

# Assessing Safety Needs of Adolescents with Reference to Population and Development Education

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**Abstract:** Adolescence is one of the stages in span of human life. The adolescent age is a crucial stage in the process of development and in this age, opinions are formed and values are required which last for good in their lives. In spite of the crucial place that adolescents have in the entire population, being potentially equipped as important resources for their future, their needs and concerns are not addressed. Thus, the adolescents must be equipped appropriately and sufficiently with information on the various facts of life to enable them to grow as responsible citizens of the country for future perspective. However in reality the period of adolescence cannot be confined to denote a precise range of years and it can fall within either of these ranges also their safety needs of adolescents are of awareness in Sexually Transmitted Disease, Human Immune Virus, Acquired Immune Deficiency Syndrome. This research article reveals the assessment of safety needs of adolescents in Chennai City. Main objective of the study is to assess the awareness on population and development education issues and the safety needs of the adolescents (both sexes). In the present study, Survey Method is adopted. The study focused on the data collected through Interview Schedule having 20 items. Simple Random Sampling method has been used to select the respondents for this study. From the sampling frame of 616 adolescents, a proportionate sample of 50 per cent of the adolescents was taken by using simple random sampling method. Data collected was analysed and tabulated. Results were interpreted. It is concluded that College going Backward Community Female students running on 18-19 years who come from Hindu Nuclear Family with monthly income less than INR 10,000/- have had High level of awareness on HIV/STD/AIDS in terms of their safety needs.

**Keywords:** Safety Needs, Contraception, Adolescents, Population and Development Education

## 1. Introduction

Adolescence is one of the stages in span of human life. The adolescent age is a crucial stage in the process of development and in this age, opinions are formed and values are required which last for good in their lives. It is widely known that all forms of risk behavior - unprotected sexual activity, tobacco use, experimentation with drugs, unintentional (accidents) and intentional injuries and poor eating habits begin during this time. The dawn of adolescence is comparatively earlier in girls than in boys. The stage represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. The ages which are considered to be part of adolescence vary by culture, and ranges from preteens to nineteen years. Adolescents are full of energy, have significant drive and new ideas. They are a positive factor for a Nation and are responsible for its future productivity provided they develop in a healthy manner. All adolescents show concern regarding developmental issues such as self-identity, self-image, increased autonomy, relationships with peers and career goals. In spite of the crucial place that adolescents have in the entire population, being potentially equipped as important resources for their future, their needs and concerns are not addressed. Thus, the adolescents must be equipped appropriately and sufficiently with information on the various facts of life to enable them to grow as responsible citizens of the country for future perspective. During the phase of adolescents, interaction gets deepened and thereby socio-cultural development widens. This is primarily connected with forming friendship and in the later stage it develops as a higher level of taking up social responsibility. The development of adolescents comprising the physical, psychological or emotional,

intellectual and socio-cultural level indicates the growth process of adolescents with the characteristics and personality traits, influenced by socializing agents and factors, including the external environment towards the complete personality. However in reality the period of adolescence cannot be confined to denote a precise range of years and it can fall within either of these ranges also their safety needs of adolescents are of awareness in Sexually Transmitted Disease, Human Immune Virus, Acquired Immune Deficiency Syndrome. This research article reveals the assessment of safety needs of adolescents in Chennai City.

## 2. Review of Related Studies

2.1 Overall young people's health and educational prospects are improving and marriage and child bearing are occurring at later, more mature stages in life, compared with previous generations, nevertheless, some concerns remain. For example: Complications of pregnancy, childbirth and unsafe abortion are the major causes of death for women ages 15 to 19 years. Young people between the age groups 15 to 24 have the highest infections (STD's), including HIV/AIDS. Statistics on rape suggest that between one-third and two-third of rape victims worldwide are of age group 15 or younger.

2.2 A special magazine with relevant messages must be published and made available in their own villages for obtaining appropriate messages at regular intervals. Existing school networks should be strengthened to support the implementation of HIV/AIDS education (Collumbien et al 2000). Information Education and communication (IEC) activities need to be strengthened so that misapprehensions

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existing between the adolescents and parents could overcome (Ramanujam et al 2002).

2.3 A study of awareness of population Education among college students conducted by the PERC (Madras) revealed that they possess lower level of knowledge in several aspects of demography, health, women's status, environment etc. Similarly another study on Aids awareness among college students conducted by PERC (Madras) indicated a higher level of awareness of HIV/AIDS which revealed that they could as well be utilized as catalyst for extension activities.

2.4 A study made in **Hong Kong** on the school students show that only few parents talk to their children about sex even in developed countries. Some of the studies made in Kenya and sub-Saharan Africa also concur with similar results. All these go to approve that school system should take a major role in offering education in sexuality and related areas of concern of adolescent group in the school and higher education system.

### 3. Objectives of the Study

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

Specific Objectives

- 1) To find out the differences in the needs of adolescent boys and girls.
- 2) To find out the level of awareness among adolescents on STD/HIV/AIDS.

### 4. Need for the Study

Due to unforeseen events happening in the adolescent's life at a rapid pace, changes occur. These changes bring numerous problems, which are not only confined to the physical aspects but also to the psychological aspects. The situation, in which the biological process of growth and development as well as the socio-cultural environment propels them, generates a numbers of problems and needs, about which adolescents need to come out of their difficulties, problem shoot up and start expanding in their own length and breath. Curiosity about opposite sex, improper sexual concepts, urge for sexual activity, masturbation and STD/HIV/AIDS. With this, researcher felt that with the right faculties of guidance and acculturation through parents, teachers, peer group or by self-assessment, the adolescent finds herself on the path of self-empowerment. So the focus of the researcher is to assess the safety needs of the adolescents.

### 5. Hypotheses

There is no association between

- 1) The age and Opinion of adolescents towards STD/HIV/AIDS.
- 2) The sex and Opinion of adolescents towards STD/HIV/AIDS.
- 3) The community and Opinion of adolescents towards STD/HIV/AIDS.

- 4) The religion and Opinion of adolescents towards STD/HIV/AIDS.
- 5) The type of family and Opinion of adolescents towards STD/HIV/AIDS.
- 6) The income and Opinion of adolescents towards STD/HIV/AIDS.

## 6. Research Design

In the present study, Survey Method is adopted. The study focused on the data collected through Interview Schedule having 20 items. According to Maslow's hierarchy of needs, Safety Need was conceived in terms of awareness in STD/HIV/AIDS keeping in view of the back ground of the sample and opinion of the experts in the field, it was decided, that the rating should be simple to facilitate the sample to indicate the rating with ease and accuracy. The three point rating scale in self prepared questionnaire consisted of having to scores of 2, 1, 0 respectively.

### 6.1 Sampling Size and Sampling Technique

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

### 6.2 Limitations of the Study

- The sample is taken only from the students of higher secondary and college students of English medium.
- The present study is limited to the adolescents of Chennai-North and Chennai-South educational districts in Tamil Nadu.

### 1. Data Collection

Distribution of the Samples

Personal Variables	Categories	Frequency	Percentage (%)
Goers	School	302	49
	College	314	51
Age	16 - 17 Years	265	43
	18 - 19 Years	351	57
Sex	Female	300	48.7
	Male	316	51.3
Community	BC	448	72.7
	SC	83	13.5
	OC	18	2.9
	Others	67	10.9
Religion	Hindu	484	78.6
	Muslim	106	17.2
	Christian	26	4.2
Type of Family	Nuclear	443	71.9
	Joint	173	28.1
Family	Below INR 10,000	304	49.4

Income per month	INR 10,000 and above	312	50.6
<b>Total</b>		<b>616</b>	<b>100.0</b>

**Analysis of STD/HIV/AIDS in association with the profile of the adolescents**

**Table 7.1:** Background of the Adolescents and Level of STD/HIV/AIDS

S.No	Background of Respondents	Level of STD/HIV/AIDS			Total
		Low	Medium	High	
1	School	10 (1.6)	116 (18.8)	176 (28.6)	<b>302</b> <b>(49)</b>
2	College	9 (1.5)	100 (16.2)	205 (33.3)	<b>314</b> <b>(51)</b>
<b>Total</b>		<b>19</b> <b>(3.1)</b>	<b>216</b> <b>(35.1)</b>	<b>381</b> <b>(61.9)</b>	<b>616</b> <b>(100)</b>

The above table shows that the background of the respondents, More than half (51%) of the respondents were from colleges and around half (49%) of the respondents from schools. The Level of STD/HIV/AIDS among adolescents in the college, it is found that 33.3 per cent were high, 16.2 per cent in medium and 1.5 percent in the lower level. Among the schools, it is found that more than one fourth (28.6%) in the higher level, 18.8 per cent in the medium level and 1.6 per cent in the lower level.

**Table 7.2:** Age and Level of STD/HIV/AIDS in association

S.No	Age of the Adolescents	Level of STD/HIV/AIDS			Total
		Low	Medium	High	
1	16- 17 years	9 (1.5)	107 (17.4)	149 (24.2)	<b>265</b> <b>(43)</b>
2	18 - 19 years	10 (1.6)	109 (17.7)	232 (37.7)	<b>351</b> <b>(57)</b>
<b>Total</b>		<b>19</b> <b>(3.1)</b>	<b>216</b> <b>(35.1)</b>	<b>381</b> <b>(61.9)</b>	<b>616</b> <b>(100)</b>

The above table highlights the age and the level of STD/HIV/AIDS. Majority (57%) of the respondents is 18 - 19 years of age and remaining 43 per cent of the respondents are below 18 years of age. Among the 18 - 19 years category, more than one third (37.7%), above one sixth (17.7%) and negligible (1.6%) per cent in high, medium and lower level and in the below 18 years category of the adolescents of the study, it is found that 24.2 per cent, 17.4 per cent and 1.5 per cent in the high, medium and low level.

**Table 7.3:** Sex and Level of STD/HIV/AIDS in association

S. No	Sex of the Adolescents	Level of STD/HIV/AIDS			Total
		Low	Medium	High	
1	Female	6 (1)	97 (15.7)	197 (32)	<b>300</b> <b>(48.7)</b>
2	Male	13 (2.1)	119 (19.3)	184 (29.9)	<b>316</b> <b>(51.3)</b>
<b>Total</b>		<b>19</b> <b>(3.1)</b>	<b>216</b> <b>(35.1)</b>	<b>381</b> <b>(61.9)</b>	<b>616</b> <b>(100)</b>

The table shows the gender of the respondents. It is found that nearly half of the gender of the respondents is distributed as 51.3 per cent of male respondents and 48.7 per cent of the female from the schools and colleges. It is found that, Level of STD/HIV/AIDS is high among the female

(32%) compared to male (30%) but in contrast to that in the medium level female (15.7%) is less than male (19.3%) when it is compared against the sex of the adolescents and among the lower level male (2.1%) is higher than the female (1%) adolescents.

**Table 7.4:** Type of family and Level of knowledge on STD/HIV/AIDS among Adolescents

S. No	Type of family	Level of STD/HIV/AIDS in association Level			Total
		Low	Medium	High	
1	Nuclear Family	14 (2.3)	144 (23.4)	285 (46.3)	<b>443</b> <b>(71.9)</b>
2	Joint Family	5 (0.8)	72 (11.7)	96 (15.6)	<b>173</b> <b>(28.1)</b>
<b>Total</b>		<b>19</b> <b>(3.1)</b>	<b>216</b> <b>(35.1)</b>	<b>381</b> <b>(61.9)</b>	<b>616</b> <b>(100)</b>

The above table shows the type of family of the respondents. More than two third (71.9%) of the respondents were from the nuclear family and remaining above one fourth (28.1%) of the respondents from the joint family. Among the nuclear family, it shows that nearly half (46.3%) of them in higher level, 23.4 per cent in medium level and 2.3 per cent in the low level. In Joint family, it is 15.6 per cent in the higher level, 11.7 per cent in the medium level and 0.8 per cent in the lower level.

**Table 7.5:** Family income and Level of knowledge on / awareness STD/HIV/AIDS in association

S. No	Family income	Level of STD/HIV/AIDS in association Level			Total
		Low	Medium	High	
1	Below Rs. 10,000	10 (1.6)	93 (15.1)	201 (32.6)	<b>304</b> <b>(49.4)</b>
2	Rs.10,000 and above	9 (1.5)	123 (20)	180 (29.2)	<b>312</b> <b>(50.6)</b>
<b>Total</b>		<b>19</b> <b>(3.1)</b>	<b>216</b> <b>(35.1)</b>	<b>381</b> <b>(61.9)</b>	<b>616</b> <b>(100)</b>

It is found that from the above table, half (50.6%) of the respondents family income is above Rs.10, 000/- and a little below half (49.4%) of the respondents family income per month is below Rs.10,000/-. Among the family income above 10,000/- category, 29.2 per cent in high level, 20 per cent in medium level and 1.5 per cent in low level. Below 10,000/- family income category, it is 32.6 per cent are adolescents in the higher level, 15 per cent in the medium level and 1.6 per cent in the low level.

**Table 7.6:** Community and Level of awareness STD/HIV/AIDS

S. No	Community	Level of STD/HIV/AIDS in association Level			Total
		Low	Medium	High	
1	BC	19 (3.1)	134 (21.8)	295 (47.9)	<b>448</b> <b>(72.7)</b>
2	SC	2 (0.3)	32 (5.2)	49 (8)	<b>83</b> <b>(13.5)</b>
3	OC	0	3 (0.5)	15 (2.4)	<b>18</b> <b>(2.9)</b>
4	Others	1 (0.2)	21 (3.4)	45 (7.3)	<b>67</b> <b>(10.9)</b>

<b>Total</b>	<b>22</b> (3.6)	<b>190</b> (30.8)	<b>404</b> (65.6)	<b>616</b> (100)
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From the study, it is found from the above table that 73 per cent of the respondents belongs to the Backward class, 13 per cent of the adolescents were schedule class, 11 per cent of them belongs to other caste and negligible (3%) per cent of them belongs to the OC. Among the Backward class category, 47.9 per cent in high level, 21.8 per cent in medium level and 3.1 per cent in the lower level. In the schedule class category, it is found that 8 per cent, 5.2 per cent and 0.3 per cent among the higher, medium and lower level. Among the other two categories of community, there is only one respondent in the lower level of other caste and not even one in the OC and it is high (7.3%) in the other community where as 2.4 per cent in the OC.

**Table 7.7: Religion and Level of STD/HIV/AIDS**

S. No	Religion	Level of STD/HIV/AIDS			Total
		Low	Medium	High	
1	Hindu	13 (2.1)	170 (27.6)	300 (48.7)	483 (78.4)
2	Muslim	6 (1)	34 (5.5)	66 (10.7)	106 (17.2)
3	Christian	(0)	12 (2.3)	15 (2.4)	27 (4.7)
Total		22 (3.6)	190 (30.8)	404 (65.6)	616 (100)

From the above table it is found that 78.4 per cent of the adolescents from the Hindu religion, 17.2 per cent from the Islam and 4.4 per cent of them are Christian religion. From the Hindu religion, majority (48.7%) from the high level, above one fourth (27.6%) of them in the medium level and 2.1 per cent in the lower level. 10.7 per cent of them in the high level, 5.5 per cent in the medium level and only one per cent in the lower level in the Islam category and 2.4 per cent and 2.3 per cent of the Christian religion were distributed as high and medium level.

## 2. Findings of the Study

- 1) Majority (61.9%) of the adolescents having high level, above one third (35.1%) of them with medium level and only 3.1 per cent of the adolescents have low level of awareness on STD/HIV/AIDS.
- 2) The Level of awareness on STD/HIV/AIDS among adolescents in the college, it is found that 33.3 per cent were high, 16.2 per cent in medium and 1.5 percent in the lower level. Among the schools, it is found that more one fourth (28.6%) in the higher level, 18.8 per cent in the medium level and 1.6 per cent in the lower level.
- 3) Among the 18 and 19 years category, more than one third (37.7%), above one sixth (17.7%) and negligible (1.6%) per cent in high, medium and lower level and in the 16 and 17 years category of the adolescents awareness on STD/HIV/AIDS of the study, it is found that 24.2 per cent, 17.4 per cent and 1.5 per cent in the high, medium and low level.
- 4) Level of awareness on STD/HIV/AIDS is high among the female (32%) compared to male (30%) but in contrast to that in the medium level female (15.7%) is less than male (19.3%) when it is compared against the sex of the

- adolescents and among the lower level male (2.1%) is higher than the female (1%) adolescents.
- 5) In Joint family, it is 15.6 per cent in the higher level, 11.7 per cent in the medium level and 0.8 per cent in the lower level of awareness of adolescents on STD/HIV/AIDS.
- 6) Below 10,000/- family income category, it is 32.6 per cent are adolescents in the higher level, 15 per cent in the medium level and 1.6 per cent in the low level of awareness of adolescents on STD/HIV/AIDS.
- 7) In the schedule class category, it is found that 8 per cent, 5.2 per cent and 0.3 per cent among the higher, medium and lower level. Among the other two categories of community, there is only one respondent in the lower level of other caste and not even one in the forward community and it is high (7.3%) in the other community where as 2.4 per cent in the forward community.
- 8) From the Hindu religion, majority (48.7%) from the high level, above one fourth (27.6%) of them in the medium level and 2.1 per cent in the lower level. 10.7 per cent of them in the high level, 5.5 per cent in the medium level and only one per cent in the lower level in the Islam category and 2.4 per cent and 2.3 per cent of the Christian religion were distributed as high and medium level of awareness of adolescents on STD/HIV/AIDS.

## 3. Conclusion

The study Assessing Safety Needs of Adolescence with Reference to Population and Development Education is focused on the adolescents from the colleges and schools in the Chennai. It is concluded that College going Backward Community Female students running on 18-19 years who come from Hindu Nuclear Family with monthly income less than INR 10,000/- have had High level of awareness on HIV/STD/AIDS in terms of their safety needs. In practice the goals and content of population education should reflect the diversity of needs and behavioral patterns of school and college students.

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