**CHAPTER 1**

***INTRODUCTION***

**1.1. Need and Significance**

**1.2. Statement of the Problem**

**1.3. Definition of Key Terms**

**1.4. Variables of the Study**

**1.5. Objectives**

**1.6. Hypotheses**

**1.7. Procedure**

**1.8. Scope and Limitations of the Study**

**1.9. Organization of the Report**

Education is the touchstone of the civilization and culture of a country. The progress of a country can be ganged from its achievement in education. The quality of education determines the quality of nation and if want to be a strong and prosperous nation we will have to recognize the importance of education based on sound principles. Education is generally considered to be the back bone of national ideals. Education is a continuous and life long process. It is the process of development from infancy to maturity. Education brings changes in behaviour and if its main functions are to remain mere transmission or enrichment of culture, it will fall short of its role in a dynamic society.

After independence, the government of India appointed a number of commissions and committees for the improvement of education. The various commissions and committees have not only emphasized the development of the individual but also need for this development to further social goals of democracy, secularism and socialism. So education has always been given an honoured place in Indian society. The purpose of education is to prepare the young for adult life. This required both presenting relevant information and teaching analytical processes and skills that can be broadly applied. Since, it affects all aspects of modern life important population issues and methods for analyzing population problems should be an integral part of school education. An education initiates the student into many sided art of living in a community.

Secondary education has a key role to play in the social, economic and human capital development of countries around the world. It is a gateway to the opportunities and benefits of economic and social development. Globalization and the increasing demand for a more sophisticated labour force, combined with the growth of knowledge based economies gives a sense of urgency to the heightened demand for secondary education. Quality secondary education is indispensable in creating a bright future for individuals and nations alike. Secondary education is the crucial link between primary schooling, tertiary education, and the labour market. Its ability to connect the different destinations and to take young people where they want to go in life is more important than ever before.

Secondary school students are commonly called adolescents. The word adolescence comes from the Latin word ‘adolescere’ which means ‘to grow’. Adolescence, the process of growing up from childhood to adulthood, came to be recognized as a distinct phase of life span only in the present century. Adolescence is a period of development from the onset of puberty to maturity. Adolescence represents a period of growth and change in nearly all aspects of child’s physical, mental, social and emotional life. Technically, it is the period from the beginning of sexual maturity to the completion of physical growth. The adolescence begins with a period of rapid physical and specially sexual development called puberty. The physical growth and changes in physiological processes arise from the hormonal changes producing reproductive maturation and resultant sudden increase in the activity of certain glands. These changes are highly correlated with sexual development.

Another significant aspect of adolescence is related to the psychological development which coincides with physical developments. An adolescent displays a tendency to be independent like an adult rather than remaining dependent on parents like a child. They start distancing themselves from their parents and depending on the peer groups. They feel intense sex drive and attraction towards the opposite sex.

Adolescence is a period of ‘storm and stress’. Adolescence is a critical period during which significant personality reorganization occurs. The suddenness and rapid pace with which the changes take place in the body and mind of adolescents, generate a number of problems. Although they observe and experience the changes occuring in them, they are mostly unable to understand these developments. Adolescents confront problems because of their inability to properly manage the sudden development of their interest in the opposite sex. Adolescents are vulnerable to peer group pressure and a number of them are pushed into an action without giving any thought to its consequences. Many of them are found experimenting with smoking, alcohol or drugs and also with sex for various reasons including the peer group pressure.

During adolescents, menarche in girls and nocturnal emission in boys are evidences of sexual maturity. Normally both males and females excrete androgenic - estrogenic compounds in the urine. The androgenic-estrogenic relationship is an index of the degree of masculinity and feminity of the individual. The quest for information is perpetual and starts at young age. Most of the time children source this information from peers, books, magazines and never get opportunity to openly discuss such matters with adults. In the context of the evolving HIV/AIDS epidemic, the presence of this information and skills for dealing with risky situations becomes vital. So the introduction of Adolescence Education Programme (AEP) in schools is very important.

The introduction of AEP in schools is one of the major thrust of National Population Education Project during its current phase which began in1998. It is an emerging curricular area, conceptualized in response to a long pressing demand to impart sex education in schools, which are not incorporated in the existing school curriculum. The general framework incorporates contents related to four major components. These are as follows:

**1) Process of Growing up:**

This component covers contents on the process of growth and development of children into adulthood such as physical growth and development including relationships of adolescents with parents, peer group and opposite sex and gender roles. Major Sexually Transmitted Diseases (STDs) are also included in this component.

**2) HIV/AIDS Education:**

This component includes contents on causes and consequences of HIV/AIDS, preventive measures, individual and social responsibilities towards HIV/AIDS patients and the prevention of the spread of HIV.

**3) Drug Abuse:**

Under this component, the situations in which adolescents fall pray to drugs, consequences of drug abuse, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities are covered.

**4) Life Skills Education:**

Life skills education is an interactive methodology, which focuses on knowledge, attitudes and skills and is specifically designed to enhance efforts to positively develop and change behavior. The major life skills are self awareness, self esteem, effective communication, interpersonal skills, empathy, decision making, critical thinking, negotiating skills, coping with emotions and coping with stress. The objectives of Adolescence Education Programmes (AEP) are primarily related to non-cognitive domain. Its main emphasis has to be on the inculcation of healthy attitudes and responsible behaviour and more importantly on the development of appropriate skills among them for managing Adolescence Reproductive and Sexual Health related problems and situations.

Some attempts were made during 1970s and 1980s to develop materials for facilitating the introduction of sex education in school curriculum. It was during early 1990s that concerted efforts were initiated in this direction. At the very beginning of the process of evolving a national consensus on the issue, a need to replace the concept of sex education by a more comprehensive concept was felt, a concept that can encapsulate all the crucial concerns of adolescents, not covered so far by school curriculum. The consensus emerged in favour of the concept of Adolescence Education in a national seminar on Adolescence Education, organized by the National Council of Educational Research and Training (NCERT) in April 1993, that recommended the introduction of Adolescence Education Programme in the school curriculum. Since the development of the General Framework of Adolescence Education coincided with the International Conference on Population and Development (1994), it took note of the recommendations contained in its Programme of Action. More importantly, the framework perhaps pre-empted the National Population Policy (2000) adopted by the Government of India.

What kind of a person the child will be, depends to a great extent on the way the family brings it up. Parents in particular are primary educators and play a critical role in shaping the individuality of the child. The behaviour of parents is a powerful influence on adolescents who learn more from what their parents do than what they are told by them. Parents have to recognise that adolescence is a period of sudden and rapid growth and development among children.

**1.1. NEED AND SIGNIFICANCE**

The current generation of adolescents is more than a billion strong, and will be the largest generation in history to make the transition from children to adults. But their health needs, and particularly their reproductive health needs continue to be ignored and neglected. They need both guidance and independence, education as well as opportunities to explore life for themselves in order to attain a level of maturity required to make responsible decisions.

It is in this context that the need for an educational intervention is strongly felt. The move by Ministry of Human Resource Development (MHRD) to introduce the topic Adolescence Education Programme (AEP) in schools from the beginning of the academic year 2007-2008 through the State Council for Educational Research and Training (SCERT) has generated much heat and dust in Kerala. Certain student organization and church leaders offering stiff resistance to it on the contention that the programme module will lead to moral decadence and sexual anarchy.

Now a day, AEP is a controversial one. The controversy over sex education has now snow-balled into a national row. AEP has invited strong criticism and opposition from various state governments and religious leaders. States like Karnataka, Gujarat, Maharashtra and Madhyapradesh are deciding against its implementation. The proponents of sex education have advanced an array of arguments in defence of introducing AEP in schools. The Kerala government decided to use the AEP tool kit with modifications. In this context, the extent of the Attitude of Parents Towards AEP is an important one. Attitude of Parents Towards AEP is one of the main factors in it's successful implementation. In Orissa, Pandey (2004) conducted studies to find out the extent of Attitude of Parents and Teachers Towards AEP. The study found that parents have a positive attitude towards this programme. In Jammu, Mahajan and Sharma (2004) conducted studies about Attitude of Parents Towards imparting sex education to their adolescents girls. The result shows that majority of the rural parents of these adolescent girls do not feel necessary to impart sex education to their children. In fact they were not providing them knowledge in this regard where as almost all the urban parents were in favour of providing the same.

In this time, the study on Parental Attitude Towards AEP is a needy one. The study helps to understand the extent of Parental Attitude Towards AEP. Unfortunately no studies conducted on Parental Attitude Towards AEP in Kerala. Some studies were conducted on Teachers Opinion Towards sex education. Rasheed (1999) conducted a study on Opinion of teachers towards imparting Sex Education in the Secondary schools of Kerala. The result shows that there is no significant difference in the Opinion of teachers towards imparting Sex Education in schools. Another study conducted by Sreekala (2002) on Opinion of Higher Secondary Teachers on Sex Education in Kerala. The study found that most of the teachers have positive attitude towards Sex Education. By understanding the Attitude of Parents Towards AEP we can reduce the controversy about the programme considerably.

So this study has its own significance. In the present day context Adolescence education is one of the important aspects of education. So this study is very relevant in this situation.

**1.2. STATEMENT OF THE PROBLEM**

The scourge of AIDS pandemic has added urgency to the need to introduce AEP in schools. There has been significant change in the attitude of the members of society, particularly, parents and teachers towards introduction of AEP, especially those on sex related matters in schools. Today, AEP is a controversial issue in public. The Attitude of Parents Towards Adolescence Education Programme has a major role in the success of this programme. So the present study is entitled as PARENTAL ATTITUDE TOWARDS ADOLESCENCE EDUCATION PROGRAMME IN KERALA.

**1.3. DEFINITION OF KEY TERMS**

The definitions of key terms used in the title of the study are given below.

1.3.1. PARENTAL ATTITUDE

Attitude is an orientation toward certain objects or situations that is emotionally toned and relatively persistent (Scott, 1999).

1.3.2.ADOLESCENCE EDUCATION PROGRAMME (AEP)

Adolescence Education Programme is defined as an educational endeavour to provide learners with accurate and adequate knowledge about adolescent reproductive health with a focus on the process of growing up during adolescence, in its biological, psychological, socio-cultural and moral dimensions. (Adolescence Education in schools: A Package of Basic Materials, 1999).

**1.4. VARIABLE OF THE STUDY**

The present study involves Attitude of Parents Towards Adolescence Education Programme as the variable.

**1.5. OBJECTIVES**

The objectives formulated for the study are as follows:

1.5.1. To find out the extent of Parental Attitude Towards Adolescence Education Programme.

1.5.2. To find out whether there exists any significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender, Locality and Qualification.

**1.6. HYPOTHESES**

The hypotheses formulated for the study are as follows:

1.6.1. Most of the parents will have an unfavourable attitude towards Adolescence Education Programme (AEP).

1.6.2. There will be significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender, Locality and Qualification.

**1.7. PROCEDURE**

The procedure adopted for the present study is discussed in the following sections.

1.7.1. SAMPLE FOR THE STUDY

The study was conducted on a sample of 300 parents of adolescent children belong to Palakkad, Malappuram and Kozhikode districts of Kerala. In the selection of sample, due representation was given to Gender, Locality and Qualification.

1.7.2. TOOLS USED FOR THE STUDY

For the present study, the investigator used a recently developed Scale of Parental Attitude Towards Adolescence Education Programme (Hameed & Sushama, 2007). The Scale was used to measure Attitude of Parents Towards Adolescence Education Programme.

1.7.3. STATISTICAL TECHNIQUES USED FOR ANALYSIS

In the present study, the collected data were analysed using the following statistical techniques.

**1.7.3.1. Percentiles**

To establish norms for the Total sample and Sub-samples, based on Gender, Locality and Qualification percentiles are used.

**1.7.3.2. Mean Difference Analysis**

Mean Difference Analysis was used to find out if there exists any significant difference between the sub-samples (Gender, Locality and Qualification) with respect to Attitude of Parents Towards Adolescence Education Programme .

**1.8. SCOPE AND LIMITATIONS OF THE STUDY**

The present study is an attempt to find out the extent of Attitude of Parents Towards Adolescence Education Programme in Kerala. This study investigated the Attitude of Parents in Malappuram, Palakkad and Kozhikode districts. For the collection of data, the investigator developed a Scale of Parental Attitude Towards Adolescence Education Programme with the help of the supervising teacher. The scale is found to be suitable for measuring the Attitude of Parents Towards Adolescence Education Programme in all districts of Kerala.

The study was conducted on a sample of 300 parents in Malappuram, Palakkad and Kozhikode districts. Eventhough much precaution were taken to make the study as objective as possible, certain limitations are crept into the study. Major limitations of the study are,

**1.8.1.** For this study the investigator selected the parents of adolescent children only.

**1.8.2.** Due to time constraint, the sample of the study confined to three districts of Kerala state only.

**1.8.3.** The investigator limited the sample size to 300 parents only.

**1.8.4.** For the analysis of the data, the investigator used the statistical techniques like Percentile and Mean Difference Analysis only.

In spite of the above limitations, the investigator has attempted to make the study as much objective and valid a possible and hopes that the findings of the study will yield fruitful results.

**1.9. ORGANISATION OF THE REPORT**

The organization of the present research report is as follows. The report has been presented in five chapters and each chapter is explained in the relevant subunits.

**Chapter 1. INTRODUCTION**

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1.9. Organization of the Report

**Chapter 2. REVIEW OF RELATED LITERATURE**

2.1. Theoretical Framework of the Adolescence Education Programme

2.2. Review of Related Studies

**Chapter 3. METHODOLOGY**

3.1. Variables of the Study

3.2. Objectives

3.3. Hypotheses

3.4. Procedure

**Chapter 4. ANALYSIS**

4.1. Preliminary Analysis

4.1.1. Important Statistical Constants

4.1.2. Extent of the Attitude of Parents Towards Adolescence Education Programme for Total Sample and Sub samples

* 1. Mean Difference Analysis

**Chapter 5. SUMMARY, FINDINGS AND SUGGESTIONS**

5.1. Study in Retrospect

5.2. Major Findings of the Study

5.3. Tenability of Hypotheses

5.4. Educational implications

5.5. Suggestions for Further Research

**CHAPTER 2**

***REVIEW OF RELATED LITERATURE***

**2.1. Theoretical Framework of Adolescence Education Programme**

**2.2. Review of Related Studies**

**REVIEW OF RELATED LITERATURE**

The present study is an investigation into the Attitude of Parents Towards Adolescence Education Programme in Kerala. For this purpose, the investigator tried her level best to review almost all the available literature in this area. The reviewed literature has been classified and presented under the following headings.

2.1. THEORETICAL FRAMEWORK OF ADOLESCENCE EDUCATION PROGRAMME

2.2. REVIEW OF RELATED STUDIES

**2.1. THEORETICAL FRAMEWORK OF ADOLESCENCE EDUCATION PROGRAMME.**

Adolescence Education Programme (AEP) is positioned by the Department of Education and the National AIDS Control Organization (NACO) as a key intervention in preventing new HIV infections and reducing social vulnerability to the infection. The programme will be implemented in most states across the country through the Department of Education (DoE) in collaboration with the State AIDS Control Societies (SACS).

The objective of the AEP is to provide hundred percent quality coverage for all senior schools in the country. So that students in classes IX-XI have adequate and accurate knowledge about HIV in the context of life skills.

AEP is essential for all young people in order to help them to prepare for the responsibilities of adult life. AEP will be taught with in the accepted moral values of the society. It will therefore emphasise the respect and dignity both of the individual and of that individual towards others that sexual activity should be part of a loving permanent family relationship involving the commitment and accepted responsibilities of two people.

Historically the task of educating adolescents about sex has been seen as the responsibility of the parents. However, parent-child communication in sexual matters may be hindered by parental inhibitions or by various inter generational tensions. Studies have shown that children rarely receive their first information on sexual matters from their parents. In the late 19th century attempts by educators and social workers to supplement parental sex instruction concentrated on what was then known as 'social hygiene'-basically, biological and medical information about human reproduction and veneral disease. The variety of subjects explored and discussed as part of sex education include the physical processes of human reproduction, the workings of male and female sex organs, effects of sexually transmitted diseases, family roles and structures, the ethics of relationships and the emotional and psychological causes and consequences of sex, marriage and parenting. Safe sexual practice is being increasing focused on with the advent of AIDS.

**2.1.1. Adolescence Education Programme: A Historical Perspective**

The historical development of Adolescence Education Programme can be explained under the following headings.

2.1.1.1. Sex Education

2.1.1.2. AIDS Education

2.1.1.3. Family life Education

2.1.1.4. Adolescence Education Programme

**2.1.1.1. Sex Education**

Sex education is a term which is often confused with Population Education by many of the academies. One approach of Sex Education is to teach about human sexuality and the state and function of being a sexual person. The important thing is to deal with human sexuality openly and fully in classroom situation that allow students to feel safe and free enough to express their feelings of wonder, pride and common about their sexuality. Although no definition of sex education is acceptable to all educators, many authorities have agreed that sex education should focus on human sexuality as it applies to the individual's total adjustment to his family and society. Sex education programmes must be broadly structured and multi-disciplined in outlook to teach the biological, physiological and social factors which effect personality and interpersonal relationship. Many people believe the inclusion of sex education in school curriculum as an attempt to teach sex and moral to our children. But some believe that sex education is the reproduction education consisting of facts of life in order to prevent unwanted pregnancies, Sexually Transmitted Diseases (STDs) and AIDS.

A meaningful sex education programme seeks the development of an individual's sexuality, eventually leading to one's personality development. Therefore there is no way to provide sex education once for all. It is a continuous process. Every aspect of human sexuality develops over a long period of time. It begins at infancy and continues through adult years. The main purpose of sex education is to help the girl child and boy child to grow and develop into womanhood and manhood respectively. Teachers and parents become increasingly aware of the changing social perspective of young boys and girls because of the physical and emotional changes taking place especially in adolescence and developing attitudes towards opposite sex. It is sometimes thought that the introduction of sex education into a school curriculum is difficult to an already overloaded curriculum.

**a) Aims and Objectives of Sex Education**

To support the personal and social development of all students ensuring that they have the ability to accept their own and others sexuality. They should express their sexuality in positive ways and enjoy relationships based on mutual respect and responsibility, free from any abuse.

By sex education we expect to wipe out prostitution and causal promiscuity, to make all marriage successful and all divorces disappears, to abolish adultery and prevent all fornication. Many problems like unwanted pregnancies, mental and emotional disorders among our adolescents, sexual violence, suicide, rape, divorce and now latest HIV/AIDS are increased in our society. In this situation sex education has an important role in our life.

Sex is not a concern of teenagers alone. It affects every person’s life. In shortly the goal of sex education is to develop appreciation of self and others and to provide adequate opportunity to young boys and girls in assuming responsibilities of being members of family and society. The process must start in infancy and be continued through out the life. So that the individual is able to develop a healthy appreciation of one's own study.

**b) Aspects of Sex Education**

The most obvious aspect is that of the imparting of information. The techniques of this factual instruction will be considered later, but it is immediately clear that here is the very foundation stone of sex education. It is part of the inalienable intellectual heritage of children that they be told the truth. Factual information is indispensable, but it is also necessary to interpret for the people’s relationship between the facts of human anatomy and physiology and the conventions of human society.

**2.1.1.2. AIDS Education**

The emergence of the AIDS epidemic has necessitated quick responses from almost all sections of society. AIDS patients began to appear in India in the late eighties. No section of society was prepared to face this epidemic which was bound to have far reaching consequences on all walks of life. The causes of AIDS are numerous, so the people should be educated which will enable them to understand the hazards caused by AIDS. They should be educated in such a way that they can understand what AIDS is and take precautions to prevent its spread. The government has also taken steps to provide proper education about sex to the younger generation.

**a) Role of Education in Addressing Issues of HIV/AIDS and Sexuality**

HIV/AIDS is not only a biomedical phenomenon but a social reality rooted in human behaviour. It is a product of human actions in social contexts. The actions and their circumstances are shaped by larger cultural and social structures. Therefore to have a significant impact on the epidemic, education interventions must be rigorously designed according to best practices and adapted to local needs.

Among the Indians, sexual norms are still to abide by the life-long rule of monogamy, while, in most societies severely hit by the HIV/AIDS epidemic, the norms have been 'change of partners'. Virginity before marriage is still highly valued among most Indians and families have by and large greater control over the behaviour of children at least until they are married and settled.

However, with India's shift from a predominantly agricultural, low subsistence and low consumption economy and a community based social structure, to an industrially developing nation with urbanization, globalization, migration and break down of rural economies, join family system and communities, there have been shifts in social values and world views. The degree and nature of this impact has been various across different sections. The weakening controls have allowed greater individual freedom and releasing the stifling controls on young people.

High consumption life-styles have raised aspirations of others and increased the consumption gap between the top and bottom sections. Along with the increasing value placed on material consumption, there has also been an increase in perception of sexuality as a commodity to be 'consumed' for pleasure. The gap between material aspirations and socio-economic status has led to distortions such as the spread of promiscuity, corruption, growth of the Mafia, drug trafficking etc. All these factors have also contributed to the spread of HIV/AIDS in the subcontinent.

**b) Objectives of the AIDS Education**

* Understand the nature of HIV/AIDS/STDs and their transmission
* Understand the nature and consequences of substance abuse
* Have accurate and complete information about facts of life
* Prepare for a mature, healthy and successful living as wife/husband; father/mother; brother/sister in a family by upholding moral, religious, traditional and social values and healthy practices.
* Develop appropriate communication skills
* Make informed decisions about behaviour that protect them from HIV/AIDS/STDs and drug addiction.
* Understand the symptoms of HIV/AIDS/STDs and seek appropriate medical care when needed
* Value their own health and relationships free from HIV/AIDS and substance abuse.
* Behave personally and socially in ways that eliminate the risk of spreading HIV infection and becoming addict.
* Reject biased information and myths relating to facts of life and HIV infection
* Develop positive attitude towards those who are infected with HIV and addicted to drugs.
* Increase the level of knowledge about the impact of HIV/AIDS and substance abuse on the community, society, economy of the country etc.

**c) Necessity for AIDS Education**

1. It is important because infection with HIV is lifelong.

2. A person can avoid acquiring HIV infection or transmitting it to others by changing behaviour.

3. Awareness of HIV infection can prevent misunderstanding and discrimination.

**d) Modules Developed**

A training module for training student, youth and organizations on HIV/STD/AIDS prevention has been developed by the National Service Scheme, Department of youth affairs and Sports with technical assistance from NACO (National AIDS Control Organization) and WHO. The module has five sections:

1. HIV/AIDS: issues and medical facts
2. Human sexuality
3. Psycho-social impact of AIDS
4. Prevention and preventive behaviour and
5. Communication skills and action plan development

Written in an instructional format, the training module is entirely participative. Efforts are currently on to adapt it to non-student youth and to translate it into regional languages.

**e) Training and Manpower Development**

The government has formulated a short-term and long-term strategy for training and manpower development. Under the short-term strategy, 10 training institutions imparting short training courses in different regions of the country will be augmented. Training modules are being prepared to facilitate the process. The target is to train 608 medical officers, 608 blood bank technicians, drug inspectors and donor motivators through short-term orientation training courses.

**2.1.1.3.** **Family Life Education**

Family life education is one of the core aspects of population education. It encompasses of issues on family life, sex, the environment and health.

1. **Definition of Family Life Education**

#### Family Life Education (FLE) is an educational programme designed to assist young people in their physical, mental, psycho-social and spiritual development. FLE aims to help young people develop the skills that will enable them to cope with the many challenges they will face in their journey from childhood to adulthood.

#### b) The Need for FLE

Prevention is always better than having to face problems after they occur. As young people enter adolescence, they are exposed to many challenging circumstances that influence their behaviour and practices. With increasing use of alcohol and substance abuse, such behaviours put them at risk of sexually transmitted infections (STIs) including HIV, unplanned pregnancy, sexual abuse and exploitation.

Most young people lack information, education and guidance on the physical, psycho-social and reproductive aspects of human development. FLE will equip students with information, knowledge, attitudes and skills to meet life’s challenges by making informed and responsible choices and decisions.

###### c) Key Components of FLE

The FLE package comprises a set of core educational learning areas that build on each other to assist in the development of young people. The Ministry of Education aims to effectively contribute to the holistic development of students beyond academic education and aims to have FLE taught from class 3 at primary level right up through secondary school.

The key components are:

• Human growth and development  
 • Relationships  
 • Personal skills  
 • Communication skills  
 • Reproductive health  
 • Sexual health  
 • STIs and HIV  
 • Society and culture  
 • Gender

d) A School-based FLE Programme

The formal education system is well placed to provide ongoing FLE. The school environment allows the FLE programme to be taught within the structure and discipline of schools. The safe and supportive environment in schools facilitates learning so that information can be effectively translated into positive behaviour development in matters relating to sexuality, reproductive health and other aspects of youth development.

**e)** **Objectives of Family Life Education**

* **A** better understanding of the physical and emotional changes associated with growing up.
* Establishing and maintaining personal relation ships among the family, friends and society at large
* Developing knowledge and values related to successful marriage, child bearing and rearing and other aspects of family development.

**2.1.1.4. Adolescence Education Programme (AEP)**

Sex education is usually considered to be an important component of adolescence education. AEP is concerned with learning about living, family and social relationships and personal development. It is not simply concerned with transfer of information and values, but aims in assisting the young in developing the ability to understand themselves and the society in which they live.

The proponents of sex education have advanced an array of arguments in defence of introduction of AEP in schools. First of all, sex education in schools is primarily linked to HIV/AIDS control. The National AIDS Control Organization which is collaborating with the government in introducing sex education in school has claimed that one third of the HIV/AIDS virus carriers in India are youth whose abundant sexual permissiveness and over all attitudes to sex needed urgent reform.

The population control programmes represented the bodies of the poor as oversexed, limitlessly procreative, and hence a national problem. This line of argument articulated in the National Health Policy of the government of India (1978) and National Population Education Project (1980). In other words, the discourses of population control construct national health as contingent upon the sexual reform of poor.

At the very beginning of the process of evolving a national consensus on the issue a need to replace the concept of Sex Education by a more comprehensive concept was felt. A concept that can encapsulate all the crucial concerns of adolescents, not covered so far by school curriculum. The consensus emerged in favour of the concept of Adolescence Education in a National seminar on Adolescence Education, organized by the National Council of Educational Research and Training (NCERT) in April 1993 that recommended its introduction in the school curriculum. Adolescence Education has conceptualised as an education about adolescence, a period of growing up from childhood to adulthood. As adolescence is a stage primarily of sexual development, the major concerns of this new curricular area identified in the seminar were focused on reproductive and sexual health (ARSH).

**a) What of Adolescence Education Programme**

Adolescence education has been conceptualized as an educational response to the special needs of adolescents in respect of their reproductive and sexual health. But all the reproductive health concerns are not covered. Since the present school curriculum already incorporates a number of elements relating to adolescent world, the general framework ofadolescence education focuses only on those aspects of adolescent reproductive and sexual health, which are not incorporated in the existing school curriculum. The general framework incorporates contents related to the four major components. These are as follows:

**i) Process of Growing up**

This component covers contents on the process of growth and development of children into adulthood such as physical growth and development including development of secondary sexual characteristics, socio -cultural development including relationships of adolescents with parents, peer groups and the opposite sex and gender roles, major sexually transmitted diseases are also included in this component. The changes of adolescence start gradually from around eleven years for girls and thirteen years for boys. In girls these changes start before boys and for the first three or four years girls appear to be maturing faster. After this the boys catch up, with the girls. All these physical changes are also accompanied by marked psychological changes. Though bodily changes occur rapidly, emotional development takes time to stabilize.

**ii) HIV/AIDS**

This component includes contents on causes and consequences of HIV/AIDS, preventive measures, individual and social responsibilities towards HIV/AIDS patients and the prevention of the spread of HIV. This component gives information about HIV, that it does not spread by causal, every day contact and person living with HIV need to be respected and be treated with dignity. Person living with HIV/AIDS to lead a responsibly normal and healthy life, he/she must be given nutritious diet, rest, exercise, love and support from family and friends.

**iii) Drug Abuse**

When drugs are taken for reasons other than medical, in an amount, strength, frequency or manner that damage the physical or mental functioning of an individual, it becomes 'Drug Abuse'. The method, quantity and frequency in which drug abuse takes place, leads to physical, emotional and sociological problems. Most of the addicts start using drugs out of curiosity or to have some pleasure, often under the influence of their friends and peer groups. Some take drugs to overcome boredom, depression and fatigue. Drug abuse leads to a number of short term and long term effects that are detrimental to health.

Under the component 'Drug Abuse' covered the situations in which adolescents fall prey to drugs, consequences of drug abuse, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities.

**iv) Life Skills Education**

Life Skills Education is an interactive methodology, which focuses on knowledge, attitude and skills and is specifically designed to enhance effort to positively develop and change behaviour. The focus on behaviour change as a primary objective distinguishes life skills from other information only approaches. Life Skills Approaches are more than a set of interactive classroom based activities. It is an empowering approach helping young people to take positive actions to protect themselves and to promote health and positive social relationships to focus on major life decisions like:

* Goals :- development, prioritizing, attainment.
* Choice of life style :- study habits, food habits, hobbies, practicing abstinence, coping with stress, peer pressure, Media influences, risky behaviour, substance abuse/alcoholism, unprotected sexual intercourse etc.
* Choice of profession and further study.
* Choosing friends, peer relationships.
* Family life education :- sexuality, gender, equality, preparation for marriage, choice of partner, responsibilities of marriage, dowry etc.

**Major Life Skills**

* + **Self awareness:-** includes recognition of ourselves, of our values and beliefs, of our strengths and weaknesses, desire and dislikes.
  + **Self esteem:**- includes a proper regard for oneself as a human being and an accurate sense of one's personal place with in the large society of family friends, associates and others.
  + **Effective communication:-** The ability to express ourselves, both verbally and non verbally in ways that the appropriate to our culture and situations.
  + **Interpersonal skills:-** To be able to develop and nurture supportive networks, to be able to end relationships constructively.
  + **Empathy:-** the ability to understand and accept others who are different from ourselves, to put one's self in the other person position, being nurturing and tolerant.
  + **Decision making:-** a process and skill which enables one to make decisions after examining the choices in the consequences which are consistent with one's values and goals.
  + **Critical thinking:-** this helps young people to recognize and assess the factors that influence attitude and behaviour that is namely values, peer pressure and other pressures.
  + **Negotiating skills:-** Solve an issue problem or conflict and to get one's needs accomplished without using anger, intimidation, insubordination, aggressive behaviour or force.
  + **Coping with emotions:-** Involves recognizing the effect of emotions on ourselves and others, being aware of how emotions influence behaviours and being able to respond to emotions appropriately.
  + **Coping with stress:-** Involves recognizing the source of stress in our lives, how these affect us and acting in ways that help to control our levels of stress, also learning how to relax to minimise our tensions.

**b) Definition of Adolescence Education Programme**

Adolescence Education Programme in India may be conceptualized on the basis of the following **basic assumption:**

Adolescence confront a number of problems because of the lack of authentic knowledge regarding their process of growing up, particularly , issues relating to reproductive health. It is, therefore necessary to provide them with authentic knowledge of their critical concern with a view to inculcating in them rational attitude and responsible behaviour towards issues and problems of adolescence.

Adolescence Education Programme thus may be defined as an educational endeavour to provide learners with accurate and adequate knowledge about adolescent reproductive health with a focus on the process of growing up during adolescence, in its biological, psychological, socio-cultural and moral dimensions. It aims at inculcating among them a rational attitude towards sex, phenomena of HIV/AIDS and drug abuse, so that they develop respect for the opposite sex and responsible behaviour towards sex and drugs.

**c) Evolution of Adolescence Education Programme**

The national curriculum for Elementary and Secondary Education framework developed by NCERT in 1988 had mentioned the objective to develop responsible sexual behaviour and respect for opposite sex as one of the general objectives for school education. No substantial step was taken to realize that objective. It was during early 1990s that concerted efforts were made in this regard which has been conceptualized as 'Adolescence Education' under National Population Education Project (NPEP). In pursuance of the recommendations of the National seminar on Adolescence Education a general framework of Adolescence Education was developed and introduction of Adolescence Education in schools and teacher education curriculum was made one of the two major thrusts of National Population Education Project (NPEP) during its last phase (1998-2001).

The effort initiated under NPEP received the needed support from the stipulations made in the programme of action adopted by the International Conference on Population and Development (ICPD) 1994, which reflected a marked departure in the perception of population issues. It considered reproductive health and reproductive rights as a critical component of population phenomenon and recommended efforts to address adolescent reproductive and sexual health issues for promoting responsible and healthy sexual and reproductive behaviour among adolescents. More importantly, the National Population Policy, 2000 adopted by the government of India and population policies adopted by quite a few states also reflect a departure in the perception of population issues on the lines of the ICPD programme of action. The National Population Policy treats adolescents as a under served group and prescribes various steps to ensure access to information, counseling and services including reproductive health services.

National Curriculum Framework for School Education-2000 emphasized the need of Adolescence Education in its objectives and contents. Realizing the criticality of changing perceptions of population phenomenon, attempts have been made under NPEP to respond to the new elements of population issues and also to focus on the introduction of adolescence education in school and teacher education.

The introduction of AEP in schools is one of the major thrusts of NPEP during its current phase which began in 1998. It is an emerging curricular area, conceptualized in response to a long pressing demand to impart sex education in schools. The move by Ministry of Human Resource Development (MHRD) to introduce the topic 'Adolescence Education Programme' in schools from the beginning of the academic year, 2007 through the SCERT. AEP has invited strong criticism and opposition from various state governments and religious leaders.

**d) Objectives of Adolescence Education Programme**

AEP aims at realizing the following objectives:

* To provide authentic and accurate information about physical, physiological, psychological, socio-cultural and interpersonal issues of reproductive health to students in order to develop in them proper understanding of the process of growing up.
* To inculcate among them a healthy attitude towards sex, respect for the opposite sex and responsible sexual behaviour.
* To help them understand the implications of AIDS and causes and consequences of HIV infection as well as the ways and means to prevent it.
* To make them aware of the causes and consequences of drug abuse and ways of preventing it, and to develop in them rational attitude as well as the skills to say 'No' to drugs.
* To ensure the integration of AEP elements into the school curriculum and in teacher education courses.
* To organize activities for life skills development.

Adolescents, comprising more than 1.5 billion, face considerable threats to their reproductive health (Population report, 1996). Many studies conducted in Africa, Asia and the Pacific on women and AIDS have highlighted that other factors-economic and sexual coercion are more responsible for adolescents’ sexual experience. Early marriage and early pregnancy expose young girls to greater health risks. The socio-economic profile of Indian adolescents is also far from satisfactory.

In Jammu and Kashmir Mahajan and Sharma (2004) conducted a study on Parents Attitude Towards Imparting Sex Education to their adolescent Girls. Result of the study shows that majority of the parents have an unfavourable attitude towards sex education. Das (2005) conducted a study on effect of Adolescence Education on secondary school students in Saraswathi Vidya Mandir Dananjodi. The study shows that the attitude of the students towards Adolescence Education was positive as observed during and in the post instructional period. These studies revealed the importance of Adolescence Education Programme.

Adolescents are very important segment of population. It is the state of the health and education of adolescents that determine the strength and fate of the nation in which they live. WHO in its report also stressed this fact by saying that individual development and social contribution of adolescents will shape the future of the world, and therefore, investment in children's health, nutrition and education is the foundation for national development. In view of this, it was thought necessary to introduce AEP in schools and make it an integral part of the school curriculum.

**2.2. REVIEW OF RELATED STUDIES**

This section presents a comparative and comprehensive analysis of the review of studies related to the variable 'Attitude of Parents Towards Adolescence Education Programme'. The investigator reviewed the studies related to Attitude of Parents Towards Adolescence Education Programme from the year 1984 to 2008. The investigator also reviewed the studies on Family Life Education and Sex Education, because these programme having the same components of AEP. Results of the studies are depicted in the following section.

Moses and Praveena (1984) conducted a study on Need and Attitude of Sex Education by Adolescents. The study shows that *majority of the girls are ignorant about the pregnancy and none of them had the knowledge of sexual intercourse.* This may be due to lack of sources for the rural girls to get information regarding sex related matters and mostly they get information from films and books.

A study conducted by Marsman and Herold (1986) on **Attitudes toward Sex Education and Values in Sex Education. The sample consisted of** 130 mothers of school children in grades 6, 9 and 12 in a school district in Ontario, Canada. The study shows that *most of the mothers supported the teaching of sex education but were divided about which values should be taught.* Whereas more than half disapproved of premarital sex, only one-third believed that an important objective of sex education should be to discourage premarital sex. Nevertheless, thestrongest variable related both to attitudes toward the teaching of sex education and values in sex education were that of premarital sexual attitudes.

Sathe (1990) conducted a study on Issues and problems in introducing family life education for boys and girls of secondary schoolsin Pune. The study revealed that *89.3 percentageof the parents felt that there was a definite need for family life education in secondary schools*.

Murthy (1991) found that *caste and religion were significant variable in concept formation concerning sex and reproduction.* Higher caste Hindu girls seemed to have better perception and concept of sex and reproduction as compared to Harijan and Muslim girls.

George (1991) noted that *sex as a variable among youth had no significance among the range of social aspects,* it did however seem to cause variation in perception on sex education in physical, physiological and psychological aspects.

PTI reports on Crime luring Kerala street (1994) shows that *about 25 percentage of the street children in Kerala are homosexuals and another 30 percentage regularly visits prostitutes.* Sexual experimentations start very early in life. Heterosexual activities among them are also very common.

Lakshminarayanan, *et al.* (1994) from his study 'AIDS awareness among college students' found that *there was a close association between extent of awareness about AIDS with sex, study faculty and area of residence.*

A study conducted by Arora (1996) on impact and assessment of AIDS prevention programme in adolescents. The sample consisted of 100 male and 200 female adolescents. The study was conducted with an aim to educating the school going adolescents about AIDS though a comprehensive AIDS awareness programme & also determine the impact on their knowledge, attitude & believes about AIDS & sexuality. There was a considerable lack of awareness among the adolescents about AIDS & sexuality specially female adolescents, before implementing of AAEP. AAEP *had a significant positive impact.* There was *an over all gain of knowledge scores with greater increase among girls.*

Verma, *et al.* (1997) in their study ‘What do school children and teachers in rural Maharashtra think of AIDS and sex’ shows that *role of peer communicators was assuming greater importance in the absence of formal sex education in the school system.*

Kakavoilies and Alexandrose (1998) conducted a survey 'A survey of Attitude of Nursery School Teachers Towards Sex Education' found that the *teachers feel that the sexual development constitutes an important aspect of children's personality, and that sex education should start at an early age.*

Lichona and Thomas (1998) in their study 'Sex Education for Neglected Heart' says that *dissolution restraint has led to premature sexuality in children and youth, which poses not only the risk of pregnancy but also serious emotional changes.*

Ahuja and Saritha (1999) conducted a study on awareness of pubertal changes among adolescent girls. The study revealed that *sex being considered as a taboo in rural societies* *and parents not allowing their children to talk about sex and physical changes that occur during maturity of the reproductive organs in both the males and females*. So girls did not have any knowledge.

In a study 'Opinion of teachers towards imparting Sex Education in the Secondary School of Kerala', Rasheed (1999) found that *there is no significant difference in the opinion of teachers towards imparting sex education in schools.*

Bickmore and Kathy (1999) states that *it is important to discuss sexuality with elementary students.* Elementary teachers can help children learn to share public space with people who are similar and different from themselves.

Ali (1999) conducted a study on social readiness to accept the introduction of Adolescence Education in the school curriculum among 200 students, 100 teachers and 100 parents. The result showed that *all of them have favourable attitude towards the introduction of Adolescence Education in the school curriculum.*

Akwir (2000) conducted a study on 'A way forward to adolescent sex education in Adjumani district, Northern Uganda. An intervention planned and implemented by organizing 40 meetings with small groups of parents (20-25) reaching 1033. The study revealed that *the inadequate capacity of parents and the negative cultural norms and beliefs are core problems on sex education with in the family.*

Thamburaj, *et al*. (2000) from their study on Student's perspective on sex education: A comparative study from Chennai, India shows that sex education will not prompt students to have sex. The study also shows that*, majority of the students in public and private schools felt that sex education should be included in the curriculum.*

Che (2000) conducted a study of the implementation of sex education in Hong King secondary schools. Data were collected through a survey and a small number of structured interviews. The study reveals that *secondary schools are now generally more positive in promoting sex education* and more interactive teaching methods are used. However, these are still a lot of constraints in the promotion of sex education in schools in Hong Kong.

Sreekala (2002) in her study on the ' Opinion of higher secondary teachers on Sex education in Kerala' *found that most of the teachers have positive attitude towards Sex education.* They must aware of the need and significance of Sex Education in schools and in our society. The sample consisted of 550 teachers and the tool used for this study was Opinionnaire on Sex Education.

Biliquis (2002) conducted a study on 120 rural adolescent girls studying in 10th. The result shows that *84 percentage of the girls were not aware of the concept of family planning and considered 3 children norm as an ideal family size norm.*

Rao (2002) conducted a needs assessment study of secondary students on Adolescence Education in Mysore district, 3689 students awareness and Attitude Towards Adolescence issues were tested. The study revealed that the *general awareness and knowledge level among students was inadequate and their attitude to various issues of Adolescence Education was also unfavourable*.

Singhvi, *et al.* (2002) conducted a study on sex education intervention for urban adolescence. He conducted an experimental study. The sample consisted of 60 girls in Udaipur District. His study shows that *after transmitting the sex education package, the level of knowledge of the experimental group increased significantly.*

Buwa (2003) found from his study conducting AEP for girls in slums that the *girls in Kolhapur city did not know the difference between illicit relations and unsafe sex*. An Adolescence Education training course for 12 to 18 years age group girl beneficiaries of the Anganwadi in Kolhapur city was organized by Department of adult and continuing education and extension work, Sivaji University Kolhapur. The sample consisted of 250 girls.

Yadav (2003) conducted a study on awareness and Attitude of students towards Adolescent Reproductive Health. Sample consisted of 1059 students of class XI from Madhyapradesh. The result shows that *a large number of students either wrongly reported or were not aware of issues related to aspects of growing, health, pregnancy, inter personal relationship, HIV/AIDS/STDS and drug abuse.*

Sabherwal (2003) conducted a study on sexual behavioural patterns relating to HIV/AIDS and sexually transmitted diseases among college students in Delhi. The sample consisted of 650 girls and 350 boys. Study revealed that *almost half of the students had never been taught sex education in schools. Besides 15 students all others were of the opinion that sex education should be included in educational institutions*.

Mahajan and Sharma (2004) in their study on Parents Attitude Towards Imparting Sex Education to their adolescent Girls in Jammu and Kashmir. The sample consisted of 100 urban and 100 Rural Parents of adolescent girls. Interview schedule was used to collect the data. Result of the study shows that mothers were reluctant to talk about sex education to their daughter as they found to embarrassing to discuss these issues. *Majority of the parents have an unfavourable attitude towards sex education.*

Epsybai and Minnalkodi (2004) in their study on knowledge of AIDS among students of Annamalai University shows that *knowledge of AIDS is higher level in hostelers.* The sample consisted of 146 hostelers and 92 day scholars.AIDS knowledge Test (2000) prepared by Tamilnadu State AIDS control society was used for this study.

Sharma (2004) conducted a study on AIDS awareness through media and education of 300 parents. The result show that *94 percentage students had information regarding AIDS and only 6* percentage *students didn't know about that.* Seventy two percentage of students had knowledge about the cause of disease and 11.6 percentage students also had got them checked for HIV.

Mishra (2004) conducted a study on impact of education on attitude towards family planning. Sample consisted of 300 females aged between 18 to 25 years and 3 levels of education. Study shows that education has a positive impact on attitude towards family planning*.* *The highly educated female group have more favourable attitude towards family planning in comparison to moderately educated and less educated female groups*.

Rani and Kishori (2004) conducted a study on knowledge attitude and practice of reproductive health among neo-literate women in Chitoor district of Andhrapradesh. The sample consisted of 480 women. Study shows that *age at marriage influences the knowledge, attitude and practice of reproductive health among neo-literate women.*

Sharma, *et al.* (2004) in their study on Attitude of Adolescents Towards Family Life Education (FLE). A comparative study of Jammu and Palampur. Sample consisted of 40 adolescent boys and girls from the 7th - 10th std. From each standard 5 boys and 5 girls were selected. Questionnaire was used for the collection of data. Study found that the *majority of the respondent in both the regions had adequate knowledge regarding various concepts of population education.* The remaining respondents had either no knowledge or false beliefs regarding various concepts of population education.

Nanda and Rout (2005) conducted a study on Adolescence Education in Secondary schools. The sample consisted of 500 students of 20 high schools, 300 teachers and 210 parents from Orissa. The result shows that *area and qualification had significant effect on parent's attitude towards Adolescence Education.* In case of parents’ age and qualification, age and gender, area and attitude towards adolescence education were inter correlated significantly. Parents qualification and their level of awareness on Adolescence Education were also significantly correlated to each other.

Das (2005) conducted a study on effect of Adolescence Education on secondary school students in Saraswathi Vidya Mandir Dananjodi. The study shows that *the attitude of the students towards Adolescence Education was positive* as observed during and in the post instructional period.

Pandey (2007) conducted a study on Sex education curbs sexual appetite. The research showed that *boys living in single-parent households were more likely to delay sex past the age of 15 if they had attended a sex education class.*

Pandve (2007) in a study Sex education: An effective tool in prevention of HIV/AIDS and other STDs found that *the reluctant attitude towards sex education in schools arises due to fear that sex education will increase the promiscuous behavior among the adolescents* as they will be aware of various risk reduction procedures like condom use for safer sex.

**A study conducted by Pandit (2008)** India: The need for sex education in schools found that 78% want lessons on safe sex including contraception. Of this, 26% do not agree that contraception promotes sexual activity. The survey reveals that only 6% think sex education should begin at home. *One fifth of citizens in metropolitan areas believe that sex education is against Indian culture.*

Avasthi, *et al.* (2008) conducted a study on Sexual Behavior of Married Young Women: A Preliminary Study from North India. The study group comprised 100 consecutive women attending the Department of Pediatrics for the care of noncritical children in a multispecialty, tertiary care teaching hospital setting in North India. All participants were also administered a translated and culturally adapted instrument called Sex Knowledge and Attitude Questionnaire-II (SKAQ-II). *The participants of the study had adequate sexual knowledge and liberal attitude.* A majority of them were able to communicate their sexual desires to their partners.

| **Sl. No.** | **Author** | | **Result** |
| --- | --- | --- | --- |
| 1 | Moses and Praveena (1984) | | Majority of girls ignorant about the pregnancy and none of them had the knowledge of sexual intercourse. |
| 2 | Marsman, *et al.* (1986) | | Most supported the teaching of sex education but were divided about which values should be taught. |
| 3 | Sathe (1990) | | Majority of parents felt that there was a definite need for family life education in secondary schools. |
| 4 | Murthy (1991) | | Caste and religion were significant variable in concept formation concerning sex and reproduction. |
| 5 | George (1991) | | Sex as a variable among youth had no significance among the range of social aspects. |
| 6 | PTI reports (1994) | | 25% of the street children in Kerala are homosexuals and another 30% regularly visits prostitutes. |
| 7 | Lakshminarayanan, *et al*. (1994) | | There was a close association between extent of awareness about AIDS with sex, study faculty and area of residence. |
| 8 | Arora (1996) | | AAEP had a significant positive impact. |
| 9 | Verma*, et al.* (1997) | | Role of peer communicators was assuming greater importance in the absence of formal sex education in the school system. |
| 10 | Kakavoilies and Alexandrose (1998) | | Sex education should start at an early age. |
| 11 | Lichona and Thomas (1998) | | Dissolution restraint has led to premature sexuality in children and youth. |
| 12 | Ahuja and Saritha (1999) | | Parents not allowing their children to talk about sex and physical changes that occur during maturity of the reproductive organs in both the males and females. |
| 13 | Rasheed (1999) | | There is no significant difference in the opinion of teachers towards imparting sex education in schools. |
| 14 | Bickmore and Kathy (1999) | | It is important to discuss sexuality with elementary students. |
| 15 | Ali (1999) | | Students teachers and parents have favourable attitude towards the introduction of Adolescence Education in the school curriculum. |
| 16 | | Akwir (2000) | Inadequate capacity of parents and the negative cultural norms and beliefs are core problems on sex education with in the family. |
| 17 | Thamburaj, *et al*. (2000) | | Majority of the students in public and private schools felt that sex education should be included in the curriculum. |
| 18 | Che (2000) | | Secondary schools are now generally more positive in promoting sex education. |
| 19 | Sreekala (2002) | | Most of the teachers have positive attitude towards Sex education. |
| 20 | Biliquis (2002) | | 84% of the girls were not aware of the concept of family planning. |
| 21 | Rao (2002) | | Students attitude to various issues of Adolescence Education were unfavourable. |
| 22 | Singhvi, *et al.* (2002) | | After transmitting the sex education package, the level of knowledge of the experimental group increased significantly. |
| 23 | Buwa (2003) | | The girls in Kolhapur city did not know the difference between illicit relations and unsafe sex. |
| 24 | Yadav (2003) | | A large number of students were not aware of issues related to aspects of HIV/AIDS/ STDS and drug abuse. |
| 25 | Sabherwal (2003) | | Almost half of the students were of the opinion that sex education should be included in educational institutions. |
| 26 | Mahajan and Sharma (2004) | | Majority of the parents have an unfavourable attitude towards sex education. |
| 27 | Epsybai and Minnalkodi (2004) | | Knowledge of AIDS is higher level in hostelers. |
| 28 | Sharma (2004) | | Majority of the students had information regarding AIDS. |
| 29 | Mishra (2004) | | The highly educated female group have more favourable attitude towards family planning in comparison to moderately educated and less educated female groups. |
| 30 | Rani and Kishori (2004) | | Age at marriage influences the knowledge, attitude and practice of reproductive health among neo-literate women. |
| 31 | Sharma, *et al.* (2004) | | Majority of the students had adequate knowledge regarding various concepts of population education. |
| 32 | Nanda and Rout (2005) | | Parents’ qualification and their level of awareness on Adolescence Education were significantly correlated. |
| 33 | Das (2005) | | Attitude of the students towards Adolescence Education was positive. |
| 34 | Pandey (2007) | | Boys living in single-parent households were more likely to delay sex past the age of 15 if they had attended a sex education class. |
| 35 | Pandve (2007) | | Reluctant attitude towards sex education in schools arises due to fear that sex education will increase the promiscuous behavior among the adolescents. |
| 36 | **Pandit (2008)** | | One fifth of citizens in metropolitan areas believe that sex education is against Indian culture. |
| 37 | Avasthi, *et al.* (2008) | | Majority of the women had adequate sexual knowledge and liberal attitude. |

**Conclusion**

Extensive review of related studies yielded studies showing favourable parental attitude towards Adolescents Programme. But some research findings indicated unfavourable attitude towards Adolescence Education Programme. The investigator couldn't locate any study showing Parental Attitude Towards Adolescence Education Programme in Kerala State.

***CHAPTER* 3**

***METHODOLOGY***

**3.1. Variables of the Study**

**3.2. Objectives**

**3.3. Hypotheses**

**3.4. Procedure**

**METHODOLOGY**

This chapter gives an account of the methodology adopted for the present investigation. The present study is an attempt to find out the Attitude of Parents Towards Adolescence Education Programme in Kerala. Methodology of the study is presented under the following headings.

**3.1. VARIABLE OF THE STUDY**

**3.2. OBJECTIVES**

**3.3. HYPOTHESES**

**3.4. PROCEDURE**

**3.1. VARIABLE OF THE STUDY**

The present study involves one variable ie, Attitude of Parents Towards Adolescence Education Programme. The variable and the rationale behind the selection of the variable is explained in the following section.

3.1.1. Attitude of Parents Towards Adolescence Education Programme

Attitude of Parents Towards Adolescence Education Programme has an important role in the success of Adolescence Education Programme. Today, Adolescence Education Programme is a serious concern of people in Kerala. The Attitude of Parents is one of the main factor in the successful implementation of Adolescence Education Programme (AEP). Therefore a detailed study of Attitude of Parents Towards Adolescence Education Programme is needed. So the investigator selected Attitude of Parents Towards Adolescence Education Programme as the variable.

**3.2. Objectives**

The objectives of the present study are described in the following section.

3.2.1.To find out the extent of Parental Attitude Towards Adolescence Education Programme.

3.2.2.To find out whether there exists any significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender, Locality, Qualification.

**3.3. HYPOTHESES**

Following hypotheses were set for the study.

3.3.1. Most of the parents will have an unfavourable Attitude Towards Adolescence Education Programme.

3.3.2. There will be significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender, Locality and Qualification.

**3.4. PROCEDURE**

The procedure adopted for the present study is as follows

3.4.1. SAMPLE FOR THE STUDY

The population for the study is the parents of adolescents in Kerala. The sample was drawn by stratified Random Sampling Technique giving due representation to Gender, Locality and Qualification. The study was conducted on 300 parents of High School students from Kerala. Break up of the final sample is given in Table 3.1.

**TABLE 3.1**

**Break up of the Final Sample**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Urban** | **Rural** | **Total** | **High Qualified** | **Low Qualified** | **Total** |
| **Male** | 44 | 114 | 158 | 84 | 74 | 158 |
| **Female** | 36 | 106 | 142 | 75 | 67 | 142 |
| **Total** | 80 | 220 | 300 | 159 | 141 | 300 |

3.4.2. TOOLS EMPLOYED

For the present study, the investigator used the recently developed **Scale of Parental Attitude Towards Adolescence Education Programme (Hameed & Sushama, 2007)**. The procedure undertaken for the construction and standardization of Scale of Parental Attitude Towards Adolescence Education Programme is described in the following sections.

**3.4.2.1. Planning of the Scale**

For the preparation of the Scale of Parental Attitude Towards Adolescence Education Programme, the investigator made an extensive study on Adolescence Education Programme and its components. The items in the Attitude Scale were written based on the following dimensions of Adolescence Education Programme.

**a) Process of Growing up**:-

This component contains critical issues relating to the process of growth of the child in to adulthood such as physical, physiological, psychological and social aspects including male body clock, female body clock, social and moral issues, self concept, self esteem, concept, pregnancy, implication of pregnancy during adolescence and other reproductive health related issues such as sexually transmitted diseases.

**b) HIV/AIDS Education:-**

The component of HIV/AIDS Education includes contents related to causes and consequences of HIV/AIDS, preventive measures and individual and social responsibilities towards preventive measures and individual and social responsibilities towards persons having HIV/AIDS.

**c) Drug Abuse:-**

This component covers situations in which adolescents fall prey to drugs, consequences of drug abuse, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities.

**d) Life Skills Education:**

UNICEF defines life skills based education as basically being a behaviour change or behaviour development approach designed to address a balance of three areas: Knowledge, Attitude and Skills (UNESCO, 2001). Life skills are essentially those abilities that help to promote mental well being and competence in young people as they face the realities of life. Developing life skills helps adolescents to translate knowledge, attitude and values into healthy behaviours. Life Skills create the ability to reduce specific healthy risks such as unintended pregnancy and STD/HIV transmissions and adopt healthy behaviours that improve their lives in general.

**3.4.2.2. Preparation of the Scale**

The investigator thoroughly analysed the available literature on Adolescence Education Programme. Then prepared items for the Scale in collaboration with the supervising teacher, based on the dimensions of Adolescence Education Programme curriculum. The names of the sources used by the investigator are as follows:

1. *Adolescence Education in Schools Package of Basic Materials*. New Delhi, NCERT(1999).
2. Bigelow, A. (1999). *Encyclopedia of Sex Education*. India: Cosmo Publication.
3. Rao, D.B. (1998*). Adolescence Education*. New Delhi: Discovery Publishing House.
4. Bibby, C. (1957*). Sex Education*. London: Macmillan & Co Ltd.
5. *Facilitators' Hand Book for Training of Trainees – Adolescence Education Programme* (2005).

The investigator prepared an initial pool of 70 items on the basis of the components ie, Process of growing up, HIV/AIDS, Drug Abuse and Life Skills. In order to avoid ambiguity and to ensure clarity, some items were deleted and some were re-edited, only after the discussion with experts. From the initial pool of 70 items, 55 items representing all the dimensions were selected for the draft test. The draft scale consists of 55 items out of which 30 items were positive statements and 25 items were negative statements. The items were so framed that three responses such as Agree, Undecided, Disagree are possible for the statement of each item.

A copy of the draft scale of Parental Attitude Towards Adolescence Education Programme and its Response sheet in Malayalam language and their English version and Scoring key are given as Appendices I, IA, IB, IC and ID.

**3.4.2.3. Try out**

The draft scale, consisting of 55, items was re-edited and printed. The draft scale contained all the necessary instructions. Try out of the draft test was done in order to select suitable items for the final scale by empirically testing the significance of each item in the draft scale. For this, the scale was administered to a representative sample of 100 parents selected using Stratified Sampling Technique. Proper instructions were given regarding the method of responding. This response sheets were scored according to the following scoring scheme. Statement of each item has three possible responses **Agree, Undecided** and **Disagree.** Scores of 3, 2 and 1 respectively were given to the responses of positive statements and the scores 1, 2 and 3 respectively were given to the responses of negative statements.

**3.4.2.4. Item Analysis**

The purpose of item analysis was to select valid items for the final scale. The procedure of item analysis is given below.

The response sheets of 100 parents, complete in all sense, obtained after the testing, were scored and the total score of each parent was found out. Then these sheets were arranged in descending order of the magnitude of total score and highest and lowest 27 percent (27 sheets) were separated. The scores obtained by the top 27 subjects and bottom 27 subjects were taken as the upper group and lower group respectively.

The Mean and Standard Deviation of the scores obtained for each item for the upper group and the lower group were calculated separately. The critical ratio for each item was calculated, to find out items with adequate discrimination power. The critical ratio was calculated using the formula.

 (Garret,1998)

Where,

 = mean of upper group (for an item)

= Mean of lower group

c= Standard deviation of upper group

= Standard deviation of lower group

= Sample size of the upper group

= Sample size of the lower group

The critical ratio (t – value) obtained for each item, together with mean and standard deviations of the scores for two groups (Upper group and Lower group) are given in Table 3.2.

**TABLE 3.2**

**Critical Ratio (t-value) with Means and Standard Deviations**

**of the scores of the two groups ( upper group and lower group )**

| **Sl No** |  |  |  |  | **t-value** |
| --- | --- | --- | --- | --- | --- |
| 1 | 2.64 | 0.638 | 1.92 | 0.759 | 3.63\* |
| 2 | 3 | 0.000 | 2.44 | 0.712 | 3.93\* |
| 3 | 3 | 0.00 | 2.96 | 0.200 | 1.00 |
| 4 | 2.76 | 0.597 | 2.36 | 0.757 | 2.07 |
| 5 | 2.92 | 0.277 | 1.64 | 0.700 | 8.50\* |
| 6 | 2.76 | 0.597 | 1.64 | 0.810 | 5.56\* |
| 7 | 2.96 | 0.200 | 1.72 | 0.891 | 6.79\* |
| 8 | 2.76 | 0.523 | 2.12 | 0.927 | 3.01\* |
| 9 | 2.96 | 0.200 | 2.28 | 0.792 | 4.16\* |
| 10 | 2.8 | 0.500 | 1.4 | 0.645 | 8.57\* |
| 11 | 2.92 | 0.277 | 1.16 | 0.374 | 18.91\* |
| 12 | 3 | 0.000 | 2.58 | 0.862 | 2.44 |
| 13 | 2.48 | 0.653 | 1.6 | 0.645 | 4.79\* |
| 14 | 2.4 | 0.866 | 1.12 | 0.440 | 6.59\* |
| 15 | 3 | 0.00 | 2.62 | 0.857 | 2.22 |
| 16 | 2.8 | 0.500 | 1.68 | 0.802 | 5.93\* |
| 17 | 2.8 | 0.500 | 1 | 0.000 | 18.0\* |
| 18 | 2.96 | 0.200 | 1.36 | 0.638 | 11.97\* |
| 19 | 2.92 | 0.400 | 1.96 | 0.889 | 4.93\* |
| 20 | 2.8 | 0.408 | 1.48 | 0.714 | 8.02\* |
| 21 | 2.96 | 0.200 | 1.64 | 0.757 | 8.43\* |
| 22 | 2.88 | 0.440 | 1.32 | 0.557 | 10.99\* |
| 23 | 2.64 | 0.700 | 1.24 | 0.436 | 8.49\* |
| 24 | 3 | 0.00 | 2.44 | 0.870 | 3.22\* |
| 25 | 2.88 | 0.440 | 2.48 | 0.770 | 2.26 |
| 26 | 2.92 | 0.400 | 1.6 | 0.816 | 7.26\* |
| 27 | 3 | 0.000 | 2.4 | 0.816 | 3.67\* |
| 28 | 2.64 | 0.700 | 1.4 | 0.764 | 5.98\* |
| 29 | 2.88 | 0.332 | 1.12 | 0.332 | 18.76\* |
| 30 | 2.92 | 0.277 | 1.6 | 0.707 | 8.69\* |
| 31 | 2.56 | 0.821 | 1.12 | 0.440 | 7.73\* |
| 32 | 2.64 | 0.700 | 1.68 | 0.802 | 4.51\* |
| 33 | 2.8 | 0.500 | 1.56 | 0.712 | 7.13\* |
| 34 | 2.64 | 0.569 | 1.32 | 0.627 | 7.79\* |
| 35 | 2.92 | 0.277 | 1.52 | 0.770 | 8.55\* |
| 36 | 2.92 | 0.400 | 1.68 | 0.690 | 7.77\* |
| 37 | 2.6 | 0.577 | 1.84 | 0.943 | 3.44\* |
| 38 | 2.8 | 0.500 | 1.04 | 0.200 | 16.34\* |
| 39 | 3. | 0.000 | 1.16 | 0.374 | 25.59\* |
| 40 | 2.72 | 0.542 | 1.04 | 0.200 | 14.55\* |
| 41 | 2.92 | 0.400 | 1.44 | 0.507 | 11.46\* |
| 42 | 2.76 | 0.523 | 1.12 | 0.332 | 13.24\* |
| 43 | 3 | 0.000 | 1.88 | 0.833 | 6.73\* |
| 44 | 2.84 | 0.374 | 1.8 | 0.764 | 6.11\* |
| 45 | 2.64 | 0.638 | 1.88 | 0.881 | 3.49\* |
| 46 | 2.92 | 0.400 | 1.16 | 0.374 | 16.07\* |
| 47 | 2.92 | 0.277 | 1.72 | 0.792 | 7.15\* |
| 48 | 1.96 | 0.889 | 1.16 | 0.55 | 3.82\* |
| 49 | 3 | 0.000 | 1.72 | 0.737 | 8.68\* |
| 50 | 2.76 | 0.523 | 1 | 0.000 | 16.83\* |
| 51 | 2.96 | 0.200 | 1.48 | 0.653 | 10.83\* |
| 52 | 2.96 | 0.200 | 1.36 | 0.569 | 13.27\* |
| 53 | 3 | 0.000 | 1.44 | 0.712 | 10.96\* |
| 54 | 2.92 | 0.277 | 1.32 | 0.690 | 10.76\* |
| 55 | 2.92 | 0.277 | 1.44 | 0.651 | 10.47\* |

**\*** Items selected for the final test

Items with critical ratio greater than 2.58, the table value of 't' for 0.01 level of significance, were selected for the final scale. From the total 55 items, 50 items were selected with 0.01 level of significance. Thus investigator prepared the final scale consisting of 50 items. Maximum score was 150 and minimum score was 50. The total time for the test was 30 minutes.

**3.4.2.5. Validity of the Scale**

The scale has **face validity** as the identified components were based on the theory of Adolescence Education Programme. Besides, the items are prepared in a direct and clear way and the scale is validated with the help of experts in this field.

For establishing the **content validity**, the investigator covered all the procedure in the preparation of the scale itself, ie. (i) described the content of Adolescence Education Programme. (ii) four components were determined and (iii) compared the structure of the scale with the structure of the content. Hence the scale shows substantial evidence of content validity.

**3.4.2.6. Reliability of the Scale**

Reliability of the present study was estimated by Test-Retest method, on a same sample of 30 parents with an interval of three weeks between the two administrations. The coefficient of reliability is obtained by correlating the scores of two successive administration of the test. The correlation coefficient of the two sets of scores was calculated using Pearson Product Moment Formula. The correlation coefficient obtained to be 0.99. The obtained validity and reliability indicates that the scale of Parental Attitude Towards Adolescence Education Programme is having acceptable psychometric qualities to measure the Parental Attitude Towards Adolescence Education Programme.

**3.4.2.7. Norms**

A test is said to be standardized when it undergoes all the statistical procedures meant for it and when the appropriate norms were calculated for the test. Separate norms need to be established for the whole population, which shows significant difference from one another based on Gender, Locality and Qualification. For establishing norms; Arithmetic mean, Median, Mode, Standard Deviation and Percentiles were calculated. The investigator has calculated the critical ratio for significance of difference between means of comparable sub samples based on Gender, Locality and Qualification. The norms were calculated only for those groups where significant difference exists in the Mean Score of Attitude of Parents Towards Adolescence Education Programme. Before establishing norms, the data was statistically analyzed to test whether test scores follow a normal distribution. The details of fixing norms are presented in chapter IV.

A copy of the final scale and its Response Sheet in Malayalam language and their English versions and Scoring key are given as Appendices II, II A,   
II B, II C and II D.

3.4.3. DATA COLLECTION PROCEDURE, SCORING AND CONSOLIDATION OF DATA

Details regarding the procedure of data collection and scoring and consolidation of data are given below.

**3.4.3.1. Data Collection Procedure**

After the selection of the sample, the investigator made arrangements for the administration of the tools. The investigator met parents of adolescents and explained the nature and confidentiality of the study. Then investigator administered the scale and collected data.

**3.4.3.2. Scoring and Consolidation of Data**

Specific directions given in the respective test manuals were strictly followed for scoring the response sheets collected. The response sheet of the scale of Parental Attitude Towards Adolescence Education Programme were scored according to the scheme provided. Each item has three responses, ie, Agree, Undecided, Disagree. A score of 3, 2, and 1 was given respectively for the positive items. For a negative item, the scoring was done in the reverse order. After scoring the response sheet, the scores obtained in each test were tabulated and consolidated.

3.4.4. STATISTICAL TECHNIQUES USED FOR ANALYSIS

The raw scores obtained by 300 parents were subjected to different statistical treatments in order to satisfy the objectives of the study. The entire statistical processing was done through computer. The various statistical techniques used for analysing data are given below.

**3.4.4.1. Percentiles**

To establish norms for the Total sample and sub samples, Percentiles were used. The method of calculating Percentiles was using the following formula.

Pp = l +  (Garret, 1998)

Where,

Pp = Percentage of the distribution wanted

l = Exact lower limit of the class interval upon which Pp lies

pN = Part of N to be counted of in order to reach Pp

F = Sum of all scores upon intervals below l

fp =Number of scores with in the interval upon which Pp falls

i = Length of the class interval

**3.4.4.2. Mean Difference Analysis**

The statistical technique, Test of Significance of Difference Between Means for large independent sample was used to find out if there exists any significant difference in Parental Attitude Towards Adolescence Education Programme between relevant sub-samples.

The Test of Significance of Difference Between two Means is known as t-test. The following formula suggested by Garret (1998) was used.



Here , the mean, the standard deviation and N1, N2 sample size of the groups. The difference between means is said to be significant depending upon whether the t-value exceeds the table value set for 0.01 and 0.05 level of significance.



**CHAPTER 4**

***ANALYSIS***

**4.1. Preliminary Analysis**

**4.1.1. Important Statistical Constants**

**4.1.2. Extent of the Attitude of Parents Towards Adolescence Education Programme for Total Sample and Subsamples**

**4.2. Mean Difference Analysis**

**ANALYSIS**

The main purpose of the present study was to find out the extent of the Attitude of Parents Towards Adolescence Education Programme in Kerala. The collected and tabulated data were analysed using the statistical techniques like Percentiles and Mean Difference Analysis. Analysis of the data has been done, classified and presented under the followings headings.

**4.1**. **PRELIMINARY ANALYSIS**

4.1.1. IMPORTANT STATISTICAL CONSTANTS

4.1.2. EXTENT OF THE ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME FOR TOTAL SAMPLE AND SUB SAMPLES

**4.2. MEAN DIFFERENCE ANALYSIS**

**4.1. PRELIMINARY ANALYSIS**

The statistical constants of the variable in the study and investigation of the extent of Attitude of Parents Towards Adolescence Education Programme were done and presented in this section of the study.

4.1.1. IMPORTANT STATISTICAL CONSTANTS

To know the nature of distribution of Parental Attitude Towards Adolescence Education Programme, important statistical constants such as Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis were computed for the Total sample and Sub samples. The statistical values are presented in Table 4.1.

**TABLE 4.1**

**Important Statistical Constants**

**of the Variable Attitude of Parents Towards**

**Adolescence Education Programme (Total Sample**

**and sub samples Based on Gender, Locality and Qualification)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total Sample** | **Gender** | | **Locality** | | **Qualification** | |
| **Male** | **Female** | **Rural** | **Urban** | **High Qualified** | **Low Qualified** |
| **Mean** | 118.72 | 116.18 | 121.54 | 117.56 | 121.91 | 121.86 | 115.18 |
| **Median** | 120 | 118.5 | 124.50 | 120 | 121.50 | 124 | 118 |
| **Mode** | 148 | 148 | 118 | 106 | 114 | 148 | 106 |
| **S.D** | 19.924 | 21.328 | 17.891 | 20.733 | 17.226 | 19.957 | 19.354 |
| **Skewness** | -0.691 | -0.588 | -0.788 | -0.690 | -0.475 | -0.701 | -0.787 |
| **Kurtosis** | 0.003 | -0.293 | 0.325 | -0.154 | -0.040 | -0.147 | 0.224 |

Table 4.1 reveals that the three measures of central tendency viz, Mean, Median and Mode of Parental Attitude Towards Adolescence Education Programme for the Total sample are approximately equal. The extent of Skewness or index of asymmetry for the variable Attitude of Parents Towards Adolescence Education Programme is -0.691. This shows that the distribution is slightly negatively Skewed. The measure of Kurtosis is obtained as 0.003, which shows that curve is leptocurtic (Ku < 0.263).

The extent of Skewness of the variable Attitude of Parents Towards Adolescence Education Programme based on Gender follows slightly negative Skewness. The measure of Kurtosis of Attitude of Male Parents Towards Adolescence Education Programme is obtained as -0.293 and that of females is 0.204, which show that the curves are leptocurtic.

From Table 4.1, the obtained measure of Kurtosis of Attitude of Rural Parents Towards Adolescence Education Programme is -0.154 and that of Urban Parents is 0.040, which show that the curves are leptocurtic.

The curves of Attitude of Parents Towards Adolescence Education Programme Based on Qualification are leptocurtic. Because the kurtosis measures obtained are -0.147 for High Qualified Parents and 0.224 for Low Qualified Parents.

Graphical representation of the scores of the variable Attitude of Parents Towards Adolescence Education Programme for the Total sample is presented in Figure 4-1.



**FIGURE 4-1** **Smoothed Frequency Curve of Attitude of Parents Towards Adolescence Education Programme for Total Sample**

The graphical representation of the variable Attitude of Parents Towards Adolescence Education Programme follows a leptocurtic distribution.

4.1.2. EXTENT OF THE ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME FOR TOTAL SAMPLE AND SUBSAMPLES

The extent of the Attitude of Parents Towards Adolescence Education Programme, for the Total Sample and the Sub samples based on Gender, Locality and Qualification were established by calculating Mean Scores and Percentiles.

The Mean Score of Attitude of Parents Towards Adolescence Education Programme in the Total Sample and Sub samples are presented in Table 4.2.

**TABLE 4.2**

**Extent of the Attitude of  
Parents Towards Adolescence Education  
Programme for Total Sample and Sub samples**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total Sample** | **Gender** | | **Locality** | | **Qualification** | |
| **Male** | **Female** | **Rural** | **Urban** | **High Qualified** | **Low Qualified** |
| **Mean Score of Attitude of Parents Towards Adolescence Education Programme** | 118.72 | 116.18 | 121.54 | 121.91 | 117.56 | 121.86 | 115.18 |
| **SE** | 1.150 | 1.697 | 1.501 | 1.926 | 1.398 | 1.583 | 1.630 |

Table 4.2 reveals that the Mean Score of Attitude of Parents Towards Adolescence Education Programme for the Total Sample is 118.72. When Gender was considered, Female Parents have high Mean score in the Attitude Towards Adolescence Education Programme than their Male counter parts. When the Locality was considered, Urban parents have more favourable Attitude Towards Adolescence Education Programme than Rural parents. When Qualification is considered, High Qualified Parents have more favourable attitude towards Adolescence Education Programme than Low Qualified Parents.

**4.1.2.1.** **Establishing Relevant Norms**

Standardization procedure of any scale involves establishment of norms. Norms are usually expressed as percentile. A percentile norm is a standard index for interpreting the score of an individual in terms of his relative standing or rank position in a particular group. An individual’s percentile rank on a test designates the percentage of cases or scores lying below it. Zero and hundred are the boundaries of percentile scores.

The norms in common use are age norms, grade norms, management norms etc. For the present study percentile norms were established for Total sample and sub-samples based on Gender, Locality and Qualification.

**a) Norms for the Total Sample**

The values of the percentiles for the Total sample are presented in Table 4.3.

**TABLE 4.3**

**Percentile Norms for the Total Sample**

|  |  |
| --- | --- |
| **Percentile** | **Values** |
| P90 | 143 |
| P80 | 137 |
| P70 | 131 |
| P60 | 126 |
| P50 | 120 |
| P40 | 116 |
| P30 | 111.30 |
| P20 | 105.20 |
| P10 | 85.20 |

Table 4.3 shows that 90 percentage of the Total sample (300 parents) scored above 85.20 in the distribution of Attitude of Parents Towards Adolescence Education Programme. The Percentile value again shows that 50 percentage of Total sample scored above 120.00 in the distribution. This shows that parents of adolescents are having favourable attitude towards Adolescence Education programme in Kerala. In order to get a clear idea, ogives are drawn for the Total sample. This was made by calculating the cumulative percentages corresponding to the upper limit of each class interval. The graphical representation of smoothed cumulative percentage curve of Total sample is given in Figure 4-2.



**FIGURE 4-2 Less than Ogive of Attitude of Parents Towards Adolescence Education Programme for Total sample**

**b) Percentile Norms for Gender**

As there is difference in the mean score of Attitude of Parents Towards Adolescence Education Programme between Male and Female parents, separate norms were established for this sub sample Gender and summarised in Table 4.4.

**TABLE 4.4**

**Percentile Norms for Gender**

|  |  |  |
| --- | --- | --- |
| **Percentile** | **Values** | |
| **Male** | **Female** |
| P90 | 143 | 143 |
| P80 | 137 | 137.40 |
| P70 | 128 | 132 |
| P60 | 122 | 129 |
| P50 | 118.50 | 124.50 |
| P40 | 113 | 118.0 |
| P30 | 109 | 114.9 |
| P20 | 100.80 | 107.2 |
| P10 | 81 | 97.30 |

From Table 4.4, 50 percentage of Male parents scored below 118.50 in the distribution of Attitude of Parents Towards Adolescence Education Programme scores. Where as, 90 percentage of Male parents scored below 143.00 only. It also shows that 50 percentage of the Female parents (N=142) scored below 124.50 only. Where as 90 percentage of female parents scored below 143.00 in the distribution of Attitude of Parents Scores. Thus the scores of Male and Female parents are approximately equal in the distribution. In order to compare the attitude of Male and Female parents towards Adolescence Education Programme, super imposed ogives are drawn. The graphical representation of smoothed cumulative percentage curve of Males and Females are given in Figure 4-3.



**FIGURE 4-3 Less than Ogive of Attitude of Parents Towards Adolescence Education Programme with respect to Gender**

Figure 4-3 reveals that ogives of the Female lies right to the ogive of the Males showing that Female parents have more favourable attitude than Male parents in case of Adolescence Education Programme.

1. **Percentile Norms for Locality**

Asthere is difference in the mean scores of Attitude of Parents Towards Adolescence Education Programme among those who are living in Urban and Rural area, separate norms were established for this sub sample. Norms for the sub sample Locality are summarised in Table 4.5.

**TABLE 4.5**

**Percentile Norms for Locality**

|  |  |  |
| --- | --- | --- |
| **Percentiles** | **Values** | |
| **Urban area** | **Rural area** |
| P90 | 144.90 | 142.00 |
| P80 | 138.80 | 136.80 |
| P70 | 131.70 | 131.00 |
| P60 | 127.00 | 125.00 |
| P50 | 121.50 | 120.00 |
| P40 | 117.40 | 116.00 |
| P30 | 114.00 | 110.00 |
| P20 | 110.00 | 102.00 |
| P10 | 98.20 | 82.00 |

Table 4.5 shows that 50 percentage of Urban parents scores below 121.50 in case of Attitude of Parents Towards Adolescence Education Programme. Where as 90 percentage of Urban parents scores below 144.90 in case of Attitude of Parents Towards Adolescence Education Programme. At the same time 50 percentage of Rural parents scored below 120.00 in the distribution. From the result it is evident that Urban parents scored more scores than Rural parents in case of Attitude Towards Adolescence Education Programme. In order to compare the Attitude of Parents Towards Adolescence Education Programme in Urban and Rural area, super imposed ogives are drawn. The graphical representation of smoothed cumulative percentage curve for Rural and Urban parents are given in Figure 4-4.



**FIGURE 4-4 Less than Ogive of Attitude of Parents Towards Adolescence Education Programme with respect to Locality**

Figure 4-4 indicates that ogive of the Attitude of Urban Parents lies right to the ogive of the Attitude of Rural Parents in case of Adolescence Education Programme. This shows that Urban Parents have more favourable Attitude than Rural Parents in case of Adolescence Education Programme.

**d) Percentile Norms for Qualification**

As there exists difference in the mean scores of Attitude of parents towards Adolescence Education Programme between high qualified and low qualified parents, separate norms were established for this sub sample. Norms for qualification of parents are summarised in Table 4.6.

**TABLE 4.6**

**Percentile Norms for Qualification**

|  |  |  |
| --- | --- | --- |
| **Percentiles** | **Values** | |
| **Low Qualification** | **High Qualification** |
| P90 | 137.80 | 145.00 |
| P80 | 137.00 | 141.00 |
| P70 | 126.00 | 137.00 |
| P60 | 122.20 | 131.00 |
| P50 | 118.00 | 124.00 |
| P40 | 114.00 | 118.00 |
| P30 | 110.00 | 112.00 |
| P20 | 101.40 | 108.00 |
| P10 | 82.20 | 89.00 |

Table 4.6 shows that 50 percentage of the High Qualified parents (N=159) scores below 124.00 and 90 percentage of high Qualified parents scores below 145.00 in the distribution of Attitude Towards Adolescence Education Programme scores. Where as 50 percentage of the Low Qualified parents (N=141) scores below 118.00 and 90 percentage of Low Qualified parents scores below 137.80 in the distribution of Attitude of Parents Towards Adolescence Education Programme scores.

From the analysis, it is clear that High Qualified parents scored more score than Low Qualified parents. In order to compare the Attitude of High Qualified and Low Qualified parents, super imposed ogives were drawn. The graphical representation of smoothed cumulative percentage curve of scores of Attitude of Parents Towards Adolescence Education Programme obtained for High Qualified and Low Qualified parents are given in Figure 4-5.



**FIGURE 4-5 Less than Ogive of Attitude of Parents Towards Adolescence Education Programme with Respect to Qualification**

Figure 4-5 reveals that ogive of the High Qualified Parents lies right to the ogive of the Low Qualified Parents showing that High Qualified Parents have more favourable attitude than Low Qualified parents in case of Adolescence Education Programme.

**4.2. MEAN DIFFERENCE ANALYSIS**

In this part of the chapter Mean Difference Analysis is undertaken to compare the Mean Scores of Attitude of Parents Towards Adolescence Education Programme with respect to Gender, Locality and Qualification.

4.2.1. COMPARISON OF THE MEAN SCORES OF ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME WITH RESPECT TO GENDER

To find out if there exists any difference in Attitude of Parents Towards Adolescence Education Programme with respect to Gender, Test of Significance of Difference Between Means was employed. The t-value obtained for the sub sample Gender is presented in Table 4.7.

**TABLE 4.7**

**Data and Results of the t-test for the Mean   
Scores of Attitude of Parents Towards Adolescence   
Education Programme Based on the Sub sample, Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl No** | **Gender** | **Mean Score** | **Standard Deviation** | **Size of the Sample** | **t-value** |
| 1 | **Male** | 116.18 | 21.328 | 158 | 2.36**\*** |
| 2 | **Female** | 121.54 | 17.891 | 142 |

**\*** Significant at 0.05 level.

Table 4.7 shows that the t-value obtained for the variable Attitude of Parents Towards Adolescence Education Programme with respect to Gender is 2.36 which is greater than 1.96, the required value of 't' for significance at 0.05 level. This suggest that there is significant difference (at 0.05 level) between Male and Female parents with respect to Attitude Towards Adolescence Education Programme. The high scores associated with the Female parents shows that they are more favourable than Male parents in case of Attitude Towards Adolescence Education Programme.

4.2.2. COMPARISON OF THE MEAN SCORES OF ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME WITH RESPECT TO LOCALITY

Test of Significance of Difference Between Means was employed to find out if there exists any difference between Urban and Rural parents in their Attitude Towards Adolescence Education Programme. The t-value obtained for the Sub sample, Locality is presented in Table 4.8.

**TABLE 4.8**

**Data and Results of the t-test for the Mean   
Scores of Attitude of Parents Towards Adolescence   
Education Programme Based on the Sub sample, Locality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl No** | **Locality** | **Mean** | **Standard Deviation** | **Size of the sample** | **t-value** |
| 1 | **Urban** | 121.91 | 17.226 | 80 | 1.83 |
| 2 | **Rural** | 117.56 | 20.733 | 220 |

Table 4.8 shows that the t-value obtained for the variable Attitude Towards Adolescence Education Programme with respect to Locality is 1.83. Which is less than 1.96, the required value of 't' for significance at 0.05 level. This suggests that there is no significant difference in the Mean Scores of Attitude of Parents Towards Adolescence Education Programme. Since the higher mean is attached with Urban parents, they were found more favourable attitude over the Rural parents in case of Adolescence Education Programme.

4.2.3. COMPARISON OF THE MEAN SCORES OF ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME WITH RESPECT TO QUALIFICATION

Test of Significance of Difference Between Means was used to find out if there exists any difference in Attitude of Parents Towards Adolescence Education Programme with respect tot Qualification. The t-value obtained for the sub sample, Qualification is presented in Table 4.9.

**TABLE 4.9**

**Data and Results of the t-test for the   
Mean Scores of Attitude of Parents Towards Adolescence   
Education Programme Based on the Sub sample Qualification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl No** | **Qualification** | **Mean** | **Standard Deviation** | **Size of Sample** | **t-value** |
| 1 | **Low Qualification** | 115.18 | 19.354 | 141 | 2.931**\*\*** |
| 2 | **High Qualification** | 121.86 | 19.957 | 159 |

**\*\*** Significant at 0.01 level.

Table 4.9 shows that t-value obtained for the variable Attitude of Parents Towards Adolescence Education Programme with respect to Qualification is 2.931, which is greater than 2.58, the required value of 't' for significance at 0.01 level. This suggests that there is a significant difference (at 0.01 level) in the Mean Scores of Attitude of Parents Towards Adolescence Education Programme on the Basis of Qualification. The high Mean Scores associated with the high Qualified Parents indicate that they are more favourable than Low Qualified Parents in case of Attitude Towards Adolescence Education Programme.

The comparison of the Mean Scores of Attitude of Parents Towards Adolescence Education Programme with respect to Gender, Locality and Qualification revealed that Gender and Qualification are Significant. Among them Locality is not Significant.

**CHAPTER 5**

***SUMMARY, FINDINGS AND SUGGESTIONS***

**5.1. Study in Retrospect**

**5.2. Major Findings of the Study**

**5.3. Tenability of Hypothesis**

**5.4. Educational Implications**

**5.5. Suggestions for Further**

**Research**

**SUMMARY, FINDINGS   
AND SUGGESTIONS**

This chapter provides a retrospective view of the study, major findings, educational implications and suggestions for further research in this area.

**5.1. STUDY IN RETROSPECT**

The various aspects relating to the present study like Variables, Objectives, Hypotheses and Methodology are given below in brief.

5.1.1. RESTATEMENT OF THE PROBLEM

The present study is entitled as PARENTAL ATTITUDE TOWARDS ADOLESCENCE EDUCATION PROGRAMME IN KERALA.

5.1.2. VARIABLE

The investigator selected ATTITUDE OF PARENTS TOWARDS ADOLESCENCE EDUCATION PROGRAMME as the Variable.

5.1.3. OBJECTIVES

The Objectives for the present study are as follows:

5.1.3.1. To find out the extent of Parental Attitude Towards Adolescence Education Programme.

5.1.3.2. To find out whether there exists any significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender, Locality and Qualification.

5.1.4. HYPOTHESES

Following hypotheses were set for the study.

5.1.4.1. Most of the parents will have an unfavourable Attitude Towards Adolescence Education Programme.

5.1.4.2. There will be significant difference in the Attitude of Parents Towards Adolescence Education Programme, based on Gender, Locality and Qualification.

5.1.5. PROCEDURE

The procedures adopted for the present study are as follows:

**5.1.5.1. Sample for the Study**

The study was conducted on a sample of 300 parents of adolescents from Malappuram, Palakkad and Kozhikkode districts of Kerala. The sample was drawn by Stratified Random Sampling Technique giving due representation to Gender, Locality and Qualification.

**5.1.5.2. Tools Used for the Study**

For present study the Scale of Parental Attitude Towards Adolescence Education Programme (Hameed & Sushama, 2007) was used by the investigator.

**5.1.5.3. Statistical Technique Used for Analysis**

The collected data were analysed using the following Statistical Technique.

**1). Percentiles**

Percentiles are used to find out the norms for the Total Sample and Sub samples based on Gender, Locality and Qualification.

**2). Mean Difference Analysis**

Mean Difference Analysis was used to find out if there exists any significant difference in the Attitude of Parents Towards Adolescence Education Programme between relevant sub samples.

**5.2. MAJOR FINDINGS**

The major findings of the study are the following:

**5.2.1. Extent of Attitude of Parents Towards Adolescence Education Programme for Total Sample and Sub samples**

Percentile norms obtained for the score on Attitude of Parents Towards Adolescence Education Programme for the Total Samples and Sub samples are given as follows:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Percentile** | **Sample** | | | | | | |
| **Total Sample** | **Gender** | | **Locality** | | **Qualification** | |
| **Male** | **Female** | **Urban area** | **Rural area** | **Low Qualification** | **High Qualification** |
| **P90** | 143 | 143 | 143 | 144.90 | 142.00 | 137.80 | 145.00 |
| **P80** | 137 | 137 | 137.40 | 138.80 | 136.80 | 137.00 | 141.00 |
| **P70** | 131 | 128 | 132 | 131.70 | 131.00 | 126.00 | 137.00 |
| **P60** | 126 | 122 | 129 | 127.00 | 125.00 | 122.20 | 131.00 |
| **P50** | 120 | 118.5 | 124.50 | 121.50 | 120.00 | 118.00 | 124.00 |
| **P40** | 116 | 113 | 118.0 | 117.40 | 116.00 | 114.00 | 118.00 |
| **P30** | 111.30 | 109 | 114.9 | 114.00 | 110.00 | 110.00 | 112.00 |
| **P20** | 105.20 | 100.8 | 107.2 | 110.00 | 102.00 | 101.40 | 108.00 |
| **P10** | 85.20 | 81 | 97.30 | 98.20 | 82.00 | 82.20 | 89.00 |

From this table it is clear that 50 percentage of the total sample scored above 120. The percentile value again shows that 90 percentage of total sample scored above 85.20. This shows that parents of adolescents are having favourable attitude towards Adolescent Education Programme in Kerala. Fifty percentage of Female and Male scored below 124.50 and 118.50 respectively. It shows Female parents have more favourable attitude than Male parents in case of AEP. Fifty percentage of Urban and Rural Parents scored below 121.50 and 120.00 respectively. From the result it is evident that Urban parents scored more scores than Rural parents in case of AEP. It shows urban parents have more favourable attitude than rural parents in case of AEP. Fifty percentage of High Qualified parents scored below 124 and fifty percentage of Low Qualified parents scored below 118. From the analysis it is clear that High Qualified parents have more favourable attitude towards Adolescent Education Programme than Low Qualified parents.

**5.2.2. Comparison of Mean Scores of AEP with respect to Gender, Locality and Qualification**

There is significant difference in Attitude of Parents Towards Adolescence Education Programme with respect to Gender [t=2.36,significant at 0.05 level]. The female parents have more favourable Attitude than Male parents in case of Attitude Towards Adolescence Education Programme.

There is no significant difference in Attitude of Parents Towards Adolescence Education Programme with respect to Locality [t=1.83,not significant at 0.05 level].

There is significant difference in Attitude of Parents Towards Adolescence Education Programme with respect to Qualification [ t=2.931, significant at 0.01 level]. The high qualified parents have more favourable Attitude than low qualified parents in case of Attitude Towards Adolescence Education Programme.

**5.3. TENABILITY OF HYPOTHESES**

Based on the findings, the tenability of hypotheses of the study was examined.

5.3.1. The first hypotheses states that “Most of the Parents have an unfavorable Attitude Towards Adolescence Education Programme”. The findings of the study reveal that most of the parents have favorable Attitude Towards Adolescence Education Programme. Hence the first hypothesis is rejected.

5.3.2. The second hypotheses states that “There will be significant difference in the Attitude Towards Adolescence Education Programme, based on Gender, Locality and Qualification”. The findings of the study reveal that there is significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Gender and Qualification. There is no significant difference in the Attitude of Parents Towards Adolescence Education Programme based on Locality. There for the second hypotheses is partially accepted.

**5.4. EDUCATIONAL IMPLICATIONS**

The present study was to find out the Attitude of parents Towards Adolescence Education Programme in Malappuram, Kozhikkode and Palakkad districts of Kerala. AEP is a new programme in Kerala. The study revealed that there is a significant difference between the attitudes of different categories.

Educated parents have high favourable Attitude Towards Adolescence Education Programme. Since education is a factor which affects the Attitude of Parents Towards Adolescence Education Programme. Through proper awareness programmes about AEP we can change the Attitude of low qualified parents.

AEP helps the Adolescent to acquire knowledge about physical changes. Most of the parents believe that lack of AEP is the reason for sexual crimes in the society. Majority of parents have favourable Attitude Towards Adolescence Education Programme. So curriculum should be modified including provisions for AEP.

More favourable attitude can be seen in Females than Male. Female has to face more problems than a male does. But they do not get enough consideration. So AEP helps them to be secure from exploitations.

People in Urban areas show favourable attitude towards AEP. But in rural areas religions, superstitions, homely and social factors etc. badly affect the AEP. The importance of AEP should be conveyed by proper awareness programme. So in this present situation AEP should include in school curriculum.

**5.5 SUGGESTIONS FOR FURTHER RESEARCH**

The present study brings light to a number of new areas to be covered by further researchers. The following suggestions are put forward for the same.

1. Studies can be conducted to find out the Attitude of Teachers Towards Adolescence Education Programme.
2. Replication of present study in other district can be conducted.
3. Awareness of pupils Towards Adolescence Education Programme can be studied.
4. Awareness of Teachers Towards Adolescence Education Programme can be studied.
5. Attitude of religions Towards Adolescence Education Programme can be studied.
6. Relationship of awareness and Attitude Towards Adolescence Education Programme can be studied.
7. Attitude of students Towards Adolescence Education Programme can be studied.

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**APPENDICESAPPENDIX I**

**FAROOK TRAINING COLLEGE**

FAROOK COLLEGE P.O.

**SCALE OF PARENTAL ATTITUDE**

**TOWARDS ADOLESCENCE EDUCATION PROGRAMME (2007)**

**(DRAFT)**



**\nÀt±-i-§Ä**

Iuamc hnZym-`ymk ]²-Xn-sb-¡p-dn-¨v c£n-Xm-¡-fpsS at\m-`mhw Af-¡p-¶-Xn-\pÅ Hcp kÀtÆ BWnXv. Xmsg sImSp-¯n-cn-¡p¶ {]kvXm-h-\-IÄ¡pÅ \n§-fpsS {]Xn-I-cWw X¶n-cn-¡p¶ aq¶p hn`m-K§-fnÂ (tbm-Pn-¡p-¶p, A`n-{]m-b-an-Ã, hntbm-Pn-¡p-¶p) GXm-sW¶v icn-NnÓw () D]-tbm-Kn¨v tcJ-s¸-Sp-¯pI.

Cu tNmZym-h-en-tbm-SpÅ Xm¦-fpsS {]Xn-I-cWw hfsc cl-ky-ambn kq£n-¡p-¶-Xm-sW¶pw, ]T-\mhiy-¯n-\pth­n am{Xta D]-tbm-Kn¡q F¶pw Rm³ Dd¸pX-cp-¶p.

1. Iuamc hnZym-`ymk]cn-]mSn Ip«n-I-fpsS Pohn-X-¯n\v C³jq-d³kv FSp¡p-¶-Xn\p XpÃy-amWv.
2. imco-cnI hfÀ¨-bpsS hnhn[ L«§sf¡p-dn-¨pÅ Adnhv Ip«n-IÄ¡p \ÂIWw.
3. ab-¡p-a-cp-¶p-I-fnÂ \n¶v Ip«n-Isf c£n-¡m³ ab-¡p-a-cp-¶nsâ Zqjy-^-e-§sf¡pdn¨v hnZym-e-b-¯nÂ \n¶pXs¶ Ip«n-IÄ¡v Adnhp \ÂIWw.
4. FbvUvkv (AIDS) tcmKn-I-fpsS IpSpw-\_s¯ klm-bn-¡m-\pÅ at\m-`mhw hnZym-`ym-k-¯n-eqsS Ip«n-I-fnÂ hfÀ¯n-sb-Sp-t¡­­ Bh-iy-anÃ.
5. Iuamc hnZym-`ymk ]cn-]mSn \½p-sS aqey-§-fpsS XIÀ¨bv¡v Imc-W-amIpw.
6. hnhn[Xcw ssewKnI tcmK-§-fpsS e£-W-§sf¡pdn¨v Ip«n-IÄ¡v hnZym`ym-k-¯n-eqsS Adnhv \ÂIWw.
7. Iuamc hnZym-`ymk ]cn-]mSn \½psS `mhnXe-ap-dsb [mÀan-I-ambn XIÀ¡pw.
8. hÀ¯-am\Ime kaq-l-¯nÂ ab¡p acp-¶p-I-fpsS Zqjy-^-e§Ä A\p-`-hn-¡p-¶-hsc klm-bn-¡m-\pÅ at\m-`mhw Ip«n-I-fnÂ D­­m-¡Ww .
9. ]pI-hen, aZy-]m\w XpS-§n-b-h-bpsS ZqjnX he-b-¯nÂ AI-s¸-Sm-Xn-cn-¡m³ Iuam-c-hn-Zym-`ymk ]cn-]mSn A\n-hm-cy-amWv.
10. kvIqfp-I-fn-eqsS ssewKnI hnZym-`ymkw \ÂIpt¼mÄ Ip«n-IÄ¡v A[ym-]-I-tcm-SpÅ BZ-chv \jvS-s¸-Sp¶p.
11. Iuamc hnZym-`ymkw ]mTy-]-²-Xn-bpsS `mK-am-¡Ww.
12. FbvUvkv D­­m-Im-\p-Å kml-N-cy-§Ä Ip«n-IÄ¡v ]dªp sImSp-t¡­­ Bh-iy-anÃ.
13. ssewKnI hnZym-`ymk ]cn-]m-Snsb am[y-a-§Ä sXämbn hymJm-\n-¡p-I-bm-Wv.
14. KÀ`-\n-tcm-[\ amÀ¤-§Ä, Kpfn-I-IÄ XpS-§n-b-hsb¡pdn¨v Ip«n-IÄ¡v hnZym-`ymkw \ÂtI­­ Bh-iy-anÃ.
15. Iuamc hnZym-`ymkw sslkvIqÄ ¢mkp-I-fnse FÃm B¬Ip«n-IÄ¡pw s]¬Ip-«n-IÄ¡pw \ÂI-Ww.
16. Fsâ aX-]-chpw hnizm-k-]-c-hp-amb Imgv¨-¸m-Sp-IÄ Iuamc hnZym-`ymk ]cn-]m-Sn¡v FXn-cm-Wv.
17. kvIqfp-IÄ ssewKnI hnZym-`ymkw \ÂIm-\pÅ Øm]-\-§-fÃ.
18. kvt\lw, hnhmlw XpS-§nb \_Ô-§sf¡pdn¨v Ip«n-IÄ¡v hnZym-e-b-¯nÂ\n¶pw Adnhv e`n-¡-Ww.
19. FbvUvkv F¶ hn]-¯ns\¡pdn-¨pÅ t\_m[-hÂ¡-cWw hnZym-e-b-¯nÂ \n¶mWv Bcw-`n-t¡­-­-Xv.
20. ssewKnI hnZym-`ymkw \_lp-cm-jv{S- I-¼-\n-I-fpsS KÀ`-\n-tcm-[\ Dd-Ifpw, Kpfn-I-Ifpw {]N-cn-¸n-¡m-\pÅ Hcp X{´w am{X-amWv.
21. sSen-hn-j³, amkn-I-IÄ XpS-§n-b-h-bnÂ \n¶v Ip«n-IÄ¡v ssewKnI hnZym-`ymkw e`n-¡p-¶-Xn-\mÂ IuamchnZym-`ymk ]cn-]m-Sn-bpsS Bh-iy-an-Ã.
22. Btcm-Ky-apÅ Hcp kaq-l-ap­-­m-hm³ ssewKnI hnZym-`ymkw A\n-hm-cyam-Wv.
23. ssewKn-I-Im-cy-§-sf-¡p-dn-¨p-Å Adnhv Ip«n-IÄ kzbw BÀPn-s¨-Sp-t¡­-­-Xm-Wv.
24. icoc`mK§Ä hr¯n-bmbn kq£n-¡m³ Ip«n-IÄ¡v hnZym-`ymkw \ÂI-Ww.
25. imco-cnI hfÀ¨-bpsS hnhn[ L«-§-fnÂ \ÂtI­­ {]Xn-tcm-[-Ip-¯n-sh¸p-Isf¡pdn-¨pÅ [mcW Ip«n-IÄ¡v hnZym-e-b-¯nÂ \n¶p Xs¶ \ÂIWw.
26. FbvUvkv tcmKw ]Icm-Xn-cn-¡m³ kzoI-cn-t¡­­ ap³I-cp-X-ep-IÄ Iuam-c-¡mÀ¡v ]d-ªp-sIm-Sp-t¡­­­­ Bh-iy-anÃ.
27. FbvUvkv tcmKn-IÄ shdp¡s]tS­-­-h-cÃ F¶ t\_m[w hnZym-`ym-k-¯n-eqsS Ip«n-IfnÂ D­­m-¡Ww.
28. ssewKnItcmK-§-tfbpw FbvUvvkn-t\bpw Ipdn-¨pÅ hnZym-`ymkw Iuam-c-¡msc ssewKnI ]co-£-W-¯n\p t{]cn-¸n¡pw.
29. Btcm-Ky-I-c-amb Hcp ssewKnIPohn-X-coXn ]n´p-S-cp-¶-Xn-\p-Å amÀK-tc-J-IÄ Iuam-c-¡mÀ¡v hnZym-e-b-¯nÂ \n¶v \ÂI-Ww.
30. {]Xyp-ev]m-Z-\-¯nsâ hnhn[ hi-§-sf-¡p-dn¨v Ip«n-IÄ¡v hnZym-`ymkw \ÂI-Ww.
31. ssewKnItcmK-§Ä¡v ]cn-tim-[\ \S¯p¶ Øm]\§-sf-¡p-dn¨v hnZym-e-b-¯nÂ \n¶pw Ip«n-IÄ¡v Adnhv \ÂtI­­Xn-Ã.
32. Iuamc hnZym-`ym-k-]-cn-]mSn Ip«n-I-fnÂ kl-]m-Tn-I-tfmSv Btcm-Ky-I-c-amb at\m-`mhw D­­m-¡p¶p.
33. Iuamc hnZym-`ymk ]cn-]mSn Ip«n-Isf hnhm-l-]qÀÆ ssewKnI\_Ô-¯n\v t{]cn-¸n-¡p¶p.
34. ssewKnI hnZym-`ym-k-¯nsâ A`m-h-amWv kaq-l-¯nÂ ssewKnI Ipä-Ir-Xy-§Ä s]cp-Im³ Imc-Ww.
35. Iuamc hnZym-`ymk ]cn-]m-SnbpsS e£yw Ip«n-I-fnÂ ssewKnIXtbmSv B`n-apJyw hfÀ¯pI F¶-Xm-Wv.
36. ssewKnImtcmKy-s¯-¡p-dn¨v Ip«n-IÄ¡-dn-hp \ÂIWw.
37. cmPy-¯nsâ ]ptcm-K-Xn¡v ssewKn-I- hn-Zym-`ymkw Bh-iy-an-Ã.
38. ssewKnIhnZym-`ymkw hnZym-e-b-¯nÂ\n¶v Ip«nIÄ¡v \nÀ\_Ôambpw \ÂtI­Xp­­v.
39. ssewKnIX apXnÀ¶hÀ am{Xw Adn-tb­­ hkvXp-X-bmWv.
40. A[ym-]-IÀ Ip«n-IÄ¡v ssewKnIhnZym-`ymkw \ÂIp-¶Xv icn-bmb \S-]-Sn-bÃ.
41. hnZym-e-b-¯nÂ \n¶pÅ ssewKn-I-hn-Zym-`ymkw ssewKn-I-X-bp-ambn \_Ô-s¸« AÔ-hn-izm-k-§Ä CÃm-Xm-¡pw.
42. ssewKnIhnZym-`ymkw Ip«n-I-fpsS Ah-Im-i-amWv.
43. s]¬Ip«n-IÄ¡v BÀ¯h{]{In-bsb¡pdn-¨pÅ hyà-amb [mcW hnZym-`ym-k-¯n-eqsS \ÂtI­­Xp­v.
44. Iuamc hnZym-`ym-k]cn-]mSn¡v amänsh¡p¶ XpI cmPy-¯n\v Xocm-\-jvS-amWv.
45. ssewKnIXbpsS AXn-{]-k-c-amWv Iuamc hnZym-`ymk ]cn-]m-Sn.
46. hnZym-e-b-¯nÂ\n-¶pÅ ssewKnIhnZym-`ymkw IpSpw-\_-Po-hn-X-¯nsâ hnP-b-¯n-\m-h-iy-am-Wv.
47. hnZym-e-b-¯nÂ\n-¶pÅ ssewKnIhnZym-`ymkw cmPys¯ ssewKnI Acm-PIXz¯nte¡v \bn-¡pw.
48. Fsâ Ip«n-IÄ ssewKnI Imcy-§Ä kwkm-cn-¡p-¶Xpw tIÄ¡p-¶Xpw Rm³ CjvS-s¸-Sp-¶n-Ã.
49. Iuamc KÀ`-¯nsâ A]-I-S-s¯-¡p-dn¨v hnZym-e-b-¯nÂ \n¶pw Ip«n-Isf t\_m[y-s¸-Sp-t¯­Xp­-­v.
50. ]mÝmXy \mSp-I-fn-teXp-t]mse tIc-f-¯nÂ ssewKnI hnZym-`ymkw \ÂtI­­ Bh-iy-anÃ.
51. imkv{Xob coXn-bnÂ ssewKnI hnZym-`ym-ks¯ Ipdn-¨pÅ Ah-t\_m[w hnZymÀ°n-I-fn-ep­-­m-¡m³ c£n-Xm-¡-tf-¡mÄ IqSp-X-embn A[ym-]-IÀ¡p-I-gnbpw.
52. C¶s¯ kaq-l¯nÂ ssewKnI hnZym`ymk-]-cn-]mSn A\n-hm-cy-amWv.
53. ssewKnI tcmK-§-sf-¡p-dn¨v Ip«n-IÄ¡v Adn-hp-\ÂtI­-­Xv hÀ¯-am-\-Ime kml-N-cy-¯nÂ AXymh-iy-amWv.
54. Iuam-c-hn-Zym-`ymk ]cn-]mSn Ip«n-I-fnÂ ]T-\-t¯m-SpÅ XmXv]cyw Ipd-bv¡p¶p.
55. Iuam-c-hn-Zym-`ymk ]c-n]mSn \½psS aqey-§sf XIÀ¡m-\pÅ apX-em-fn¯ cmjv{S-§-fpsS KqUm-tem-N-\-bm-Wv.

**APPENDIX I A**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**

**RESPONSE SHEET**

t]cv : ..................................... tPmen : .............................

]pcp-j³/kv{Xo : .................................... {]tZiw : {Kmaw/\Kcw

hnZym-`ymk tbmKyX : ..................................... PnÃ : ..............................

{]mbw : ....................................

**APPENDIX I B**

**FAROOK TRAINING COLLEGE**

FAROOK COLLEGE P.O.

**SCALE OF PARENTAL ATTITUDE**

**TOWARDS ADOLESCENCE EDUCATION PROGRAMME (2007)**

**(DRAFT)**

Sushama K

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Dr. A. Hameed

Lecturer in Education

Farook Training College

**Instructions**

This is a survey for measuring the attitude of parents towards the Adolescence Education Programme. Please record your response to the following statements in the response sheet provided with a (√ )mark against any one of the three options given as 'Agree, Undecided and Disagree'.

I assure that your responses to this questionnaire will be kept confidential and will be used only for the purpose of research.

1. The Adolescence Education Programme is an equivalent to taking insurance to the life of children.
2. Students should be imparted awareness about the different stages of their physical growth.
3. In order to save students from drugs addiction, they are to be imparted knowledge about the vicious effects of substance abuse from the school itself.
4. The attitude to help the families of AIDS patients need not be inculcated in children through education.
5. The Adolescence Education Programme may lead to degeneration of our values.
6. Through education children should be informed of the symptoms of various kinds of sexual diseases.
7. The Adolescence Education Programme will degenerate the morale of our future generations.
8. The attitude to help the victims of drug abuse in the society should be nurtured in children.
9. The Adolescence Education Programme is inevitable to keep children from the vicious effects of smoking, drinking, etc.
10. Children lose respect towards teachers when Adolescence education is provided in schools.
11. Adolescence Education should be an integral part of the curriculum.
12. Children need not be informed of the circumstances leading to AIDS.
13. The Adolescence Education Programme is misinterpreted by the media.
14. Children need not be educated about the use of contraceptives, pills etc.
15. Adolescence Education should be provided to both boys and girls of the high school classes.
16. My religious and ritualistic outlooks are against Adolescence Education.
17. Schools are not the places to provide sex education.
18. Students are to get awareness about different relationships such as conjugal love and marriage, from the school.
19. AIDS awareness programmes should be started from school itself.
20. Adolescence Education Programme is a trick adopted by the multinational companies to popularize their condoms and contraceptive pills.
21. The Adolescence Education Programme is not necessary since the children are getting sex education from television, journals, etc.
22. Adolescence Education Programme is essential for a healthy society.
23. Children have to acquire knowledge about sexuality by themselves.
24. Children should be made aware to keep their body parts clean.
25. Schools should provide children an understanding about the vaccinations at various stages of their physical development.
26. It is not necessary to inform adolescents about the preventive measures to AIDS.
27. Through education, children should be made aware that AIDS patients are not despicable.
28. The education on sexual diseases and AIDS will tempt the adolescents to experiment with sex.
29. School should provide the adolescents with guidelines to follow a healthy sexual life style.
30. Children should be educated about the various aspects of sexual reproduction.
31. From school, children should not be given information about the institutions which diagnose sexual diseases.
32. The Adolescence Education Programme creates healthy attitudes in children towards their fellow students.
33. The Adolescence Education Programme tempts children for premarital sexual relationships.
34. Lack of proper sex education is the reason where by sexual crimes increases in the society.
35. The aim of the Adolescence Education Programme is to cultivate interest in children towards sexuality.
36. Children should be made aware of sexual health.
37. Adolescence Education Programme is not necessary for the development of nation.
38. Adolescence Education Programme must compulsorily be given to children from the school itself.
39. Sexual knowledge is for adults only.
40. It is highly improper for teachers to provide sex education to children.
41. Adolescence Education Programme in schools will eradicate superstitions related with sexuality.
42. Adolescence Education Programme is a right of the children.
43. Through education, girls should be provided with a clear understanding of the process of menstruation.
44. The fund allocated for Adolescence Education Programme will be a great loss for the nation.
45. The Adolescence Education Programme involves superfluity of sexuality.
46. Adolescence Education Programme from the school is necessary for the success in family life.
47. Adolescence Education Programme through schools will lead the country to social anarchy.
48. I do not like my children talking or hearing sexual matters.
49. Students are to be convinced in school about the danger of adolescent pregnancy.
50. There is no need of Adolescence Education Programme in Kerala as in the western countries.
51. Teachers can impart more awareness in children about scientific sex education, than parents.
52. Adolescence Education Programme is inevitable in present day society.
53. Giving awareness to children about sexual diseases is vitally essential in the contemporary social situation.
54. The Adolescence Education Programme reduces the interest of children towards study.
55. The Adolescence Education Programme is a part of the conspiracy executed by the capitalist countries to degrade our moral values.

**♣♣♣♣♣♣♣**

**APPENDIX I C**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**

**RESPONSE SHEET**

Name: ........................................ Age: ........................

Sex: Male/Female. Occupation: ...............

Educational Qualification: ......... Locality: Rural/Urban.

District : .....................................

**APPENDIX I D**

**SCORING KEY OF**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**

**APPENDIX II**

**FAROOK TRAINING COLLEGE**

FAROOK COLLEGE P.O.

**SCALE OF PARENTAL ATTITUDE**

**TOWARDS ADOLESCENCE EDUCATION PROGRAMME (2007)**

**(FINAL)**



**\nÀt±-i-§Ä**

Iuamc hnZym-`ymk ]²-Xn-sb-¡p-dn-¨v c£n-Xm-¡-fpsS at\m-`mhw Af-¡p-¶-Xn-\pÅ Hcp kÀtÆ BWnXv. Xmsg sImSp-¯n-cn-¡p¶ {]kvXm-h-\-IÄ¡pÅ \n§-fpsS {]Xn-I-cWw X¶n-cn-¡p¶ D¯-c-¡-S-em-knÂ aq¶p hn`m-K§-fnÂ (tbm-Pn-¡p-¶p, A`n-{]m-b-an-Ã, hntbm-Pn-¡p-¶p) GXm-sW¶v icn-NnÓw () D]-tbm-Kn¨v tcJ-s¸-Sp-¯pI.

Cu tNmZym-h-en-tbm-SpÅ Xm¦-fpsS {]Xn-I-cWw hfsc cl-ky-ambn kq£n-¡p-¶-Xm-sW¶pw, ]T-\mhiy-¯n-\pth­n am{Xta D]-tbm-Kn¡q F¶pw Rm³ Dd¸pX-cp-¶p.

1. Iuamc hnZym-`ymk]cn-]mSn Ip«n-I-fpsS Pohn-X-¯n\v C³jq-d³kv FSp¡p-¶-Xn\p XpÃy-amWv.
2. imco-cnI hfÀ¨-bpsS hnhn[ L«§sf¡p-dn-¨pÅ Adnhv Ip«n-IÄ¡p \ÂIWw.
3. Iuamc hnZym-`ymk ]cn-]mSn \½p-sS aqey-§-fpsS XIÀ¨bv¡v Imc-W-amIpw.
4. hnhn[Xcw ssewKnI tcmK-§-fpsS e£-W-§sf¡pdn¨v Ip«n-IÄ¡v hnZym`ym-k-¯n-eqsS Adnhv \ÂIWw.
5. Iuamc hnZym-`ymk ]cn-]mSn \½psS `mhnXe-ap-dsb [mÀan-I-ambn XIÀ¡pw.
6. hÀ¯-am\Ime kaq-l-¯nÂ ab¡p acp-¶p-I-fpsS Zqjy-^-e§Ä A\p-`-hn-¡p-¶-hsc klm-bn-¡m-\pÅ at\m-`mhw Ip«n-I-fnÂ D­­m-¡Ww .
7. ]pI-hen, aZy-]m\w XpS-§n-b-h-bpsS ZqjnX he-b-¯nÂ AI-s¸-Sm-Xn-cn-¡m³ Iuam-c-hn-Zym-`ymk ]cn-]mSn A\n-hm-cy-amWv.
8. kvIqfp-I-fn-eqsS ssewKnI hnZym-`ymkw \ÂIpt¼mÄ Ip«n-IÄ¡v A[ym-]-I-tcm-SpÅ BZ-chv \jvS-s¸-Sp¶p.
9. Iuamc hnZym-`ymkw ]mTy-]-²-Xn-bpsS `mK-am-¡Ww.
10. ssewKnI hnZym-`ymk ]cn-]m-Snsb am[y-a-§Ä sXämbn hymJm-\n-¡p-I-bm-Wv.
11. KÀ`-\n-tcm-[\ amÀ¤-§Ä , Kpfn-I-IÄ XpS-§n-b-hsb¡pdn¨v Ip«n-IÄ¡v hnZym-`ymkw \ÂtI­­ Bh-iy-anÃ.
12. Fsâ aX-]-chpw hnizm-k-]-c-hp-amb Imgv¨-¸m-Sp-IÄ Iuamc hnZym-`ymk ]cn-]m-Sn¡v FXn-cm-Wv.
13. kvIqfp-IÄ ssewKnI hnZym-`ymkw \ÂIm-\pÅ Øm]-\-§-fÃ.
14. kvt\lw, hnhmlw XpS-§nb \_Ô-§sf¡pdn¨v Ip«n-IÄ¡v hnZym-e-b-¯nÂ\n¶pw Adnhv e`n-¡-Ww.
15. FbvUvkv F¶ hn]-¯ns\¡pdn-¨pÅ t\_m[-hÂ¡-cWw hnZym-e-b-¯nÂ \n¶mWv Bcw-`n-t¡­-­-Xv.
16. ssewKnI hnZym-`ymkw \_lp-cm-jv{S- I-¼-\n-I-fpsS KÀ`-\n-tcm-[\ Dd-Ifpw, Kpfn-I-Ifpw {]N-cn-¸n-¡m-\pÅ Hcp X{´w am{X-amWv.
17. sSen-hn-j³, amkn-I-IÄ XpS-§n-b-h-bnÂ \n¶v Ip«n-IÄ¡v ssewKnI hnZym-`ymkw e`n-¡p-¶-Xn-\mÂ IuamchnZym-`ymk ]cn-]m-Sn-bpsS Bh-iy-an-Ã.
18. Btcm-Ky-apÅ Hcp kaq-l-ap­-­m-hm³ ssewKnI hnZym-`ymkw A\n-hm-cyam-Wv.
19. ssewKn-I-Im-cy-§-sf-¡p-dn-¨p-Å Adnhv Ip«n-IÄ kzbw BÀPn-s¨-Sp-t¡­-­-Xm-Wv.
20. icoc`mK§Ä hr¯n-bmbn kq£n-¡m³ Ip«n-IÄ¡v hnZym-`ymkw \ÂI-Ww.
21. FbvUvkv tcmKw ]Icm-Xn-cn-¡m³ kzoI-cn-t¡­­ ap³I-cp-X-ep-IÄ Iuam-c-¡mÀ¡v ]d-ªp-sIm-Sp-t¡­­­­ Bh-iy-anÃ.
22. FbvUvkv tcmKn-IÄ shdp¡s]tS­-­-h-cÃ F¶ t\_m[w hnZym-`ym-k-¯n-eqsS Ip«n-IfnÂ D­­m-¡Ww.
23. ssewKnItcmK-§-tfbpw FbvUvvkn-t\bpw Ipdn-¨pÅ hnZym-`ymkw Iuam-c-¡msc ssewKnI ]co-£-W-¯n\p t{]cn-¸n¡pw.
24. Btcm-Ky-I-c-amb Hcp ssewKnIPohn-X-coXn ]n´p-S-cp-¶-Xn-\p-Å amÀK-tc-J-IÄ Iuam-c-¡mÀ¡v hnZym-e-b-¯nÂ \n¶v \ÂI-Ww.
25. {]Xyp-ev]m-Z-\-¯nsâ hnhn[ hi-§-sf-¡p-dn¨v Ip«n-IÄ¡v hnZym-`ymkw \ÂI-Ww.
26. ssewKnItcmK-§Ä¡v ]cn-tim-[\ \S¯p¶ Øm]\§-sf-¡p-dn¨v hnZym-e-b-¯nÂ \n¶pw Ip«n-IÄ¡v Adnhv \ÂtI­­Xn-Ã.
27. Iuamc hnZym-`ym-k-]-cn-]mSn Ip«n-I-fnÂ kl-]m-Tn-I-tfmSv Btcm-Ky-I-c-amb at\m-`mhw D­­m-¡p¶p.
28. Iuamc hnZym-`ymk ]cn-]mSn Ip«n-Isf hnhm-l-]qÀÆ ssewKnI\_Ô-¯n\v t{]cn-¸n-¡p¶p.
29. ssewKnI hnZym-`ym-k-¯nsâ A`m-h-amWv kaq-l-¯nÂ ssewKnI Ipä-Ir-Xy-§Ä s]cp-Im³ Imc-Ww.
30. Iuamc hnZym-`ymk ]cn-]m-SnbpsS e£yw Ip«n-I-fnÂ ssewKnIXtbmSv B`n-apJyw hfÀ¯pI F¶-Xm-Wv.
31. ssewKnImtcmKy-s¯-¡p-dn¨v Ip«n-IÄ¡-dn-hp \ÂIWw.
32. cmPy-¯nsâ ]ptcm-K-Xn¡v ssewKn-I- hn-Zym-`ymkw Bh-iy-an-Ã.
33. ssewKnIhnZym-`ymkw hnZym-e-b-¯nÂ\n¶v Ip«nIÄ¡v \nÀ\_Ôambpw \ÂtI­Xp­­v.
34. ssewKnIX apXnÀ¶hÀ am{Xw Adn-tb­­ hkvXp-X-bmWv.
35. A[ym-]-IÀ Ip«n-IÄ¡v ssewKnIhnZym-`ymkw \ÂIp-¶Xv icn-bmb \S-]-Sn-bÃ.
36. hnZym-e-b-¯nÂ \n¶pÅ ssewKn-I-hn-Zym-`ymkw ssewKn-I-X-bp-ambn \_Ô-s¸« AÔ-hn-izm-k-§Ä CÃm-Xm-¡pw.
37. ssewKnIhnZym-`ymkw Ip«n-I-fpsS Ah-Im-i-amWv.
38. s]¬Ip«n-IÄ¡v BÀ¯h{]{In-bsb¡pdn-¨pÅ hyà-amb [mcW hnZym-`ym-k-¯n-eqsS \ÂtI­­Xp­­v.
39. Iuamc hnZym-`ym-k]cn-]mSn¡v amänsh¡p¶ XpI cmPy-¯n\v Xocm-\-jvS-amWv.
40. ssewKnIXbpsS AXn-{]-k-c-amWv Iuamc hnZym-`ymk ]cn-]m-Sn.
41. hnZym-e-b-¯nÂ\n-¶pÅ ssewKnIhnZym-`ymkw IpSpw-\_-Po-hn-X-¯nsâ hnP-b-¯n-\m-h-iy-am-Wv.
42. hnZym-e-b-¯nÂ\n-¶pÅ ssewKnIhnZym-`ymkw cmPys¯ ssewKnI Acm-PIXz¯nte¡v \bn-¡pw.
43. Fsâ Ip«n-IÄ ssewKnI Imcy-§Ä kwkm-cn-¡p-¶Xpw tIÄ¡p-¶Xpw Rm³ CjvS-s¸-Sp-¶n-Ã.
44. Iuamc KÀ`-¯nsâ A]-I-S-s¯-¡p-dn¨v hnZym-e-b-¯nÂ \n¶pw Ip«n-Isf t\_m[y-s¸-Sp-t¯­Xp­-­v.
45. ]mÝmXy \mSp-I-fn-teXp-t]mse tIc-f-¯nÂ ssewKnI hnZym-`ymkw \ÂtI­­ Bh-iy-anÃ.
46. imkv{Xob coXn-bnÂ ssewKnI hnZym-`ym-ks¯ Ipdn-¨pÅ Ah-t\_m[w hnZymÀ°n-I-fn-ep­-­m-¡m³ c£n-Xm-¡-tf-¡mÄ IqSp-X-embn A[ym-]-IÀ¡p-I-gnbpw.
47. C¶s¯ kaq-l¯nÂ ssewKnI hnZym`ymk-]-cn-]mSn A\n-hm-cy-amWv.
48. ssewKnI tcmK-§-sf-¡p-dn¨v Ip«n-IÄ¡v Adn-hp-\ÂtI­-­Xv hÀ¯-am-\-Ime kml-N-cy-¯nÂ AXymh-iy-amWv.
49. Iuam-c-hn-Zym-`ymk ]cn-]mSn Ip«n-I-fnÂ ]T-\-t¯m-SpÅ XmXv]cyw Ipd-bv¡p¶p.
50. Iuam-c-hn-Zym-`ymk ]c-n]mSn \½psS aqey-§sf XIÀ¡m-\pÅ apX-em-fn¯ cmjv{S-§-fpsS KqUm-tem-N-\-bm-Wv.

**APPENDIX II A**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**

**RESPONSE SHEET**

t]cv : ..................................... tPmen : .............................

]pcp-j³/kv{Xo : .................................... {]tZiw : {Kmaw/\Kcw

hnZym-`ymk tbmKyX : ..................................... PnÃ : ..............................

{]mbw : ....................................



**APPENDIX II B**

**FAROOK TRAINING COLLEGE**

FAROOK COLLEGE P.O.

**SCALE OF PARENTAL ATTITUDE**

**TOWARDS ADOLESCENCE EDUCATION PROGRAMME (2007)**

**(FINAL)**

Sushama K.

M.Ed Student

Farook Training College

Dr. A. Hameed

Lecturer in Education

Farook Training College

**Instructions**

This is a survey for measuring the attitude of parents towards the Adolescence Education Programme. Please record your response to the following statements in the response sheet provided with a (√ ) mark against any one of the three options given as 'Agree, Undecided and Disagree'.

I assure that your responses to this questionnaire will be kept confidential and will be used only for the purpose of research.

1. The Adolescence Education Programme is an equivalent to taking insurance to the life of children.
2. Students should be imparted awareness about the different stages of their physical growth.
3. The Adolescence Education Programme may lead to degeneration of our values.
4. Through education children should be informed of the symptoms of various kinds of sexual diseases.
5. The Adolescence Education Programme will degenerate the morale of our future generations.
6. The attitude to help the victims of drug abuse in the society should be nurtured in children.
7. The Adolescence Education Programme is inevitable to keep children from the vicious effects of smoking, drinking, etc.
8. Children lose respect towards teachers when Adolescent education is provided in schools.
9. Adolescence Education should be an integral part of the curriculum.
10. The Adolescence Education Programme is misinterpreted by the media.
11. Children need not be educated about the use of contraceptives, pills etc.
12. My religious and ritualistic outlooks are against Adolescence Education.
13. Schools are not the places to provide sex education.
14. Students are to get awareness about different relationships such as conjugal love and marriage, from the school.
15. AIDS awareness programmes should be started from school itself.
16. Adolescence Education Programme is a trick adopted by the multinational companies to popularize their condoms and contraceptive pills.
17. The Adolescence Education Programme is not necessary since the children are getting sex education from television, journals, etc.
18. Adolescence Education Programme is essential for a healthy society.
19. Children have to acquire knowledge about sexuality by themselves.
20. Children should be made aware to keep their body parts clean.
21. It is not necessary to inform adolescents about the preventive measures to AIDS.
22. Through education, children should be made aware that AIDS patients are not despicable.
23. The education on sexual diseases and AIDS will tempt the adolescents to experiment with sex.
24. School should provide the adolescents with guidelines to follow a healthy sexual life style.
25. Children should be educated about the various aspects of sexual reproduction.
26. From school, children should not be given information about the institutions which diagnose sexual diseases.
27. The Adolescence Education Programme creates healthy attitudes in children towards their fellow students.
28. The Adolescence Education Programme tempts children for premarital sexual relationships.
29. Lack of proper sex education is the reason where by sexual crimes increases in the society.
30. The aim of the Adolescence Education Programme is to cultivate interest in children towards sexuality.
31. Children should be made aware of sexual health.
32. Adolescence Education Programme is not necessary for the development of nation.
33. Adolescence Education Programme must compulsorily be given to children from the school itself.
34. Sexual knowledge is for adults only.
35. It is highly improper for teachers to provide sex education to children.
36. Adolescence Education Programme in schools will eradicate superstitions related with sexuality.
37. Adolescence Education Programme is a right of the children.
38. Through education, girls should be provided with a clear understanding of the process of menstruation.
39. The fund allocated for Adolescence Education Programme will be a great loss for the nation.
40. The Adolescence Education Programme involves superfluity of sexuality.
41. Adolescence Education Programme from the school is necessary for the success in family life.
42. Adolescence Education Programme through schools will lead the country to social anarchy.
43. I do not like my children talking or hearing sexual matters.
44. Students are to be convinced in school about the danger of adolescent pregnancy.
45. There is no need of Adolescence Education Programme in Kerala as in the western countries.
46. Teachers can impart more awareness in children about scientific sex education, than parents.
47. Adolescence Education Programme is inevitable in present day society.
48. Giving awareness to children about sexual diseases is vitally essential in the contemporary social situation.
49. The Adolescence Education Programme reduces the interest of children towards study.
50. The Adolescence Education Programme is a part of the conspiracy executed by the capitalist countries to degrade our moral values.

**♣♣♣♣♣♣♣**

**APPENDIX II C**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**

**RESPONSE SHEET**

Name: ........................................ Age: ...........................

Sex: Male/Female. Occupation: ...............

Educational Qualification: ......... Locality: Rural/Urban.

District : .....................................



**APPENDIX II D**

**SCORING KEY OF**

**SCALE OF PARENTAL ATTITUDE TOWARDS**

**ADOLESCENCE EDUCATION PROGRAMME**



**PARENTAL ATTITUDE TOWARDS ADOLESCENCE EDUCATION**

**PROGRAMME IN KERALA**

**SUSHAMA K.**

*Dissertation*

*submitted to the University of Calicut*

*in partial fulfillment of the requirement for the Degree of*

**MASTER OF EDUCATION**

**FAROOK TRAINING COLLEGE**

**UNIVERSITY OF CALICUT**

**2008**

**DECLARATION**

I, SUSHAMA K., do hereby declare that this dissertation, **PARENTAL ATTITUDE TOWARDS ADOLESCENCE EDUCATION PROGRAMME IN KERALA** has not been submitted by me for the award of any Degree, Diploma, Title or Recognition before.

Farook Training College

- -2008 **SUSHAMA K.**

**Dr. A. Hameed**

Lecturer in Education

Farook Training College

Farook College P.O.

**CERTIFICATE**

I, Dr. A. HAMEED, do hereby certify that this dissertation, **PARENTAL ATTITUDE TOWARDS ADOLESCENCE EDUCATION PROGRAMME IN KERALA** is a record of bonafide study and research carried out by **Sushama K**. under my supervision and guidance. The report has not been submitted by her for the award of a Degree, Diploma, Title or Recognition before.

Farook Training College **Dr. A. Hameed**

- -.2008 (*Supervising Teacher*)

**ACKNOWLEDGEMENT**

The investigator is deeply indebted to **Dr. A. Hameed**, Lecturer in Education, Farook Training College, under whose guidance the present study was conducted. He has been an unending source of inspiration, a spring of corrective suggestions which have been a boost for the investigator from the beginning to end.

The investigator is also thankful to **Prof. A Faziluddin**, Principal, Farook Training College, for all the valuable assistance provided during the study. The investigator expresses her sincere thanks to all the teaching and non-teaching staff of Farook Training College who provided all possible help in conducting the study.

The investigator expresses her sincere thanks to all parents of adolescents of Malappuram, Kozhikode and Palakkad districts who co-operated with all enthusiasm during the collection of data required for the study.

The investigator putsforth special thanks to **Dr. K. Manikandan,** Lecturer in Psychology, Farook College, for the analysis of data.

The investigator profoundly thanking M/s Bina Photostat, Chenakkal, for typing the report. The investigator acknowledges the immense moral support and encouragement received from her family and classmates who have been a constant source of inspiration for the study. The investigator extends her gratitude to all those who had helped directly or indirectly for the completion of this study.

Above all it is true that it is the grace and blessings of **GOD ALMIGHTY** which made this endeavour a success.

Farook Training College,

- -2008 **SUSHAMA K.**

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