

Status of Adolescent Health Education in Kerala: A Critical Analysis

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Abstract

Adolescence is a time of rapid growth and development, as well as changes in the body, mind, and behaviour. Adolescents lack understanding of and awareness of the physical and psychological changes that occur during their adolescence. In India and Kerala number of worthwhile attempt has made to impart health education at various levels. But majority of the attempt has not met its intention. There is currently neither any comprehensive programme addressing all adolescents' needs, and adolescent health problems. With limited number of programmes and services are available in Kerala, the services have not reached the target group adequately because resources like materials, money and man power are limited. Attitude of parents and teachers, misconceptions and myths about sex education, cultural and religious beliefs, are some of the hurdles to impart comprehensive sex education in Kerala. To reduce the knowledge gap among adolescents, introduce age-appropriate sex education and abuse prevention skills to schools, colleges, and the community. For this, we need to develop a comprehensive sex education curriculum for each developmental stage of a child. Add sexuality health education courses as complementary subjects to degree and post-graduation courses. This study attempts to critically evaluate existing programmes in Kerala and enlighten teachers and parents about the importance of adolescent health education in present scenario.

Keywords: Adolescent, health education, comprehensive sexuality education programmes

Introduction

Education aims at preparing a child for adult life. It develops abilities and capacities that can make a child competent enough to deal with various life challenges. As a social institution, schools play a central role in constructing children's perception of themselves in the social world and of their place within it (Devine, 2003). The National Curriculum Frameworks (2005) recommends that the children's life at school must be linked to their life outside the school, ensuring that learning shifts away from rote methods and enriching the curriculum so that it goes beyond textbooks.

Children should receive education in schools that will improve their perception, awareness, self-actualization, and self-worth of oneself. The youngster should not feel isolated by this self-awareness because they are part of a larger social group. It is also acknowledged that, given the disconnect between educational content and students' actual lives, the development of life skills should be the main focus of education. (SCERT Kerala, 2016)

But aside from the academic knowledge, the Kerala curriculum has not changed. Parents and teachers mostly focus on teaching science and math, which are required school topics. Other than textbooks, there aren't many extracurricular activities available in schools.

Child pregnancies and reports of child maltreatment are on the upsurge in Kerala, the Kerala High Court remarked on July 22, 2022, "It is time that authorities relook at the sex education being taught in schools. Justice V.G. Arun expressed concern over the rising number of child pregnancies while approving the termination of a juvenile girl's 30-week pregnancy. The judge concluded that the easy access to pornography websites could distort young people's brains and give them false impressions. The court believed it was crucial to teach the kids how to use social media and the Internet safely. ("The Hindu," 2022).

In accordance with the National Crime Records Bureau's (NCRB) annual report, there were 1,49,404 cases of crime against children registered in 2021, of which 53,874 (36.05%) fell under the jurisdiction of the Protection of Children from Sexual Offenses Act (POCSO).

According to Kerala police crime statistics, there is an annual rise in crime against children. Cases under Section 406 POCSO Act are increasing astronomically each year. In 2016, there were 2879 cases of child abuse, but by 2021, there will be 4538, difficulties and babies with low birth weight. (Department of Health, Govt of Kerala [GOK], 2010)

Need of Health Education for Adolescence

Adolescence is a time of rapid growth and development, as well as changes in the body, mind, and behaviour. Adolescents lack understanding of and awareness of the physical and psychological changes that occur during their adolescence. (Sivagurunathan et.al,2015) For example, if a girl's body undergoes menstruation, then only one she aware that what change has happened in her body. However, after a long period of time, she realizes science of menstruation.

Adolescents deal with a range of problems related to their mental health, nutritional health, substance abuse, reproductive and sexual health, etc. due to societal and cultural hurdles, parents and teachers have higher obligation to guide their students, but they rarely talk about the physical and psychological changes that occur.

As a result, the growing children learn about sexuality, reproductive health from their peer groups or other inappropriate sources. Therefore, this knowledge are unscientific and not authentic. Thus, it is evident that adolescent does not have any proper knowledge regarding reproductive and sexual health. At this adolescent stage people have high level of curiosity, so the media's influence on this scenario is detrimental. (Sivagurunathan et.al,2015)

Due to a lack of appropriate guidance and counseling, puberty is dangerous for adolescent health. Sex experimenting among young teenagers becomes a common occurrence in

the lack of easily accessible and trustworthy information. Teaching and talking about the delicate subject of sex and sexuality, which are taboo subjects, faces a lot of opposition. (Thomas,2007)

Research Questions

The research paper was furnished to answer the following questions.

1. what is the current status of the Adolescence health education programme in Kerala?
2. What initiatives are there to support adolescent health education on a governmental and non-governmental level?
3. What is the present status of the programme initiated by the government of Kerala?
4. What are the hurdles to implementing adolescent health education programmes in the Kerala school curriculum?

Instructional programmes

In Kerala a worthful attempt has made to impart health education at various levels. But majority of the attempt has not met its intention. Major initiatives and its current status are discussed below.

SCERT Textbook

In Kerala SCERT textbooks, 1 to 12, only biology textbooks for the eighth grade include the human reproductive system and some adolescent traits. Human reproductive systems and sexually transmitted diseases are covered in the plus two SCERT biology textbook.

The adolescent health education content is insufficient in eighth-grade biology textbooks. The majority of the teachers are hesitant to teach classes about these topics. They instructed to the students to read and study these lessons at home. Here the students are only memorising the concepts, that do not reach their comprehension level. Here only rote learning is done in the classroom through these books. The content is insufficient and the classroom atmosphere do not

offer any interactive sessions about these topics for adolescent people.

NCERT Textbook

NCERT plus two biology textbooks have one chapter related to human reproductive system and sexually transmitted diseases. However, the content is not appropriate for their later adolescent stage. Content is limited to human reproduction only. Here also most of the teachers covers these lesson very quickly in class or skip these topics and they advise students to read and study at home. Here, only the biology-opted students acquiring this knowledge and rote learning is occurring which does not reach their cognitive level.

Kerala Government Initiatives

The Kerala government has developed several numbers of creative and novel programmes to advance adolescent health education. But all those programmes are short-lived. Some of the initiatives are listed below.

Career Guidance and Adolescent Counselling Cell - Souhridha Club

The souhridha clubs were set up in 2010 for adolescent counselling and health care under the department of higher secondary education's- career guidance and adolescent counselling cell. Adolescent counselling and health care programmes are implemented in higher secondary schools through souhridha clubs. The club mainly focuses to uplifting the physical, academic, social and interpersonal skills of the adolescents. One of the major objective of the club is spread awareness about reproductive, sexual health, hygiene, family and child care. souhridha club is active in all higher secondary schools of Kerala. (DHSE, Kerala)

But the drawback is, this programme is exclusively targeting the higher secondary school students. The higher secondary students are in their late adolescent stage. Therefore, the early

adolescent stage children do not get these benefits. So, this programme is not an age appropriate. Due to hectic time schedule, lack of fund, unavailability of proper resource persons are major issues related to the proper functioning of this programme. And this club give much more emphasis to personality development, career motivation, and antidrug awareness classes, not enough on adolescent health. Also, the government does not monitor progress of the activities throughout the schools

National Service Scheme (NSS)

The Ministry of Youth Affairs and Sports of the Government of India has a central sector programme called National Service scheme (NSS). It provides opportunities to the student youth in 11 th and 12 th class of schools at plus two board level and graduate and post-graduate level. One of NSS's main projects is a national integration camp (7 days). One or two classes include an adolescent health session during the course of the seven days of camp. However, the classes primarily benefit the 50 NSS members at higher secondary school and only beneficial to higher secondary school students there are in their late adolescent stage.

Ullasaparavakal

Ullasaparavakal is the health education and life skill programme developed by SCERT for the ORC (our responsibility to children) activities in the academic year 2016-2017. The objective of the ullasaparavakal is health education and life skill education for school students. For this SCERT developed workbook for students and handbook for teachers for all classes (1 to 12) in cooperation with professionals from various fields.

The initiative is much appreciable. But it was introduced in 93 schools only in that academic year. The majority of the Content focused on life skill education and only very few portions on adolescent health education.

Ullasaparavakal's current condition is, current teachers are unaware of this book and

effort. As a result, today's school curriculum not included ullasaparavakal. Both the government and teachers forget about the initiative after 2017.

Premarital Counselling Program

The government of Kerala launch a new venture by minority department entitled pre-marital counseling program. This is a 4 days training program, which includes beliefs and values, roles in marriage, reproduction and sexual health, Family relationships, decision-making and dealing with emotions, etc.

The program is a very good initiative and offers a comprehensive syllabus. This program is receiving positive feedback. However, the program reaches to limited audience and unavailability of qualified resource persons. And like these programs should begin from early adolescence period.

Central Government Initiatives

A fruitful effort has been implemented in India by various ministries to provide adolescent health education at different levels. They provide different types of services targeting adolescent health problems in different areas However, the majority of the efforts were unsuccessful and short-term goal oriented. Some of the major programmes are discussed below and where it stands right now.

Rashtriya Kishor Swasthya Karyakram (RKSK)2014

Rashtriya Kishor Swasthya Karyakram was launched by the ministry of health and family on 7 th January 2014 for adolescent people's development. The programme focuses on adolescent participation and leadership, Equity and inclusion, Gender Equity etc. This initiative is aim for the people between the age of 10 and 19 for enhancement of sexual, reproductive and

mental health and prevention of substance abuse etc.(National health portal Government of India)

Currently in Kerala, this initiative solely functions for providing folic acid tablets to adolescent girls and some annually conducting awareness sessions about menstruation through anganwadis.

Adolescent Friendly Health Clinics (AFHCS)

Adolescent Friendly Health Clinics (AFHC) is as part of Rashtriya Kishor Swasthya Karyakram's (RKSK's) facility-based intervention, launched in 2006 for adolescents to provide counselling on sexual & reproductive health issues. AFHC providing a wide range of clinical and counselling services on various adolescent health issues, including nutrition, substance abuse, injuries, violence, non-communicable diseases, and mental health etc. Adolescent Friendly Health Centers (AFHCs) are found at Primary Health Centers (PHCs), Community Health Centers (CHCs), District Hospitals (DHs), and Medical Colleges. These facilities provide adolescent friendly health services through trained service professionals, including medical professionals and counsellors.

The initiative of this programme is novel and appreciable. But today AFHC s are not working properly in primary health centers, district hospitals and medical colleges.so these facilities are not getting for adolescents for their development.

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)

Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) was introduced in February 2013 as part of the "Call to Action (CAT) Summit" of the Indian government, with the goal of influencing the major actions for lowering maternal and child morbidity and death. The RMNCH+A strategy is based on the continuum of care idea, is holistic

in design, and emphasises the strategic lifecycle approach. It encompasses all treatments aimed at reproductive, maternal, new born, child, and adolescent health under a large canopy. This strategy includes adolescent health, HIV, and other aspects of reproductive health. (National health mission)

But today this programme only concern about maternal and new born child care through primary health centers and it neglect the adolescent people health education.

Kishori Shakti Yojana (KSY) 2000

The Department of Women and Child Development created Kishori shakti yojana 2000(KSY) as a comprehensive intervention to enhance adolescent girls' nutritional and physical health. The purpose of this programme is to improve the lives of adolescent girls between the ages of 11 and 18. It is a comprehensive programme for the growth of adolescent girls..The Scheme is an integrated and holistic goals to improve the nutritional, health, and development status of adolescent girls, raise awareness of nutrition, hygiene, and family care, connect them to opportunities for learning life skills and returning to school, and encourage them to take action to become contributing members of society.

In 2012 Kishori Shakthi Yojana clubbed the Nutritional Programme for Adolescent Girls (NPAG) also and renamed it SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) which got started in the year 2010. (Ministry of Women and Child Development, 2010 December 14)

The program's current activities are restricted to providing folic acid supplements and teaching adolescent females about menstrual hygiene classes.

NCERT Programmes

A school health programme (SHP) has been created as part of the Ayushman Bharat

project by the NCERT and the Ministry of Health and Family Welfare to support school-age children's growth, development, and academic success. From upper primary to senior secondary, NCERT created a curriculum and training materials for teachers and teacher educators. "Health and wellness of school-going youngsters" is the title of the book. The program's characteristics are very systematic: two instructors from each school will administer it, and it may be done during student assemblies or physical education classes. Every Tuesday of the week may be set aside for this purpose.

Eventhough the project was very good but today this programme is not functioning in Kerala schools, and there is no existing adolescent health programmes by NCERT in Kerala schools.

Conclusion

We need a comprehensive sexuality health education approach to address all adolescent health issues, with a focus on mental health, reproductive, and sexual health, behavior change communication toward a healthy lifestyle, and a supportive social environment to help young people develop life skills. Adolescent-friendly clinics should be widely established.

There are numerous programs that address adolescent health needs but, Some of these programmes offer the same services as others, which could lead to unnecessary duplication. A comprehensive programme (Rashtriya Kishor Swasthya Karyakram) was introduced by the Ministry of Health and Family Welfare (MoHFW) in 2014, however other ministries will continue to offer comparable services. (Sivagurunathan et.al,2015)

Therefore,all services for adolescents should be covered by a single programme to prevent these misunderstandings and to be economical. The creation of a screening tool specifically for adolescent Indians is also crucial.

The National Adolescent and Young Adult Health Information Centre, University of

California, has already put this into practise in the United States.

The urgent need is detailed investigations and reports for comprehensive sexuality health education on adolescent people at the national and state levels. This will create awareness among teachers, parents, and society. So that will contribute to enhancing adolescent health services in Kerala.

Challenges in Existing Adolescent Health Education Services in Kerala

With limited number of programmes and services are available in Kerala, the services have not reached the target group adequately because resources like materials, money and man power are limited. and some of the challenges are described below.

1. The attitude of parents and teachers is the primary issue. Majority of parents and educators believe that when children acquire adolescent health education, they will engage in ethical violations.
2. Some parents are against sex education because it conflicts with their religious and cultural beliefs.
3. Some teachers are hesitant to take reproductive health-related lessons. They directed to the students to read and study those lessons at home
4. Due to the rigorous nature of the school schedule, there is also a lack of time.
5. There are so many myths and misconceptions about sex education is also a major issue
6. Some myths like, Children's 'innocence' can be lost, Children discuss sex, will be drawn to these media. Etc creates misconceptions in society.
7. Sex education classes have less priority than other subjects
8. Provide sex education classes separately for boys and girls is also a problem
9. Adolescents are generally unaware of the importance of comprehensive sex education and health care. They are reluctant to discuss these topics with another individual.

Recommendations

The following recommendations shall be considered for improving adolescent health education services in Kerala.

1. To reduce the knowledge gap among adolescents, introduce age-appropriate sex education and abuse prevention skills to schools, colleges, and the community. Through this sexual abuse can be prevented
2. Health professionals at all levels, including medical officers, should have specialized training in dealing with adolescents. The issue of boys and girls should be addressed separately by health professionals of the same gender. (Sivagurunathan et.al,2015)
3. Sexuality health education should start from the pre-primary stage of a child. For this, we need to develop a comprehensive sex education curriculum for each developmental stage of a child.
4. Educate parents about the need of age-appropriate comprehensive sex education through PTA meetings and conducting awareness classes.
5. Sexuality health education should be given to trained persons.
6. Add sexuality health education courses as complementary subjects to degree and post-graduation courses.
7. During teacher training courses include pedagogy of sexuality health education.
8. Sexuality health education should be curriculum based and scientific-based
9. Provide training to teachers annually to take sexuality health education classes.
10. Coordinate NGOs, clubs to conduct webinars, summer camp, workshops to conduct awareness and facts-oriented classes.
11. Include political figures and members to spread knowledge about sexual health education.
12. To dispel misconceptions about sexuality health education, Include kudumbasree women, and offer seminars to them how to educate their children about sexuality health education.

13. Encourage and Coordinate community resources to develop comprehensive sexuality health education.

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