

## Family Life Education (FLE) in India\*

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The socioeconomic determinants of Family Life Education in India have been examined in this study. Wealth index and social status factors were used to understand the socioeconomic differentials of receiving family life education. The pioneer demographic data on youth in India used for this study was collected from six states (erstwhile Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu). The findings suggest that young people are in need of Family Life Education. While, 80 percent of the youth perceived that Family Life Education should be provided to them, hardly 15 percent were receiving family life education in any form. The educational level of father and youth and standard of living were the determinants of family life education in these states. The findings suggest that educational and economic status, residence, caste and religion of the study population are directly associated with their receiving family life education. It may be more fruitful to focus on imparting the family life education through the schooling system to deconstruct the socio-cultural influences they encounter.

*Key words:* Family Life Education, adolescence, Youth, Socioeconomic, poverty, wealth index

### Introduction

Adolescents are a priority group in our population pyramid, therefore, national policy and programmes should work towards raising the levels of awareness and enhancing knowledge about adolescent issues. Though the utility of Family Life Education (FLE) to adolescents has been acknowledged by many cutting across academic, political and programme boundaries, the initiatives for mainstreaming such an educational programme within the curriculum in India still confront challenges and generate controversies. The school curriculum is often revised to incorporate the latest learning areas; however, the critical need to integrate interventions like Family Life Education (FLE) or the Adolescence Education Programme (AEP) is yet to receive universal appreciation.

In this paper, Family Life Education is used synonymously with sex education as defined in the study, *Youth in India: Situation and Needs 2006-2007*. Family life education is defined as the educational effort to

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strengthen individual and family life through a family perspective (NCFR). FLE in a programme mode is being implemented sporadically by many non-governmental organisations (NGOs). Almost a similar educational intervention with age appropriate information known as the Adolescence Education Programme (AEP) is being implemented by national level school education agencies with the support of the United Nations Population Fund (UNFPA) through the Government of India in the government schools of 33 States and Union Territories of India, though not on a comprehensive scale.

Over the last two decades, the number of years of schooling of adolescent boys and girls has increased significantly in India (Census, 2011). Adolescents spend more time in school than at home and other places and hence, exposure to knowledge, engagement in curricular and co-curricular activities, and preparation for future goals happen in school (Eccles et al., 2011). The framework of FLE covers a number of critical concerns that are yet to be mainstreamed into the regular school curriculum. The major concerns of adolescents, especially those related to sexual development, reproductive and sexual health and substance abuse covered by this educational intervention make it very sensitive and often controversial. Sexuality is an experimentative issue with adolescents. They are curious about infatuation, body imaging, love, and are extremely sensitive and emotional during this transitional period. During this developmental transition, many changes (physical, psychological, social and career) occur, making adolescents more confused and irritable or even hostile. Adolescents are more sensitive towards myths and misconceptions during this phase of life due to many prescriptive and dominating controls by seniors, specifically parents. They seldom get any information or advice from their parents regarding their sexual and reproductive life.

In fact, the period of adolescence and the concerns related to it are yet to be fully appreciated by different societies. Adolescence has been defined in many ways. It is often said that the teenage years are the “best years of one’s life”. According to Arthur, (2010) the four stages of human life are infancy, childhood, adolescence, and obsolescence, and life becomes useless after adolescence. Adolescence is often described as a phase of life that begins in biology and ends in society (Sharma, 1996). Although the understanding of the age-range of adolescence varies from one region to another, there is acceptance on adolescence being a period from 10 to 19 years.

Studies conducted in different cultural settings have found the growing incidence of premarital sexual relations among youth leading to an alarming situation. On the one hand, the average age at marriage is increasing in Indian society due to reasons such as higher education, development in society and career plans of many youth. On the other hand, the age of puberty is advancing for which the younger people have a longer interval between their sexual maturity and marriage. This situation has increased the possibility of their being engaged in premarital sexual relationships, very often due to easy access to sex related information online, which is not always scientific. The role of schools in providing Family Life Education is therefore, crucial.

However, the problems that the adolescents confront and the role of educational interventions like Family Life Education in empowering adolescents are not appreciated adequately because of the lack of an empirical database and related research studies in India, and a non-supportive atmosphere from a reserved society. Although the Adolescence Education Programme has been implemented in the country for the last seven years, there is no nation-wide survey data on adolescent issues till date. It is true that the programme framework and implementation strategies are in place. The content materials have been developed and various activities are being implemented effectively, but the needed research support to the programme is not

available. That is why, there are varied perceptions and attitudes towards educational programmes focused on adolescence.

A community based survey, *Youth in India: Situation and Needs, 2006-07* has been conducted in six states (erstwhile Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu) by the International Institute of Population Studies (IIPS), Mumbai and the Population Council. These States were purposively selected to represent the geographical and socio-cultural regions within the country, which constitutes thirty nine percent of the total population of India. Commonly known as “*Youth Study*”, it covers different geographical regions of India and addresses issues such as young people’s livelihood, education, sex education, sex and sexuality in a holistic manner. This is the only source of data on youth in India, where issues regarding youth were studied and analyzed. Against this background, this research paper analyses how FLE was received through various socioeconomic and demographic parameters.

### **Importance of Family Life Education**

#### **Current Status**

Although a number of small studies on adolescent issues are available, no comprehensive survey on adolescent population has been conducted in India. The major sources of data on adolescent issues are still the Census Reports, National Family Health Surveys, *Youth in India: Situation and Needs*, and surveys such as “The Child Abuse Survey 2007”. Adolescents (10-19 years) constitute twenty-one percent (253 million) of India’s population (Census, 2011). According to the Census 2011, adolescents and youth (10-24 years) constitute nearly 30 percent of the total population of India. Various research studies reveal that adolescents and youth are keen to learn about sensitive issues. They seek authentic knowledge on sexual development and psychological concerns through the Adolescence Education Programme or FLE. Since sex and sexuality are culturally sensitive topics and taboo, there are no scientific and authentic sources from which adolescents may avail themselves of accurate information. This often results in their being confused, which often leads to their adopting risky behaviour.

#### **Issues and Concerns**

The media highlights the growing incidence of sex crimes in our society, very often by close friends and relatives, and persons known to the victims. The growing problem of sexual abuse and exploitation of young girls and even minors is a matter of grave concern. These situations require urgent educational intervention, so that young children are made aware of the implications of sexual development and can avoid unacceptable incidents.

Sexually transmitted diseases are common worldwide and all school going students should be made aware of the risks involved (World Bank, 2008). Secondary schooling girls are different from boys in the context of adolescent sexual initiation (Gupta & Mahy, 2003). In Sub-Saharan Africa, school going early adolescents required school based interventions to reduce HIV infections among them (Paul-Ebhohimhen et al., 2008). One-third of the urban adolescents of India have been practising nonconsensual sex with the opposite sex (Jaya & Hindin, 2007). Through formal schooling, adolescents can delay their age at marriage and remain longer in school for completing their secondary education. Girls engaged in premarital sex are more prone to leave school early (Biddlecom et al., 2008). Under culturally sensitive, comprehensive sex education, school nurses can reduce premarital sex among school students and enhance responsible behaviour among them (Thato et al.,

2008). Although abstinence can prevent HIV infection for adolescents, promoting abstinence education violates the rights of an adolescent (Santelli et al., 2006). Adolescents can get healthy and informed choices of their sexual and reproductive health through various interventions meant for adolescents in developing countries (Michelle et al., 2009).

Sexually transmitted infectious (STI) diseases are more prevalent in India due to low awareness, knowledge and reluctance to share about STI (Thappa & Kaimal, 2007). A comprehensive behavioral approach and Family Life Education related to various social and cultural issues can reduce risky sexual behaviour among students (Wellings et al., 2006). Curriculum based intervention about Family Life Education in school has a better impact for reducing risky sexual behaviour (Kirby et al., 2006). In fact, a school education programme on adolescence issues, especially those related to awareness about Reproductive Tract Infection (RTI) /Sexually Transmitted Infections (STI) and HIV, act like a social vaccine for students, which can protect them from all risky situations (MHFW, 2007). There is a great need for HIV education and health awareness programmes, specifically for female adolescents to reduce the stigma and prejudice towards HIV and adolescent issues (Pramanik et al., 2006). Family Life Education should be part of the school curriculum as perceived by the majority of students from a cross sectional study (Benzaken et al., 2011). Imparting school family life education programme can reduce risky sexual activities for adolescent good health (Mellanby et al., 1995). School based family life education can reduce sexual activity, infection and change the behaviour of adolescents, more so if this education framework is age-specific, suits local culture and skill based teaching method is applied (Campbell & MacPhail, 2002, Brown et al., 2001). Through this educational intervention, students can learn about contraception and pubertal issues and protect themselves from sexual diseases (Orr, 1982).

Family Life Education creates awareness about psychosocial, cultural and biological issues during adolescence in a scientific way (Bhatlavande & Gangakhedkar, 1999). Many studies have noted the positive effect of Family Life Education on adolescent behaviour and attitudes. There is widespread support among both women and men for teaching Family Life Education topics in schools (NFHS-3). They feel that while maintaining traditional values, topics such as puberty should be treated with sensitivity and family life education be integrated in a phased manner in the school curriculum ( Bhat, 2010).

Family Life Education programmes in schools can provide appropriate, specific and friendly services and information on adolescent issues and make adolescents more responsible in tackling risky behaviour (UNFPA, 2003). Life skills can be achieved to face risky sexual behaviour through Family Life Education programmes (Bearinger et al., 2007). The professional qualifications and pedagogical skills of teachers and curricular choices have a major impact on the development of adolescents in school (Pianta & Hamre, 2009). High achievement and positive peer relationships are associated with cooperative rather than competitive behaviour (Roseth et al., 2008). Family Life Education can boost the self esteem and confidence of adolescents to face the risky behaviour related to adolescent issues (TARSHI, 2012). Capacity building among all ages is required to make them more responsible towards sexual behaviour and early adolescents should be given age appropriate information on these issues (Dixon, 2008). Those best suited to provide Family Life Education are the parents, and maximum number of parents should support the introduction of family life education and reproductive health education in schools (Mbonile et al., 2008).

### **Rationale of the Study**

The need to impart family life education in this sensitive area is felt primarily because the current generation of adolescents forms a substantial section of the Indian population. They will be the largest generation in history to make the transition from childhood to adulthood, which will be a gateway to the country's long-run development. Therefore, implementing family life education will be beneficial to the youth. However, their health needs, and particularly their reproductive health needs, continue to be ignored and neglected due to various reasons. As they stand at the threshold of adulthood, they need authentic knowledge and facts that help them to understand the process of growing up in particular reference to their reproductive health needs, so that they can be well-equipped to cope with problems like superstitions or unhealthy practices for their reproductive health issues with a limited knowledge which they confront during this transitional and turbulent phase of life. Adolescents are often unhappy with their body image and self-esteem (Hoyle et al., 1999). They need care attention, guidance, education and liberty as well as opportunities to think for themselves, to enjoy and have their own lifestyle. Education plays a pivotal role in every aspect of life, development of any society and reduction of crime. Students, teachers and stakeholders felt that Family Life Education should continue as it helps them to know themselves and the problems they face.

### **Objectives**

The broad objective of this research paper is to understand the role of the socioeconomic and demographic differentials for receiving Family Life Education (FLE) among youth in these six States. The specific objectives are to

- Examine the socioeconomic and demographic differentials in Family Life Education among youth in India.
- Understand the problems and the urgent need of Family Life Education in India.
- Provide suggestions for policy implementation.

### **Data and Methodology**

The data for this paper is derived from *Youth in India: Situation and Needs Study*, which was conducted by the International Institute for Population Sciences (IIPS), Mumbai and Population Council, New Delhi, in 2006-2007. It covers six States namely Rajasthan, Bihar, Jharkhand, Maharashtra, (erstwhile) Andhra Pradesh and Tamil Nadu reflecting the diversity and geographic coverage of India. This study covers 174,037 households and 50,848 young people (15-24 age group). The main domain of this data set covers a wide range of issues on young people's livelihood, education, sex education, sex and sexuality and adolescence education dynamics. It is best suited as all these young people were adolescents just five years preceding the survey, and thus, recent behaviour and psychological issues could be explored.

The issues related to adolescents and youth are sensitive in nature and cultural barriers exist towards the implementation of Family Life Education in schools and society. However, this study is unique in gathering information on why and how Family Life Education was imparted in these six States. This research paper adopted some statistical techniques such as bivariate and multivariate analysis, construction of composite variables and logistic regression.

### Findings and Discussion

Figure 1 shows the adolescent-parent connect with regard to the behaviour of adolescents. Adolescents have shared different types of behaviour as shown in the Figure; school performance is shared by adolescents with their parents in equal magnitude. Friendship issues are shared more (60 percent) with the mother than with the father. However, adolescents share their romantic relationships in a limited fashion (4.8 percent) with their parents, which indicates that parents do not appreciate discussing personal matters with their children, and adolescents are reluctant to share about their romantic relationships with parents as it is culturally sensitive. Issues regarding the process of growing up are shared more with the mother (43 percent) than with the father (4 percent), and this can be attributed to our traditional way of thinking. Moreover, it has been noticed that fathers are not as good friends and facilitators to adolescents as their mothers. This indicates that fathers are not open to discussing these issues with their adolescent children. Advocacy and sensitization programmes for the parents may make them more open-minded and approachable, which will go a long way in stemming adolescent rebellion and sexually risky behaviour on the one hand, and creating a supportive parent-adolescent bond on the other, which will help them grow into confident, responsible and productive adults.

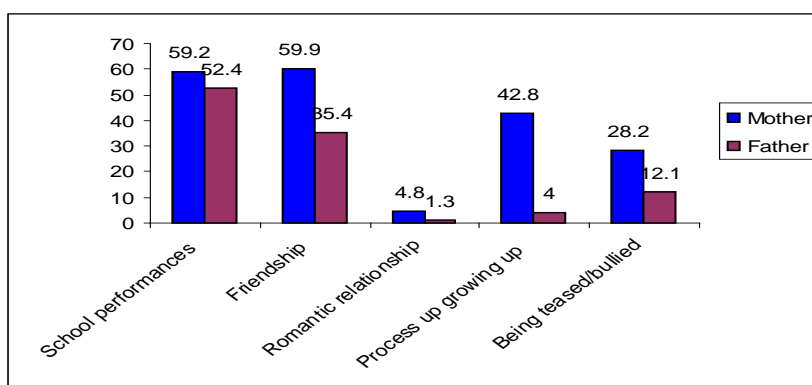


Figure 1. Sharing of different types of behaviour of Youth with parents.

Table 1

*Youth-Parent Discussion about Studies and Outings*

	About Studies	About Outings
Never	48.2	15.4
Rarely	18.9	30.2
Sometimes	23.3	46.8
Often	9.6	7.6

Table 1 depicts the studies and outings of youth discussed with parents. Fifty percent of the parents were not serious about their children's studies as reported by some youth, which indicates that the parents and children share little time and have less close relationships in India due to their modern lifestyle, particularly in urban areas. Only 10 percent of the parents were aware of their children's studies. It further shows that hardly 46 percent of the parents thought about outings only 'sometimes', compared to 7 percent who thought about them "often".

Table 2  
*Preferred Age for Receiving Family Life Education*

Age	Percentage
Less than 12 years	2.7
12-14 years	19.9
15-17 years	44.2
18 and above years	28.7
Do not know	4.5

The above Table represents the preferred age group for receiving Family Life Education in the six states. It shows that only 2.7 percent prefer to receive Family Life Education in the age group, less than 12 years. The more appropriate age for receiving Family Life Education is 15-17 years, which includes secondary and senior secondary level students. However, since age at puberty is advancing and age at marriage is being delayed, receiving Family Life Education in the age group 10-15 years may be recommended, for it is a crucial period for adolescents to build life skills.

The result shows that the appropriate age for receiving family life education is for the age group, 15 and above. A recent study on adolescence education done by a national organisation found that a high proportion of students, 52 percent of those who are under Adolescence Education Programme and 38 percent non AEP students have responded that adolescence education should be introduced below the age of 14, that is, in the age group, 9-13 years (UNFPA & NCERT, 2011).

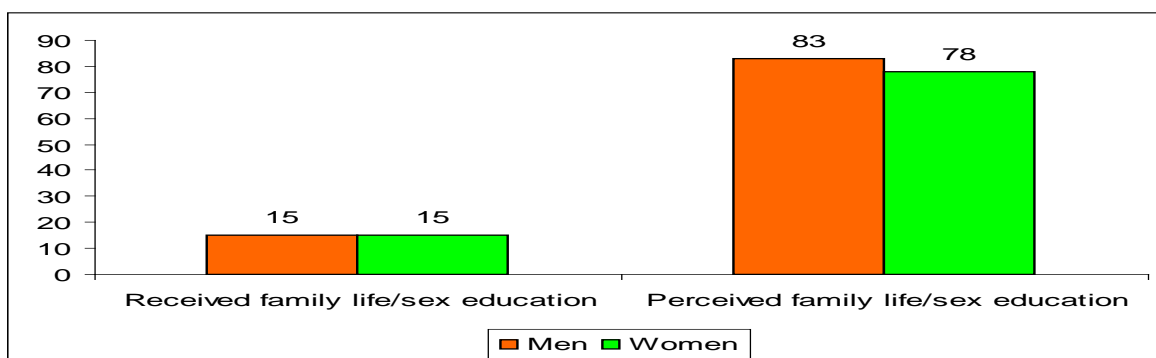


Figure 2. Perception and receiving family life education.

Figure 2 shows youth perceptions of Family Life Education - they feel that Family Life Education is more important to their life universally, irrespective of gender. But the result of receiving Family Life Education in the six States is negligible, hardly 15 percent each among male and female. This result clearly shows that the government or education system has not taken sufficient steps towards the implementation of Family Life Education in a holistic manner. This, perhaps, may be due to diversity in culture, political hindrance, mass illiteracy and the traditional mind set of parents, stigma and discrimination towards this subject in school systems. In order to reach out to more youth, there should be advocacy and sensitization programmes to convince parents, teachers, and political leaders, about the need and importance of Family Life Education.

Table 3

*Best Person to Provide Family Life Education*

Person	Raj	Bihar	Jhar	Maha	AP (erstwhile)	TN	Total in %
Parents	40.2	26.3	26.9	21.5	27.1	9.1	24.6
Siblings	5.4	12.8	3.8	0.9	1.0	0.5	3.9
Teacher/School	28.5	14.5	24.8	42.8	31.6	49.1	33.1
Friends	10.3	20.4	13.2	5.9	21.1	19.1	14.6
Experts	7.3	13.5	17.5	26.2	15.4	17.9	17.3
Spouse/Partner	0.9	3.3	1.7	0.8	2.7	1.6	1.7
Youth Club/Mandal/NGO	0.2	0.2	0.5	0.8	0.3	1.3	0.6
Others	0.0	0.3	1.9	0.0	0.0	0.0	0.2
Do not know	6.8	8.7	9.7	1.2	0.7	2.5	3.9

Table 3 reflects on the best person to provide Family Life Education in these six states. One-third of the adolescents and more perceived that the best person for providing Family Life Education is the teacher compared to 25 percent who said, “parent”. However, the differences between the states are large, for instance, in Rajasthan, 40 percent of the youth maintained that the parents are the best persons to provide Family Life Education compared to the lowest, 9 percent, in Tamil Nadu. At the same time in Tamil Nadu, the teacher is considered the best person for providing Family Life Education (50 percent) compared to Bihar (15 percent). A friend is the best person to provide Family Life Education cutting across all six states. Spouse/youth club/NGO is considered “not so favorable” for providing sex education. The best person to provide Family Life Education varies from one state to another state and regional variations also exist. The local culture and mindset affects the acceptance of family life education either directly or indirectly in these six states. Recent research reveals that those students who are part of the Adolescence Education Programme in their schools maintain better relationships with their parents compared to those who are not getting the Adolescence Education Programme in India (UNFPA & NCERT, 2011).

Table 4

*Received Family Life Education by Age of Youth*

Name of States	Age of Youth		
	15-19 years	20-24 years	15-24 years
Rajasthan	3.3	2.8	3.1
Bihar	4.6	2.8	3.9
Jharkhand	6.7	5.0	6.0
Maharashtra	22.3	20.5	21.4
Andhra Pradesh (erstwhile)	32.9	20.0	26.4
Tamil Nadu	22.0	15.1	18.4
Total	16.4	13.0	14.8

The above Table explains the age differentials in sex education. The result indicates that economically poorer states (Rajasthan, Bihar and Jharkhand) are less (3 percent to 6 percent) likely to receive adolescence education compared to the economically better off states (18 percent to 21 percent) of Maharashtra, (erstwhile)



Andhra Pradesh, and Tamil Nadu. Overall, those in the 15-19 years age group receive more Family Life Education compared to those in the age group, 20-24 years. Youth in Maharashtra and (erstwhile) Andhra Pradesh receive better Family Life Education compared to youth in the other four States. The economic standard of the States determines the extent of family life education in India.

Table 5

*Received Family Life Education by Sex of Respondents*

Name of States	Sex of Respondent		
	Men	Women	Persons
Rajasthan	3.2	3.0	3.1
Bihar	7.0	2.4	3.9
Jharkhand	9.4	4.4	6.0
Maharashtra	13.1	25.6	21.4
Andhra Pradesh(erstwhile)	33.7	23.3	26.4
Tamil Nadu	21.6	17.0	18.4
Total	15.3	14.6	14.8

Table 5 shows Family Life Education in the above six States gender-wise. Men receive more compared to women. But in states like Maharashtra, women are better receivers (25.6 percent) of Family Life Education compared to men (13.1 percent). However, men and women are following the same trend in receiving Family Life Education in all these six states. One probable reason for Maharashtra women receiving more FLE could be the active involvement of NGOs in promoting it in this State.

Table 6

*Family Life Education Received by Wealth Quintiles in selected States of India*

Name of States	Wealth Quintile					All
	1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile	
Rajasthan	1.0	0.8	1.3	3.1	6.0	3.1
Bihar	0.8	3.3	4.7	8.4	11.5	3.9
Jharkhand	1.6	4.5	4.5	10.0	17.8	6.0
Maharashtra	9.4	10.7	14.6	20.1	37.1	21.4
Andhra Pradesh (erstwhile)	14.5	19.0	24.2	29.2	35.1	26.4
Tamil Nadu	11.2	12.5	15.6	17.6	25.7	18.4
Total	4.2	8.2	13.4	18.0	25.7	14.8

Table 6 shows how poor and non-poor adolescents are receiving Family Life Education in these six states. The result clearly indicates that all these six states have shown a good trend in ascending order, that first quintile households (poorest of the poor) youth are receiving Family Life Education and this is compared to what youth belonging to the 2nd, 3rd, 4th and 5th quintile households receive. Rural youth are more involved in pre-marital relationships than those in urban areas (*Youth Study, 2006-2007*). The finding suggests that poor household youth receive less Family Life Education due to reasons such as poor accessibility of information systems, less educated parent/s and low availability of authentic and appropriate information on Family Life

Education. Thus, the results suggest that rural youth are facing more problems than urban youth do. Therefore, policymakers must focus on the youth from poor rural households. The result clearly indicates that the economically better states are better receivers of Family Life Education compared to economically poorer states. Moreover, poverty is directly linked with the receiving of Family Life Education in India.

Table 7

*Family Life Education Received by Caste/Tribe/Class of the Respondent*

Name of States	Caste/Tribe/Class of the Respondent					
	SC	ST	OBC	General	DK/No Caste	All
Rajasthan	2.0	2.3	2.7	5.6	0.0	3.1
Bihar	2.7	1.6	3.4	7.6	0.0	3.9
Jharkhand	2.8	5.5	5.9	11.0	0.0	6.0
Maharashtra	19.6	14.7	19.4	26.7	10.6	21.4
Andhra Pradesh (erstwhile)	26.6	24.1	25.3	29.1	15.4	26.4
Tamil Nadu	17.4	23.1	18.5	23.5	20.0	18.3
Total	13.9	11.7	13.2	21.0	10.3	14.8

Table 7 shows the extent to which Family Life Education is imparted among various social groups. Results suggest that a small proportion of youth belonging to Scheduled Tribes (ST) is receiving sex education. General caste youth receive more Family Life Education compared to all the other castes in these six states. Household youth from Other Backward Castes (OBCs) have received less FLE compared to those from general castes. It has been found that caste is an important factor for receiving family life education in India. The Government and responsible institutions must focus more on promoting FLE among youth from Scheduled Caste (SC) and Scheduled Tribes (ST) households.

Table 8

*Received Family Life Education by Religion*

Name of States	Religion of Respondent			
	Hindu	Muslim	Others	All
Rajasthan	3.2	1.5	4.3	3.1
Bihar	4.1	2.3	33.3	3.9
Jharkhand	6.2	3.7	7.0	6.0
Maharashtra	21.9	12.7	26.9	21.4
Andhra Pradesh (erstwhile)	26.9	23.1	25.0	26.4
Tamil Nadu	18.5	13.2	22.6	18.4
Total	15.1	9.2	21.1	14.8

Family Life Education received by various religious groups has been presented in Table 8. It shows that in every state, Muslim youth seem to receive less Family Life Education compared to youth from Hindu and Other religious groups. This could perhaps be attributed to the conservative view of this population towards Family Life Education. As Family Life Education has sensitive content, the traditional mindset of parents towards family life education especially in rural areas posed real obstacles to this programme. In India when

adolescence education was formulated, (1993 to 2005) the content and programmes were not always well received by parents. Through various advocacy and training programmes and co-curricular activities among adolescents by various stakeholders, adolescence family life education has been given a good platform.

Table 9

*Received Family Life Education by Education of Father (Four Categories)*

Name of States	Education of Father ( Four Categories)						
	Non-literate/Literate with no formal Schooling	with 1-7 years of Schooling	8-11 years of Schooling	12 years of Schooling and above	Do not know	All	
Rajasthan	1.0	3.0	4.6	9.4	1.3	3.1	
Bihar	1.2	4.0	5.9	12.6	1.3	3.9	
Jharkhand	1.9	4.6	9.8	19.2	3.9	6.0	
Maharashtra	9.6	16.8	28.7	40.9	7.5	21.4	
Andhra Pradesh (erstwhile)	20.9	30.1	34.6	47.0	17.4	26.4	
Tamil Nadu	11.0	17.7	23.6	30.5	8.3	18.4	
Total	9.1	15.8	19.1	28.6	5.5	14.8	

How the father's education influences receiving Family Life Education is elaborated in Table 9. It also indicates that in the above six states, it is the same trend with the number of years of schooling. Those with more years of schooling receive more Family Life Education. For example, in Rajasthan, hardly one percent of non-literate or literate youth with any formal schooling receive Family Life Education compared to 10 percent of youth, whose fathers have completed 12 years of schooling. The other five States show the same trend. The education of the father is an important factor for supporting and receiving the Family Life Education programme in India.

Table 10

*Received Family Life Education by Education of Youth (Six Categories)*

Name of States	Education of Youth ( Six Categories)							
	Non-literate/Literate with no formal Schooling	1-4 years of Schooling	5-7 years of Schooling	8-9 years of Schooling	10-11years of Schooling	12 years of Schooling and more	Do not know	All
Rajasthan	2.0	5.1	8.2	5.7	9.8	11.9	3.8	3.1
Bihar	2.5	2.5	7.9	11.9	15.3	18.3	4.8	3.9
Jharkhand	3.9	7.1	11.0	15.5	18.8	29.3	6.1	6.0
Maharashtra	13.0	18.5	26.7	34.9	42.8	51.0	5.3	21.4
Andhra Pradesh (erstwhile)	22.8	31.0	36.2	47.3	39.3	50.3	16.1	26.4
Tamil Nadu	12.8	19.8	20.9	25.2	28.2	31.2	9.8	18.4
Total	10.1	18.1	22.7	25.5	32.5	37.7	6.9	14.8

Table 10 explains how the magnitude of receiving sex education is based on the level of education of the

youth. As the number of years of schooling increases among youth, so does the extent of Family Life Education. This indicates that schools have an important role to play in promoting sex education. All the six states revealed the same result, that the school is the perfect place to impart sex education; the longer the adolescents spend in school, the better their Family Life Education.

Table 11

*Received Family Life Education by Type of School Last Attended by Respondents*

Name of States	Type of School last attended			
	Private	Government	Partially added	All
Rajasthan	7.5	3.7	3.4	4.4
Bihar	5.7	6.4	15.2	6.3
Jharkhand	12.9	7.5	10.9	8.8
Maharashtra	26.1	21.0	30.9	23.0
Andhra Pradesh (erstwhile)	41.4	26.6	58.5	31.0
Tamil Nadu	26.4	15.4	39.1	19.1
Total	24.7	15.4	38.5	18.3

Table 11 shows how types of school have an important role in supporting and implementing Family Life Education in these six states. The finding indicates that students from private schools receive more Family Life Education than government school students in India. The reason for this may be that government schools have no proper trained teachers and counselors or supporting staff to implement the Family Life Education programme. The role of the State/Union Territory (UT) towards promoting Family Life Education in government schools is very important.

Children studying in private schools belong to the middle and higher socioeconomic households and studies have shown that the economic status of household is positively correlated with the magnitude of receiving of sex education. Besides, private schools have adequate teaching staff and funds to conduct and promote co-curricular activities in their schools. The type of school or culture of school affects Family Life Education with interpersonal, moral and academic performance (Roser et al., 2009). The government and policy makers should target government schools, as there are more youth studying in government schools. Thus, the Family Life Education programme can extend its reach.

Table 12

*Logistic Regression of Receiving Family Life Education (1 = Receiving Family Life Education and 0 = Not Receiving Family Life Education)*

Receiving family life/sex education	Exp (B)	Significance
<b>Sex</b>		
Men (R)	1	
Women	1.34	.00
<b>Age of Youth</b>		
15-19 years (R)	1	
20-24 years	.56	.00

<b>Caste of the Respondent</b>		
Scheduled Caste (R)	1	
Scheduled Tribe	1.03	.05
Other Backward Classes	.92	.65
General	.99	.07
Don't know/No Caste	.70	.95
<b>Religion</b>		
Hindu (R)	1	
Muslim	.73	.00
Others	1.19	.00
<b>Education of Youth</b>		
1-7 years of schooling (R )	1	
8-11 years of schooling	5.99	.00
12 & above years of schooling	13.79	.00
<b>Education of Father</b>		
Non-literate, literate with no formal schooling (R )	1	
1-7 years of schooling	1.02	.55
8-11 years of schooling	1.11	.02
12 & above years of schooling	1.34	.00
Don't know	.75	.02
<b>Standard of Living</b>		
1 <sup>st</sup> Quintile (R)	1	
2 <sup>nd</sup> Quintile	1.02	.76
3 <sup>rd</sup> Quintile	1.05	.45
4 <sup>th</sup> Quintile	1.11	.16
5 <sup>th</sup> Quintile	1.19	.02
<b>States</b>		
Rajasthan (R )	1	
Bihar	2.08	.00
Jharkhand	2.65	.00
Maharashtra	6.32	.00
Andhra Pradesh	11.86	.00
Tamil Nadu	4.46	.00
<b>Comprehensive knowledge of HIV</b>		
No ( R)	1	
Yes	1.72	.00

(Table 12 continued)

<b>Receiving family life/sex education</b>	Exp (B)	Significance
<b>Type of School last attended</b>		
Private ( R)	1	
Government	1.02	.47
Partially added	1.58	.00
Don't know/Don't remember	1.20	.53
<b>Constant</b>	.00	.95

To understand the determinants of receiving of Family Life Education, a logistic regression has been carried out and shown in Table 12. The dependent variable is dichotomous, that is “1” for receiving family life education and “0” for not receiving sex education. The independent variables are sex, age of youth, caste of respondent, religion, education of youth, education of father, standard of living, States, comprehensive knowledge of HIV and type of last school attended. It has been found that standard of living, education of father, type of school and education of youth are significant predictors of receiving family life education. For example, the odds of 12 years of schooling and more is 13 times higher for those youth who have had only 1-7 years of schooling. Similarly, the odds of better standard of living (5th quintile) is 1.19 times higher for those youth belonging to poorer households.

### **Conclusion and Policy Recommendations**

As adolescents and youths form a large base in our population pyramid, our national policy and programme should provide them correct and useful information on Family Life Education for enhancing their knowledge and awareness about adolescent issues. Though, more than seventy-five percent of the parents discuss schooling with youth, they rarely discuss sexual and reproductive health issues. Among mothers and daughters, the sexual reproductive health (SRH) issues are limited to menstruation. This is primarily because of two reasons. First, the majority of parents are not aware of SRH issues and hence cannot provide their children with correct information. Second, parents are not comfortable about discussing these issues at home as they are considered intimate and private concerns. In this context, the Adolescent Sexual Reproductive Health (ASRH) programme in school has a critical role to play. This study has found that among those who received sex education, a large proportion of them received it from school. Also, the majority of youth prefer that the school teacher and health provider impart sex education. Findings also reveal large differentials in SRH education by parental education, economic status of the parents, caste/tribe, religion, and the educational level of young people. In general, children belonging to lower socioeconomic status, less educated parents, residing in rural areas and with lower educational attainment are less likely to receive sex education. These variations are also observed in the states of India. Many research studies have found that private schools yield better learning outcomes in general (Muralidharan & Kremer, 2006, Tooley & Dixon, 2005). These findings highlight the fact that the involvement of the state is critical in promoting sex education. While 80 percent of youth perceived that Family Life Education should be provided to them, hardly 15 percent receive it. The educational levels of father and youth and standard of living are determinants of family life education in these states. It may be more fruitful to focus on giving adolescents the Adolescence Education Programme through schooling systems to deconstruct the sociocultural influences they encounter. Finally, educational and economic status,

residence, caste and religion were found to be directly associated with receiving adolescence education in the study population.

### Recommendations

Since the inception of the Adolescence Education Programme in India, there has been no population based representative study on the Family Life Education of adolescents. Although there have been studies on the programme framework, content material and implementation strategies, there is a dearth of research in this area. A comprehensive study on adolescent issues can be initiated by the Government of India for the benefit of the population of India.

This study recommends creating awareness among both adolescents and their parents about the need for Family Life Education. This can be done by

- Establishing adolescent units in schools where regular sessions of Family Life Education are held to improve the reach of the programme.
- Involving the teacher, who is considered the best person by the respondents to provide Family Life Education. The Government, experts and policy planners may plan more programmes for better Family Life Education through the school system for school children and a few programmes may be for out of school adolescents/youth.
- Working with the heads of schools to develop curricula and skills to convey Family Life and Adolescence Education to adolescents, training adolescent peer educators on adolescence education.
- Improving the quality of the Family Life Education programme by making it more interesting and adolescent friendly. The media can play a large role in creating effective messages about adolescent problems, HIV and AIDS, and substance/drug abuse. The materials used for the implementation of Family Life Education must be sensitive to the cultural and traditional values of a particular society and also lack gender bias.
- Sensitizing parents through advocacy programmes. Parent-Teacher Association meetings may convince parents about the problems that their adolescent children face and the need to provide their children with correct information on adolescent issues.
- Envisioning a larger role for parents, teachers, principals, and local leaders will help the smooth and effective implementation of the Family Life Education programme.

### References

- Arthur, G. (2010). A child's garden of misinformation, *Journalist and Radio Broadcaster*, Canada.
- Bearinger, L. H., Renee, E., Ferguson, S. J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential, *The Lancet*, 369 (9568), 1220-1231.
- Benzaken, T., Palep, A. H, Gill, P. S. (2011). The exposure to and the opinions towards family life education among adolescent students in Mumbai: A cross-sectional survey. *BMC Public Health*, 11, 805.
- Bhatlavande, P., Gangakhedkar, R. (1999). *On the horizon of adulthood*. New Delhi, India: UNICEF.
- Bhat, T. N. (2010). Do People Approve Teaching Family Life Education Topics in Schools in India? *Population, Gender and health in India*, Edited by K. S. James, A. Pandey, D. W. Bansod, & L. Subaiya, 2010, Academic Foundation, New Delhi.
- Biddlecom, A. E., Gregory, R., Lloyd, C. B., & Mensch, B. S. (2008). Associations between premarital sex and leaving school in four Sub-Saharan African countries. *Studies in Family Planning*, 39(4), 337-350.
- Brown, A., Shireen, J. J., Iqbal, S., Kathryn, M. Y. (2001). *Sexual relations among young people in developing countries: Evidence from WHO case studies*.
- Campbell, C., & MacPhail, C. (2002). Peer Education, Gender and the Development of Critical Consciousness: Participatory HIV

- Prevention by South African Youth. *Social Science and Medicine*, 55 (2), 331-345.
- Dixon-Mueller, R. (2008). How young is "too young"? Comparative perspectives on adolescent sexual, marital, and reproductive transitions. *Studies in Family Planning*, 39 (4), 247-262.
- Eccles, J. S., & Roeser, R. W. (2011). School developmental contexts during adolescence. *Journal of Research on Adolescence*, 21 (1), 225-241, MI, USA.
- Gupta, N., & Mahy, M. (2003). Sexual initiation among adolescent girls and boys: Trends and differentials in Sub-Saharan Africa, *Archives of Sexual Behavior*, 32 (1), 41-53.
- Hoyle, R. H., Kernis, M. H., Leary, M. R., & Baldwin, M. W. (1999). *Selfhood: Identity, esteem, regulation*. Boulder, CO: Westview Press.
- International Institute for Population Sciences (IIPS) & ORC MACRO. (2007). National Family Health Survey (NFHS -3), 2005-2006: India: *Volume I*. Mumbai: IIPS.
- International Institute for Population Sciences (IIPS) & Population Council. (2007). *Youth in India: Situation and needs, 2006-2007*, Mumbai: IIPS.
- Jaya, J., & Hindin, M. J. (2007). Nonconsensual sexual experiences of adolescents in urban India. *Journal of Adolescent Health*, 40 (6), 573.e7-573.e14.
- Kirby, D., Obasi, A., Laris B. A. (2006). The effectiveness of the family life education and the HIV education interventions in schools in the developing countries. *World Health Organization Technical Report Series*, 938, 103-50.
- Mbonile, L., & Kayombo, E. J. (2008). Assessing acceptability of parents/ guardians of adolescents towards introduction of sex and reproductive health education in schools at Kinondoni Municipal in Dares Salaam city. *East African Journal of Public Health*, 5(1), 26-31.
- Mellanby, A. R., Phelps, F. A., Crichton, N. J., Tripp, J. H. (1995). School sex education: An experimental programme with educational and medical benefits. *British Medical Journal*, 311, 414-17.
- Michelle, J. H., & Adesegun, O. F. (2009). Adolescent sexual and reproductive health in developing countries: An overview of trend and interventions, *International Perspective on Sexual and Reproductive Health*, 35 (2), 58-62.
- Ministry of Women and Child Development of India. (2007). *Study on Child Abuse in India*, New Delhi.
- Muralidharan, K., & Michael, K. (2006). *Public and private schools in rural India*, Department of Economics, Harvard University, USA.
- National Council on Family Relations (NCFR): Family Life Educator, U.S
- Nath, A. (2009). HIV/AIDS and the Indian youth- A review of the literature (1980-2008), *SAHAREJ*, 6 (1), 2-8.
- Office of the Registrar General and Census Commissioner, India. (2001). Census of India, *Primary Census Abstract*, India, Series -1, New Delhi.
- Office of the Registrar General and Census Commissioner, India. (2011). Census of India, *Provisional Data*, New Delhi.
- Orr, M. T. (1982). Family life education and contraceptive education in US public high schools, *Family Planning Perspective*, 14, 304-13.
- Paul-Ebhohimhen V. A, Poobalan, A., & Van Teijlingen E. R. (2008). A systematic review of school-based sexual health interventions to prevent STI/HIV in Sub-Saharan Africa, *BMC Public Health*, 8 (4).
- Pianta, R. C. & Hamre, B. K. (2009). Conceptualization, measurement and improvement of classroom process. *Educational Research*, 38, 109, 109-119.
- Pramanik, S., Chartier, M., Koopman, C. (2006). The HIV/AIDS stigma and the knowledge among the predominantly middle-class high school students in New Delhi, India. *The Journal of Communicable Diseases*, 38(1), 57-69.
- Roser, R. W., Urdan, T., & Stephens, J. C. (2009). School as a context of motivation and development, In K. R. Wentzel & A. Wigfield (Eds.), *Handbook of Motivation at School* (pp. 381-410). New York: Routledge.
- Roseth, C. J, Johnson, D. W., & Johnson, R. T. (2008). Promoting early adolescents' achievement and peer relationships: The effects of cooperative, competitive, and individualistic goal structures, *Psychological Bulletin*, 134, 233-243.
- Santelli, J., Mary, A., Ott, M. L., Roggers, J., Summers, D., Schleifer, R.(2006). Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*, 38 (1), 83-87.
- Sharma, N. (1996). Identity of the adolescent girl. New Delhi: Discovery Publishing *Census of India, 2001*.
- TARSHI. A review on the revised sexuality education curriculum in India. [Online]. [Accesses on 23 June 2012] Available at URL: [http://www.tarshi.net/downloads/review\\_of\\_sexuality\\_education\\_curriculum.pdf](http://www.tarshi.net/downloads/review_of_sexuality_education_curriculum.pdf).
- Thappa D. M., Kaima, S. (2007). Sexually transmitted infections in India: The current status (except the human immunodeficiency virus/acquired immunodeficiency syndrome). *Indian Journal of Dermatology*, 52,78-82.



- Thato, R., Jenkins, R. A., & Dusitsin, N. (2008). Effects of the culturally-sensitive comprehensive family life education programme among Thai secondary school students. *Journal of Advanced Nursing*, 62(4), 457-469.
- The Government of India. Annual Report. (1997-1998). Ministry of Health and Family Welfare, New Delhi.
- Tooley, J., & Dixon, P. (2005). Private education is good for the poor: A study of private schools serving the poor in low-income countries, University of Newcastle.
- United Nation's Population Fund (UNFPA) and NCERT. (2011). Concurrent evaluation of the adolescence education programme, 2010-2011, New Delhi.
- United Nations Population Fund (UNFPA). (2003). Investing in Adolescents' Health and Rights, State of the World Population, New York.
- Wellings K., Collumbien, M., Slaymaker, E., Singh, S., Hodges, Z., & Patel, D. (2006). The sexual behavior in context: A Global perspective. *The Lancet*, 368, 1706-1728.
- World Bank. (2008). Sexually Transmitted infections in the Developing Countries. The current concepts and strategies on improving the STI prevention, treatment, and control, *World Bank Report*.