is below Rs. 10,000/-. Among the family income above 10,000/- category, 29 per cent in high level, 20 per cent in medium level and around 2 per cent in low level. Below 10,000/- family income category, it is high in the higher level, 16.7 per cent in the medium level and negligible per cent in the low level.

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Type of Institution and Level of Opinion of Adolescents towards RHE

S.No	Type of Institution	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Boys	0 (0.6)	4 (0.6)	5 (0.8)	9 (1.5)
2	Girls	4 (0.6)	56 (9.1)	47 (7.6)	107 (17.3)
3	Co-educational institution	11 (1.8)	166 (26.9)	323 (52.4)	500 (81.2)
Total		50 (8.1)	15 (2.4)	226 (36.7)	375 (60.9)

From the above table, it is found that A vast majority (81.2%) of the respondents are from the co-educational schools and colleges, below one fifth (17.3%) of the respondents from the girls and negligible (1.5%) per cent of the respondents from the boys institutions. Among the co-educational institution, it is 52.4 per cent in higher level, 27 per cent in the medium level and around two per cent in the lower level. From the 17 per cent of the girls, it is high in the medium level compared to the higher level of RHE among the adolescents. Negligible per cent of them represents the boys alone category.

Community and Level of Opinion of Adolescents towards RHE

S.No	Community	Opinion of Adolescents towards RHE			Total
		Low	Medium	High	
1	Backward class	15 (2.4)	159 (25.8)	274 (44.5)	448 (72.7)
2	schedule Class	0	41 (6.7)	42 (6.8)	83 (13.5)
3	Forward Class	0	4 (0.6)	14 (2.3)	18 (2.9)
4	Other Caste	0	22 (3.6)	45 (7.3)	67 (10.9)
Total		15 (2.4)	226 (36.7)	375 (60.9)	616 (100)

From the study, it is found from the above table that 73 per cent of the respondents belongs to the Backward class, 13 per cent of the adolescents were schedule class, 11 per cent of them belongs to other caste and negligible (3%) per cent of them belongs to the forward community. Among the Backward class category, 44.5 per cent in high level, 26 per cent in medium level and 2.4 per cent in the lower level. Among the other three categories of community, there is no one in the lower level of RHE and also it is more or less equally distributed within the other two levels.

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IX. CONCLUSION

It is concluded that on the basis of findings, there are difference between the Profile of adolescents such as age, sex, religion, type of school, location, type of family, number of members in the family and income. There are differences between level of need assessment of adolescents' with the Opinion of adolescents towards Reproductive and Health Education viz., Healthy Sex Practices, Opposite Sex, Social and Cultural Norms, Learning of RHE. Ultimately it was found that Backward Community Female adolescents who study in co-educational colleges, come from the background of urban area living in nuclear family setup with monthly income of below Rs.10,000 have had a high level opinion towards Reproductive Health Education in terms of "Belongingness and Love"

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