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UTTAR PRADESH RAJARSHI TANDON OPEN UNIVERSITY

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UP Rajarshi Tandon Open University

CHFE-03 BASICS OF FAMILY EDUCATION

- First Block** : FAMILY LIFE EDUCATION
Second Block : SEXUAL HEALTH EDUCATION
Third Block : FACTS OF LIFE: GROWING UP

Shantipuram (Sector-F), Phaphamau, Allahabad - 2110



Block

1

FAMILY LIFE EDUCATION

UNIT 1

Family Life Education : Concept and Meaning 5

UNIT 2

Importance of Family Life Education 26

UNIT 3

**Role of Home, School and Religion in Imparting
Family Life Education** 41

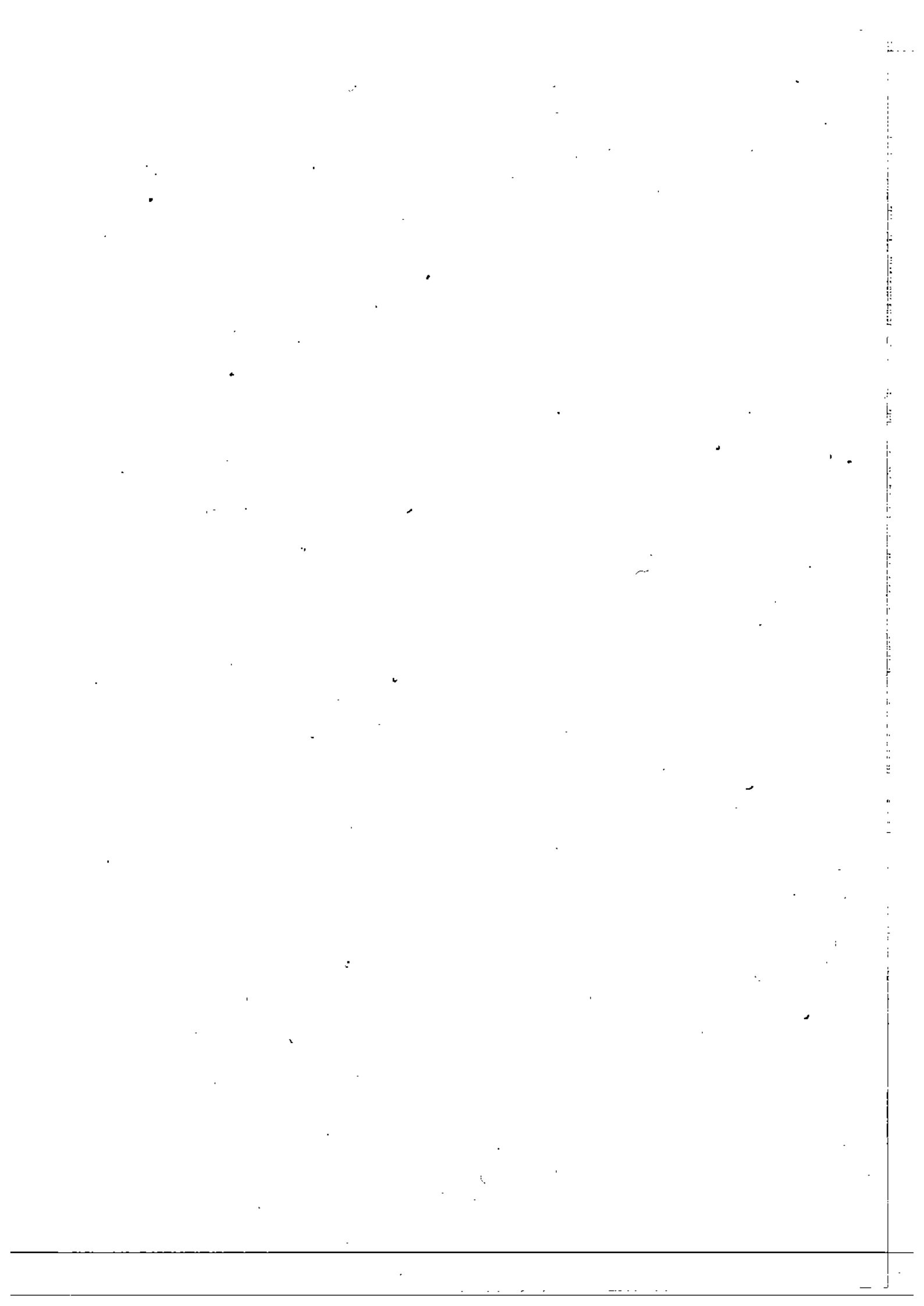
UNIT 4

Development of Personality and Moral Values in Life 61

INTRODUCTION TO BLOCK 1

Welcome to the basic course on Family Education. The first block of this course deals with the concept, meaning and importance of family life education. It also talks about the role of home, school and religion in imparting family education and the development of moral values in life. There are four units in this block. Unit 1 deals with 'Family Life education – concept and meaning'. This unit also analyses the relationship between different types of values in family life education. Unit 2 explains the 'Importance of family life education'. This unit explains the broad objectives of family life education and describes the role of individual, family and community in family life education. Unit 3 is on the 'Role of' home, school and religion in imparting family life education'. Besides identifying the role of different agencies in family life education, this unit also explains the method adopted in family life education. Unit 4 describes the 'Development of personality and moral values in life'. This unit deals with the nature of personality, theories of personality development, meaning of moral values and the relationship between personality and moral values.

The four units of this block provide a comprehensive view of the concept, meaning and importance of family life education along with the role of various agencies in imparting family life education. In short this block clarifies the essentials of family life education.



UNIT 1 FAMILY LIFE EDUCATION – CONCEPT AND MEANING

Contents

- 1.0 Aims and Objectives
- 1.1 Introduction
- 1.2 Defining Family Life Education
- 1.3 Contents of Family Life Education
- 1.4 Traditional Indian Values Related to Family Life Education
- 1.5 Importance of Different Types of Values in Family Life Education
- 1.6 Advantages of Family Life Education
- 1.7 Let Us Sum Up
- 1.8 Key Words
- 1.9 Model Answers
- 1.10 Further Readings

1.0 AIMS AND OBJECTIVES

The aim of this lesson is to acquaint you with the concept and meaning of family life education. This will highlight how family life education is a value laden concept. This will also highlight its importance and scope in the present day context.

After studying this unit you will be able to :

- describe the concept of family life education;
- explain the meaning of family life education;
- analyse the relationship between different types of values and family life education;
- appreciate the traditional Indian values related to family life education;
- explain the needs for family life education; and
- describe the scope of family life education.

1.1 INTRODUCTION

India has a long tradition of close bonded family system. But today some people argue that [modern] family as an institution is in crisis. Let us take a more optimistic view. Families are not exempt from the difficulties that accompany rapid social and technological changes. Yet the family has always demonstrated an ability to turn

difficulties into challenges. Indeed, the family can offer support and security to individuals in the society in a fast changing world.

Families come in many different shapes and sizes. Each family has a unique sense of shared family traditions, shared experiences and continuity of patterns through generations. We believe that nurturing this quality of family contact and interaction becomes even more important at a time like today when many people feel rootless and isolated. Technological progress often contributes to development but sometimes it generates a sense of depersonalization — a question of self identity. That is why family life education is essential and relevant in the present day context.

As we know, every society has evolved its own ways of preparing its younger members for adulthood primarily through an educational process. Traditionally, most elements of family life education have been informal, taking place within the home, place of worship, work and in every day contacts with other people. In childhood many values related to family life education have been imparted through stories from folk tales, epics, religious scriptures, etc. The hidden rationale behind these is to enable children to imbibe values essential for family life or inculcate these values in them so that they act as guidelines for the rest of their lives.

In some tribes, initiation ceremonies are performed which symbolize the end of childhood and entry into adulthood. After this ceremony, the child can have access to the knowledge and privileges that are permitted only to adults. Like this in Southern India and many other parts of India, when a girl reaches the age of puberty, a ceremony is observed and the girl is taught about all the intricacies related to family life education. So, through the process of socialization, by observing peoples' behaviour and through their own experience, children and adolescents become familiar with the norms, customs and values of their own society. These experiences provide the guidelines for their own behaviour.

In the present context, families in many parts of the world are finding the task of helping young people to prepare for adult life becoming increasingly difficult. Often it is found that they have as little awareness as their children about the problems they are facing. Here comes the role of school and voluntary organizations working in this area. Schools and voluntary organizations which in some respect replace traditional form of education and guidance can also assist people to adjust to changes. The development of organized programs of Family Life Education is one way of practicing their willingness to work together with families, to assist young people in their transition from childhood to adulthood.

Very often it is observed that family life education is treated as synonymous with sex education. In reality, however, family life education is a much broader concept than sex education. Sex education is considered as only one of the components of family life education. Family life education covers economic functions, social functions like marriage, responsible parenthood, etc. apart from other sexual health aspects. We will discuss all these things in details under section 1.3. Like sex education, family life study is different from family life education.

1.2 DEFINING FAMILY LIFE EDUCATION

Various international organisations and eminent persons working in the area of family life education have tried to define it in various ways. Some of the definitions are given below.

1. "Family life education refers to those educational concepts and experiences that influence attitudes towards family living, personal relationships and sexual development" (Department of Education, Virginia {U.S.A.}, 1978).
2. "One comprehensive and attractive approach perceives family life education as catering for individual needs leading to personal growth and enabling the individual to function as a responsible member of the family and society" (A curriculum on family life education for youth organization prepared by Malaysia Federation of Family Planning Association, 1985).
3. Family life education includes a study of self awareness, understanding of others, of sexuality, marriage and parenthood. The knowledge gained and skills developed will contribute to the individuals ability to cope both with social change and with relationships in society as a citizen, spouse and parent. (*Formal definitions adopted at International Planned Parenthood Federation Seminar on Teachers and National Development with special reference to Family Life Education, Lesotho, 1978*).
4. Family life education may be defined as education for human development which seeks to ensure that each individual approaching adulthood is equipped with the skills and personal reserves to cope with the challenges of every day life in society within acceptable societal structures and to adapt to change with experience and equilibrium (*Source : unknown*).

But none of these definitions seem to cover the entire aspect of family life education. The definition given by International planned Parenthood Federation is closer to what we generally consider as family life education. All these definitions, however, ignored the economic factors involved in family life education.

Therefore in this Unit, we would like to describe family life education in the following way:

- The concept of family life education refers to a variety of formal and informal efforts by which persons become ready for the roles and responsibilities of family life.
- Rapid technological and social changes of today's world have increased the need for individuals, families, and societies to enhance interpersonal and decision-making skills of each member of the family, especially those of the husband and wife, and reinterpret the meaning of mutual commitment, as well as maintain support for their economic self-sufficiency and emotional stability.
- Rising rates, marital breakdowns, family violence and falling indices of marital satisfaction and the time family members spent together suggest that people

are inadequately prepared for or supported in the challenges of marriage and family. Yet the number of stable, satisfying, and growing marriages, especially within the nuclear families, amid personal and social pressures and in spite of limited preparation and support, suggests that many are seeking to build strong families. Likewise, improved relationship skills among the educated at high school, college, and community settings, perhaps signal a growing desire to invest for the success in marital life by trying to avoid possible distrusts that are likely to arise within relationships.

Meaning of Family Life Education

Family Life Education is a broad and flexible field. Anything which contributes to the total growth and well being of the family - physical, mental, emotional, economic and spiritual - can be included under the umbrella of family life education. That is why family life education has its roots in many disciplines including sociology, social work, psychology, anthropology, biology, education, history etc. The goals of the programme are often broad based. Over all, its objectives are to promote the freedom to choose parenthood and the enrichment of human life.

Family life education is considered as a value related concept. Most of the values related to family life education are deeply rooted in the socio-cultural milieu of the people. These values are moral or ethical, cultural, religious, personal, etc.

Check Your Progress I

1. Describe the meaning of Family Life Education?

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1.3 CONTENTS OF FAMILY LIFE EDUCATION

The content of Family Life Education is related to the needs of those for whom it is to be given. It is vital to ask young people while preparing themselves for adult life : *What type of educational input should be provided to them which will help them in taking decisions and developing their skills?*

Let us analyse various sub-components of Family Life Education:

1.3.1 Family: Meaning, Types and Functions

Family is the basic unit of society. Although social scientists have studied a great deal about various facets of family structures and organization, they do encounter difficulties in developing a broad, culture free generalization that would be applicable to families in a wide range of societies. One major difficulty arises from the problems of definitions associated with the concept of "family" itself. The important question of what constitutes a "family" is not easy to answer because by itself the term "family" is ambiguous. To describe more precisely the concept of family, the types of families have to be examined.

Basically there are two types of family: the nuclear family and the extended family.

In extended family, parents, grand parents and even great grand parents live in the same house or neighbourhood. The family members are economically and socio-culturally close knit. By and large, members of the traditional extended families are more sedentary. Nuclear family, on the other hand, consist of a single family of husband, wife and children. This type of family is mostly found in urban and industrial societies. In some countries, young couples in a nuclear family setting are at a loss in the absence of parents and elder relatives to whom they can turn in case of, what behaviour scientists refer to as family discontinuities (e.g. first conception, birth of first child and so on.), family crises and other difficulties.

In terms of functions, the strength and solidarity of society are highly dependent on how the family as a basic unit performs its basic functions. It is the responsibility of all members of a family to fulfil family functions, although parents generally shoulder a larger share of these functions. Failure on the part of the parents to perform their duties can lead to social problems for many generations to come. Social problems among children often can be traced back to the failure of parents/families to perform their functions. To have a truly happy family, the needs of each and every member must be met. These include the provision for basic needs of a person, which according to the Psychologist Abraham Maslow are: physiological, safety, love and belonging, self-esteem and self actualisation.

1.3.2 Family Roles, Relationships and Responsibilities

People of other countries are often surprised by the roles and relationship being followed in an Indian family. They are surprised that in Indian family set-up children below ten years of age too are expected to play important roles in socio-economic activities such as taking care of cows and buffaloes, collecting cow manure, fetching drinking water, washing clothes, taking care of their siblings and so on. It is also inconceivable to many of them that married children sometimes remain dependent on their parents and simultaneously aged parents are dependant on their children.

In Indian settings, traditional family relationships are generally quite extensive. In addition, there are other types of family relationships, such as god-father god-son relationships and relationships arising from a network of inter-marriages between families. For instance, family ties are quite complicated as these are based not only on blood kinship but also on past associations as school mates, co-workers and so on. In short family relationships are governed by various customs and traditions which are more binding than rules or laws.

A clear understanding of roles in the family is very important. Misinterpretation or lack of understanding leads to problems and sometimes to chaos. For any family to exist, there are certain tasks which must be performed by family members. The issue of roles within the family is further complicated by changes in the family system, that is change from extended to nuclear/conjugal families. The participation of women in economic activities outside the homes, the influence of western culture, access to higher education, etc. are affecting these changes.

1.3.3 Family Life Cycle

The study of family life cycle provide a basis for the study of the composition, growth and development of families. An understanding of the stress and strains experienced at each stage of the cycle paves the way for better understanding and co-operation among family members. There are basically eight stages in a family life cycle. These include the following:

Stage-I : Bearing families

At this stage, a couple learn to synchronize their ideas, habits, values and so on. The married partners are learning to live with each other for the first time. Differences are found to appear from time to time and it is important that a couple iron them out and establish a meaningful marriage.

Stage-II : Child bearing families

The couple enters this stage at the time of first conception. With the coming of a child, finance, leisure time, and privacy will undergo changes. Proper child care becomes very important at this stage. Attention is diverted or shared between the newcomer and the spouse.

Stage-III : Families with pre-school children

At this stage, parents need to cater for the critical needs and interests of pre-school children to stimulate their growth and development. By this time, the parents think about the question of having or not having more children. The energy depletion in homes where domestic help or help from relatives as in extended families is hard to come by is one major area of adjustment. It is common for women to describe the demands of house keeping, wage earning, mothering and being a wife as an overwhelming burden on them. Husbands cannot afford any more to assume the traditional role of wage earner only. They need to share the household work, and some may find this to be difficult. Misunderstanding between the couple can also result when too much attention is given to the children.

Stage IV : Families with school children

Families with school going children have to pay attention to the child's educational and growth needs. The parents are also expected to collaborate with the demands and expectations of the school in helping the child in his/her studies and developmental aspects.

Stage V : Families with adolescents

Adolescents have special problems that need the help of parents and this stage can be a very crucial for them and their children. As the teenagers approach adulthood parents must ensure a balance between freedom and responsibility by helping their children to plan and execute them which will be beneficial and productive in various life situations.

Stage VI : Families as launching centres

After the young adults have gone into work or studies parents begin to feel a certain sense of loneliness. It is often referred to as 'the empty nest syndrome.' At the same time they also have the need to maintain a supportive home base to the children. Children need support and guidance for various cultural, religious and traditional family based events like marriage, birthday celebration and other ceremonies in the company of parents and relatives.

Stage VII : Families in the middle years

This is a trying time for a couple who have to adjust to a life together again. It is important that hobbies are developed to occupy their time after retirement. The reduction in the income makes it important to adopt a more modest standard of living.

Stage-VIII : Families in the late years

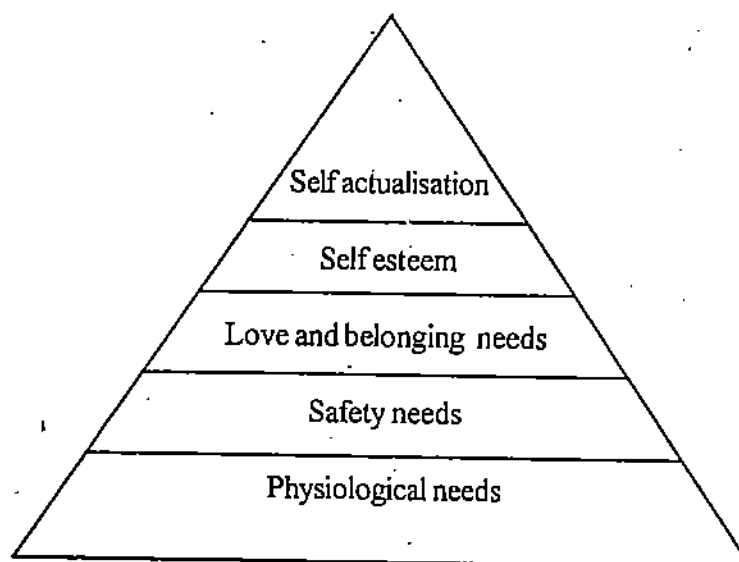
The family members need to learn to cope with bereavement and living alone at this stage. Society's expectations will keep children away from the concerns of aged parents. Very often helpers like home nurses may have to provide the required services to the parents.

1.3.4 Family Resources

Family needs are related to the basic human needs as described by Abraham Maslow in his Hierarchy of Needs. According to this theory all human beings have five basic needs. They are:

- Physiological needs — food, drink, sex, clean air, and good health
- Safety needs — to have a roof over one's head, housing, clothing, etc.
- Love and belongingness need — to have a family or community to belong to, to have a shoulder to lean on, the need for acceptance, giving and receiving love.
- Esteem — Self respect and respect for others.
- Self actualisation — Self fulfilment and reaching one's potential, to become somebody in life.

This need hierarchy theory can be graphically represented in the form of a pyramid. The needs at the lower level should be, to an extent, met before the higher level of needs emerge to press for satisfaction.



[Maslow's Need Hierarchy Theory]

Family needs are unlimited and resources are limited. Family or individual will use human and non-human resources to meet the unlimited needs. The family has to manage the use of their resources in order to maximize their satisfaction derived from them. Family resources are discussed in the context of the various stages of family life cycle and family size. It should be borne in the mind that every event in the different stages of family life drains the family resources. The demands on the family resources are heavy, especially when the different stages overlap. It is important, for the couple to decide during the first weeks and months of their marriage when to have the first baby, how many children they should have and how they should be spaced. Family size affects the need satisfaction of the family members, as mentioned above. Every child has the right to have a balanced diet, adequate clothing, safe shelter, proper education, attention and affection, and medical attention as well as the right to meet all the basic physical, mental, psychological and spiritual requirements of a healthy and happy life.

1.3.5 Marriage

Courtship and marriage are two issues which most adolescents begin to be pre-occupied with. A significant percentage of adolescent marriages usually end up in separation and divorce for various reasons. Some adolescents are forced into marriage because of pregnancies; others marry to escape from family problems; some just want to have someone to take care of them and decide for them and a few others want to escape from schooling while some others get married because of the prevailing custom. Appropriate educational programs are needed to prepare young people for marriage. After all, marriage in India is considered as a permanent relationship.

While discussing marriage, the following questions are usually raised: for what reasons do people marry? What are the most common types of marriages? How do people meet their marriage partner? How long does a couple usually know each other before marriage? What is the most common age for marriage for a man and for a woman? Is dowry or bride payment a good thing? What are the usual marriage ceremonies?

In India, marriages are usually classified as follows: Marriage by free choice of the partners or love marriage; arranged marriage and forced/arranged marriage. They can further be classified as monogamous or polygamous; civil, religious or customary.

1.3.6. Responsible Parenthood

Early marriage and parenthood have been the established pattern in many societies and remain so, despite the efforts of a number of governments to raise the legal minimum age at marriage. In India, minimum age at marriage is 21 and 18 for boys and girls respectively. Adolescents need as much information as possible on what is expected of them when they marry and raise a family. Social, economic and cultural changes are affecting many aspects of family life including parenthood. As a result young people today may have to consider issues that were previously unnecessary to take into account. Some key issues will have to be considered by them before getting married. These include discussions by both partners on the desirability of having children. If children are desired, will the father help in caring for them? Will the mother be allowed to work outside the home? Who will manage family funds? Becoming parents brings responsibilities which expand over the years. Because having children is considered to be a natural pattern of family life, some couples do not weigh seriously the implications of parenthood.



Following are some of the implications of responsible parenthood:

1. To avoid the risks of hunger and financial insecurity, parents should plan the number of children, based on their ability to support and rear them to full maturity.

2. To reassure themselves of the benefits of parenthood in their old age, parents should provide their children with guidance and direction so that they may develop and inculcate the right values as they approach adulthood.
3. To help in achieving an orderly society, parents should strive to bring up a family whose members are cognizant of both their rights and duties, while recognizing the benefits of the society as well as the tasks of supporting it.
4. Parents who respond properly to their partners personal needs are, in effect, reducing (if not, eliminating) the probability of their ever becoming estranged.

Responsible parenthood cannot be discussed without bringing up the issue of family planning. Family planning is a means of enhancing the quality of life of families including regulating and spacing child birth, helping fertile couples to beget children and providing counselling for both parents and would be parents.

Check Your Progress II

1. Graphically illustrate the Need Hieranchy theory of Maslow.

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2. What are the various implications of responsible parenthood?

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1.4 TRADITIONAL INDIAN VALUES RELATED TO FAMILY LIFE EDUCATION

In India like some other Asian and Pacific countries, socio-cultural values like preferences for sons, early marriage, and low status of women in society are quite evident. Continuation of family lineage, social security that comes from family cohesion, performance of religious rights for salvation of parents' soul after death in accordance with certain religious traditions (especially the Hindu religion), availability of free labour to parents and economic benefits to parents in the form of increased income and dowries, are all important motivations related to family in our country. In rural areas, children help the parents in planting and harvesting of agricultural products, cooking, cleaning, fetching water and looking after younger ones in the

family. The phenomenon of child labour (though illegal) prevalent in unorganised sector supplements the income of poverty stricken house-holds. Still, in rural areas the girls are encouraged to marry and to have children at an early age due to social custom, in spite of legal provisions concerning the minimum marriage age. Though child rearing at an early age is socially acceptable, the practice may restrict the educational, social and economic opportunities of the younger generation. In the process, in rural area as well as in slum communities, early marriage and unplanned birth of children are found to be responsible for ill health of both mother and the child. In this country child mortality due to various diseases is very high. The traditional joint families with their numerous advantages are on the decline. In both urban and rural societies the birth of a child is considered as a blessing of God. Some of these values are deeply rooted in our culture and it is difficult to change them immediately.

Marriage is deeply rooted in socio-cultural ethics. The traditional value of an Indian family is that a girl should be married to a boy having identical social status and vice versa irrespective of his income and level of education and the question of compatibility. Usually the boys are a couple of years older than the girls especially in the case of arranged marriages.

In urban areas, the prime consideration in the marriage of a girl now a days is the income of the boy and economic status of the parents of the boy. Traditionally it was taken for granted that marriages should be arranged with the consent and advice of the parents. In many middle and upper middle class orthodox families horoscope matching before marriage is conducted through religious ceremonies. In traditional Indian society dowry system was not practised, but the system of dowry is increasingly practised in the context of changing value systems of upper middle class and high society. Though dowry has been legally abolished, it still exists with added vigour, making the life of the parents of girls and the life of the girls themselves miserable. At times attempts are made to justify dowry as the right of the girl to the parents' inheritance. In fact, dowry is often given from what the parents do not have: borrowed money.

In traditional Indian society inter-caste marriage was discouraged. Child rearing was considered as the principal responsibility of wife. Decisions in the family were the prerogative of the father of the household. Traditional Indian society could be considered as a very reserved society so far as dissemination of information regarding sex role/sex relationships and sex responsibilities are concerned. Sex was almost a taboo subject. Male children have been given a preferential treatment. The wife was blamed if a male child was not born. Home was considered as an ideal place for women and women were discouraged from working outside the home. But in urban society, the scene is changing fast. In India it is believed that if women were to take up a job outside the family, the family would be neglected. Women from poor families are engaged to do all sorts of works for others. Education for girl children is discouraged.

The society was divided into various castes and religious rituals were strictly followed. Strict discipline was enforced by the parents for the development of the children. Although the influence of some of these values have changed in urban areas, they still play a major role in decision making in most families in rural areas.

Reorientation of values on various issues related to dynamics of family life is a long and difficult process but experience in number of countries shows that it could be achieved. In all societies, traditional values are increasingly being challenged resulting in conflict between adolescent children and parents.

In ancient India, male members of higher caste were advised to practice *Purusarthas and Ashramas* which were directly related to family life.

Purusarthas

Purusarthas represents the fundamental aspiration of ancient sages and social thinkers. These are values or ideals for which one must strive for in conduct and behaviour. Hindu social organisation is both material and spiritual and these help people to co-ordinate between the two. There are four *purusarthas* : *Dharma, Artha, Kama and Moksha*.

Dharma

The word *dharma* comes from the Sanskrit which literally means 'to preserve.' It represents right action. It stands as a principle for maintaining the stability of society. It is the guiding principle for the attainment of other *purusarthas*

Artha

Artha refers to acquisition of material property. It is important to acquire material wealth because it satisfies the material need for the running a household, to give gifts and to feed the poor. This should be earned through *dharma* or right action.

Kama

Kama refers to all the desires in man for enjoying and satisfaction of all the senses including the sex desire through right action. It is necessary to satisfy physical urges of man as well as achieve propagation of species.

Moksha

It is the supreme and final purpose of life and is attained through proper functioning of other *purusarthas*. *Moksha* is mainly concerned with the individual and frees him from all sufferings and cycle of birth.

Hindu Ashramas

These four *purusarthas* are the basis of Hindu Ashramas. They are concerned with the link between the individual and the community. They form the psycho-moral basis of Indian social system.

The Ashramas are the four different stages of life in which specific functions have to be performed. The four Ashramas are *Brahmacharya, Grahyastha, Vanaprastha and Sanyasa*.

Brahmacharya

This is normally accepted as the first twenty five years of life. In this phase each young man maintains celibacy and stays at the house of the Guru for studies and learning.

Grahyastha

Roughly next twenty five years of life form the period of *grahyastha* in which an individual gets married and leads his family life.

Vanaprastha

The third quarter of life in which an individual starts dissociating himself from the family life and starts the life of a pilgrim or religious vagabond.

Sanyasa

This is the last quarter of life in which an individual dissociates himself completely from the family and becomes a monk.

Check Your Progress III

1. Give a brief account of the Hindu Ashramas.

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1.5 IMPORTANCE OF DIFFERENT TYPES OF VALUES IN FAMILY LIFE EDUCATION

By now you might have realised the importance of the role values play in family life education.

Values have been recognized as a theme in family life education and as a problem confronting family life educators. Questions have been raised about the roles of values in family life education and about the appropriate responses of family life educators to various values, issues and concerns. What values should or should not be included in family life education programs? Should educators share their personal values with participants? What is the best way to handle controversial values questions? How should family life educators deal with potential differing values.

Types of values

There are different types of values. Although it is not possible to provide an exhaustive list here, let us try to examine some of the most important types of values which include: moral or ethical, religious, aesthetic, health, economic, legal, cultural, educational, personal, and prudential values. Most of these types of values are relevant to the purposes and subject matter of family life education.

One of the major operating principles in family life education is to "respect differing individual and family values". Special attention needs to be given to moral or ethical values and to the relationship of these values to cultural, religious and personal values. So here we shall discuss only these four values i.e. moral or ethical values, cultural values, religious values and personal values. We will also study and how they act as operating principles in family life education.

1.5.1. Moral or Ethical Values

Many family life educators are often uncomfortable with the word moral because the word 'moral' seems to be a relative term. It varies from society to society, culture to culture etc. The words ethical and moral mean the same thing and can be used interchangeably. In literal meaning, these terms pertain to human conduct and character, and generally refer to moral rectitude of an action, whether they are good or bad. Moral and ethical values are expressed in principles or rules of right conduct. Values such as personal integrity, tolerance for diversity and differences, social responsibility, respect for persons, sense of justice etc. have an important place in family life education.

The key point of ethics and morality is to go beyond the personal self interest and to consider, equally and impartially, the rights and interest of all involved in a situation. The intention here is to be able to overcome egoism and be able to see things from other people's point of view too. A second intention equally important, is to consider whether or not potential harm to some people can ever be justified. Within family life education, there are many opportunities to discuss issues like violence within marriage, intolerance, caste complexes, etc.

1.5.2 Cultural Values

In one sense, every value is a cultural value, because the central way in which one acquires a value is by acquiring a language. Language is a public cultural artifact. Among other things, language is used to express commitment to certain values and it would be difficult to imagine a culture that does not contain, for example, legal, economic, aesthetic, moral and intellectual values.

Two important points about cultural values are significant to family life education.

First, all cultures have some commitment both to a set of dominant ideals and to a set of greatest fears. In general, the relevance and purpose of moral principles in a particular culture is to facilitate the attainment of the dominant ideals (e.g. to attain equality or familial continuity) and the avoidance of the greatest fears (e.g. to avoid exploitation or loss of autonomy). Family life educators who work with multicultural groups will need to be aware of and sensitive to not only expressions of cultural

differences but also how these differences represent cultural attempts to accomplish their ideals and to avoid their fears.

The second point is that cultures do not remain stagnant. There are likely to be conflicts within the culture about its dominant ideals and fears. Some of these conflicts will have to do with topics central to family life education. (e.g. which ideal is more important loyalty to family or personal autonomy). Because these intra-cultural conflicts are sensitive issues and often problematic for families, family life education programs do not prepare individuals to deal rationally with these changing ideals.

1.5.3 Religious Values

Although there are many differences among religions, a number of features appear to be common to many of them: (a) a belief in a supreme being or a set of beings; (b) a set of concepts (usually a very complex set) that refer to the postulated relationships between the supreme being(s) and human beings; (c) a belief in some sort of existence after the death. These features have important implications for family life education.

First it is clear that many moral concepts and religious concepts such as respect for persons will overlap, leading at least some people to believe that moral/ethical values and religious values are the same thing. Such a belief results in potential misunderstandings, however, because at least some religions may have a different view of what counts as justification of moral principles. Thus some religions hold that moral principles have weight because they are "commandments" of one or more supreme beings rather than because they are part of an autonomous way of viewing human relations and human actions.

Obviously, family life educators will need to be sensitive to these potentially different beliefs, but it need not result in an impasse where the educator can do nothing. What is crucial is a willingness on the part of the educator to be open minded, and to be both willing and able to set an example of careful and balanced consideration of issues that are central to Family Life Education.

Second, the fact that most religions contain a moral system provides an opportunity for family life educators to explore at least some of these systems (e. g. examining their moral concepts, and beliefs, recognizing how these beliefs may be debated within the religious community, clarifying the principles they embody) and how these systems affect family life. Such exploration can enlighten all individuals regardless of their particular religious beliefs.

1.5.4 Personal Values

Much of the attention to values in family life education appears to be directed towards what is usually referred to as developing an understanding of one's own personal values and of learning to respect the personal values of others. Hamm (1985) has made an important distinction between public or social morality and private or personal morality that has relevance for family life education.

According to Hamm, social moral judgement has to do with inter-personal behaviours and addresses itself to basic human needs and fears, wants and desires, which are either to be satisfied or avoided and is a pre-condition for human beings to have a

choice at pursuing quality of life in its many forms. Some of the basic principles that are necessary for social morality include (a) justice as fairness (impartiality, non-discrimination); (b) non-maleficent (restraint from harming or injuring others); (c) minimal beneficence (the moral risk in satisfying their basic needs); (d) freedom (no right to interfere with others); and (e) honesty (truthfulness and non-deception). In Hamm's view, social morality refers to those things that are "good for all" and has as its summary notion 'respect for others'.

Hamm has suggested that although personal morality shares some of the same features as social morality, personal moral judgements address those things that have to do with "my good" rather than with good for all. The summary notion in personal morality is self-respect. Accordingly, self-respect must give way to social morality. This has important implications for family life educators who are concerned about the role of their personal values in family life education.

Hamm has claimed that this distinction is an important one because the subject matter and the strategies required for teaching social morality and personal morality are different. In general teaching social morality requires serious and systematic attention to the rules and the principles of social morality while education for personal morality requires some value clarification.

Check Your Progress IV

1. Explain the Importance of Moral or Ethical values in Family Life Education.

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1.6 ADVANTAGES OF FAMILY LIFE EDUCATION

Let us now discuss some of the needs which give birth to family life education.

1. Family life education provides an educational role : The family has always existed as a basic social grouping among human beings irrespective of the differences in its structure and functioning. There is of course no universal pattern. Families may be nuclear or extended, monogamous or polygamous. But in most part of the world the structure or functions of the family are in transition and its educational role is one which is dynamic in nature. So everybody should know about it.
2. Family life education acts as a crisis manager: Adolescents are growing up in a world in which they will have to make more decisions for themselves than any previous generations. They tend to experiment more with their life, make

choices and take risks and learn by their own experiences rather than by those of others. This can lead to confusion, frustration, despair and risk taking of a kind which is ultimately self destructive. So family life education has an important role to play in order to help people avoid all sorts of crisis.

3. Family life education provides skills for preventive action and knowledge for decision making particularly among adolescents: Each new generation of children face health challenges, but those faced by today's school age group seem particularly daunting. Children are confronted at an early age by situations that require knowledge for decision-making and skills for preventive action. Very often adolescents find themselves under strong peer pressure to engage in high risk behaviour like drug and alcohol abuse and sometimes sexual abuse which can have serious implications on their lives. These issues should be addressed to the young and adolescents through family life education.
4. Family life education helps in understanding one's own role with the changing family structure and functions: The rate of social change in most societies needs to redefine the roles of adult family members. Where tradition once established the norms for family behaviour, parents are now being challenged to re-examine their roles and to accommodate to the demands of changing family structures and functions.
5. Family life education helps in proper understanding of family life cycle: The impetus for family life education programmes is based on the pervasive nature of the family life cycle. Each new phase of the cycle gives rise to new learning needs. In the past these learning needs were met through informal learning activities such as reading, seeking advice from peers and professionals (doctors, religious leaders and priests) and reflecting on personal experience. Some of these activities are now being offered as family life education through formal learning programmes. National programmes of planned parenthood for example have been established in a number of countries to curtail population growth and to promote improved standard of living. The belief too, that parenting, skills, knowledge and attitudes can be learned through programmes of education as opposed to learning through observation has given rise to a host of such programmes around the world.

Need of Family Life Education

It is clear that family life education is a new field and one that is moving towards the "professional" end of the continuum. Some of the advantages of family life education are mentioned below:

1. Family life education is necessary for each individual: Every individual needs to know about family life education. Every individual spends eight to ten hours in work for earning for living. For this we study a lot of courses over so many years. But there is nothing for the next fourteen to sixteen hours which we spend every day with our family. This needs a formal and compulsory orientation for each and every individual. So every individual should be provided a family life education program as a life enrichment programme.

- There is a rapid change in the family structure all over the world from extended to nuclear family. But there is nobody for guidance. So there is an urgent need for this type of education to cope with the emerging trends.
- 2. Professionals working in this area and allied fields need training: People who are working with NGOs in this area, paramedical professionals and teachers need an orientation or training in family life education.
- 3. The activity becomes a full-time paid occupation: There are thousands of full-time paid people practising as Family Life Educators with specific qualification in various settings throughout the world and in India.
- 4. Training schools and curricula are established: Many departments and schools have been established at undergraduate and graduate levels on family life education and family studies. The first Ph.D. programme in family life education and family studies was established in 1962 at Columbia University in New York. There is a unit for Family Studies at the Tata Institute of Social Sciences, Bombay.
- 5. Those who are trained have established professional associations: The established professional associations are consistently supportive of the development of the knowledge base and skills of the practitioners in Family Life Education and that has played a key role in its definitions.

1.7 LET US SUM UP

In this unit, we started our discussion by stating that India has a long tradition of closely bonded family systems. Today, however, the society is in transition and many families find it difficult to help young people preparing for adult life. So there is a need for family life education. We have enlisted various needs for family life education. It has various roles to perform. The role it performs varies from educational to crisis management specially among adolescents. That is why family life education is a broad and amorphous field. Anything which contributes to the total growth and well being of the family can be included under the umbrella of family life education. So family life education has various sub-component like family, its types and functions, family roles, relationship and responsibilities, family life cycles, family resources, marriage and responsible parenthood.

In the later part, traditional Indian values related to family life education like *Ashramas and Purusarthas* are discussed. As family life education is a value-related concept, various types values like moral or ethical, cultural, religious, and personal and their implications in family life education were discussed. At the end of the unit, various advantages of family life education have been pointed out.

Check Your Progress V

1. Describe any three needs of Family Life Education.

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1.8 KEY WORDS

Nuclear Family : Family comprising parents and children only

Extended Family : Family comprising parents, children and other close relatives like grandparents, grandchildren, uncle, etc.

1.9 MODEL ANSWERS

Check Your Progress I

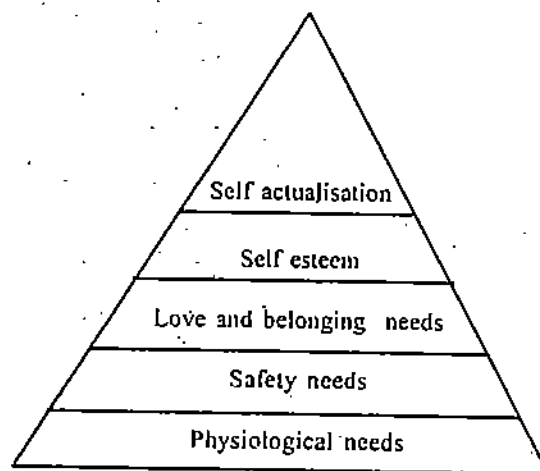
1. Describe the meaning of Family Life Education.

Family Life Education is a broad and flexible field. Anything which contributes to the total growth and well being of the family - physical, mental, emotional, economic and spiritual - can be included under the umbrella of family life education. That is why family life education has its roots in many disciplines including sociology, social work, psychology, anthropology, biology, education, history etc. The goals of the programme are often broad based. Over all, its objectives are to promote the freedom to choose parenthood and the enrichment of human life.

Family life education is considered as a value related concept. Most of the values related to family life education are deeply rooted in the socio-cultural milieu of the people. These values are moral or ethical, cultural, religious, personal, etc.

Check Your Progress II

1. Graphically illustrate the Need Hierarchy Theory of Maslow.



[Maslow's Need Hierarchy Theory]

2. What are the various implications of responsible parenthood?

The various implications responsible for parenthood include:

1. To avoid the risks of hunger and financial insecurity, parents should plan the number of children, based on their ability to support and rear them to full maturity.
2. To reassure themselves of the benefits of parenthood in their old age, parents should provide their children with guidance and direction so that they may develop and inculcate the right values as they approach adulthood.

3. To help in achieving an orderly society, parents should strive to bring up a family whose members are cognizant of both their rights and duties, while recognizing the benefits of the society as well as the tasks of supporting it.
4. Parents who respond properly to their partners personal needs are, in effect, reducing (if not, eliminating) the probability of their ever becoming estranged.

Check Your Progress III

1. Give a brief account of the Hindu Ashramas.

These four purusarthas are the basis of Hindu Ashramas. They are concerned with the link between the individual and the community. They form the psycho-moral basis of Indian social system.

The Ashramas are the four different stages of life in which specific functions have to be performed. The four Ashramas are *Brahmacharya*, *Grahyastha*, *Vanaprastha* and *Sanyasa*.

Brahmacharya : This is normally accepted as the first twenty five years of life. In this phase each young man maintains celibacy and stays at the house of the Guru for doing studies and learning.

Grahyastha: Roughly next twenty five years of life form the period of *grahyastha* in which an individual gets married and leads his family life.

Vanaprastha: The third quarter of life in which an individual starts dissociating himself from the family life and starts the life of a pilgrim or vagabond religious.

Sanyasa : This is the last quarter of life in which an individual dissociates himself completely from the family and becomes a monk.

Check Your Progress IV

Explain the importance of Moral or Ethical values in Family Life Education.

Many family life educators are often uncomfortable with the word moral because the word 'moral' seems to be a relative term. It varies from society to society, culture to culture etc. The word ethical and morality mean the same thing and can be used interchangeably. In literal meaning, these terms pertain to human conduct and character, and generally refer to moral rectitude of an action, whether they are good or bad. Actions which are likely to have helpful or harmful effects on the lives of the others are described, for example, as not moral. Moral and ethical values are expressed in principles or rules of right conduct. Values such as personal integrity, tolerance for diversity and differences, social responsibility, respect for persons, sense of justice etc. have an important place in family life education.

The key point of ethics and morality is to go beyond personal self interest and to consider, equally and impartially, the rights and interest of all involved in a situation. The intention here is to be able to overcome egoism and be able to see things from other people's point of view too. A second intention equally important, is to consider whether or not potential harm to some people can ever be justified. Within family life education, there are many opportunities to discuss issues like violence within marriage, intolerance, caste complexes, etc.

1. Describe any three needs of Family Life Education.
 - a) Family Life Education acts as a Crisis Manager: The adolescents are growing up in a world in which they will have to make more decisions for themselves than any previous generations. They tend to experiment more with their life, make choices and take risks and learn by their own experiences rather than by those of others. This can lead to confusion, frustration, despair and risk taking of a kind which is ultimately self destructive. So family life education has an important role to play in order to help people avoid all sorts of crisis.
 - b) Family life education provides skills for preventive action and knowledge for decision making particularly among adolescents: Each new generation of children face health challenges, but those faced by today's school age group seem particularly daunting. Children are confronted at an early age by situation that require knowledge for decision-making and skills for preventive action. Very often adolescents find themselves under strong peer pressure to engage in high risk behaviour like drug and alcohol abuse and sometimes sexual abuse which can have serious implications on their lives. These issues should be addressed to the young and adolescents through family life education.
 - c) Family life education helps in understanding one's own role with the changing family structure and functions: The rate of social change in most societies needs to redefine the roles of adult family members. Where tradition once established the norms for family behaviour, parents are now being challenged to re-examine their roles and to accommodate to the demands of changing family structures and functions.

1.10 FURTHER READINGS

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UNIT 2 IMPORTANCE OF FAMILY LIFE EDUCATION

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Objectives of Family Life Education
- 2.3 Importance of Family Life Education
- 2.4 Role of Individual, Family and Community in Family Life Education
- 2.5 Let Us Sum Up
- 2.6 Key Words
- 2.7 Model Answers
- 2.8 Further Readings

2.0 AIMS AND OBJECTIVES

The aim of this lesson is to acquaint you with the broad and specific objectives of family life education. This lesson will highlight the importance of family life education from the point of view of an individual, family and community. This lesson will also emphasize the need for co-ordination between individual, family and community in the process of providing family life education.

After studying this unit you should be able to:

- Explain the broad objectives of Family Life Education;
- Describe the role of individual, family and community in family life education;
- Analyse the intricate relationship existing between individual, family and community; and
- Point out the need for strengthening these three institutions.

2.1 INTRODUCTION

In the last unit we discussed the concept, meaning and need of family life education. In the concluding part of the lesson we also discussed the advantages of family life education. All these aspects clearly indicate the importance of family life education. But the question which arises is: *what is family life education and for whom is it intended?* Initially family life education was started informally as people's response to a felt need although it existed in society as part of social life. Ironically, family life education is a field which came into being as a result of public demand although it still has to fight for public acceptance as a field of education. Some people still hold the idea that families are private and should not be intruded upon while others maintain an independent stance arguing that they do not need to learn how to be better

parents, partners or family members. They claim to know it all instinctively. But there is a positive change in attitudes practically everywhere in the world, especially since the late nineteen seventies. People are finding it a necessity due to rapid social change that has occurred within various sections of the society. So there is a need for equal participation from family and community to make it more effective. Before we discuss the broad objectives of family life education, we should know the operating principles of family life education.

The Operational Principles of Family Life Education

Family life education has certain operational principles. Let us list them one by one.

1. Family Life Education is related to individuals in the families throughout the life span, both as individuals and families.
2. Family Life Education should be based on the needs of individuals in families.
3. Family Life Education is a multidisciplinary area of study and practice.
4. Family Life Education takes an educational rather than therapeutic approach.
5. Family Life Education should present and respect differing family values.

2.2 OBJECTIVES OF FAMILY LIFE EDUCATION

Family life education is concerned with assisting prospective candidates for learning the process of living in the family, continuing the family life to the next generation and sustaining the social, cultural, religious and traditional practices and values. The major objectives of family life education are:

1. To develop knowledge regarding the concept of family, its roles and functions: Every individual (both young and old) should have proper knowledge and understanding of the concept of family, its roles and functions. This knowledge will help an individual to recognize the various tasks that need to be undertaken for the well being and maintenance of the family.
2. Family life education aims at developing the ability to deal with family relationship and responsibility: Family life education helps in establishing and maintaining satisfying relationships with members of the family, with friends and with others whom they come into contact with in the context of family life.
3. Family life education aims at developing life skills to cope with different situation: Family life education develops the knowledge, values and skills necessary for adult life, marriage, parenthood and participation in the social life of the community. It also helps in communicating effectively with others and in making wise decisions about all matters related to family life, personal relationships and various memberships of the community.
4. Family life education aims at helping in understanding and coping with changes in one's own life and changes in the society: Family life education

helps an individual to understand and cope with changes in the adolescent life and cope with the society in which they live : for example the breaking down of traditional social structures, the changing roles of men and women, marriage practices etc.

5. Family life education aims at developing knowledge about physiological processes about one's own body. Family life education develops knowledge of the physiological processes of human conception and birth. It also creates an awareness regarding the consequences of adolescent pregnancies and parenting and of alternatives to pregnancies and contraception.
6. Family life education seeks to create responsible and useful young citizens: The ultimate aim of the family life education is to create responsible and productive young citizens by helping them to achieve the above mentioned objectives.

Specific objectives of family life education

The specific objectives of each of the components of family life education are illustrated below:

Components	Objectives
<p>1. Concept of family, types and purpose</p>	<p>a. To identify the historical functions of a family and its varying structure</p> <p>b. To define the term family</p> <p>c. To identify various types of families</p> <p>d. To enumerate the functions of the family</p>
<p>2. Family relationship and responsibility</p>	<p>a. To explore the concept of relationship</p> <p>b. To identify rights and responsibilities in the family</p> <p>c. To understand the factor that affect family relationship</p> <p>d. To cite common conflicts that arise in the family</p> <p>e. To identify the causes arising from individual differences of</p> <p>f. To recognize the various tasks that need to be undertaken for the well- being and maintenance of family</p>

3. **Family life cycle** To understand the various stages of family life cycle
4. **Family needs and resources**
 - a. To identify events in the life of a large family and to determine the stages that place heavy demands on the family resources
 - b. To understand the basic family needs and to identify the resources available to achieve them
 - c. To understand the impact of family size on the basic needs of family members
 - d. To develop skills for budgeting and managing family economy
5. **Marriage**
 - a. To understand the marriage customs, laws, norms and practices under of various culture
 - b. To understand the concept of marriage and the responsibilities of marriage
6. **Responsible parenthood**
 - a. To understand the roles and responsibilities
 - b. To appreciate the responsibilities involved in having children
 - c. To be able to explore and acknowledge the youths' attitudes and values concerning parenting
 - d. To discuss the concept and importance of family planning and the advantages of practicing family planning
 - e. To identify the different methods of birth control, their effectiveness, use, side effects and safety

Source: Family Life Education: Package One, UNESCO, PROAP, Bangkok, 1988.

Check Your Progress I

1. What are the operational principles of family life education?

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2.3 IMPORTANCE OF FAMILY LIFE EDUCATION

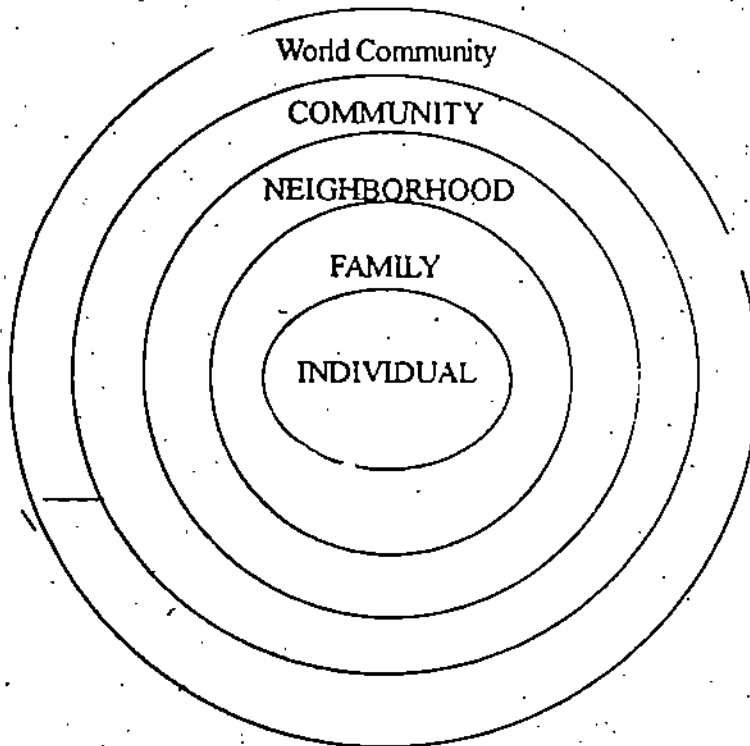
The following reasons can be offered to indicate the importance of Family Life Education in today's world:

1. **Expectations of marriage and family life are changing :** When marriage was for economic security and husbands ruled the roost, the rules were more simple and straightforward. Expectations for affection were minimal, as were options outside marriage. Today, with love, companionship and equality so important, communication and problem-solving skills have become even more valuable for happiness.
 2. **Terms of marriage and family are changing :** At the turn of the century, the life span was shorter, more of marriage revolved around parenting, and couples often drew on family and friend networks for support. Today, with nuclear families being on the increase in our country, couples are expected to meet their own needs, with minimal extended family support, and coordinate adult growth and roles through 50-60 years.
 3. **Life doesn't prepare most persons for new family roles :** Couples face more demands and fewer supports, but few persons learn to be mature and equal partners in families. Conflict resolution and problem-solving skills are part of many job-training and volunteer groups, yet couple communication remains sorely neglected. Traditional education prepares a person for 8 hours of his/her working life. A day has 24 hours and all the 24 hours a person is ultimately functioning as a member of a family in a particular role. What preparation does one receive for this formidable and important role?
 4. **Benefits of happy family life and adjustment :** Research finds happy families have lower rates of illness, depression, and conflict in and outside their marriage. Well-adjusted partners make easier transitions to parenting and tend to be more supportive parents. For most persons, marital satisfaction is the best index of family satisfaction : family satisfaction is the best predictor of well-being.
 5. **Consequences of marital breakdowns :** Whether divorced or living under the same roof and being completely separated from each other emotionally, partners, their children, and their relatives experience emotional and financial stress which may have long-term effects. In particular, poverty, continued partner conflict, and isolation from old friends and family can limit the horizons of couples in stress and their children. Most persons would choose to avoid families where there is no harmony or peace, or take advantage of this situation.
- Benefits of family life education :** Researchers have successfully shown the benefits of training programs in relation to increased couples' skills and satisfaction for long-term, lowered marital conflict rates, and reduced family violence rates.
7. **Starting early prevents break-downs :** Couples who are aware of principles of the family dynamics, problem-solving methods, and support and skill resources become more aware and more capable of handling the challenges of family life. Proactive couples tend to avoid relationship-threatening crises and enjoy the benefits of life together

8. **The pandemic of HIV/AIDS :** One of the salutary side effects of the otherwise disastrous pandemic of HIV/AIDS is that it helps us to turn our attention once again to the values of love, marital fidelity, etc. which are the bedrock of the institution of family. Though AIDS spreads not only through sexual relations, it must be admitted that in a majority of cases sexual contact is the main source of infection. Marital fidelity has, thus, the added advantage of also preventing a lot of infection. It is to be noted that it is not HIV/AIDS pandemic that makes marital fidelity a value. It has been a value which was the basis of the institution called family, and now in the context of HIV/AIDS we get the motivation to reflect on this all important value once again.

Society is the name for a group of people who live together. A society is composed of many different types of organizations and institutions and family is one of them. In fact the family is the primary unit which constitutes society. Family, community and society are regarded as special dynamic institutions which interact among themselves. It is the society which decides the quality and types of family. It depends on the healthiness of the family to create a vibrant and progressive nation and society. Again, family consists of individuals. So it is necessary to develop healthiness and proper understanding among each individual to make a family vibrant and progressive. So the individual is the basic entity in a family. Family, community and society are dynamic in the sense that with the changes in outer world, its economics and history, these institutions are being constantly redefined, the boundaries being constantly readjusted. A healthy society or community is but one large cohesive family. Family is a microcosm of society or community possessing all the culture and civilization it has acquired.

This can be best defined by the concentric diagram given above. This model shows



that the individual is the cornerstone of the world community. This is because s/he is the essential constituent part of family, neighborhood, community, society, nation and world community. So any change in the individual's attitude and behaviour affects all these above institutions. Simultaneously any change in the large institutions like neighborhood, community, nation and world community will affect the individual too. So it is pertinent that roles of all these institutions are crucial as far as family life

education is concerned. Each institution has to play specific roles to keep harmony among themselves and in the world community.

2.4 ROLE OF INDIVIDUAL, FAMILY AND COMMUNITY IN FAMILY LIFE EDUCATION

Let us now turn our attention to understanding the importance of individual, family and community from the family education point of view.

Individual

Family life education focuses on how individuals as constituent parts and fruits of family life may become physically healthy, emotionally mature, disciplined, responsible and tolerant human beings. Its goal is to help individuals develop interpersonal skills and more enriching human relationships by learning how to relate effectively within their families. As a whole it seeks to improve the quality of their life throughout the entire range of human developments.

Human beings perform different roles (like husband-wife, parent-child relationship etc.) and functions (like child care and development, family resource management, family planning). That is why one and the same individual is supposed to know about all these aspects, their prospects and consequences. All these needs can be categorized under different categories. An individual may have various types of needs. Some needs may be felt needs of an individual in a concrete situation in life. For example, an individual may feel: "I need to be more assertive in my relationships." The second type of needs is "developmental needs" that is, needs that are common to most individuals during the course of their development (e.g. dealing with one's changing sexuality at puberty, preparing for retirement). These needs are generally identified by the empirical studies and by the collective wisdom and experience of humankind.

In many cases there is an overlap between these two kinds of needs. The educational needs of new parents, for example, may be both a felt need expressed by the parents themselves and a developmental need emerging from their new roles and responsibilities.

There is another category of needs that deserves special attention which is called "societal needs". These are needs that emerge from both current and anticipated social, economic and political conditions that impinge in important ways on the lives of all individuals.

For example the pace of social change in most societies dictates a need to redefine the roles of adult family members. Where traditions once established the norms for family behaviour, parents are now being challenged to examine their role and to accommodate to the demands of changing family structures and functions. The state also has shown an increasing tendency to intervene in family life for reasons of economic and social necessity. National programmes of planned parenthood for example have been established in a number of countries to curtail population growth

and to promote improved standards of living. The belief, too, that parenting, skills, knowledge, and attitude can be learned through programs of education as opposed to learning from one generation to another has given rise to a host of such programs around the world.

Check Your Progress II

1. State the importance of family life education in the context of HIV/AIDS.

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Role of Family

Without role of family, one cannot think of family life education. Individuals usually perform certain functions within the context of family which is not possible outside the family. In other words, family promotes certain functions amongst individuals. These functions are discussed below in relation to their role in Family Life Education.

1. Biological Functions

The husband and wife have the right to sexual expression as a way of sharing or showing their love for each other. This provides not only sexual gratification for the spouses but also strengthens their interpersonal relation, love and unity as a result of the powerful and often binding emotions which accompany sexual activities which unite a husband and wife. The sexual functions also help to stabilize the society. The family provides opportunities in which sexual drives find both expression as well as control. Parenting has also long term functions as the child is extremely helpless and dependent on its parents for food and shelter for a number of years.

2. Cultural Functions

Family helps the child to acquire values, beliefs, customs and traditions of the society. It is in the family that the child's basic attitudes develop. If family performs *puja* in the morning, then child also learns and acquires this value of prayer and religiosity. What child considers right or wrong largely depends on what the family in practice believes in. They may, later on in their lives, question these values and expectations of the family. It is in the context of this questioning that a child develops its own value system for life.

3. Economic Functions

There is a concept of optimum utilization of income and labour. Families pool their resources so that they can have maximum satisfaction by budgeting efficiently. This economic co-operation within the family not only goes a long way towards fulfilling

the economic function for society as a whole but provides “rewarding experiences” for the spouses working together which cement their union to work towards family goals such as providing good education, health and comforts to their children. Families sometimes decide to supplement family income through various ways such as wife’s employment, business etc. to maintain the social status of the family.

4. Emotional and psychological functions

Human beings are emotionally and psychologically sensitive and need the family to recharge themselves for their struggle in the world. Especially in times of crisis the family works as a shock absorber and gives stability and anchors the members emotionally. The picture of family is one of inclusion and of caring. One can quit his/her job, drop out of school, and move to another city or village, but the family will always be there to provide support. Adolescents children and unemployed youth are supported by the family so that they do not loose heart and go astray. The family acts as a compensatory agency which offers comfort and esteem to the worker who return from the factory or office where he has no control or full satisfaction. With the changing values, norms and patterns of family, members sometimes may not find required support from it. But even then those who consider their own family as a “problem family” should learn to understand problems in the family and to work on them to resolve them, by sharing and expressing feelings.

5. Educational Function

Beginning with toilet training, language skills or socially acceptable behaviours, the family performs the important functions of education of children and their socialization. Vocational skills of varying nature are also learnt at times within the family. Basic education is given by the family. This training prepares a child to learn fast in school and enables him to cope with the demands of schooling along with his/her classmates. Within the family the child learns to conform and to submit to authority. It also learns to negotiate with authority.

6. Cosmic Function

Man feels adrift in the large impersonal universe. He becomes largely alienated in the industrialized and urban society. Living in a family helps to give him/her a place in the cosmos that makes him feel connected to others and rooted to earth.

Check Your Progress III

1. What are the emotional and psychological functions provided by family to its members?

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MacIver defines community as "an area of social living marked by some degree of social coherence". We know that a person rarely exists alone. S/he is linked in many ways to his fellow human beings who form a group. S/he can establish relations only with the people who reside near him/her in a definite part of the territory. It is a fact that people who over a length of time reside in a particular locality, develop social likeness, have common social ideas, common traditions and a sense of belonging. This fact of social living and common specific area gives birth to community. These above mentioned aspects of community helps in providing and preserving family life education.

Let us now examine the three specific roles performed by community which is very important from the family life education point of view.

1. Community act as a preserver of values related to family life

Each older generation pass on values related to family life to each successive younger generation which they have acquired from their previous generation. That becomes a set pattern or tradition in the communities. In this way, age-old traditions and values are still prevailing in communities and societies. Sometimes we find that these values are little bit modified according to the changes taking place in societies. It may be either in the form of parents or grand parents vis – as – vis their respective children or grand children or in the form of sermons by religious or community leaders etc.

2. Community act as a resistant

Not only does community preserve values related to family life but also it resists when there is any violation of the norms or values. It imposes certain restrictions or takes action against the individual who violates the norms and values. Other than this, community may take certain strict measures like non - cooperation and boycotting the individual and groups who tend to violate the values and norms.

3. Community provides moral policing

Another important point which is significant is that community always tries to provide guidelines to the members about what to do or what not to do. It keeps an eye on each member's actions in the community or outside the community. In this way it keeps checks and balances in the community.

As far as community is concerned, there are three major settings currently which offer family life education for adults : religious, social and professional organisations; mass media; and schools and universities.

(i) Role of religious, social and professional organizations

The most comprehensive programs in educating for family living have been developed and implemented by religious and secular organizations. Hundreds of diverse organizations and agencies are involved in offering a wide array of

courses, workshops and services covering areas such as parent education, marriage preparation, marriage enrichment, child development, etc.

Traditionally invested with a belief in marriage and the family, the church is one institution in western society which encompasses complete families and whose clientele spans the entire life cycle from birth to death. Many religious groups are involved in educative matters relevant to the well-being of families.

Besides religious denominations, there are community organizations such as the Young Men's and Young Women's Christians Associations (YWCA and YMCA) and the Family Service Association of America as well as voluntary organizations that include a focus on family education in the form of courses and workshops offered to adults on issues related to marriage and family living.

Most countries have developed organizations to deal with their particular concerns in family life education. These often grow out of professional associations having a special interest in the family or government agencies giving leadership to educational, social and health concerns of the family. Some examples include the International Union of Family Organizations (France), the National Council on Family Relations (USA), the Study Commission on Family (UK) and the Vanier Institute of the Family (Canada). Apart from these organizations, many international agencies sponsor this type of work. These organizations are UNESCO, International Red Cross, Organizations for Economic Co-operation and Development (OECD), and Cooperative for American Relief Everywhere (CARE)

(ii) Role of mass media in promoting community attitude

There continues to be great public influence exerted by television, radio, news paper and magazines on moulding the values, ideas, attitudes and beliefs about marital and family living. While the quality of input may be at times questioned, they nonetheless offer alternative structures, role models and information and advice on a wide range of family-related issues.

(iii) Role of schools and universities in providing family life education as a part of community education

Schools have for sometime been introducing more and more learning opportunities for students on marriage and family issues. Many universities and colleges offer credit and non credit continuing education programmes on marriage and family for adults.

There is a need for an integrated effort or coherence between family and community. If there is a difference between what is observed in the family and what is practiced in the community, then there will be crisis in individuals mental level or way of life. To avoid all these things there is a need for orientation of community leaders. These leaders may be political leaders from panchayat level upto national level, religious leaders of all religions and social leaders. These are the persons who plan and execute all the decisions which are relevant from the family life education point of view.

2.5 LET US SUM UP

In this unit, we have discussed various broad and specific objectives of family life education. Major objectives are to develop good knowledge about family roles and functions; develop the knowledge, values and skills necessary for adult life, marriage and parenthood etc. The ultimate aim of family life education is to create responsible and useful young citizens by upgrading the above-mentioned skills. To develop all these—knowledge, values and skills—various institutions like family and community and individual have different roles and responsibilities to perform. The individual has to perform different functions and roles and simultaneously has to satisfy different needs. Like the individual, family performs various function such as biological functions, cultural function, economic function, emotional and psychological functions, educational functions and cosmic functions. The community acts as a preserver and provider of family life education and provides resistance to those persons who violate values and norms. It provides moral policing. As far as community is concerned, there are three major settings which correctly offer family life education : religious, social, professional organizations; mass media; and school and universities.

Check Your Progress IV

1. Which are the three major settings providing family life education for adults? Explain.

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2.6 KEY WORDS

Deprivation : In specific terms, a situation in which one cannot enjoy some or any of the society's benefits.

Ostracization: Cutting someone off from a group or society.

2.7 MODEL ANSWERS

Check Your Progress I

1. What are the operational principles of family life education?

Family life education has certain operational principles. They are:

1. Family Life Education is related to individuals in the families throughout the life span, both as individuals and families.
2. Family Life Education should be based on the needs of individuals in families.
3. Family Life Education is a multidisciplinary area of study and practice.
4. Family Life Education takes an educational rather than therapeutic approach.
5. Family Life Education should present and respect differing family values.

Check Your Progress II

1. State the importance of family life education in the context of HIV/AIDS.

The pandemic of HIV/AIDS. One of the salutary side effects of the otherwise disastrous pandemic of HIV/AIDS is that it helps us to turn our attention once again to the values of love, marital fidelity, etc. which are the bedrock of the institution of family. Though AIDS spreads not only through sexual relations, it must be admitted in a majority of cases sexual contact is the main source of infection. Marital fidelity has, thus, the added advantage of also preventing a lot of infection. It is to be noted that it is not HIV/AIDS pandemic that makes marital fidelity a value. It has been a value which was the basis of the institution called family, and now in the context of HIV/AIDS we get the motivation to reflect on this all important value once again.

Check Your Progress III

1. What are the emotional and psychological functions provided by the family to its members?

Human beings are emotionally and psychologically sensitive and need the family to recharge themselves for their struggle in the world. Especially in times of crisis the family works as a shock absorber and gives stability and anchors the members emotionally. The picture of family is one of inclusion and of caring. One can quit his/her job, drop out of school, and move to another city or village, but the family will always be there to provide support. Adolescents children and unemployed youth are supported by the family so that they do not lose heart and go astray. The family acts as a compensatory agency which offers comfort and esteem to the worker who returns from the factory or office where he has no control or full satisfaction. With the changing values, norms and patterns of family, members sometimes may not find required support from it. But even then those who

consider their own family a "problem family" should learn to understand problems in the family and to work on them to resolve them, by sharing and expressing feelings.

Check Your Progress IV

1. What are the three major settings providing family life education for adults? Explain.

As far as community is concerned, there are three major settings currently which offer family life education for adults ; religious, social and professional organisations; mass media; and schools and universities.

(i) Role of religious, social and professional organizations

The most comprehensive programs in educating for family living have been developed and implemented by religious and secular organizations. Hundreds of diverse organizations and agencies are involved in offering a wide array of courses, workshops and services covering areas such as parent education, marriage preparation, marriage enrichment, child development, etc. Traditionally invested with a belief in marriage and the family, the church is one institution in western society which encompasses complete families and whose clientele spans the entire life cycle from birth to death. Many religious groups are involved in educative matters relevant to the well-being of families. Besides religious denominations, there are community organizations such as the Young Men's and Young Women's Christians Associations (YWCA and YMCA) and the Family Service Association of America as well as voluntary organizations that include a focus on family education in the form of courses and workshops offered to adults on issues related to marriage and family living.

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(ii) Role of mass media in promoting community attitude

There continues to be great public influence exerted by television, radio, news paper and magazines on moulding the values, ideas, attitudes and beliefs about marital and family living. While the quality of input may be at times questioned, they nonetheless offer alternative structures, role model and information and advice on a wide range of family-related issues.

(iii) Role of schools and universities in providing family life education as a part of community education

Schools have for sometime been introducing more and more learning opportunities for students on marriage and family issues. Many universities and colleges offer credit and non credit continuing education programmes on marriage and family for adults.

2.8 FURTHER READINGS

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UNIT 3 ROLE OF HOME, SCHOOL AND RELIGION IN IMPARTING FAMILY LIFE EDUCATION

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Role of Home in Imparting Family Life Education
- 3.3 Role of School in Imparting Family Life Education
- 3.4 Role of Religion in Imparting Family Life Education
- 3.5 Methods of Imparting Family Life Education
- 3.6 Let Us Sum Up
- 3.7 Key Words
- 3.8 Model Answers
- 3.9 Further Readings

3.0 AIMS AND OBJECTIVES

The purpose of this unit is to provide you with an understanding of the role of home, school and religion in imparting family life education. The methods adopted for this education are also discussed. After learning this unit you should be able to:

- identify the role of different agencies in family life education;
- explain the methods adopted in family life education;
- describe the roles of the different agencies; and
- give suggestions to these agencies regarding their role in family life education.

3.1 INTRODUCTION

You have already learned about the objectives and importance of family life education. In this unit you will be learning about the role of home, school and religion in imparting family life education. You are also told about the methods of family life education at different stages of development.

When we think about the role and method of family life education, the questions that usually arise are: "Who is to be assigned the responsibility of imparting family life education? What is to be told? When is it to be told? How is it to be told? How much should we tell?" We are trying here to answer these and a number of other questions that are usually asked by parents, teachers and other people who are engaged in the field of family life education.

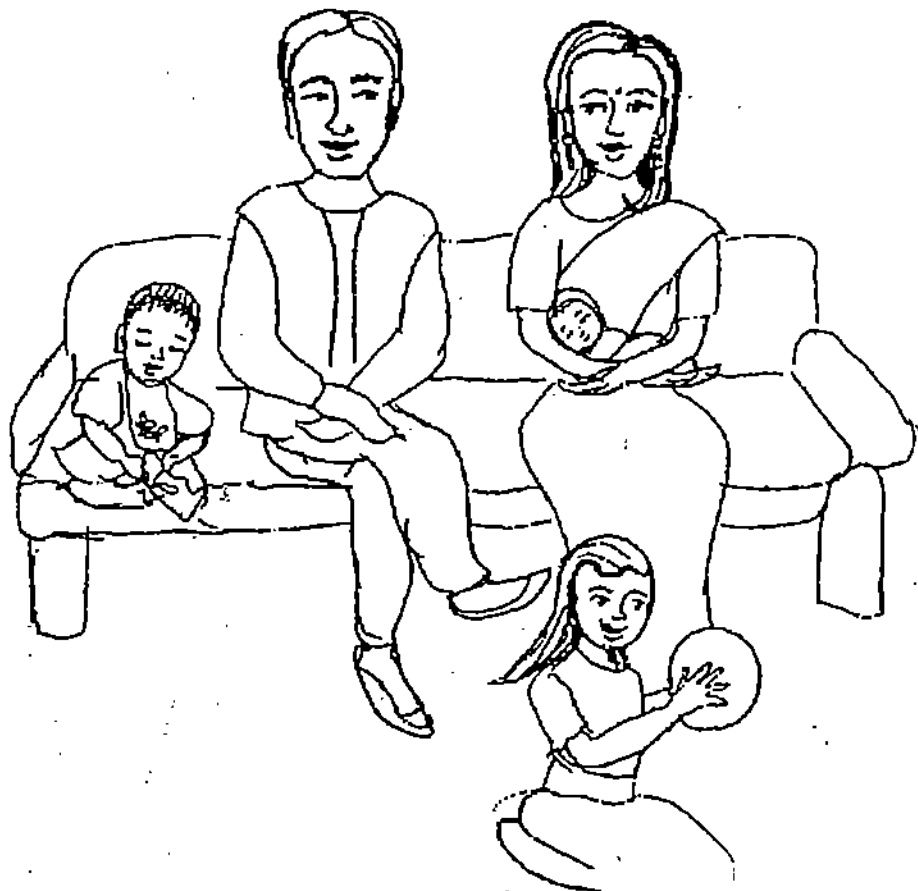
Social workers in the field of family describe the attitude of parents in answering the question - who is to give the training in family life ? They say that fathers often express the opinion that it is the duty of mothers to train the children. Mothers feel that it is the teacher's task. Teachers generally feel that it is the work of an outside specialist, teacher or of religious leaders. In other words, everybody wants to shift the responsibility to some one else. The fact, however, is that it is the joint responsibility of home, school and religion.

3.2 ROLE OF HOME IN IMPARTING FAMILY LIFE EDUCATION

The home is the ideal place to tell the story of life and to give training in family life. This is because parents have a continuing relationship with their children over many years. This relationship is crucial in developing attitudes as well as in sharing information. The way people act in adult life is strongly influenced by their experiences and training in the early childhood at home.

The basic attitudes established in the home during the early years will dominate later attitudes. So the family has to take up the major role in imparting education at the various areas of a child's development i.e. physical, emotional, intellectual, social and spiritual. These are the basics for successful family life.

Parents as educators



The home is the school of schools and parents are teachers 'par excellence'. The child's intimacy with the parents during the formative years influences the personality of the child. Again the personality of an adult individual is generally influenced by the childhood experiences at home.

John Locke says that the child's mind is a '*Tabula Rasa*' (Latin, meaning 'clean slate'). Parents can write anything on this clean slate. All the knowledge about family is derived from the experiences of the child's early life. The home provides every life situation in which a child needs training. It is the first socialising agency.

The family's standards and values act as a guide for later family life. Examples of parents who practice virtues of social justice, charity towards people of all classes and races, who cater to the needs of others and makes sacrifices for others, help children to shape their own family lives. The home also provides opportunities for open expression of personal, emotional and social behaviour.

Role of home in character building

How does character affect family life? The whole success of the family depends upon the character of the couple. Home has an important role in training the character of its members. Success or failure, good or poor adjustment, happiness or unhappiness are much more a matter of character than of intelligence.

Character impels a person to act on certain principles. A person of character can be trusted and relied upon. Hence character training at home is a must for a wholesome family life. In the modern world, lack of good leadership is felt in all walks of life. This is largely due to the fault of the home. It results from the inadequacy of the home in the formation of character.

Parents have the responsibility for helping their children to become self accepting boys and girls, socially competent adolescents and mutually understanding husbands and wives, fathers and mothers. Happy homes tend to build happy people. If the parents are leading a harmonious life, children also can build a similar marital life, home and family. The child who feels the love, security and sense of belonging, and who was cared for in a secure happy home, has a good start towards a responsible and mature family life.

Education for marriage at home

Who should start the education for marriage? As you have seen, the home is the starting point for all education. A child's image of his role as a boy or girl, husband or wife, father or mother is patterned very early in life, by the emotional and social atmosphere of the home.

What does a child learn from his parents about marriage and family ? From parents the children learn the good or bad of family life. They learn the art of loving and being loved, giving and receiving affection, adjusting and sacrificing etc. from the family. The first lesson on the art of human relations and adjustments are learned from the family. The girls learn the art of home making and boys the masculine skills, from home. Parents have the moral responsibility for preparing children for married life. Family life education at home inspires the child to understand the nature and meaning of the home itself of which he/she is a part. It prepares him for his own future family life.

Home and personality building

What is the role of home in building up our personality ? What a child becomes is more important than what a child knows. A good personality is the most valuable gift that parents can give their children. For the normal development of the personality, the child should get a satisfactory family life. Homes in which parents and children share their joys and troubles, where they participate in recreational activities with friends and relatives, where there is always peace and happiness, will produce personally well adjusted and socially confident individuals. These children will have personal adequacy and personal responsibility in their relationship with others.

Family living provides certain basic human needs, more directly, than is possible elsewhere. Parents who really love each other, give a sense of security to their children. These parents give an unconscious model of human relationships. Children will understand that inspite of disagreements and quarrels, the basic loyalty of the family group is never threatened. They will be able to establish strong family relationships later. This experience can never be given by books or study classes. It comes only through the day to day life in the family.

From where do you inherit your habits and behaviour ?

Certainly you inherit most of your good or bad tendencies from your parents. These tendencies take the shape of habits or behaviour by interacting with the environment in which you grow. The factors important in personality development are heredity, environment and training. All these factors are contributed by home. The way the twig is bent, so inclines the tree. A thousand mile walk starts with the first step.

Role of home in sex education

Do you think that sex education and family life education are identical ? Even though they are mutually related, sex education cannot be equated with family life education. Of course, sex has a vital role in family life. Today, researches show that intimacy, love and companionship are the most important needs of couples. These needs are satisfied mostly from sex relations. This elevates sex to a position of new importance in marriage. According to many people, the success or failure of marriage depend upon satisfactory sex

relations. This emphasises the importance of sex education for a successful family life.

Unfortunately children are exposed to "too much too soon" and with little moral direction and guidance. So the home has a major role to give this direction and guidance in sex. But since there will be a separate section on sex education, this unit is not taking up a detailed study of that topic.

Difficulties in exercising the role expectations of the home

Do all homes have the facilities and competence to provide training for family life? Unfortunately no. If so, what are the blocks?

a) Failure of parents

Many families today have only one or two children. So parents do not permit their children to encounter any hardships or hazards or ordinary risks of life. There is a tendency of over-protection and over-ambition. The over-protected children can not face the normal risks of life in their later family life. They have a very sheltered existence.

b) Over-expectation of parents

Parents expect too much from children. The education system is also highly competitive. Children who cannot come up to parental expectations may develop many behavioral problems. They may not be good partners in family life.

c) Rejected children

Parental rejection is another problem. The parent who neglects a child rejects it. Now that a good majority of women are also working, children have two fathers - two providers - and no mother at home. A working mother who prefers office work to child care is a rejecting parent. Parents who do not give their children attention, time, affection, companionship, supervision, discipline, religion etc. are depriving them of a cosy and secure home. This rejection results in attention seeking behaviour, hostility to family members, frustrations, anxieties or extreme independence. These children may not be able to become good partners and parents in their own family lives.

d) Perfectionist parents

Some parents have unrealistic fantasies of model, spotless, scratchless, and perfectly regimented homes. Their children may become extremely formal, rigid and unrelaxed. They may develop distorted personalities which may end in marital breakdowns later.

e) The indulgent and domineering parents

The indulgent parent gives excessive privileges to children. This results in

immaturity which later leads to drugs, alcoholism and an irresponsible way of living. The domineering parents make all decisions for their children. Also they never allow children to grow to maturity. These children go through life with fear and a disrespect for all authority. Children of both indulgent and domineering parents develop distorted personalities and distorted ideas about marriage and family.

Traits in parents for success

What are the qualities that help a parent in bringing up children ?

Being a parent today is more than challenging: it is a full time commitment. In reality, the job of a parent is demanding and difficult, but at the same time rewarding and fun. Child rearing is a responsibility and not a sacrifice. Enjoy parenthood and work at it. Be aware of the limitations. What is caught from the parents is more important than what is taught.

Parents must meet the varying needs of children at different ages and stages of growth. They should provide a sense of emotional security and inculcate self-reliance and self-confidence in children. Each child is endowed with some innate potentialities. Parents should provide time and space for the free development of these innate abilities. Over-supervision is not good. There should be discipline — firm — but not harsh.

Understand the child as he/she is from his/her view point. Develop a sense of responsibility in children. Proper communication is the key to settle most of the problems between parents and children. By understanding the child, you can avoid the bitterness of anger and confusion. This restores the joy of love shared by you and your child.

The parents have a vital role in imparting family life education. "A river can not rise above its source, so also those who teach values can not do so unless they themselves hold these high".

Today, the structure and function of the home has changed a lot. Many of the functions of the home are taken over by other external agencies. Here comes the importance of school, peer group and religion in family life education.

Check Your Progress I

1. Why is the home the ideal place to give training for life?

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3.3 ROLE OF SCHOOL IN IMPARTING FAMILY LIFE EDUCATION

Can the school do anything to impart family life education? Many people underestimate the role of the school. Even though the family has the primary responsibility for family life education, the school also has an important role. School is an extension of the family. Since the school has a regular and continuous contact with all children, it has a unique opportunity to supplement family training.

School age is the period at which the child's world widens gradually. He/she comes into contact with other socialising agents such as teachers, other adults and peers. So the school can provide more opportunities to learn about family life.

Why should the school interfere? Many parents do not have the technical knowledge to answer all the questions their children may ask about sex and family. They are not able to help children to develop healthy attitudes and to make correct decisions and choices as they grow up. The informal education given by parents often fails to achieve the goals of family life education.

In many Indian homes, the parents are illiterate and not competent enough to give training in family life. Many of the old values and norms of family life are changing. In these circumstances, the school is a more reliable agent than the home to impart family life education. The school can give more detailed and systematic teaching than the parents.

Is there any barrier to family life education at school? Usually family life education is equated with sex education courses. Many parents are frightened or suspicious of group teaching in this area. Of course, sex education has an important place in these courses, but it is not the only—not even the primary—purpose of a course on family life. Parents should be conscientised about this.

The basic goal of education is to provide a background for choices in life. To make intelligent decisions in the area of family living, children should get correct information about sex and family life. A co-operative effort is needed between the parents and teachers in the matter of family life education. In school, the information can be imparted in a much more impersonal way without anxiety and tension.

Role of teacher in imparting family life education

In school, the teacher is the key person in imparting family life education to children. The teacher should be a competent, gifted and prudent person. Every teacher in school can teach family living. Every subject and every activity at school can contribute to a better understanding of life. Experiences in school enhance the formation of ideals and values. This in turn helps to mould the character of children. It also leads to personal and social adjustments.

As said earlier, sex education is one of the most important aspects of family life education. Teacher can give this education without much inhibition. The teacher can impart a noble understanding to this deepest personal mystery. Students tend to come more and more to their teachers with personal and general problems. Children prefer teachers to parents for this. They believe that teachers are better informed and better adjusted persons.

Teachers help children to understand themselves better, and to make better adjustments in life. A teacher's task is to impart information, clarify doubts, and give guidance - in short to be a mentor. Armed with knowledge, rather than ignorance, the young generation will face the challenges of growing up with a better understanding of the values of sex and marriage as well as its pitfalls.

The role of the peer group

What is the contribution of the peer group to family life education ? Once they begin to attend school, children spend most of their time outside the home, with members of the peer group. So peers have a greater influence on the attitudes, interests and behaviour of the child than the family has. The peer group helps the youth to get socialised, conforming to social patterns and norms. The youth is more open and free with peer group. Again the peer group serves as a laboratory for developing a variety of physical and social skills and social roles. It plays the role of a teacher in this process. It provides a sense of security and moral backing when the adolescent wants to be independent.



In spite of the influences of the peer group for better adjustment, there are certain risks involved in the experience and information gained from the peer group, especially regarding sex and marriage. The information gathered may be wrong and dangerous. The peer group members may be ill-motivated and inexperienced persons. Such inaccurate and inadequate and even distorted information about sex and marriage creates unhealthy and wrong attitudes towards sex and family life. It may also lead to serious mental disorders, complexes, and maladjustments in behaviour. Many problems in married life like impotency, frigidity, guilt feelings, sex perversions, excessive sex interest etc. are the result of some of the negative influences of the peer group.

Check Your Progress II

- 1) The teacher is the key person in the school in imparting family life education How ?

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3.4 ROLE OF RELIGION IN IMPARTING FAMILY LIFE EDUCATION

Family life education was given through the families, in an informal way by all religions. In the Indian context, religion occupies an important place in the life of an individual. Marriage and family are considered sacred and holy by all religions. Each religion has its own laws and regulations for marriage and family.

The culture of the family in different religions is different. A strong religious background is necessary for a successful family life. Today it has become a fashion among youth to disown God and give importance only to the material world. Secularism is a wrongly understood word for the youth. According to Sri. C. Rajagopalachari, secularism does not mean that boys and girls will be deprived of the advantage of the disciplines based on the religion practised by the families to which they belong.

So far, a formal training for family life was not seriously thought of by religions. But due to the high percentage of marital breakdown and problems in family life, all religions are now taking up the matter seriously. Many religions, especially Christians have come out with some positive steps in family life education. Attempts are made to give orientation in family life. Pre-marital and post marital courses are offered. Family counselling facilities are

organised. Church centered programmes are gaining momentum and wide acceptance. Many couples come to these centres for help and guidance.

All religions have the responsibility to provide family life education for its members. The youth should be given opportunities to learn about marriage and family before they enter into them. Religious values can reinforce the personality of an individual.

Check Your Progress III

- 1) Should religion play a positive role in family life education?

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3.5 METHODS OF IMPARTING FAMILY LIFE EDUCATION

Family life education is a life long process. It includes the knowledge, skills attitudes and values involved in maturing into men and women. This education should help the individual to find his/her personal role as a member of one's own sex in marriage, family life and the community.

How can we give this training ? What are the methods to be adopted in imparting this education ? Marriage and family occupy a very important place in the life of a person. But very few couples have any experience in the job which requires special knowledge and training. The importance of this training is not properly understood. Usually, parents are expected to learn on the job. This may lead to many mistakes. Most parents rely on what they remember on their own upbringing. They also depend upon the advice from their parents and friends.

Often commonsense knowledge and child care books provide the guidelines for young couples. This is not good enough. For any other job, for example, teaching, nursing, driving or any other profession, years of special training is necessary before one enters the profession. In-service training is also given for most of the professions. But for most people pre-marriage training is not considered as a pre-requisite for marriage. It is not easily available also. But today the importance of this training is widely accepted.

Since family life education is mainly given by the home and school, we shall discuss the methods adopted by them at different stages of development — pre school stage, primary stage (ages 6-9), pre adolescent stage and adolescent stage. Let us consider them one by one.

Pre-school stage

This is the stage where the whole responsibility of family life education is on the family. The school does not come into the picture. The basic attitude established in the home during early years will dominate in the later attitudes. Children spend the early formative period with parents and other family members. So the initiative in family life education should come from the home. During infancy and early childhood, mothers have to take the lead. The basic pattern of the personality is formed during childhood. It is said that even 'sex education' is given by parents to their young child, many years before they can begin to give him or her sex information.

To the growing girl, the mother is the model. The little girl will try to identify with her mother in many ways. But the girl should feel the warmth of her father, his voice, his touch etc. which is different from that of her mother. The father's strength and confidence, his behaviour towards the girl, all these stamp the idea of a good man in her young mind. If she misses this influence, it will be difficult for her to understand and appreciate boys and men in later life. This experience of a man — her father — will stand a good way in adjusting and understanding her husband when she gets married.

The growing boy learns from his father and mother. The mother's concern and affection, care for little things — tenderness, warmth, patience — all give him the idea of a good woman — his wife. The father shows him that a man can be firm and strong, yet kind and considerate.

It is not easy to perform the special tasks of a home. But the attitude of the parents and the spirit in which the household duties are done, will shape the child's attitude towards masculine or feminine roles later in life.

The pre-schoolers are always curious. For them everything around them is new and exciting. According to Freud, the first six years are the formative years in the life of a person. Hence the experiences received at this stage are very important.

We have already discussed the informal methods adopted by parents in training their children. It is usually an informal and indirect process. Education includes not only what is taught, but mostly what is caught by the individual from his everyday experiences in the family.

The child learns from the examples set by the parents and elders. The physical and emotional environment of the home is very important — harmonious, peaceful and serene. The most crucial influence to the development of the child is the training given at home — order, system, punctuality, cleanliness, books, art, music, prayer or the absence of these. These are vital factors in the building up of a family later.

Learning by doing should be the method adopted for giving training in family life. Give the child enough opportunities to participate in all the activities of the home—in work, recreation, social and religious activities. From the day to day experiences of family life, children gradually absorb the strength of character, intelligence, emotional and physical maturity, religious and moral values of their parents.

Should there be a formal education for family life ?

In addition to the informal and indirect methods of teaching, parents must be prepared to answer the questions asked by the pre-schoolers. Parents must be careful to answer the child, not just his/her question. Do not scold him/her for asking embarrassing questions. Do not resort to fairy tales to answer the questions. Intelligent answers to their level of maturity and comprehension must be given. It is better to use scientific terms as far as possible. But unfortunately, in Indian languages we don't have correct scientific terms. Before answering the question, the previous knowledge of the child should be taken into consideration. The parent should be a good listener. Be frank, honest, consistent, never give false information. If the parent refuses to answer, the children may not ask further questions.

School years 6 - 9 :

How is the school age child different from the pre-schooler ?

Now the child becomes aware of gender roles. Appropriate role models are necessary at this stage. In this stage also the most important guidance the child gets will be from the way his parents act as adult human beings. The attitude of the parents towards each others' work and duties will be reflected by children. If the father looks down upon the mothers' work as woman's work, or thinks that he is the 'provider and head' of the family, children will develop similar attitudes later on.

The mother's attitude as a woman, wife and mother, her acceptance of her own femininity, and the father's attitude to his masculine role, his firmness, his sense of purpose etc. are predominant factors in the formation of the personality of the child. The tenderness and warmth between the parents, the special bond between father and mother, and the physical affection are very good experiences for the child. It makes children understand that affection is permissible, desirable and important. When they later learn the facts of life, they know it is an expression of love

What about the questions asked by children ?

Children ask too many questions about sex and family life during this period. Never assume that 'they know'. This is the proper time to teach them about menstruation and puberty. There are two things to be remembered in giving sex education to children at this stage. It should not be "too little and too late" and "too much and too soon". Don't get embarrassed to answer the questions. The answers given to the questions at this stage add to what has been gained earlier. This will be the basic preparation for the time when sex begins to concern the child more personally.

Give children confidence and encouragement. Repetition does not hurt. It provides more opportunities for more questions. Allow them to play with their friends and get socialised. But parents should always keep 'an ear and eye' on the children of this age group.

What is the role of the mass media ?

Mass media like T.V., radio, cinema, books etc. help to widen the child's knowledge about sex and family at this stage. Whatever the source may be, the knowledge and value they gain will be part of their foundation for life.

What can the school do ?

In school, the curriculum and methods of teaching should be suited to the level of comprehension and maturity of children. Sex information, which is a part of family life education, can be imparted through biology lessons. Children can be taught about the concept of maleness and femaleness, reproduction in plants and animals, the ideas of fertilisation etc. There is no need to teach about human reproduction at this stage.

Pre-adolescent stage

What is the importance of this stage ? This is the best stage for acquiring basic knowledge on family life. The growing child wants to learn, to know. He/she observes everything that happens in the various social settings of home, school and neighbourhood. In this age he/she tries to understand and to work out the meaning of what he/she observes. So the home and school should provide ample experiences for the child to understand the life around him/her.

As the child grows up, help him/her feel proud and happy to be a male/female. In the long process of growing up to adulthood, children may have to face many challenges in life at one time or other. Love in the home is absolutely necessary to the healthy development of the child. A home is a place where the child is needed, wanted, appreciated - where it is good to be. But love should be expressed. The love between the parents and between parents and children is the very essence of good family life education. Loving his/her father and mother and other members of the family, the child later learns to love his/her partner in marriage, and his/her own children.

How can parents cater to good fatherhood and motherhood ?

The parental influence is the most important factor in moulding a child's attitude towards fatherhood and motherhood. The examples the parents set throughout the years of their children's growing up is the criterion in deciding whether the children will have a happy or unhappy family life. Children should see the complete, dedicated relationship between their father and mother. Parents themselves will have to grow in order to be wise parents. If parents want to do their best for the children they must begin with themselves.

How does the peer group influence the pre-adolescent ?

This is the time of peer group influence. Parents should be aware of their children's friends. If the friends have attitudes and values that are different from their own values, they should talk to their children about it. Try to guide them towards friends who possess good moral values. There is no harm in getting attracted to the opposite sex, but there should not be any sexual misconduct.

Should there be any limit to mingling with the peer group ?

Parents have to set limits for their children and to guide them. Talk in a rational and loving manner. While discussing these matters with children be courageous and firm. Avoid a sex lecture. The communication should be light and friendly, but always honest. Give information about the child's own sex as well as the opposite sex. Teach the child to respect the opposite sex.

What is the influence of the mass media ?

The environment in which the present day child grows has changed radically. Sexual matters are projected everywhere through different mass media. The living atmosphere is saturated with sexual awareness. No one can be shielded from its impact. Issues like rape, abortion, teenage pregnancies, S.T.D., homosexuality etc. very frequently appear in the mass media. This period is the proper time to instruct children about these. At home the father can take the responsibility of educating the male children and the mother can reveal the facts of life to her daughters. Grandparents and other elders at home prove quite helpful in this task.

What should the school do ?

After the parents, the school should be taking up the main responsibility of educating the pre-adolescent in family life. The school can give more detailed and systematic teaching than the parents. Suitable curriculum should be drafted to cater to the needs of youth.

What type of sex education should be given at this stage at school level ?

There is a strong need for sex education at this stage. It should equip one with correct scientific information to face the challenging situations of adolescence. Before one attains puberty, sex education can be imparted without involving emotional reactions. The education preferably should be given separately for girls and boys. Classes of general hygiene, physiology and programmes related to physical education and personality guidance can be utilised for this purpose. There must be standard literature related to sex in school libraries. All the media can be used positively for this purpose.

Adolescence

What is the special importance of this stage ? This stage has a tremendous impact on the growing youngsters. It is a transitional period in personality

development bridging the years between childhood and adulthood. Like any other period of transition adolescence brings a number of adjustment problems. Adolescent's needs, interests and problems are different from those of childhood and adulthood.

Who can help the adolescent ?

Parents, teachers and other elders should recognise the signs of the developing problem of the adolescent.

Parents have a vital role to play in preparing the adolescent for his future family life. In the home the adolescent learns what it means to be a man and woman. Through his family experience the boy is forming the concept of man husband and father. The girl learns the role of woman, wife and mother. Parents have to accept that the child is growing to be an adult. Parents must modify their protective role and give more initiative and freedom to the youngsters. Mothers have a tendency to prolong the dependence of the child. This will not help them to grow into adulthood.

You may wonder why the interests of the adolescent move from his/her parental home. This is only because up to this stage the child has everything in his/her home circle to meet his needs. But with adolescence, sexual needs emerge and their interests move outside the family circle. Life steers him/her away from his parental home towards a home of his/her own. He/she wants to establish a home of his/her own with a partner of his/her own choice. Parents need not grow anxious or unhappy about the youngsters' need for getting married and founding his/her own family. Special efforts must be made by parents to train and help the adolescent for choosing his/her partner and establishing a family.

Should the adolescent learn through trial and error ?

Some parents think that they need not interfere with the problems of their young boys and girls. This is not good. Of course, the role of the adult is not to protect him/her from all adversity or every painful experience. Parents must let the adolescent do things for themselves. Then only they will become responsible adults. The role of the parent is only to guide and assist the young person when he/she has a real problem. They should enjoy the growth of their child to a young adult.

Adolescents need love and reassurance, recognition and praise from the parents to develop self-confidence, belief and trust in themselves and to accept themselves as they are. At home he/she experiences the way in which the two sexes complement each other, feminine gentleness and masculine firmness. It is not formal learning, but he/she gradually acquires the philosophy of living in a two sex world, by living in a family. The attitudes of the parents will influence his/her relationship in marriage and family. It will make him/her self-reliant men and women, confident husbands and wives.

How can the school help the adolescent ?

At this stage the school can give a very systematic programme of family life education. The educators and the people in authority should plan for a curriculum which includes the essential information and learning experience in family life. This will give a formal recognition to the importance of preparation and training for family life.

To make intelligent decisions in the area of family living, children should get correct information. They should also develop proper attitudes. Knowledge gives them a feeling of security and protection. This in turn helps them to develop their potential to live in a responsible and constructive way.

Sex education is very important at this stage. Sex is not a "subject" like Arithmetic or History. Hence it is not advisable to offer it as it is. It is vitally important that young people should receive honest and accurate answers to their questions regarding love and sex. But they should be given in a simple way.

What should be taught ?

Human reproductive system can be taught at this stage. Children may be introduced to concepts relating to sexual maturity, conception, child birth, illicit sex relations, STD, AIDS etc. There should be healthy heterosexual relationship among boys and girls. The content should be functional — that is directed at the specific problems young people face in their adjustments to the opposite sex during the pre-marital period and in early years of marriage. But unfortunately we don't have sufficient material in this area to provide adequate guidance to the youth. However, block 3 of this course deals with most of the matters pertaining to the physiological components of growing up.

Family life education at this stage, should provide opportunities for the youth to observe nurseries in operation, observe the care of small babies and learn more about parenthood and child training.

Discussions and seminars on family life education can be arranged. Topics like responsible partnership, parenthood, family planning, family relationships, psychology of man and woman, how to choose the partner etc. can be included in such discussions and seminars. The help from persons like psychologists, medical doctors and other specialists who have first-hand knowledge about family life can be taken. There must be trustworthy resources available to the youth. The educators must be well-informed in the subject.

Counselling facilities should be provided in the school to help children clarify their doubts and personal problems. Pre-marital courses can be organised. All the mass media can be utilised for this purpose. Good books on family life can be provided in the library.

Is there any other agency to impart family life education to youth ?

Social and religious organisations can play a vital role in giving family life education to the youth. Lately many social and religious organisations have been arranging life orientation programmes for the youth. Today teenagers, newly weds and long married couples are approaching such agencies for guidance. Family courts and family counselling centres are also doing a very good job in helping young couples and youth in family matters. Some newspapers and periodicals publish regular columns to address issues pertaining to the common concerns of people on sex and sexuality.

Check Your Progress IV

1) What are the methods adopted by the home in imparting family life education?

a) at pre-school stage

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b) at adolescence

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3.6 LET US SUM UP

In this unit you have learned about the role of different agencies like home, school and religion in imparting family life education. The home is the ideal place for such an education. The basic attitudes formed during childhood about family life will influence later attitudes. Parents are the first and best educators for family life. Home has an important role in character building and also building up the personality of the child. Parents have the moral responsibility for preparing children for family life. Sex education is another responsibility of the home.

Many parents do not have the technical knowledge and competence to give family life education to their children. So the school has an important role in family life education. In school the teacher is the key person to impart this education. Teachers are competent and children have more confidence in their teachers. The peer group also helps the youth to get socialised confirming to social patterns and norms. The youth are more open and free with the peer group.

Religion also has a role to prepare the youth for marriage and family. Religious values and background are necessary for a successful family life.

Family life education should be given at different stages of development like pre-school primary, pre-adolescent and adolescent stages. The family is the main agency for imparting this education. The methods adopted by the family are mostly informal. Children learn from the examples they see and the experiences they gain in the day-to-day life of the family. Father and mother are the role models and main educators. They should answer the questions of their children regarding sex, marriage and family. Learning by doing is the best method that can be adopted by the family.

In school, the curriculum should be designed for this purpose. Sex education can be provided through biology lessons in the lower classes and human reproductive system in the upper classes. The child should be equipped with detailed, systematic, correct scientific information to face the challenges of sex and marriage.

Parents, teachers and other elders should give special care and attention to the needs of the adolescents.

At the school level, honest and accurate information about sex and sexual problems, reproduction, STD, AIDS etc. should be given. Pre-marital preparation is very important. Discussions and seminars can be arranged on topics related to marriage and family.

Social and religious organisations can also impart family life education. The mass media can be utilised to a very great extent. Counselling centres are very helpful in giving guidance to the youth.

3.7 KEY WORDS

Par excellence: Excellent in the highest degree. No other person is as excellent as the parent in imparting family life education to their children.

Peer group : Equal in rank - a group of people with same age, education, social status etc. is called a peer group. Children in a class usually form a peer group.

S.T.D : Sexually transmitted disease.

3.8 MODEL ANSWERS

Check Your Progress I

1. Why is the home the ideal place to give the training for life?

The home is the ideal place to give the training for family life, because parents have a continuing relation with children over many years. Adult behaviour is the outcome of the experiences and training at home. The home has an important role in character training and home establishes the basic attitude of a person. All these are the decisive factors for marital success. From the parents the child learns the art of living. The experiences provided by the family can never be given by books or study classes.

Check Your Progress II

1. The teacher is the key person in the school in imparting family life education. How?

The teacher has the technical knowledge and skill and competence to impart family life education, especially sex education. A mature and prudent teacher can deal with the subject in a mature and impersonal way without inhibition and embarrassment. Teachers can give correct and specific information, clarify doubts and give guidance. Moreover, adolescents are more open and free with their teachers and have more confidence in them.

Check Your Progress III

1. Should religion play a positive role in family life education?

Religion should definitely play a positive role in family life education. As far as India is concerned, marriage is still a religious ceremony for most people. A strong religious background is necessary for a successful family life. So religion should take positive steps in imparting family life education.

Check Your Progress IV

1. What are the methods adopted by the home in imparting family life education?

a) At pre-school stage

At the pre-school stage, family is the only agency for imparting family life education. Children spend their early years with parents and other family members. The mother is the model for the growing girl and father for the boy. The home provides every life situation in which a child needs training. The methods used by the parents are mostly

informal and indirect. Learning by doing is the best method at this stage. Child should be given the opportunities to participate in all the activities of the home. Parents must answer the questions asked by their children in an honest way.

b) At the adolescence stage

Parents have a vital role to play in preparing the adolescent for his future family life. Through his family experience, the boy learns the concepts of man, husband and father. The girl learns the roles of woman, wife and mother. The parents must understand the special problems and needs of the adolescent. They should be given the freedom to do things for themselves. Adolescents need recognition, love, security and praise from parents. By living in a family, the adolescent gradually acquires the philosophy of living in a two sex world. The attitude of the parents will influence the family relationships of the adolescents. Sex education is very important at this stage. Parents should take up this responsibility also.

3.9 FURTHER READINGS

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UNIT 4 DEVELOPMENT OF PERSONALITY AND MORAL VALUES IN LIFE

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Nature Definition and Development of Personality
- 4.3 Theoretical Approach to Personality Development
- 4.4 Development of Moral Values
- 4.5 Theories of Moral Development
- 4.6 Environmental Influences on Moral Development
- 4.7 Let Us Sum Up
- 4.8 Key Words
- 4.9 Model Answers
- 4.10 Further Reading

4.0 AIMS AND OBJECTIVES

In this unit you will be learning about the nature of personality, its development and the role that moral or ethical values play in personality development. The first part of the unit is devoted to the discussion of the various theories of personality. The second part considers the development of morality and moral values in the individual. The factors affecting personality and moral development are also discussed.

After completing this unit, you will be able to:

- Explain the nature of personality;
- Describe the various theories of personality development;
- Be able to describe the meaning of moral values;
- List the various theories of moral development;
- Point out the relationship between personality and moral values; and
- Discuss the measures of control of HIV/AIDS on the basis of personality development and moral values.

4.1 INTRODUCTION

Personality is a term widely used in popular language. People at large consider personality as the external appearance and behaviour of the individual. We usually

attribute personality to a person on the basis of his/her personal grooming, manner of walking, talking, style of dressing, hairstyle etc. Personality is often equated to one's character. This is a wrong notion. Personality is purely a psychological term. The task of understanding personality is one of the primary goals of psychology.

4.2 NATURE DEFINITION AND DEVELOPMENT OF PERSONALITY

You know that personality is of great significance in every walk of our life. Naturally you may ask certain questions. What is the nature of this highly valued thing? Do all of us have personality? Is personality determined at the time of birth? Why are some people calm and quiet while some others are hot tempered and aggressive?

In this unit, we try to find out answers to these questions.

The term 'personality' is derived from the Latin word 'Persona' which means 'mask'. In ancient Rome, actors used masks to hide their identity on the stage. Hence persona denotes 'as one appears to others, not as one actually is'. Persona does not indicate the internal organisation of the individual which is responsible for the external behaviour. So persona does not represent the real personality.

Personality is something deeper than the outward appearance. It describes a person's character, emotional dispositions, sociability and other aspects of what a person says and does. It is the product of the long process of his physical, mental, emotional and moral development. For the psychologist, personality is a dynamic concept describing the growth and development of the whole psychological system of the individual.

Definitions

It is very difficult to find an ideal definition for personality.

The first problem faced by us in the study of personality is the need to find out an ideal definition for this phenomenon. Different psychologists have different views about personality. They have defined personality according to their viewpoints. We can go through some of the definitions.

Munn has defined personality as the characteristic integration of an individual's structure, modes of behaviour, interests, attitudes, capacities, abilities and aptitudes. The particular way in which these qualities are integrated in a particular person determines his personality.

The most frequently used definition for personality is given by Gordon Allport. According to him, "Personality is the dynamic organisation within the individual of those psychophysical systems that determine his unique adjustment to his environment." This definition emphasises the dynamic nature, i.e. the changing values of personality. It recognizes the importance of adjustment to the environment. It also stresses the importance of psychophysical systems, i.e. the habits, sentiments, emotions and motives of an individual which are psychological in nature, but have a physical base. The disadvantage of this definition is that it stresses only the theoretical part of personality.

Check Your Progress 1

1. What is the nature of personality?

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How does growth occur? It occurs in two patterns - enlargement and change. Take the examples of a leaf and a butterfly. The leaf expands in size in the process of growth. But it retains its essential form. On the other hand the butterfly passes through different stages of change to attain its adult form. Human beings manifest both kinds of development. As the child grows older, his/her body becomes larger and heavier. But like the leaf, the same structure is retained. On the other hand, the psychological processes undergo many changes during the early years of his/her life.

Personality development implies tracing the connection between the personality of the child and that of the adult. It is the understanding of how adult behaviour and psychological processes evolve from a child. In other words how does the butterfly emerge from the caterpillar?

Need for Studying Personality Development

Why do we study the development of personality?

There are many reasons for this. The most important ones are the following:

- 1) Studying personality helps us to understand the functioning of personality at its mature form.
- 2) It helps us to predict adult personality and personality disturbances.
- 3) We can understand the behaviour of a person only if we know about the specific organisation of his motives, beliefs, skills, attitudes etc. at different ages.

Moulding of Personality

What makes personalities what they are?

There are no specific causes leading to changes in personality. But a number of factors interact with one another in the formation of personality and in its development.

a) Heredity

How important is heredity in shaping the personality of an individual? Heredity plays an important part in determining one's personality. The individual gets his entire hereditary endowment at the time of conception from his/her father and mother through the genes located in the chromosomes. The personality pattern of the person is actually framed at this time. The child inherits the main raw materials of his/her personality - physique, sex, temperament, intelligence etc. Later these develop further on his/her interaction with the environment.

b) Environment

Unfavourable conditions in the prenatal as well as postnatal environment will have lasting and damaging influences on later personality development.

The important environmental factors that exert pressures on our personality formation are the culture in which we are growing up, our family, friends, social groups etc.

i) Culture

Culture establishes the norms, attitudes and values that are transmitted from one generation to the other.

ii) The family

The child spends his formative years in the family with his parents and siblings. The family is a small group. But the intimate relationship among the family members influence in a powerful manner the personality development of the individual. The home environment, the school the child attends, his friends, the number of siblings, their personalities, the ordinal position of the child - all contribute to his personality development. The presence of a harmonious, loving, peaceful family atmosphere fosters healthy personality development.

iii) Economic environment

Unfavourable economic conditions usually lead to the development of undesirable personality traits like inferiority feelings, nervousness, emotionality and lack of social initiative. Of course there are exemptions. But self made men/women are rare.

iv) Social role

The social conditions in the family are also decisive factors in personality development of the individual. Family provides the training to the child in adjustment to other people, in controlling his emotional expressions, co-operation etc. What he learns from the family decides his role in the social group.

c) Situation

A third factor influencing the effects of heredity and environment on personality is situation. An individual's personality may be generally stable and consistent. But it

undergoes changes in different situations. The different demands made in different situations brings about different changes in personality.

Relative Importance of Heredity and Environment

At this stage an important question arises. What plays a more important role in personality development? Heredity or environment? It is not easy to answer this question. Personality appears to be the result of both influences. Inherited qualities set the parameters or outer limits in shaping the personality. The environmental factors can strengthen or weaken the inherited abilities. The social environment reinforces the development of inherited personality traits as the child grows older. Heredity and environment are supplementary to each other. Personality development is not possible in the absence of either heredity or environment.

How consistent is an individual in his personality traits as he grows up?

Studies show that distinctive qualities noted early in life tend to persist. It is assumed that there is a strong thread of consistency running through the life of an individual.

Check Your Progress II

1. Explain the factors influencing the moulding of personality.

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4.3 THEORETICAL APPROACH TO PERSONALITY DEVELOPMENT

Development of personality is a unique feature of the individual. Different psychologists approach personality development from different view points or perspectives. Can the personality theories help us to explain and predict the personalities of people? We do not get a complete picture of personality development from any one theory alone. Let us see what each theory has to offer. The best from each will help us to understand personality development in a better manner.

i) Biological Perspective

The biological basis of personality is proved by the researches conducted in this field. It has been found that 50 per cent of personality characteristics are genetically determined. The rest is determined by the interaction with the environment. According

to the theories of Darwin the inherited qualities help an individual to adjust to his environment.

ii) Psychoanalytic Theory of Personality Development

This theory assumes that the basic dynamics of personality includes the conflict between two opposing forces - anxiety arising from the inhibition of desires and defence against those desires that arouse anxiety.

Freud's Theory

The major contribution in this field comes from Sigmund Freud. He explained personality on the basis of conscious, preconscious and unconscious in the individual.

Id, Ego and Superego

Freud also believed that our personality is built around three interacting processes, the id, the ego and the super ego.

Id is the unconscious reservoir of psychic energy. The other two systems operate on this psychic energy. There are two basic instincts in man — the 'life' or sex instinct and the 'death' or aggressive instinct. All the drive required by man is derived from these two instincts.

Id is present at the time of birth. It does not know any morality or reality. It is concerned only with the satisfaction of its wishes. It is guided by the pleasure principle.

Ego functions as the manager of personality. It obeys the principles of reality. It controls, selects and decides what instincts of the id are to be satisfied and in what manner it can be done.

Super ego works on morality principles. It represents the values of society. Human personality is the result of the interactions among these systems. What will be the outcome if one of the systems dominate over the other two?

The presence of a powerful ego ensures a well balanced personality. The dominance of super ego leads to a neurotic personality while supremacy of id over ego and super ego ends up in the development of a delinquent personality.

Psychosexual Stages in Personality Development

In addition to the concepts of id, ego and super ego, Freud emphasized the importance of sex in personality development. He regarded libido - the psychic energy for sex drive - as the basis of personality. So Freud explained personality development on the basis of the five stages of psychosexual development.

Erogenous Zones. In each stage of development the child gets pleasure by stimulating a particular area of the body. These are known as erogenous zones. The environment, however, imposes restrictions in the satisfactors of his desires. How the child manages this conflict is crucial in his personality development.

Fixation. Too much or too little satisfaction in a stage results in fixation. This means that personality becomes emotionally fixed at a particular stage. This is also detrimental to personality development.

The development takes place in five stages:

a) Oral Stage (1st year)

Pleasure is obtained by the stimulation of the mouth. Satisfaction at this stage lays the foundation for many adult personality traits like adjustability and tenacity. What are the traits developed if libido is fixed at this stage? Fixation results in the formation of passive personality. It is associated with over eating, smoking, drinking or sarcastic criticism of other's ideas.

b) Anal stage (2 to 3 yrs)

Eliminatory process provides the focus of pleasure. The child achieves bowel control at this stage. We can see the beginning of the development of ego in the child. If parents are too strict in teaching toilet habits, the child develops anxiety feelings. He manifests his anxiety and anger by excreting at the most in appropriate time and place. These are the prototype of all kinds of expulsive traits - cruelty, destructiveness, temper tantrums, disorderliness etc. On the other hand praise for excreting at the proper time and place makes him feel that it is an important activity. This idea lays the foundation of creativity and productivity.

What type of personality is developed due to anal fixation?

A stubborn, compulsively orderly personality is developed.

c) Phallic Stage (4 to 6 years)

This is a very important period in the personality development of a person. At this stage pleasurable sensation comes from self manipulation of genital organs. Many sexual problems arise if there is too much or too little gratification at this stage. In some cases sexuality produces guilt feelings in the individual. In some other cases the adult person tries to reduce anxiety by engaging in sex.

Oedipus Conflict

This stage is also marked by the emergence of Oedipus conflict in children. This is the complex in which there is strong attraction for the parent of the opposite sex and envy for the same sex parent. At the same time the child knows that it is a wrong thing. He does not want to lose the love and affection of the same sex parent. To resolve this conflict, the child tries to identify with the same sex parent. He/she tries to incorporate the sexual orientation, mannerisms and values of the same sex parent.

Resolution of Oedipus complex results in the formation of super ego.

Unresolved oedipus complex results in many problems in later marital life. They can never get closer to their partners nor make normal sexual relationships. The highly seductive female continues to feel guilty about sex.

Freud assumed that every person is bisexual. What does this mean? There is attraction towards members of the opposite sex as well as those of the same sex. This is the constitutional basis for homosexuality. In most people this instinct remains latent.

d) Latency Period (6 to 12 yrs.)

Freud thought that sexual urges were dormant at this stage. The fact however is that this is the stage in which a person learns to befriend people of the same sex. The friends of a boy at this stage are other boys; those of a girl are other girls. A sexually mature person should know to be at home in the company of people of the same sex and of the other sex. This is the stage in which this learning takes place. The child also begins to achieve emotional independence. The increase in the knowledge about his environment enhances his ego development.

e) Genital Stage

This is the final stage of development. Sexual interest reawakens at this stage. There is interest in the opposite sex. Sexual attractions, socialization and planning for a vocation, marriage and family life begin at this stage.

If the person is well adjusted in the previous stages, he will be capable of establishing normal heterosexual relationships. Most of the sexual problems in adult life come from failure at earlier stages. There are no sharp lines dividing the different stages of development. The final personality attained by the individual includes contributions from all stages.

Criticisms of this theory

- 1) Too much importance is given to
- 2) Freud's views are derived from his clinical experiences of people with disturbed personalities.
- 3) Many points of this theory did not have empirical consequences.

Then what does Freud's theory have to offer?

We can not accept or reject Freud's theory as a whole. We can accept some parts, reject some others and revise a few. Freud put forward some challenging ideas which have relevance even today.

Application to Control HIV/AIDS

From the above theories we know that id works on the pleasure principle. The impulses of id are controlled by ego and super ego. But if id is more powerful it will not give any importance to the voice of ego or super ego. It will not give any concern for moral values also. It goes on enjoying pleasure giving activities. By controlling the id, undesirable sexual life can be prevented.

1. How do id, ego and super ego function?

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2. Mention the stages of psycho sexual development. Point out the importance of each stage in the personality development of an individual.

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Social Cognitive Theories

You have already learnt that psychoanalytic theory focusses mainly on the unconscious for the development of personality. Now, we shall go through the social cognitive theories. Psychoanalytic theory is a broad term including behavioural and social learning theories as well as cognitive psychology.

Learning theorists focussed their attention on observable behaviour. They also stressed the role of environment in personality development.

How is the child's personality developed?

The pioneers in this field, John B. Watson and B.F. Skinner believed in a simple Stimulus Response relationship in the formation of behaviour. They emphasized the importance of reinforcement and excluded the role of consciousness in behaviour.

Most of the learning theorists followed the pioneers in this field. However, in the modern times behaviourism is concentrating on real life problems in relation to human behaviour.

Observational Learning

Albert Bandura gave a new approach to personality development on the basis of social learning theory. Bandura and his co-workers (1986) demonstrated that we acquire most of our personality traits through observational learning with or without direct reinforcement.

A child for example observes and imitates the behaviour of a model. The reinforcement received by the model serves as a reinforcement for the child also. Like this, by observing models, the child acquires many traits. This paves the way for the formation of his unique personality. The various component of learning (environment, behaviour, personal, cognitive variables etc.) interact with each other to form a particular pattern of behaviour. Let us take the example of a student's choosing a particular subject for study (behaviour). His choice is influenced by his family and friends (environment) and also by his own personal preference (personal cognitive factor). All these are mutually influencing factors.

Drive Reduction theory

This theory was presented by Dollard and Miller. When a person is impelled by drives, he learns responses to reduce them. Drive reduction provides rewards and reinforcement. This in turn gives rise to other drives. In this way, the individual learns new responses and new behaviour patterns from our social environment. Consequently his personality develops accordingly.

What are the Factors Influencing the Learning Process?

They are the abilities of the individual - innate and acquired, his/her level of maturation, the stimulation and the reinforcement he/she gets from the environment.

Application to Control HIV/AIDS

Personality is acquired through interacting with the environment. Our lives are not determined by our past experiences even though they are important. Learning processes help the individual to give up his/her habits. If a person has acquired a bad habit in sex, it can be changed. The presence of positive models are also of help in changing our bad habits.

The Humanistic Perspectives on Personality Development

This perspective emphasizes the holistic characteristic of human experiences. This is also known as the third force in Psychology, an alternative to Psychodynamic and Behavioural Psychology.

Carl Rogers' Self Theory

Carl Rogers proposed the Self-Theory to explain personality development. Everyday and every minute, we are confronted by a number of events in our environment. How we perceive and interpret these experiences determines our behaviour.

How does personality development occur according to this theory?

There are two basic systems underlying Rogers' personality theory - the organism and the self. These two systems are operating in the phenomenological field of the individual. Personality is the product of this interaction. Phenomenological field means the reality as experienced by the individual or it is the personal reality of the individual. The organism represents the totality of experience (conscious and unconscious). Self is the accepted, awareness part of experience.

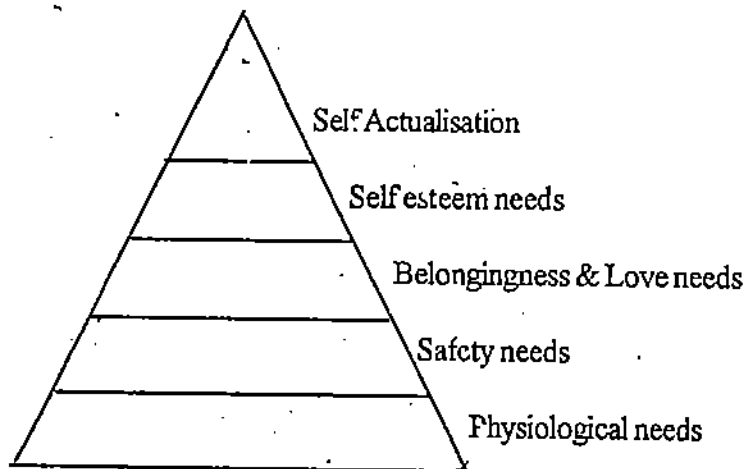
The acquisition of self concept is a long and continuous process. How we perceive our experience - negative or positive - depends upon our self-concept. Self concept is developed as a result of a person's interaction with social experiences. For eg. if somebody tells you that you are a very smart and intelligent young boy, you will include in your concept of yourself that you are an enterprising young chap. You will make every effort to maintain this self concept. We regulate our behaviour in order to suit the already formed self-concepts.

What happens if an individual develops a false self image? Inconsistency between real and imagined concepts may result in abnormal behaviour.

A healthy personality development occurs if there is harmonious union of one's self image and his/her real experiences in life.

Self Actualization Theory

The most well known theory on self actualisation is Abraham Maslow's theory of hierarchy of needs. He believed that human personality depends upon the fulfilling of inborn potentials. He hypothesized that within every human being, needs are arranged in the order of their importance or hierarchy, from the basic to the complex. He explained five stages of motivational fulfilment of personality development as shown in the diagram.



Only after the satisfaction of a need at the lower level does the next need become dominant. The satisfaction of primary needs motivates secondary needs. The individual moves up the steps of the hierarchy.

In our society most people concentrate on the satisfaction of the needs at the lower level. Why? Only after satisfying the basic needs which are essential for one's survival, can one think about the higher needs. A hungry man cannot think about reforming the society. Aren't there exceptions? We can find a few exceptions. There are people who stand for ideals, religious and social values without caring for the satisfaction of basic needs. But such people are very rare.

Criticism

This is an unscientific approach to personality. Still Maslow's need theory has received wide recognition. These theories have contributed much to the individual's freedom, love, personal growth and values. Humanistic theorists have called attention to the constructive side of psychology.

Application in Controlling HIV/AIDS

Humanist psychologists encourage us to see ourselves in terms of positive traits. Problems occur because of our faulty self image or unsupportive environmental forces. The message from this theory is that by controlling the environment we can control bad exposure to life, especially unhealthy sexual relations. If we cannot control ourselves we may fall victim to many sexual diseases.

Trait Approach

According to the proponents of this approach the basic conceptual unit of personality is the trait. Traits are the relatively permanent and consistent general behaviour patterns that a person exhibits in many situations.

G.B. Allport was the first personality theorist to put forward the trait approach to explain personality. He classified traits into cardinal, central and secondary traits. Cardinal traits are very effective and dominant. These are few in number. Central traits are the building blocks of personality. They are the focus of an individual's personality. Secondary traits are less important.

The most recent theory of personality is developed by R.B. Cattell. Cattell viewed personality as a complex structure of traits. He used the theory of factor analysis to develop his theory. According to him there are four types of traits.

- 1) **Common traits** : These are traits which are distributed to the general population; traits which are common to all people.
- 2) **Unique traits** : These are unique to a person.
- 3) **Surface traits** : These are traits which are recognized by the manifestation of our behaviour. They are on the superficial level. They are readily observable.
- 4) **Source traits** : These are the underlying structures or the sources which determine the behaviour of an individual. Source traits are more important than surface traits. These are the basic source of individuality.

Application to Control HIV/AIDS

According to this theory, the source and surface traits are very important in the shaping of personality. The source traits are determined by heredity while surface traits are influenced by environment. Both these traits have a very important role in controlling HIV/AIDS. The inherited traits should help the individual to control the environment.

Check Your Progress IV

1. What are the factors influencing the learning process?

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2. Briefly explain Maslow's Hierarchy of Needs Theory.

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4.4 DEVELOPMENT OF MORAL VALUES

Every cultural group has its own mores or standards of approved behaviour. Certain acts are considered right because they are conducive to the welfare of its members while certain other acts are wrong as they are dangerous to the welfare of society.

What accounts for the emergence of morality in children? How do they learn the moral values as they grow up? Psychologists have been trying to find answers to these questions for many years. Even today, many psychologists are doing intensive research in this field.

No one is born with a knowledge of what his/her cultural group considers right or wrong. As the child grows older, his/her conduct also develops. His/her conduct reflects his/her own moral life as well as that of the group in which he/she is a member. He/she unconsciously begins to imitate the behaviour of others around him/her. He/she imitates the customs, manners, traditions and culture of his society. He/she learns that others judge his/her behaviour as right or wrong based on the acceptance of the act by the society. Thus gradually he/she learns the lessons of morality. Learning what the group approves of is a long and difficult process.

How do moral values influence the personality of an individual?

Moral values directly influence the quality of the person's behaviour and judgements. A person learns the values that satisfy his/her needs and desires and are, at the same time, approved by the group.

The moral values acquired by an individual are the reflection of his/her personality. Each individual develops values which are important for him/her and which guide his/her life.

How do we learn moral values?

There are certain cultural norms of behaviour which are controlled by the society. Learning moral values refers to the manner in which a child internalises these norms of behaviour. He/she develops moral concepts by learning what is right and what is wrong and also by understanding the use of punishment and other techniques in inculcating moral values in children.

The determinants of morality exist on many levels. In every society, there are specific rules to protect morality and to guarantee good behaviour. In addition to this, there are psychological determinants also. Morality has emotional, cognitive and behavioural components. These three components are inter-related. All these factors interact with one another in the development of morality.

Check Your Progress V

1. Briefly describe morality.

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4.5 THEORIES OF MORAL DEVELOPMENT

In this unit, we shall also discuss the major theories of moral development. Each theory explains only certain aspects of moral development. Our description highlights the strengths and limitations of each theory.

4.5.1 Sociobiological theories

The biological perspective of moral development is represented by the field called sociobiology. It assumes that morality is rooted in the genetic heritage of our species. This can be seen from the many prosocial behaviours such as helping, co-operating, sharing etc. This theory cannot explain all aspects of moral development, but it points out the adaptive significance of moral behaviour.

4.5.2 Psychoanalytical Theories

a) Freud's Theory

You have already learnt about the Oedipus complex arising during the phallic stage of psychosexual development. You also know how it can be resolved.

Freud assumed that the resolution of Oedipus complex at the phallic stage marks the beginning of morality. This conflict arouses fear and anxiety in the child. He/she is worried about the loss of parental love. To overcome these anxieties children identify with the same sex parent. The hostility directed towards the same sex parent is redirected towards the self in the form of guilt. This is the beginning of moral development in children.

What are the limitations of this theory? Freud's theory is built around guilt as a motivator in moral development. But guilt feeling does not foster conscience development. Physical punishment and rebukes make the child rebellious to authority. Instead induction is more effective in conscience formation. Now the question arises: what is induction? It is pointing out to children the consequences of their misbehaviour on others. It gives positive instructions to children. This is of immense value in future situations.

(b) Current psychoanalytic theories

Recent psychoanalytic ideas place greater importance on the sensitive emotional relationship between parents and children. According to Robert Emde and others (1987) this emotional attachment is the vital foundation for acquiring moral standards. Children who feel secure in their relationship with parents are more likely to learn right behaviour even from early years in life. Parents give not only prohibitions, but also positive guide lines for behaviour. Both these are included in the super ego of the child. Rewards help the child to internalise the moral standards of parents. For example, an approving smile from the parent makes him understand the acceptability of an act. Disapproval evokes shame and hurt feelings.

4.5.3 Social Learning Theories

Now let us find out the opinion of the social theorists on moral development. They believe that moral behaviour is acquired just like any other set of responses through modelling and reinforcement.

According to the traditional behaviouristic view, children learn new responses through operant conditioning. They learn adult moral standards if their behaviour is reinforced by the most important adults in their life- parents and teachers. The reinforcement can be in the form of praise, approval or rewards.

Another way in which children pick up good or bad behaviour is by imitating models. The influence of the model may last for several weeks after the actual experience.

What are the qualities of a model?

Children are more receptive to models who are warm, responsive, powerful and practice what they preach. Punishment is a good motivator for moral actions. But it has limitations. Harsh punishments usually do not promote socially desirable behaviour.

4.5.4 Cognitive Theories

Cognitive theorists assume that individuals develop morally through construction.

What is meant by construction in moral development? It means, the process by which the child becomes capable of making a correct decision about the rightness or wrongness of an act in a conflicting situation. By this process the child derives new moral insights. They also learn about the principles and procedures for the regulation of human relationships.

Piaget's Theory

One of the earliest theories in this field is propounded by Piaget. Piaget emphasized the importance of rules in moral development. According to him moral development is acquiring the acceptance and respect for rules applied in different situations.

Piaget's Stages of Moral Development

Piaget identified two stages of moral development. In the early years of life, children are not concerned about rules and their implications. But around the age of five, they begin to recognize rules and show respect for them. This stage is called Heteronomous morality. The word heteronomous means under the authority of another. Rules are viewed as external features of society. There is automatic obedience to rules without reasoning or judgement.

Why does a child obey rules without questioning? There are many reasons. First of all, these rules are enforced on him by adults who are very powerful people in his life.

The second reason is the intellectual immaturity of the child. He does not know that rules can be modified.

The second stage of moral development according to Piaget is Autonomous morality. At this stage, children use their reasoning power and question the propriety of rules. By 5-12 years a child's concept of justice changes. He understands that rules are not rigid, they are flexible and can be revised according to the situation, depending on the will of majority. Peer group influence is very prominent at this stage.

Today moral development is regarded as a more extended process than Piaget believed.

Kohlberg's Extension of Piaget's theory

Kohlberg developed a detailed theory on moral development using Piaget's theory as the primary reference. Kohlberg employs a level and stage approach to describe moral development. According to him there are six moral stages. They are grouped into three major levels consisting of two stages.

To understand the stages, an understanding of the three moral levels is essential.

i) Pre-conventional level

Moral values reside in external happenings. Moral understanding is based on rewards, punishment and the power of the authority figure.

Stage 1. Punishment Obedience Orientation

Children adopt good behaviour out of fear for punishment. They do not want to get into trouble by disobeying authority.

Stage 2. Instrumental Purpose Orientation

Moral choice is made on the basis of the satisfaction of personal needs and occasionally the needs of others. They begin to understand that people can have different perspectives in a moral dilemma.

ii) The Conventional Level

This is the stage of most adolescents and adults in our society. You may ask now what is meant by the term conventional? The term conventional means conformity to the rules, expectations and conventions of the society in which one lives.

Moral values at this stage reside in conforming to social rules. Conforming will ensure social order and behaviour according to the expectations of others. It helps the individual to establish positive human relationships.

Stage 3. Good Boy Girl Orientation

The desire to get approval and affection from relatives and the peer group motivates good behaviour in children. They want to please and help others. We can also notice the effort on the part of the child to conform to the stereotypical good boy/girl images of the majority.

Stage 4. The Social Order Maintaining Orientation

In this stage, the individual does his duty to maintain the rules of society. He respects authority. The social order is maintained for one's own sake and for the welfare of the society.

iii) The Post Conventional level

This is Kohlberg's highest level of moral development. In this level the individual defines morality in terms of abstract principles and values that apply to all situations and societies.

Stage 5. The Social Contract Orientation

This stage shows a contract between the rights of the individual and the accepted laws of the society. He understands that laws can be changed to protect the rights of the majority. The main emphasis of this stage is community welfare. It focusses on the protection of human rights.

Stage 6. Universal Ethical Principle Orientation

This stage is conscience oriented. He/she does not strictly adhere to social rules. He/she is motivated by universal human values. They guide the individual in making moral

decisions. The question arising from this context is: how can we understand the three levels of moral development in the best manner? We can understand the three levels well if we take them as three different types of relationships between the self and society's rules and expectations. At level I rules and expectations are something external to the self.

At level II the person identifies the self with rules and social expectations of others, especially those in authority. At level III the self is differentiated from the rules and expectations of others. He defines his values in terms of self chosen principles.

Criticism

Kohlberg's stages are strongly related to age and form an invariant sequence. But in real life moral development fits a less tightly organized stage conception than the one assumed by Kohlberg. His theory does not take into consideration the full range of moral reasoning in all cultures. This theory underestimates young children's moral understanding.

Check Your Progress-VI

1. What are the two stages of moral development according to Piaget?

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4.6 ENVIRONMENTAL INFLUENCES ON MORAL DEVELOPMENT

What are the factors promoting development of moral values? A few are mentioned below.

- 1) **Peer Group Interaction** with agemates promotes moral understanding. The child has no inhibitions in engaging in intense, animated discussions about moral issues with friends.

- 2) **Child Rearing Practices**

How do child rearing practices adopted by parents influence his moral development? Often physical punishments for a wrong act produces negative attitudes in the child. Children are afraid of punishment. To avoid punishment,

the child may rationalize his action or may tell lies to escape. The child may become aggressive with no concern for others. The parents can disapprove of a wrong act and withdraw some privileges given to the child. In this case, the child accepts his wrong doing and there is great resistance to temptation. The best method is to have a discussion with the child. Make him understand the consequences of the act on himself and others. The mother influences the child more than the father.

3) Discipline

Discipline aids the individual in developing moral values. While disciplining children, adults should emphasise the reason why an act is considered right while another one is wrong.

- a) **Rewards :** They have a strong educational value. It shows the child he/she has behaved in the correct and accepted manner. It motivates him/her to repeat that act.
- b) **Punishments :** They influence the development of values only if they are appropriate to the age and activity of the child. It should be administered fairly. Only then will it motivate him/her to conform to social expectations.

4) Other Factors

The neighbourhood, school, mass media, TV, news papers, magazines etc. teach the child culturally approved values of his social group.

Personality Development and Moral Values

The development of personality takes place at home, at school and in society in the presence of others. The child learns moral values also from these sources. We notice a breakdown in family and social life today. We are faced with many problems like genetic technology, sexual perversions, HIV/AIDS and so on. These issues threaten the lives of our future generation. Today, in our society, we come across many young persons who are proficient in science and technology but are ignorant of moral values. In order to equip our youth to fight against all these forces of degradation, we have to inculcate good moral values in them. We should make our young people aware of the importance of good values in life. So, as the child grows older and as his personality develops we should acquaint him with a moral code accepted by the society.

In today's society learning a moral code is very difficult. The reasons are:

- 1) There are a number of different codes the person encounters within his environment.
- 2) There are inconsistencies between the moral codes and the behaviour of people, and

- 3) Social acceptance of new behaviour patterns brings about changes in moral codes. These conflicts slow down the development of moral values in the individual. The social group tolerates the violation of the moral codes by a young child. But as he/she grows older he/she will be punished if his/her behaviour falls short of social acceptance. If a person realizes that he/she falls short of the expectations of society, it may create guilt feelings in him/her. The self concept of such a person will be low. Uncertainty and doubt, will be the personality characteristics if one cannot conform to the values of society. On the other hand if a person learns the moral values accepted by society and behaves accordingly, he/she will feel secure. He/she will be a comfortable and adjusted person.

Moral Development and HIV Control

Cultivating good moral values will prevent the individual from indulging in unhealthy sexual relationships. This will prevent the occurrence of HIV to a certain extent. The society through the institutions of marriage and family regulates the sexual urges of man. Good moral values help save an individual from the clutches of disease like HIV/AIDS/STDs.

Check Your Progress VII

- 1. What are the factors promoting development of moral values?

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4.7 LET US SUM UP

In this unit, you have learnt about the nature of personality and the different theories on personality development. You are also acquainted with the importance of the development of moral values. We have discussed the various theories on moral development. We have also briefly pointed out the relationship between personality development and moral values and how moral values can help individuals to develop healthy lifestyles.

4.8 KEY WORDS

- 1. **Adaptation:** In Piaget's theory, a adaptation refers to the process of building schemes through direct interaction with the environment.
- 2. **Drive:** an aroused reaction tendency that sets up activities in an individual and sustains them for increasing his general activity level.

3. **Delinquency** : Criminal behaviour of a minor (person below 18 years of age).
4. **Empirical** : Pertaining to observable and tangible events.
5. **Heterosexuality** : Sexual interest or behaviour directed towards a person of the opposite sex.
6. **Homosexuality** : Sexual interest or behaviour directed towards a person of the same sex.
7. **Motive** : It is an affective - cognitive factor operating to determine the direction of an individual's behaviour towards an end or goal.
8. **Operant conditioning** : It is a kind of learning process whereby a response is made more probable or more frequent by reinforcement.
9. **Norm** : A standard value for a group.
10. **Prosocial** : Actions that benefit another person without any expected reward for oneself.
11. **Reinforcement** : The process of strengthening a response with the help of an appropriate stimulus making it more likely to occur.
11. **Response** : An activity of an organism as a result of stimulation
13. **Stimulus** : An energy change which excites a receptor.
14. **Self actualization** : It is the need that drives an individual to discover one's self and fulfil one's potential.
15. **Self concept** : A set of beliefs about one's own character.

4.9 MODEL ANSWERS

Check Your Progress I

1. What is the nature of personality?

When psychologists speak of personality, they mean a dynamic concept describing the growth and development of an individual's whole psychological system. It is the quality of an individual's total behaviour. It describes a person's character, emotional disposition, sociability and other aspects of what a person says or does.

Check Your Progress II

1. Explain the factors influencing the moulding of personality.

An individual inherits his entire hereditary endowment from his/her parents through genes. These qualities develop by interacting with the environment. The family, school, social and economic environment and the particular situations play important roles in moulding the personality.

Check Your Progress III

1. How do id, ego and super ego function?

Id works on the pleasure principle. It is not concerned about morality or reality. Ego obeys reality principles. Super ego works on morality principles.

2. Mention the stages of psycho sexual development. Point out the importance of each stage in the personality development of an individual.
 - a) Oral Stage : Satisfaction at this stage leads to adjustability and tenacity. Fixation results in the formation of a passive personality.
 - b) Anal Stage: Too strict discipline leads to the development of traits like cruelty, destructiveness, disorderliness etc. Proper discipline lays the foundation for creativity and productivity. Fixation results in the formation of a stubborn, compulsively orderly personality.
 - c) Phallic Stage: Marked by the appearance of Oedipus complex. Unresolved Oedipus conflict leads to many sexual and marital problems in later life.
 - d) Latency period : Sexual urges are dormant at this stage.
 - e) Genital stage: Normal heterosexual relations are established at this stage if the person was well adjusted in previous stages.

Check Your Progress IV

1. What are the factors influencing the learning process?

The abilities of the individual, his level of maturation, the stimulation and the reinforcement he gets from the environment

2. Briefly explain Maslow's Hierarchy of Needs theory.

Needs of an individual are arranged in a hierarchy of prepotency. There is a hierarchy of five needs—physiological, safety, social, esteem and self actualisation. The satisfaction of the lower level needs motivates the needs at the next level.

Check Your Progress V

1. Briefly describe morality.

Morality involves in internalizing the cultural norms of the society. It includes learning what is regarded as right or wrong by the cultural group. Social concepts are developed in the child through punishment and other techniques. The child is taught to develop the ability to show concern for others.

Check Your Progress VI

1. What are the two stages of moral development according to Piaget?

Stage I : Heteronomous morality : The child knows that he is under the authority of another. Rules are viewed as external features of society.

Stage II : Autonomous morality — At this stage children use their reasoning power and question the propriety of rules. He/she is no more rigid or inflexible about his/her previous ideas about rules.

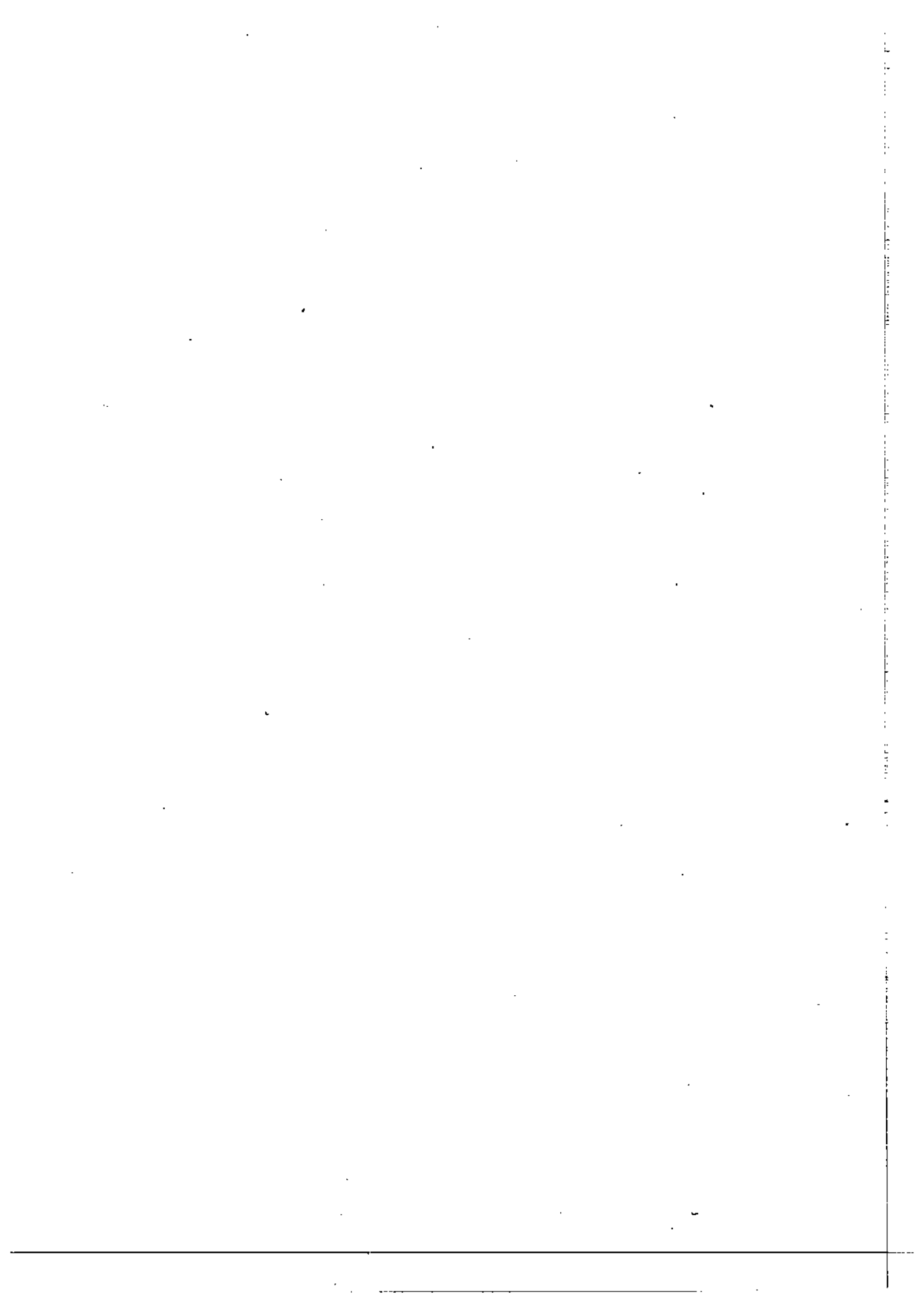
Check Your Progress VII

1. What are the factors promoting development of moral values?

Peer group, child rearing practices, disciplines, rewards, punishments, neighbourhood, school, mass media.

4.10 FURTHER READINGS

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6. Calvin S. Hall and Gardner Lindzey "Theories of Personality" Wiley Eastern Ltd., New Delhi.
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Block

2

SEXUAL HEALTH EDUCATION

UNIT 1

Sex and Love **5**

UNIT 2

Understanding Man and Woman **16**

UNIT 3

Sexual Health Education : Concept and Objectives **36**

UNIT 4

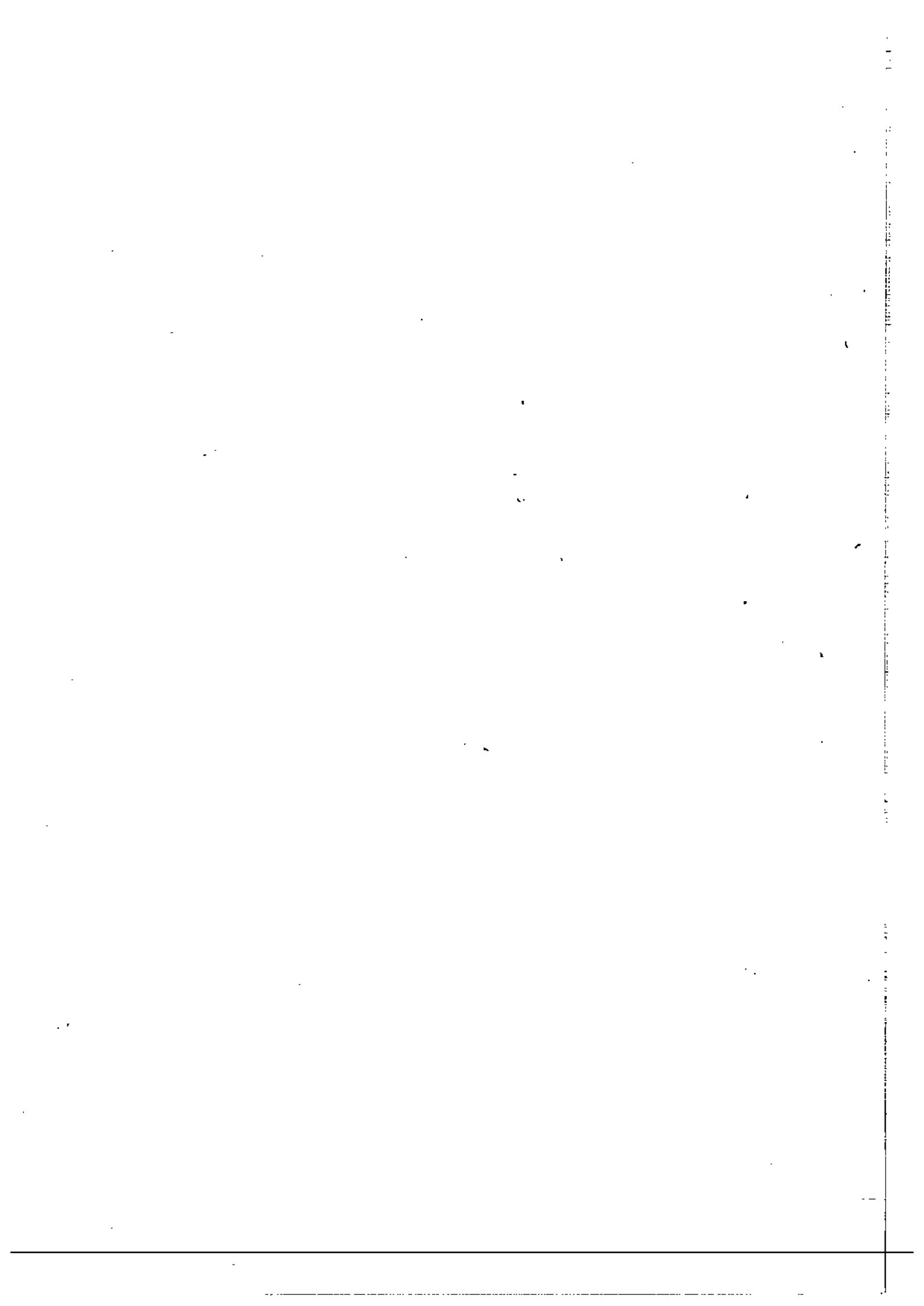
Sexual Health Education : Role of Home, School and Media **54**

INTRODUCTION TO BLOCK 2

Welcome to the Block on **Sexual Health Education** which is the second block on the course on Basics of Family Education. This is an interesting block which provides the basic concept of sex education or sexual health education. The concept of sex education and family education are different. We have already seen the concept of family education in Block 1. In Block 2 there are four units. Unit 1 is on 'sex and love' which clarifies important aspects like sexual pleasure and sexual

fulfilment; genital and affective aspects of sexual experience; liking a person and loving a person and about falling in love and staying in love. Unit 2 discusses about 'understanding man and woman'. In this unit we see the difference between man and woman; biological difference and cultural stereotypes; uniqueness and difference of both sexes; and appreciate the equality of man and woman in spite of differences. Unit 3 describes 'Sexual Health Education : Concept and Objectives'. This unit has dealt with the rationale behind the introduction of sexual health education and the conceptual frame-work of sexual health education. Unit 4 explains. 'Sexual Health Education — Role of Home, School and Media'. In this unit we discuss the importance of sexual health education, and the role of school as well as media in creating awareness about sexual health education.

The four units contained in this block provide a reasonable understanding of the concept of sexual health education and its various dimensions. The block provides clarity on the concept of sexual health education which is different from family life education.



UNIT 1 SEX AND LOVE

Contents

- 1.0. Aims and Objectives
- 1.1. Introduction
- 1.2. The Role of Sex in the Constitution of a Family
- 1.3. Sexual Fulfilment vis-a-vis Sexual Pleasure
- 1.4. Distinction Between Genital Sex and Affective Sex
- 1.5. Multimotivation in Sexual Behaviour
- 1.6. Difference between Attraction and Love
- 1.7. Sexuality as a Language of Love
- 1.8. Let Us Sum Up
- 1.9. Key Words
- 1.10. Model Answers
- 1.11. Further Readings

1.0 AIMS AND OBJECTIVES

After studying this unit you should be able to:

- a. Distinguish between sexual pleasure and sexual fulfilment;
- b. Distinguish between the genital and affective aspects of sexual experience;
- c. Understand the basic psycho-spiritual structure of sexual fulfilment;
- d. Understand the different motivations in sexual behaviour that would threaten sexual fulfilment;
- e. Grasp the basic difference between liking a person and loving a person; and
- f. Appreciate the difference between falling-in-love and staying-in-love.

1.1 INTRODUCTION

Sexuality is one of the most important aspects of life. Every cell and fibre of a person's body is sexual. Sexuality permeates the psychological and spiritual areas of a person's life. One of the sad lessons of human history is that sexuality which should have brightened and cheered up lives of people, often becomes, instead, a curse. We often see people's lives being disoriented because of the inability to deal with sexuality meaningfully. A person's relationships with others in his/her life, are disrupted and distorted because of the inability to exercise sexuality honestly and meaningfully. Sexuality which plays a decisive role in the formation of a family, if not understood and exercised properly, can destroy families, and the intimate relationship that should exist between members of a family. In this unit, you are introduced to a discussion on the healthy way of handling sexuality. The objective of this unit is to enable you to understand the blueprint built into the very nature of human sexuality which should be kept in mind so that sexuality remains a gift, and not a curse, in the relationship between a husband and wife.

1.2. THE ROLE OF SEX IN THE CONSTITUTION OF A FAMILY

It is with the birth of a child that a family is fully constituted. Lower organisms like amoebae reproduce asexually. Human reproduction on the other hand is sexual. Family is the context in which human sexuality is socialized and humanised. Without this socialisation and humanisation of sexuality social life itself is not possible. The great psychologist Sigmund Freud observed that until human beings learn to control their sexual instincts, social life is impossible. In the world of animals, strictly speaking, there is no family life and no social life. They move in herds. Human beings however, establish healthy and viable relationships with other human beings in the context of family life. A woman and man are married to each other. The whole society is invited to respect that alliance. The purpose of marriage ceremonies in any society is to let the whole society come to know about this alliance and protect it. This understanding is essential for the survival of any society.

Apart from helping human beings to establish a society based on reciprocal relationships, sexual relations also help the partners to express their love for each other and affirm each other in their lovability and goodness. Sexual relations are thus not only procreative, but also re-creative: they help to promote human fulfilment and satisfaction.

Often, the role of sexual relations, though it is of paramount importance in the life of human beings, is not discussed. It is swept under the rug and kept hidden even from the life of married people. In most societies sex is a taboo subject. In these very same societies, sex is often caricaturised and dealt surreptitiously as a dirty subject, especially by the youth and people who want to exploit their vulnerability. As the sages of India used to say, truth alone will last forever. The truth about sexuality is the matter of this unit.

1.3 SEXUAL FULFILMENT VIS-À-VIS SEXUAL PLEASURE

One of the misconceptions about sex is that sexual pleasure leads automatically to sexual fulfilment. 'Fulfilment' refers to a sense of accomplishment accompanied by a sense of meaning and purpose. Anyone who attains sexual pleasure, does not, by the very fact, experience a sense of fulfilment. It is evident from the fact that not everyone who engages in sexual relations feels happy about it always. Roman philosophers went to the extent of saying: "Every animal is unhappy after coitus." Human beings who experience the sense of intimacy and love, gratitude and respect towards the partner, after sexual relations have been concluded, can be described as sexually fulfilled people.

Sexual pleasure or venereal pleasure is a bodily experience of excitement. It follows a pattern of sequential stages or phases when sexual activity is continued. First, there is the excitement phase marked by increase in pulse and blood pressure, an increase in blood supply to the surface of the body resulting in increased skin temperature, flushing, and swelling of all distensible body parts (particularly noticeable in the penis

and female breasts), more rapid breathing, the secretion of genital fluids, vaginal expansion, and a general increase in muscle tension. These symptoms of arousal eventually increase to a near maximal physiological level, the plateau phase, which is generally of brief duration. If stimulation is continued, orgasm usually occurs. Orgasm is marked by a feeling of sudden intense pleasure, an abrupt increase in pulse rate and blood pressure, and spasms of the pelvic muscles causing vaginal contractions in the female and ejaculation by the male. Involuntary vocalization may also occur. Orgasm lasts for a few seconds (normally not over ten), after which the individual enters the resolution phase, the return to a normal or subnormal physiological state. Up to the resolution phase, males and females are the same in their response sequence, but, whereas males return to normal even if stimulation continues, continued stimulation can produce additional orgasms in females. In brief, after one orgasm a male becomes unresponsive to sexual stimulation and cannot begin to build up another excitement phase until some period of time has elapsed, but females are physically capable of repeated orgasms without the intervening 'rest period' required by males.

Sexual fulfilment, on the other hand, is related to the sense of meaning and contentment that accompanies the sexual act. People who experience sexual fulfilment naturally will be grateful to the partner and their intimacy will be promoted by the sexual expression of their love. Sexual life, thus, would be always creative, even if it is not always procreative. It helps to create the personality of two lovers who are committed to each other.

The question here is: what is essential for the sexual fulfilment of the couples? We have already stated above that genital (physiological) relations alone are insufficient to guarantee this sense.

1.4 DISTINCTION BETWEEN GENITAL SEX AND AFFECTIVE SEX

It was Sigmund Freud who distinguished between two basic dimensions of human sexual experience: the Genital dimension and the Affective dimension.

Genital Dimension

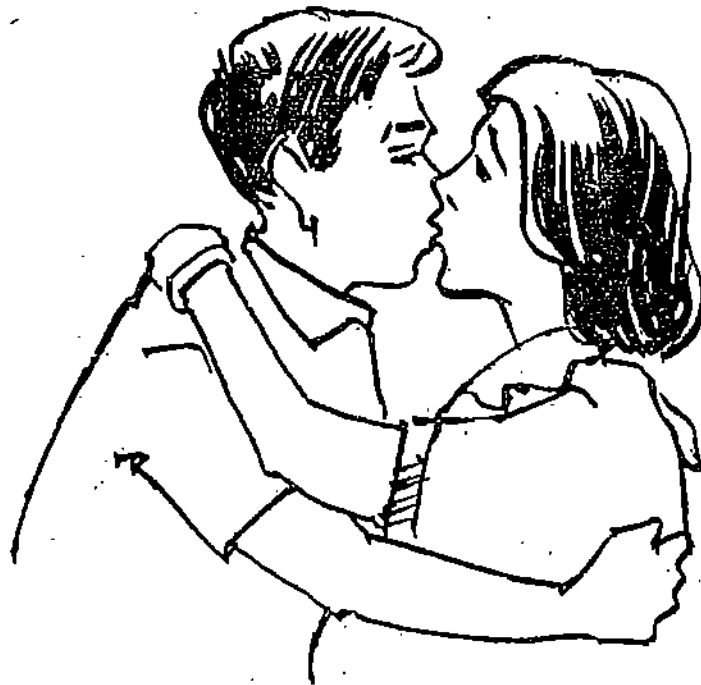
The genital dimension of sexual experience refers to the physiological changes and developments that a person experiences during the sexual relations - such as intense attraction towards another person; culmination of this attraction in sexual advances; culmination of sexual advance; in sexual intercourse which leads to sexual climax or orgasm; and consequent feelings of physical well being and relaxation. The sum total of all these experiences is what is referred to as 'genital sex' by the psychoanalytic school. This dimension is common to both animals and human beings. One of the hall marks of this dimension of sexual experience is that it is short-lived and sporadic. It does not last for ever; it comes and goes.

Affective Dimension

If we analyse the valid sexual experience of a man or a woman, we can also isolate

and identify another dimension: what the psychoanalytic school identified as 'the Affective Dimension.' There are a lot of psychological and affective changes and developments that are often part and parcel of sexual experience - such as feelings and emotions of love, intimacy, oneness, gratitude, respect, etc. The sum total of all these psychological changes and developments as referred to as affective sex. This dimension of sexual experience is unique to human beings: Animals do not have this type of experience. They have instinctual, physiological attraction, which is part of genital sex. This dimension of sexual life accounts for the possibility of family life among human beings in the context of procreation. Animal procreation generally does not involve long lasting friendships. When the physiological need is satisfied, the animals usually part company.

In the light of this basic distinction between genital sex and affective sex, one can try to understand the basic structure of human sexual fulfilment. Any genital experience (physiological experience of sexuality) that takes place outside the context of affectivity, is likely to lead to aversion.



In other words, if a man and a woman who do not have at least a modicum of love between them, try to relate to each other sexually, the net result is not going to be fulfilment, but aversion. Here aversion does not mean hatred. It refers to 'lack of attraction.' This is why Roman Philosophers used to say: "Every animal is unhappy after coitus." Coitus, or sexual union, is the culmination of intense sexual attraction between two bodies. Before the attraction culminates in sexual orgasm, aversion (lack of attraction) sets in. The tendency of the bodies is to separate immediately after the sexual climax. It is very clearly seen in the animal world. The enthusiasm they have before the sexual union and the disinterestedness they betray after the sexual union, is well known and visible to the whole world. There is only one type of 'animal' who can overcome this 'aversion' and continue to be partners in love - human beings. That too, not all human beings, but only those in whom this basic affective dimension is present. When bodies do not attract each other, there is no stronger basis for their continued union: the love and affection they have in their hearts for each other. In the absence of this love, every sexual act becomes yet another step towards developing aversion for one's sexual partner.

The moral of the story is clear: love, and love alone is the ambience which makes sexuality become fulfilling and meaningful for human beings.

On the other hand, when there is 'love' between the couple, their sexual life becomes the expression of that love. That in turn, promotes more love and intimacy between the couple. Thus, love remains the motivation which makes sexual life become meaningful to human beings.

Check Your Progress I

1. What do you understand by genital dimension of human sexual experience?

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2. What do you understand by the affective dimension of sexual experience?

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1.5 MULTIMOTIVATION IN SEXUAL BEHAVIOUR

There are other motivations that drive a man and a woman, or a boy and a girl to relate to each other sexually. One example is 'hatred.' Sex can be a powerful weapon of expressing hatred towards another person. The classical example is that of rape. Rape is the expression not of love, but of hatred. After raping a girl, the boy does not normally develop intimacy with her. Usually, rape victims are murdered by the rapist. In wars, men are killed and women are raped. The 'bad words' or 'four-letter words' used in most languages to express disgust and anger towards another person, are almost always related to sexuality. This is another proof of the fact that sex without love becomes a powerful weapon of destruction and anger.

There is another motivation which is very common in sexual behaviour: 'inferiority complex.' A boy who is not sure of his masculinity, may try to prove in place and out of place that he is masculine. Part of that effort may be establishing sexual relations with a girl - not because of his concern and love for the girl, but to prove his point!! The same can hold good for a girl: a girl who is not sure of her femininity or attractiveness may try to prove in place and out of place that she is feminine. Promiscuity may be one of its expressions.

The truth is that these other motivations do not lead the human couple to sexual fulfilment. They are the source of many a breakdown in marital life and family life.

1.6 DIFFERENCE BETWEEN ATTRACTION AND LOVE

We have seen that love or affectivity is the only valid motivation which can make sexuality become meaningful and satisfying to human beings. There seems to be a lot of misunderstanding with regard to the meaning of the reality we refer to as 'love.' Some people believe that love is an instinct that comes and goes arbitrarily and that human beings do not have any control over it. Some people believe that only at the beginning of marital life, is love going to be present between the husband and wife. All these people are certainly confused about the reality of love.

They seem to be confused between two realities that may look alike, but are not the same. These two realities are 'liking' and 'loving.'

To 'like' a person means to feel attracted to that person — to feel at home, relaxed with that person. When you like a person you are attracted to that person. This is an instinctive reaction.

In our nervous system, we can identify one system as the 'autonomic nervous system'. The autonomic nervous system is in charge of the involuntary activities in our body, like, the heart beat, functioning of the endocrine system, reflexes, etc. We have no control over these activities. They are under the control of the autonomic nervous system. 'Liking' is under the control of this nervous system. The conclusion is that we have no control over how much we like a person, for how long we like that person, how intensely we like him/her, etc. It is like our heart beat or gastric secretions.

On the other hand, 'loving' is under the control of the other nervous system: the central nervous system (CNS). The CNS enables us to be in charge of the voluntary activities in our life. It does not mean that when we love someone, we love that person with our nervous system. We love that person with our body and soul. But that activity we describe as 'love' is the fruit of a decision we take with the help of our CNS.

The psychologist Harry Stack Sullivan gives a very practical description of love. According to him, when the happiness, well-being and security of a person becomes as important to us as our own happiness, well-being and security, then we love that person, whether we like that person or not.

Liking is often referred to, especially in common parlance, as 'love.' Technically it is not correct. Liking is always conditional. I like a person because of certain conditions that are verified in that person. Liking can be described as 'conditional love.' The fact, however, is that conditional love is always a love of the conditions. When the conditions change, the 'love' also will evaporate.

Love is, strictly speaking, not of conditions, but of the person. It can be described as unconditional. The only preoccupation in real love is the well-being, happiness, etc. of the other person.

The highest stage of liking is called 'falling-in-love.' The highest stage of loving is described as 'staying in love.' For falling in love, we do not have to work hard. It happens. It is the function of the CNS. On the other hand, for staying in love, one has to work really hard all through one's life.

Family is based not on falling in love. Falling in love may be the beginning of the emergence of a family. Staying in love is what forms the foundation of any family. So, often marriages take place as a result of a boy and a girl, (a man and a woman) falling in love with each other. The truth, however, is that falling in love is not an abiding, long lasting foundation for family life. It comes and goes. The abiding basis for living together should be love, which refers to the decision each one takes to consider the happiness, security and well-being of the other to be as important, or more important to oneself than that of one's own happiness and so on.

Check Your Progress II

- I. Write a brief note on multimotivation in sexual behaviour.

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1.7 SEXUALITY AS A LANGUAGE OF LOVE

Human experience teaches us that sexual life in the absence of love becomes not only repulsive to human beings, but also destructive. Instead of sexual life contributing to the growth of intimacy, it becomes a step in the direction of couples becoming more and more estranged from each other. Marital life becomes degraded into a process

of satisfying each one's sexual needs alone. Many other aspects of interpersonal relationship which are essential for the constitution of a healthy family are forgotten in this process. This may result in an atmosphere of 'love-hate-relationship.' Instead of thinking about what one can give to the partner, the mentality is one of getting the maximum out of the other. The fact is that the more one grabs, the less one gets; the more one gives the more one gets.

Two wrong attitudes towards sexuality.

Masculinization of Sexuality : Sex is both male and female. Both men and women have a right to enjoy their sexual life. Often sexual life has become the prerogative of the man. Women are reduced to being mere means for man's sexual satisfaction. What happens to the woman as a result of man satisfying his sexual urges is often not taken notice of. Marriage is at times thought of as a licence for a man to use, abuse or misuse the woman he marries. The word used in English language for sexual relations between a man and a woman is "intercourse." In intercourse, both man and woman play different but complementary and equal roles. If we analyse the 'four-letter' words in any language that are used to refer to sexual intercourse, they are all masculine words, implying that sexual act is something that a man does to a woman. This reflects the masculinisation of sexuality that is prevalent in most societies. Until men understand and acknowledge that sex is also the right and privilege of women, marital harmony is not going to be achieved.

Commercialisation of Sexuality: Sex belongs to the core of a person's identity. Sex does not exist in itself. It is a human being who exists in a sexual mode. At times there is a tendency to deal with sex as a commodity. Instead of dealing with sex as the core of a person's identity, it is commodified as an object by itself. The pronoun 'it' is used to refer to sex: "you want it?" "have you had it?" etc. The moment sex becomes a commodity, it is considered to be something that can be purchased, lent, borrowed, swapped, etc. A human person is unique and irreplaceable as a person. Commodification of sex has led to a lot of tragedies in the lives of people. The healthiest approach to sex is to view it as part and parcel of the personal identity of a boy or a girl.

1.8 LET US SUM UP

In this unit we have examined the concept of sex and love in relation to family life. In the process of our discussion we have focussed our attention on the role of sex in the constitution of a family. We have seen that the role of sexual relations, though it is of paramount importance in the life of human beings, is not often discussed. We also discussed the concept of sexual fulfilment vis a vis sexual pleasure. Another important aspect dealt with-in this unit is about the distinction between genital sex and affective sex. We also saw the multimotivation in sexual behaviour which included hatred and inferiority complex. One of the important aspects of our discussion was the difference between attraction and love. Finally we also talked about sexuality as a language of love and the two wrong attitudes towards sexuality, namely, masculinization of sexuality and commercialisation of sexuality.

1. What do you understand by masculinization of sexuality?

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1.9 KEY WORDS

Surreptitiously : Kept secret or done by stealth; (clandestine).

Affective Dimension : The sum total of psychological changes and developments such as feelings and emotions of love, intimacy, oneness, gratitude, respect etc. are referred to as affective dimension.

1.10 MODEL ANSWERS

Check Your Progress I

1. What do you understand by the genital dimension of human sexual experience?

The genital dimension of sexual experience refers to the physiological changes and developments that a person experiences during the sexual relations - such as intense attraction towards another person; culmination of this attraction in sexual advances; culmination of sexual advance; in sexual intercourse which leads to sexual climax or orgasm; and consequent feelings of physical well being and relaxation. The sum total of all these experiences is what is referred to as 'genital sex' by the psychoanalytic school. This dimension is common to both animals and human beings. One of the hall marks of this dimension of sexual experience is that it is short-lived and sporadic. It does not last for ever; it comes and goes.

2. What do you understand by affective dimension of sexual experience?

If we analyse the valid sexual experience of a man or a woman, we can also isolate and identify another dimension: what the psychoanalytic school identified as 'the Affective Dimension.' There are a lot of psychological and affective changes and developments that are often part and parcel of sexual experience - such as feelings and emotions of love, intimacy, oneness,

gratitude, respect, etc. The sum total of all these psychological changes and developments are referred to as affective sex. This dimension of sexual experience is unique to human beings. Animals do not have this type of experience. They have instinctive, physiological attraction, which is part of genital sex. This dimension of sexual life accounts for the possibility of family life among human beings in the context of procreation. Animal procreation generally does not involve long lasting friendships. When the physiological need is satisfied, the animals usually part company.

Check Your Progress II

1. Write a brief note on multimotivation in sexual behaviour.

There are other motivations that drive a man and a woman, or a boy and a girl to relate to each other sexually. One example is 'hatred.' Sex can be a powerful weapon of expressing hatred towards another person: The classical-classic example is that of rape. Rape is the expression not of love, but of hatred. After raping a girl, the boy does not normally develop intimacy with her. Usually, rape victims are murdered by the rapist. In wars, men are killed and women are raped. The 'bad words' or 'four-letter words' used in most languages to express disgust and anger towards another person, are almost always related to sexuality. This is another proof of the fact that sex without love becomes a powerful weapon of destruction and anger.

There is another motivation which is very common in sexual behaviour: 'inferiority complex.' A boy who is not sure of his masculinity, may try to prove, in place and out of place, that he is masculine. Part of that effort may be establishing sexual relations with a girl—not because of his concern and love for the girl, but to prove his point. The same can hold good for a girl: a girl who is not sure of her femininity or attractiveness may try to prove, in place and out of place, that she is feminine. Promiscuity may be one of its expressions.

Check Your Progress III

1. What do you understand by masculinization of sexuality?

Masculinization of Sexuality: Sex is both male and female. Both men and women have a right to enjoy their sexual life. Often sexual life becomes the prerogative of the man. Women are reduced to being mere means for man's sexual satisfaction. What happens to the woman as a result of man satisfying his sexual urges is often not taken notice of. Marriage is at times thought of as a licence for a man to use, abuse or misuse the woman he marries. The word used in the English language for sexual relations between a man and a woman is "intercourse." In intercourse, both man and woman play different but complementary and equal roles. If we analyse the 'four-letter' words in any language that are used to refer to sexual intercourse, they are all masculine words, implying that the sexual act is something that a man does to a woman. This reflects the masculinisation of sexuality that is prevalent in most societies. Until men understand and acknowledge that sex is also the right and privilege of women, marital harmony is not going to be achieved.

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UNIT 2 UNDERSTANDING MAN AND WOMAN

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Male and Female Versus Masculine and Feminine
- 2.3 Physical Differences
- 2.4 Emotional Differences
- 2.5 Intellectual Differences
- 2.6 Aggression and Violence
- 2.7 Jobs and Gender
- 2.8 Differences in Sexual Behaviour
- 2.9 Man, Woman and Family
- 2.10 Let Us Sum Up
- 2.11 Key Words
- 2.12 Model Answers
- 2.13 Further Readings

2.0 AIMS AND OBJECTIVES

The basic unit of any family is made up of a man and a woman. Though members of the same species, they are obviously different from each other. These differences have been misunderstood and exploited for domination by one sex over the other. This has impeded the full actualisation of the potentialities of both women and men. This has often been an obstacle for happy companionship of man and woman in marriage. After you do this Unit, you should be able to:

- Explain the differences between men and women;
- Be able to distinguish between differences which are based on the biology of men and women and differences which are cultural stereotypes;
- Be able to identify cultural stereotypes regarding the difference between men and women in the context of the Indian society;
- Be able to appreciate the uniqueness and differences of both sexes;
- Be able to appreciate the equality of men and women in spite of/because of the differences between them;
- Be able to avoid discrimination against men or women on the basis of the differences or stereotypes;
- Be able to respond to people of the other sex with understanding and respect; and
- Be able to plan a family life where the potentialities of the man and the woman are not stifled by stereotypes.

2.1 INTRODUCTION

Both men and women belong to the species of *homo sapiens*. Both men and women are equally human. But, there are many differences between them. Some of these differences are real and based on the biological nature of men and women. These fundamental biological differences have been used as a reason for sweeping generalizations about the differences in the way in which men and women think, feel and act. These are called cultural stereotypes.

Although once upon a time the term *sex differences* was used to refer to both the biological differences and the cultural stereotypes, nowadays social scientists are using the term *sexual differences* to refer to biological differences and the term *gender differences* to refer to socially derived distinctions.

There may not be any basis for the stereotypes in the biological or psychological make up of men or women. It has, however, been found that these stereotypes are often used as a basis for discrimination against women. They are also used to deny men the right to be spontaneous. Especially in our Indian society, women have been excluded unjustly from many areas of social life on the basis of sex. Men have been denied the right to have many genuine emotions and develop qualities, which would have enhanced the quality of their life on the basis of these same stereotypes. A better understanding of the men and women will certainly enhance the quality of both social life and family life.

2.2 MALE AND FEMALE VERSUS MASCULINE AND FEMININE

Sexual differentiation is a biological process. It provides the basis of human reproduction. *Genital sex* (e. g. sexual organs) can be altered through surgery, though the *genetic sex* (the sex chromosomes) remains the same. For example through surgery and hormone treatment, a man may be made to look like a woman, his sex chromosome will remain XY. Genetically he cannot be changed. Every cell of his body will have the XY mark.

There are some universal stereotypes about men and women. Men are, for example, thought to be physically tougher, more aggressive, more rational, better able to handle sex without love, and more likely to be successful at work by virtue of their greater will to win. Women on the other hand are held to be more emotional and unpredictable, interested in people rather than ideas, and too suggestible and dependent to wield authority comfortably over anyone except perhaps their own children.

The question is: Which of these stereotypes have any basis in the reality of women, which are the products of our conditioning? For example, is male dominance the result of man's physiology and hormone system? Can the stereotypes mentioned above be traced back to the fact that men and women have different reproductive systems? It must also be remembered that often the minute biological differences between the sexes are exaggerated and the tremendous similarities between them relegated to the background.

Before we try to answer these fundamental questions, let us now try to understand the differences and similarities between men and women.

2.3 PHYSICAL DIFFERENCES

Prenatal

The sex chromosome: Out of the 23 pairs of chromosomes in a fertilized egg, the 23rd pair is known as the sex chromosome. This chromosome determines the sex of the person. In this pair, the X chromosome comes always from the female and the other X or Y chromosome comes from the male. If the chromosome supplied by the male is X, the baby is going to be a girl and if it is Y, it is going to be a boy.

The Process of Sexual Differentiation

There are some very rare cases of exceptions to the normal process of sexual differentiation in the foetus. Though rare, they are very interesting for our discussion as they would suggest that sex is NOT always a matter of straightforward biological development. Let us examine some such cases.

In very rare cases, it has been seen that a female foetus produces too much of the male sex hormone. This anomaly occurs after the internal procreative organs have developed, but just before the external sexual organs have been formed. These children are born with ambiguous external sexual organs. At times the baby is born with internal female procreative organs (e.g. ovaries) and external male sexual organs (e. g. penis). This condition has also been induced artificially.

Some years ago, in order to avert miscarriage or spontaneous abortion some pregnant women were given a synthetic hormone called progestin. Progestin contains derivatives of the masculine hormone testosterone. It was found that these testosterone derivatives had a masculinising effect on the female foetuses.

When a child is genetically female and has female internal organs and has external male organs, it is likely to be raised as a boy. It has been found that at puberty if this child is given extra male hormones, it develops male characteristics, like a deep voice and facial and bodily hair. As an adult, it may be able to enjoy a successful sex life. However, if this child had received corrective surgery and been provided the conventional female external genitals, 'she' could have been raised as a girl with the sexual stereotypes that go with being a girl in a given society. It seems that the large doses of androgens they received before birth somehow masculinised their brains.

The fact that such children, with the help of appropriate surgical and hormone adjustment, can be raised successfully as either males or females points in the direction that although sex may usually be determined biologically, gender is affected by upbringing or nurture.

Physical Differences at Birth

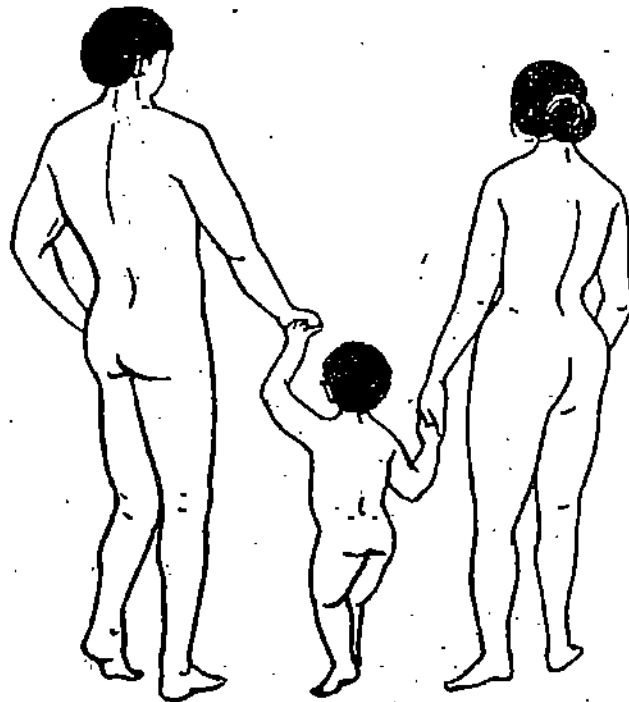
1. At birth both boys and girls are very similar
2. Until puberty the average girl is slightly shorter than the average boy.
3. Boys have significantly longer forearms relative to the length of their bodies.
4. Girls' index finger is usually longer than the finger next to the little finger.

5. Girls' reach puberty up to two years before boys.
6. Girls' adolescent growth spurt begins first.
7. Girls' stop gaining height at about the age of 15 and a half; boys continue to grow for two more years.
8. By 14, the period when the average girl is taller than the average boy comes to an end.
9. Girls tend to be slightly lighter than boys when they are born. Equal to them by the age of 8; heavier by the age of 9 or 10. The average girl continues to be heavier until the end of her growth spurt at about 14 ½ years.
10. Girls are born with slightly more fat in their bodies than boys. This continues throughout childhood.
11. During the adolescent growth spurt the rate at which boys gain body fat slows down, while the girls continue to accumulate fat steadily, especially on their torso or trunk.
12. At birth, boys grow faster than girls, but this difference is reversed between the age of about seven months and four years.
13. After this until puberty, there is little difference between boys and girls. At puberty girls begin to shoot ahead.
14. At birth the girl is 4 to 6 weeks ahead of the boy in skeletal development. She reaches half her adult height by the time she is 21 months old. A boy reaches the same landmark three months later.
15. Sleeping pattern is more or less similar.
16. At birth, girls have a wide opening at the bottom of pelvis through which babies have to travel during childbirth.

At Adolescence

1. At adolescence the sex hormones begin to play their roles more clearly. The dominant sex hormones in males are androgens, the most powerful of which is called testosterone. The major female hormones are oestrogen and progesterone. Calling them male and female is actually misleading. Both sexes produce both hormones. The only difference lies in the balance between them. The so-called male and female hormones are not confined to their respective sexes. The ovaries and testes each produce all three hormones, and the adrenal glands, situated above the kidneys, secrete androgens in both sexes. The ovaries and the adrenal glands of women produce androgens that affect hair growth under the arms and in the pubic region. Testes produce a small quantity of estrogens, but at present there are no known physiological effects.
2. At adolescence, the sexes begin to diverge physically. Girls grow faster and reach puberty before boys do. They also stop growing earlier.
3. Because of this early start of growth spurt in girls, there is a short period when girls are not only bigger but also stronger than boys.
4. There are marked developments in the genital organs and breasts:
5. The physical growth spurt in girls tends to coincide with the earliest of the changes in her reproductive organs which occur at puberty. In boys the growth spurt rarely begins until the period of genital growth is almost completed.

6. Only 9 months separate the first appearance of pubic hair in boys and girls
7. Puberty finishes for the average boy at 14 ½, while girls have their first menstruation (menarche) relatively late in puberty.
8. Boys and girls who mature physically early tend to have slightly higher than average IQ scores. The tendency is for cleverer children to reach maturity earlier, rather than for children who mature early to become cleverer.
9. Whereas before adolescence boys and girls have roughly similar shaped hips and shoulders, this rapidly changes once the growth spurt begins. Cartilage joints in the hip are sensitized to respond to the hormone called oestrogen, while those in the shoulder respond to androgens, especially the hormone called testosterone. The girls hips and the boy's shoulders broaden.
10. Much of the rapid build-up of fat on the adolescent girl accumulates around her hips, breasts, upper arms and legs. This is due to the quantity of oestrogen released into blood at the beginning of puberty. This leads to one of the most important physical differences between adult men and women: 25 per cent of the typical adult female's body consists of fat, compared with only 12 per cent of the typical adult male. This can account for male superiority in most forms of athletic endeavour. The amount of fat in women have some advantages for the woman (explained below).
11. Boys become bigger and heavier because testosterone stimulates bones as well as muscles to grow. Unlike before puberty, boys have bigger muscles. Strength of arms increases 2 ½ times in boys, only 1 ½ times in girls.



The Question of Strength

Let us summarize here the scientific data regarding the strength of men and women

- a. The average man is bigger and stronger than the average woman.
- b. The height of the average man is greater than that of the average woman.

- c. An average adult male is 30 per cent stronger than the average woman. He can run faster, has more stamina than she has.
- d. The average woman has smaller shoulders, larger hips, more fat and a smaller limb to body-length ratio than the average man.
- e. There are two different kinds of muscle fibres. One is red fibre. This fibre enables performance of activities of endurance (e. g. long distance running, mountain climbing, etc). The other fibre, the white fibre is involved in sudden bursts of physical exertion like sprinting or weight-lifting. Most people have an equal amount of the two types of fibres. There is a balance in the amount of these fibres in them. They excel at neither of the activities. Some have an excess of one or other type of muscle fibre. They tend to become outstanding sports persons. It has been found that this imbalance occurs more in men than in women.
- f. However, there are ways in which women's muscles give them the strength denied to men. A woman has muscles which are equipped to survive in a constantly changing chemical environment in her body. As we know hormone levels rise and fall in her body. The amount of water retained varies according to the time of menstrual cycle. Woman's muscles can cope with such turmoil. Men's muscles do not have this capacity. When chemical imbalance takes place (e. g. during illness) men are likely to find it difficult to put up with them. Consequently men find it difficult to cope with aches and pains!
- g. However, men's red fibres use oxygen more efficiently, with the result that they can work harder than women. However they also build up the body's natural pain agents called beta endorphins. Women's muscles may use oxygen less efficiently, but they do not build up these pain inducers. Therefore women may actually be able to carry on performing an endurance task better than men. Infact women are more equipped to deal with pain than men.
- h. Men also develop larger hearts and lungs, higher blood pressure, a lower resting heart-rate, and a greater capacity for transporting oxygen through the bloodstream and a greater ability to get rid of the chemical waste of physical exercise. The lungs of an average man are larger than those of a woman. They also can take in 1 ½ times as much oxygen as hers. This affects the powers of endurance and strength they have. One can go on being active only as long as the muscles get the oxygen to be used as fuel. Therefore an average man has more stamina than an average woman.
- i. There is difference also in the composition of blood: at adolescence boys acquire more red blood cells and haemoglobin than girls.
- j. Men may be stronger for accomplishing tasks, but when it comes to sheer ability to survive, women have a definite advantage. The very features that put women at a disadvantage in strength, work in their favour in difficult situations. When nutrition is scarce, the larger stores of fat in her body provide the woman with more to live on. Her small frame ensures that she loses less heat than the bulkier male when the climate becomes cold. Women burn up food and oxygen more slowly. So they require less of both to survive.

In the light of the above facts, it seems possible to conclude that men are stronger than women in the matter of physical strength. Of course, biological factors alone

cannot account for this phenomenon of strength. Muscles, lung capacity and size of heart can all be increased by exercise. In this the sex stereotypes affect the development of muscles etc. in girls. Many adolescent girls refuse to take physical exercise because they are worried about getting hot and sweaty which they think make them become less feminine! The story of modern athletics proves the point that through exercise women can improve their stamina and strength. Though men have the genetic basis for developing more strength, this particular woman may be much stronger than that particular man. We are only speaking about the average.

Do the menstrual cycle and pregnancy have any harmful effect on a woman's performance as an athlete? At the 1976 Olympics an American swimmer won three gold medals and broke a world record while at the height of her period. No fewer than 10 Russian female champions in 1964 Olympics were pregnant when they earned their medals. But it is interesting to note that bodies of women who improve their physical performance look more like that of men.

The size and shape of woman's pelvis and hips and her special leg-to-body-length ratio prevent her from becoming equal in this matter of strength to man even through training. The greater ability of a man's muscles to break down lactic acid and so avoid cramps is another factor which handicaps women.

The Question of Health and Illness

The fact is that men are physically much more vulnerable to diseases than women. A newborn boy is more likely than a girl to die before he is one year old. He is more susceptible to infection. Men are more prone to heart attacks and ulcers. Women are more likely than men to suffer from cancer of the reproductive organs and from various diseases related to the hormones, like diabetes and thyroid disorders. Men are more susceptible to most other forms of serious illness: four times men are more likely to get lung cancer, three times more likely to contract heart-disease, more prone to suffer strokes and disorders of the respiratory system. In most societies, especially where there is not much poverty, women outlive men. During the period between 1951 and 1960 life expectancy for men was 41.9 years and for women 40.6 years. This was seen as an exception to the general trend whereby women outlive men in most parts of the world.

2.4 . EMOTIONAL DIFFERENCES

Women are often considered to be bundles of emotions. They are said to be guided by the feelings of their hearts, while men follow reason of their heads. Are these patterns of emotional expressions based on the biology of men and women?

The first thing we have to agree upon in dealing with this question is what it means to be emotional. Emotions are related to feelings — they are said to be strong expressions of feelings. Only when we know exactly how we feel, are we in a position to say that one is more emotional than the other. However, there is no way we can directly know how a person feels. In order to know how someone feels we have to rely on indirect evidence.

There are three possible ways of measuring emotions experienced by individuals:

a. **Observation**

It is often used with children. Their tears, tantrums and joy and elation are easy to observe. It is not an objective procedure, though there can always be biases. Suppose you believe that boys are more aggressive than girls, one and the same gesture by the boy and girl may be 'observed' differently! Shouting may be interpreted as sign of aggression in the boy and lack of modesty in the girl! This method has a problem. It will not work with adults who have learned ways of hiding their inner emotions.

b. **Self-reporting**

Ask the people to record their own emotions and report it to you. But this method is not useful in finding out if one is more emotional than others. We can only understand how one feels. There is no way of quantifying it and comparing it with someone else's emotions.

c. **Measuring the Vital Signs**

This is supposed to be the most objective way to measure emotions. Here we measure the effect on the physiological changes, including hormonal changes that accompany emotions which can be measured through changes in a person's urine or blood. But this gives a clue only to the fact that they are experiencing 'some' emotion, not to 'what' this emotion is. Different emotions can cause the same reactions in one's body.

All these three methods have been employed in evaluating the emotional reactions of men and women that we are discussing below. Let us look at some of them to see if there is a significant difference between sexes and if they have any basis in their biology.

The Phenomenon of Crying

It is observed every where in the world that adult women cry more than adult men. The interesting thing to bear in mind here is that in infants there is not such a significant difference between male and female in the matter of crying. If at all there is a little difference, it is boys who cry a little more than girls. The reason why adult women cry more than men, therefore, must lie somewhere between infancy and adulthood, or in adulthood itself.

The result of modern researches in this matter is that this difference among adults is partly a question of social conditioning. The message given by the society is that men do not cry!! On the other hand, it is an acceptable part of being feminine. Added to this there is also a little biological reason for this tendency. It is seen that some women are more prone to tears when their hormone levels fall at the end of the

menstrual cycle. But crying on the part of women is not restricted to that time. It cannot account for the tears at other times. Crying may not be a bad way of expressing emotions for men too, if it is required. Stereotypes, however, become a block to men behaving naturally in this matter. No wonder, as Freud correctly observed, the price we pay for being 'civilized' is neurosis!

Anxiety and Fear

In most of the studies women emerge as more anxious, moody and emotional than men. Teachers, and everyone dealing with children often say this about girls, that they are more timid and anxious than boys. Empirical studies done regarding this however, do not support this impression. The fact seems to be that girls are trained to be fearful and emotional! It has been observed that even psychiatrists and psychologists are often victims of this social stereotype and they often 'see' and 'observe' more emotions in women.

It has been found that women are significantly more affected by other people's emotions. This difference goes back to infancy. It has been observed that baby girls are more often moved to tears than baby boys by the sound of another infant crying. This type of emotionality is something positive. However, when women are said to be more emotional, it is stated in a negative sense.

Menstrual Cycle and Emotions

Another statement regarding the emotional nature of women is that women are emotional victims of their monthly cycle. This is a wide-spread belief, not only among the uneducated, but also among the educated. This myth received scientific backing in 1939 when two doctors published their research findings conducted with 15 female patients. They suggested that women are at their happiest and most self confident in mid-cycle, at the time of ovulation, but that they become tense, unstable and depressed in the week before and during menstruation, when hormone levels are declining to their lowest level. As a result of this study, a new syndrome got enshrined in the annals of pathology: the pre-menstrual syndrome (PMS). Today it is a widely accepted ailment and drug industry, doctors and dispensaries are only too happy to accept its existence. Some discrimination against women is based on this alleged trouble they go through every month! The truth, however, is that several questions still remain to be answered about this supposed to be physiological ailment.

Finding explanation for the emotional differences between man and woman in the action of sex hormones seems to be unwarranted. The truth is that children start responding to gender at a time when the overall production of sex hormones is at a low ebb and when there is very little difference between the sexes in hormonal activity. So this hypothesis too has to be nipped in the bud!

The psychoanalytic school of psychology suggested that children take on a gender role without any outside assistance because of the biological differences between sexes, specifically because of sexual differences. However attractive and convincing these theories appear to be, empirical studies done so far do support this Freudian view.

The process of becoming a man or woman begins at conception and never really stops. Both biology and social conditioning play their respective roles in this. But as of now, there is no evidence to establish that men and women must feel emotions differently because they *are* different biologically.

The conclusion, therefore, is that the difference in the emotional reactions of men and women must mostly be the result of traditional sex role stereotypes. Conforming rigidly to these stereotypes restricts our ability to cope with certain important areas of life, and makes us vulnerable to breakdowns of different kinds. When occasion demands we should have the ability to respond with appropriate emotional response, no matter what the stereotypes are. People who respond spontaneously without being inhibited by these stereotypes are described as *androgynous* (=having the qualities attributed to men and women) persons. They seem to enjoy better mental health than the others who follow the stereotypes.

Androgenous Personalities

The fact is that man and woman belong to the same species and they cannot pretend to be so different that they cannot understand each other. There are differences between them, but it is a little bit of exaggeration to say that "men are from Mars and women are from Venus!" There is a little bit of a man in every woman and a little bit of woman in every man. "Within every man there is a reflection of a woman, and within every woman there is a reflection of a man" wrote an American Indian Author. We have seen the physiological and hormonal basis for this statement. Most of the mythologies allude to the fact that the original human being was male and female. The psychologist Carl Gustav Jung calls the feminine element or archetype in man *anima* and the masculine element in woman *animus*. Of course, a man will never ever be able to comprehend many unique experiences of a man, and a woman will never comprehend fully the male experiences, either. They, however, remain complementary to each other. Certainly the cultural stereotypes attributed to man and woman are not necessarily part of this uniquely male and female aspect. The androgenous personality will be able to rise above these stereotypes. That may enable men and women to actualise the potentialities implicit in their nature without stifling inhibitions. This may also enable men and women to understand each other better.

Check Your Progress I

1. Briefly explain how a male is more prone to illness than a female.

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2.5 INTELLECTUAL DIFFERENCES

There is a widespread belief that men are more intelligent than women. If one examines the history of humankind, it is clear that it is men who made more valid and extensive intellectual contributions.

Only in the 19th century, less efforts made to verify this impression scientifically. The starting point was the study of the brain, which is the physiological substratum of intelligence.

An average man's brain weighs four ounces more than that of the average woman. But the reason for this is that he is generally heavier than she is. The extra ounces of men's brain come from supporting tissue rather than of thinking material in the brain. The size of the brain has nothing to do with intelligence.

Are those parts of men's brain specifically meant for intellectual activity more developed than those of woman's?

In the 1870s, scientists believed that the substratum for intellect were the frontal lobes of the brain. They claimed that this part was bigger in men than in women. This was accounted for the allegedly superior intelligence of men over women. But women had bigger parietal lobes. By the end of the 19th century scientists started saying that parietal lobes were the seat of intellectual activity. Now researchers started finding that parietal lobes were bigger in men.

There were even some funny ideas like, too much thinking could make women infertile. The conviction was that women needed all their energy to develop their reproductive functions.

With the emergence of IQ tests, a clearer picture began to emerge. With all their limitations, these tests prove that an average man's IQ score is indistinguishable from that of the average woman.

But these tests seem to prove that there is a difference in the type of intelligence between the sexes. Women tend to get slightly higher scores than men on verbal IQ (that part of the intelligence test that deals with one's language ability), while men score a little higher on visual-spatial IQ.

No decision can be made with regard to jobs or career on this basis regarding any individual. The average man and the average woman do not exist! A particular woman may have a much higher visual-spatial IQ than a particular man.

Why are men generally better at visual-spatial tasks, and women perhaps at verbal tasks? Traditionally men produced the food while women produced and reared the children. These different assignments call for different skills. Therefore men and women might have developed different intellectual aptitudes.

The difference between the sexes in visual spatial tasks is particularly noticeable in societies where women play a very submissive role (as in most parts of India), whereas it is not seen where women do not play such a role (Eskimos). So the environment also affects this ability, not only the biology.

Therefore, even if there is a biological basis for the sex difference in visual-spatial ability, we could narrow the gap by offering girls remedial training in visual-spatial skills, and boys in reading classes.

The difference between men and women in intellectual abilities seems to be the result of how their brains were exercised down the ages, and it could be further remedied through training. Centuries of relegating certain attitudes and skills to a sex might have helped that particular sex to advance in those abilities and skills, to the neglect of the other sex. It may be time to reverse this trend.

2.6 AGGRESSION AND VIOLENCE

Aggression can be described as an unprovoked attack intended to cause injury, physical or mental.

Violence is often seen as the masculine way of reacting to the difficulties and frustrations. The feminine way is supposed to be a more passive response. Three pieces of evidence for this statement are:

Wars are fought between armies of men. Joan of Arc and Jhansi Rani are exceptions to this rule. But this does not mean that soldiers who are employed to wage a war are aggressive or more aggressive than women. Aggressive or not, they have to do what they are told to do.

Most violence and most crimes are committed by men. But crimes by women are on the increase everywhere in the world.

Laboratory studies show that men are slightly more ready than women to inflict pain on others even without any reason. Women, however, can be persuaded to behave so, especially if they see some valid reason. But it must be stated that laboratory studies show that the difference in the matter of aggression is much smaller than the general impression people have.

Why are men more aggressive than women?

It has been scientifically proved that the parts of the brain called hypothalamus and amygdala are involved in human aggressive behaviour. The hypothalamus is particularly susceptible to the action of male sex hormones. So the hypothalamus becomes more easily activated in men than in women. Therefore, it can be concluded that there is a connection between the male hormones and aggression.

Whether it is hormones, which affect the hypothalamus, or it is aggression which affects the production of excessive hormones, is a moot point. Therefore one cannot categorically state that the one is the cause of the other.

The size and physical strength of men also account for their added aggressiveness.

The different types of conditioning, or learning experiences of men and women also play their role in promoting the natural aggressiveness in men.

There is nothing so immutable in nature and society, however, that hampers a man's ability to socialize and control his aggressiveness and his ability to live together with others peacefully. As Sigmund Freud correctly pointed out, that ability to control the aggressive 'instinct' is essential for social life. This applies to both men and women.

2.7 JOBS AND GENDER

In this unit we have argued consistently that women are not weaker, moodier or less intelligent than men. Men and women are fundamentally very similar in intellectual ability, ambition to succeed, reliability and other aspects of personality. Now the question is: then why do women have so few of the best jobs in the world?

This question is: If there is no difference in what men and women are capable of achieving, then what is the reason why women have achieved so little in the past that they have been victims of unfair discrimination. At the outset it must be stated that ability alone does not guarantee achievement. To succeed at something you not only have to be able to do it, you must also want to succeed at it. Some psychologists believe that this is where women are lacking: though the two sexes have equal ability, they are said to have different needs and ambitions. The reason why men and women differ so much in their achievements is that they seem to have been created for different purposes. The decisive question therefore is: "are the different motivations of men and women based on their biology"?

In the history of humankind, as has been stated above, man's role generally has been that of a bread-winner, and the woman has been assigned the care and upbringing of babies. Therefore men have to be go-getters who have a lot of motivation for achievement, whereas women are satisfied with managing the home without too much ambition.

Is there something about women's make-up, which makes them less interested than men in achievement for its own sake?

Examination results of schools in our country do not support this theory. Girls usually achieve more than boys. Examination results are, of course, an indirect indication of motivation to succeed.

Research into achievement motivation in children points to the conclusion that girls take at least as much pleasure in their own achievements as boys do.

Empirical studies oblige us to accept that motivation towards achievement and fear of failure go hand in hand both for men and women.

Men and women are equal in ability, equally anxious to succeed, and have much the same opinion of their own value as individuals. These are the findings of serious studies conducted on the motivation of men and women. But when there is a job to be done, men seem to be much more confident than women. What is the reason?

The reason is sought in another observation about men and women. People who believe that they are controlled by some external forces in everything they do are

called called *externalizers* (they have an *external locus of control*). People who think that they are responsible for what happens to them are *internalizers* (they have an *internal locus of control*). During childhood, equal numbers of boys and girls fall into the two categories. Later on this changes, and more women are found to become externalizers than men.

Women generally belong to the category of externalizers. They are more inclined to use the 'don't know' option in opinion polls. This must be one of the reasons why more women than men believe in God. They say, women have a greater tendency to vote for stability, whereas more men are for revolution.

This difference which is universally seen, however, cannot be attributed to the biological make up of men and women. As we have seen among young children this difference does not exist. Then the reason for this difference must be social conditioning. Women are forced to accept a sort of "learned helplessness."

This must be the result of centuries long conditioning of women. A hundred years ago, even in today's highly developed countries, there was nothing unusual about a woman having twelve children, half of whom might have survived to become adults. In many parts of India even today, the situation is the same. In such a situation, the woman has to breast-feed her children for eighteen months each. She would be either pregnant or nursing for virtually the whole of her adult life, depending on the average life expectancy of a given society. The rate of child mortality makes it imperative to have more children.

When men control every aspect of women's life, they (women), naturally tend to be submissive to external forces. Manu noted that woman does not deserve freedom. As a girl, she should be under the control of her father, as an adult she should be under the control of her husband; and as an elderly person, she must be under the control of her son!

Women are capable of being men's equals. There is nothing in the biology or psychology of women to stop them doing what men can do. For various reasons, many women do not want to compete with men. Some others experience failure when they try to compete. But it is not an excuse not to give woman equal opportunities with men.

Until the time when men also accept an equal role in raising children, women will remain subordinate to men. Children need both fathers and mothers for their holistic growth. Somehow the fathers' role was neglected in the past.

These findings oblige us to change some of our stereotypical impressions about man-woman differences that men are more interested in doing a job for its own sake than women.

Today, we have compelling reasons for believing that:

- both sexes seem highly motivated to achieve in life;
- men may be more willing to take risks to get what they want;
- competition galvanizes boys more than it does girls;

- men and women have equally high opinions of themselves as individuals;
- women tend to think less well of their sex as a whole;
- men do tend to be more optimistic than women that they are going to succeed at a task;
- more men believe that they are in control of their destinies.

It seems unwarranted, however, to conclude that men do better than women at work because of a difference in the structures of their personality. The conclusion is that it is not personality which decides what sort of job a person is likely to get and do. It is the other way around: the type of job someone does can have an obvious effect on their personality and attitudes.

Since the vast majority of women get married, and most of them have babies, it seems reasonable to assume that the main reason why men get most of the best jobs is that women simply don't have the time and energy to compete for them, let alone do them.

Many of our attitudes about what jobs are suitable for women and how much women can be expected to achieve at work seem to originate from the context where the vast majority of the work force has been.

With the ability to limit the number of children, things are changing. It enables women to go for work. In the developed nations, many women continue successful lives with dual careers. Even there, the demands of motherhood certainly have an effect on women's chances of achieving success at work.

Though many professional women, even in our country, claim that they find motherhood relaxing, and that it gives them more rather than less energy at work, quantity-wise at least, it cannot be denied, that it can be very stressful for a woman.

Check Your Progress II

1. Why does an average man's brain weigh more than an average woman's?

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2.8 DIFFERENCES IN SEXUAL BEHAVIOUR

There is a popular belief that men enjoy sex more than women. If you go through the ancient literature of any culture, there are a lot of narratives about woman's excessive sexuality. The negative appreciation of woman's attitude to sexual pleasure must be the result of a negativity towards sexuality that was in existence mostly in the West. Ancient Taoist physicians offered advice that enabled both women and men to achieve sexual satisfaction. So did the Jewish Talmud. The approach of Kamasutra in this matter is world famous. What is the truth?

Are women less interested in sex than men? The conclusion reached as a result of many researches done regarding this question, is that the female potential for sexual satisfaction is equal to, if not actually greater than, that of the male. The actual differences in this matter attributed to women must be considered as cultural stereotypes.

This is not to say that there are no differences. We know that a man can produce millions of sperms, each with the potential to produce offspring. Women, on the other hand, have a limited supply of eggs, available for fertilisation at the rate of one a month. Once women become pregnant, there is no question of their being reproductive for at least the next nine months.

But unlike other species, the big difference in human sexuality is that sexual relations of human beings are not completely under the control of hormonal changes and other biological facts.

Hormonal changes do affect the sexual behaviour of some people. According to one study 6 per cent of women are more likely to desire sexual intercourse in the middle of their cycle than at other times of the month. A small percentage of women show a regular peak of sexual activity just after menstruation.

The majority of women do not have any regular pattern of sexual activity linked with their menstrual cycle.

There seems to be very little connection between the female sex hormones and the sexual life of women. Removing ovaries generally has very little effect on woman's sexuality.

One notices a slight decline in women's sexual activity after the menopause, when the hormone level drops. The capacity to have orgasm is not affected. That means social, rather than biological factors may be involved in this reduction of sexual activity.

The school of Psychoanalysis pioneered by Sigmund Freud made very valuable contributions to the understanding of human sexuality. He observed that the stereotypical differences between male and female sexuality are the outcome of psychosexual development in terms of biological necessity, especially of castration complex and penis envy. The main criticism about Freud is that he neglected the questions of cultural learning and social values and instead focussed upon the anatomy of sex. May be he was trapped by the stereotypes of his time.

2.9 MAN, WOMAN AND FAMILY

Traditionally it has been accepted that a man's place is in the society outside the home and the woman's place is in the home. The question we would like to raise here is: should it be so always? In the normal course of events, the legitimate unit within which to raise children is a family formed by a man and a woman in a legally and socially sanctioned marital relationship. In a family, the role of both the man and the woman keeps on changing. In a typical Indian family, these roles can be described as follows:

Stage	Man	Woman
1. Beginning Stage	Becoming a husband; responsible for the woman	Becoming a housewife; acquire domestic skills; dependent on the husband
2. Childbirth	Becoming a father; acquiring fathering skills; increased responsibilities; readjustment in spouse role	Becoming a mother; acquire mothering skills; restrictions on many activities; change in spouse role
3. End of childbirth	Fathering skills for more than one child at a time; educators of children	Mothering skills for more than one child; starting part-time outside work, educator of children
4. Children getting settled	Coping with the 'empty nest,' learning again to live with the wife alone; grandfather; learning to allow children to be adults; retiring from work and renewed interest in family and home	Coping with the 'empty nest,' learning to allow children to become adults/grand-mother; learning adults again to live with the husband alone.
5. End Stage	Widower; learning to be dependent	Widow; learning to live alone or becoming dependant on children.

The complete separation between production and reproduction exists only in industrialized societies and those urban areas of India which are quasi-industrialised. In other parts of India, even today, families remain both the social and commercial centres. Here women have to work on the land, look after livestock and poultry, make household articles, process and store food, go for work and earn a living and bear children and rear them. The ideal of women restricted to home has never been the rule for working class women in India who start working even before they reach puberty and continue to work even after they become grand mothers. Even children are employed in work in many places in spite of legal sanctions against child labour.

Things are changing gradually in our country too. A growing number of married women from middle and upper classes are working outside their homes. Sports, games, politics are all now populated by more and more women.

How would these changes affect the healthy development of children?

The role played by mothers and fathers in the development of children has been studied at length by social scientists. The conclusion of all these studies is that most infants develop satisfactorily when cared for by a few concerned people. This role is naturally performed by the parents. When the parents have to accept other jobs for the well being of the family in the long run, it is essential that 'a few concerned people' must be present in the life of children. The merit of the extended family system where children were cared for by 'a few concerned people' like grandparents, is clear here. These 'concerned people' need not be always female. The important factor as far as the development of children is concerned is that they must be sensitive to, and responsive to, the infant's needs.

2.10 LET US SUM UP

In this unit we have tried to understand the nature of men and women. We have seen the important differences that exist between them. It has also been established that most of the 'so-called' differences between them are the result of cultural and social stereotyping. Though different physiologically, men and women can form a partnership in the family based on equality. There is no basis for any sort of discrimination against men or women.

Check Your Progress III

- 1 Why do we say that in most parts of India the families remain both social and commercial centres?

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2.11 KEY WORDS

Conditioning : The process whereby social values are differentially inculcated. Here it is not used in the technical sense of the term used by the behaviourist psychologist Pavlov. Here this term refers to the process whereby people are influenced by society.

Stereotype : The Oxford Dictionary of English defines a *stereotype* as "pre-conceived, standardized, and oversimplified impression of the characteristics which typify a person, situation, etc., often shared by all members of a society or certain social groups; an attitude based on such a preconception."

Androgenous : The word *androgenous* comes from two Greek words, *andros* (= man) and *gynos* (= woman). This word denotes a person who combines within his/her personality both male and female elements. It must be distinguished from the word *hermaphrodite*. This word is to refer to a person who has physical sexual characteristics of both the male and the female.

Intelligence test : designed to measure intelligence rather than acquired knowledge.

Intelligence quotient : a number arrived at by intelligence tests and intended to denote the ratio of a person's intelligence to the normal or average.

2.12 MODEL ANSWERS

Check Your Progress I

1. Briefly explain how a male is more prone to illness than a female.

The fact is that men are physically much more vulnerable to diseases than women. A newborn boy is more likely than a girl to die before he is one year old. He is more susceptible to infection. Men are more prone to heart attacks and ulcers. Women are more likely than men to suffer from cancer of the reproductive organs and from various diseases related to the hormones, like diabetes and thyroid disorders. Men are more susceptible to most other forms of serious illness: four times men are more likely to get lung cancer, three times more likely to contract heart-disease, more prone to suffer strokes and disorders of the respiratory system. In most societies, especially where there is not much poverty, women outlive men. During the period between 1951 and 1960 life expectancy for men was 41.9 years and for women 40.6 years. This was seen as an exception to the general trend whereby women outlive men in most parts of the world.

Check Your Progress II

1. Why does an average man's brain weigh more than that of an average woman?

An average man's brain weighs four ounces more than that of the average woman's. But the reason for this is that he is generally heavier than she is. The extra ounces of men's brain come from supporting tissue rather than of thinking material in the brain. The size of the brain has nothing to do with intelligence.

Check Your Progress III

1. Why do we say that in most parts of India the families remain both social and commercial centres?

The complete separation between production and reproduction exists only in industrialized societies and those urban areas of India which are quasi-industrialised. In other parts of India, even today, families remain both the

social and commercial centres. Here women have to work on the land, look after livestock and poultry, make household articles, process and store food, go for work and earn a living and bear children and rear them. The idea of women restricted to home has never been the rule for working class women in India who start working even before they reach puberty and continue to work even after they become grand mothers. Even children are employed in work in many places in spite of legal sanctions against child labour.

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UNIT 3 SEXUAL HEALTH EDUCATION : CONCEPT AND OBJECTIVES

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Rationale Behind the Introduction of Sexual Health Education
- 3.3 Conceptual Framework of Sexual Health Education
- 3.4 Broad and Specific Objectives Behind Sexual Health Education
- 3.5 Let Us Sum Up
- 3.6 Key Words
- 3.7 Model Answers
- 3.8 Further Readings

3.0 AIMS AND OBJECTIVES

The aim of this unit is to acquaint you with the concept of sexual health education and to examine how sexual health education is different from family life education. The matter will be more clear when we study the broad and specific objectives behind this concept. This unit will also provide the rationale for introducing sexual health education and discuss its relevance in the present day context.

After studying this unit, you will be able to :

- Understand the rationale behind the introduction of sexual health education;
- Appreciate the need for sexual health education;
- Know the conceptual frame-work of sexual health education; and
- Identify the relevance and objectives of sexual health education in the present day context.

3.1 INTRODUCTION

Sex and sexual health are very sensitive topics. They are still considered to be taboo and therefore public discussion and education on the subject is limited. Usually discussion on the subject is considered to be indecent. But the need to impart knowledge and understanding related to sexual health education to young people and adults is being increasingly felt in the context of widespread sex related problems. The advent of HIV/AIDS pandemic has made it further imperative on the part of the education system to respond meaningfully to this important concern.

3.2 RATIONALE BEHIND THE INTRODUCTION OF SEXUAL HEALTH EDUCATION

The Programme of Action(POA) adopted by the International Conference on Population and Development (ICPD), 1994 identifies certain specific needs of

young people. The POA recommends that young people should be adequately informed about reproductive health so that they attain the level of maturity required to make responsible decisions.

Teenagers face several problems with regard to physical and emotional development, as they become aware of their sexuality. As a result of the social and economic changes taking place in the country, marriage and formation of family gets delayed. Therefore they have a longer interval between the onset of sexual maturity and marriage. This increases the likelihood of their involving in pre-marital sex. Traditional custom and family ties that have discouraged pre-marital sex are being undermined by social and economic development and its consequences. Thus migration and an increasing exposure to sex and violence through media tend to influence the young people.

While the media has much to offer with regard to adopting unhealthy behaviour there is hardly any effort made to offer proper knowledge which can prevent unhealthy practices. With the advent of HIV/AIDS, an increasing number of pre-marital pregnancies and rapid increase in Sexually Transmitted Diseases (STDs), there is an urgent need to introduce sexual health education in our educational system.

The practice of early marriage leads young girls to early motherhood. In fact there is an increased risk of high maternal mortality and high level of morbidity and mortality for their children. It is also an accepted fact that early marriage and motherhood affect the status of women in education, economic and social areas of life.

Some of the specific rationale behind the introduction of sexual health education are given below.

India is a Nation of Young People

According to the 1991 Census 56.3 per cent of the population is below the age of twenty four years. The ages between 15-19 years and 20-24 years are the ones known to have great emotional upheavals and require careful nurturing. It is estimated that India has around 190 million adolescents. Some of them are already married (especially women), many of them become irresponsible parents and the rest wait for their marriage. Tragically, sexually transmitted diseases like gonorrhoea, syphilis and drug intake are most prevalent among them. Though everybody claims that they know every thing about themselves the fact is that ignorance about their own body is widespread.

Sexual Health Education Provides Guidance about One's Own Body

Young people of today may want to seek guidance but they do not know where to get it. Their present attitude will determine their future growth and even their usefulness as members of society. We have a great task in preparing them for the responsibilities of marriage and family life, particularly when many of them are exposed to deviation from traditional norms and values. There is an urgent need to provide accurate and complete information about matters concerning sex and sexuality to young people. This will help them to become responsible citizens and to lead a productive and healthy reproductive life.

Life Styles

The impulses behind activities associated with sexuality are important for the continuity and welfare of the individual and the society at large. Understanding the behaviour of an individual makes it easier to understand interaction amongst couples which in turn provides an understanding on how families behave and societies functions. With the advent of killer diseases like HIV/AIDS, there is an urgent need for people to modify their behaviour pattern, particularly in relation to practices like promiscuity and drug addiction.

Exposure Towards Sex at an Early Age

In this age of advanced communication, people are flooded with endless information from multiple agencies. So in the present day world young children are being exposed to various right and wrong information related to sex. But the major problem is whether the information is judiciously used by young people. Therefore there is a need to provide them proper education systematically through educational institutions.

Rapid Social Change

In our country until recently, sexual behaviour was engulfed by a set of rigid standards and moral codes. There were a number of restrictions on free communication and interaction with members of the opposite sex. But today on account of rapid urbanization and prevalence of market economy, the age old tradition of joint family and extended family system is breaking down. People are somehow persuaded to opt for the nuclear family. As a result, the support and guidance to young people from responsible adult members like grandparents is no more available. For this they have to look forward to outside agencies which can provide them information regarding delicate topics like sex and sex related issues.

3.3 CONCEPTUAL FRAMEWORK OF SEXUAL HEALTH EDUCATION

In this section we shall discuss about the conceptual framework of sexual health education. It will help you in differentiating between family life education and sexual health education.

Sexual health education is an educational programme designed to provide learners with adequate and accurate knowledge about human sexuality in its biological, psychological, socio-cultural and moral dimensions. It focuses largely, on the individual, on self awareness, personal relationships, human sexual development, reproduction and sexual behaviour. Human sexuality is the core of sex education. It is the function of the total personality which includes the human reproductive system and its functioning, attitudes towards being a woman or a man and the relationships among the members of the same sex and the opposite sex. It embraces the biological, psychological, socio-cultural and ethical aspects of human sexual behaviour. It helps people to understand various aspects with regard to sexuality; to learn to respect others as sexual beings and to make responsible decisions about their behaviour.

Concerns

It is a usual thing for young people to become concerned about their physical appearance. Some may feel that they are too tall or too short in comparison to their friends. Some others may tend to think that they are unattractive and awkward and because of that they may not find acceptance among the peer group. An adolescent girl who matures early may feel self-conscious because her breasts are comparatively larger than those of her friends in the same age group. Similarly, an adolescent girl who matures late may become self-conscious for the opposite reason. A late maturing adolescent boy may have a poorer opinion of himself than those who mature early. Such boys may find difficulty in making friends.

The concern that exists among young people about their speed of growth and appearance is a common phenomenon. It is true that anything that makes them feel different may upset them. Although the process of change and growth taking place during the period of adolescence is a natural one, it does cause concern and draws attention. However, as they grow, such feelings will fade away.

Body image refers to the way a person feels about his/her physical appearance. Although the size, shape, colour of skin, height and some other characteristics of the body are determined by heredity conditions, the appearance one gives to the images of one's body is by and large influenced by socio-cultural factors. Role models do cause an important impact on the concept of the body of an adolescent. Teenagers do feel concerned, if the shape and size of their body parts are not in consonance with their image of an ideal man or women. Young people need to be made aware that an attractive personality does not depend only on physical appearance.

Components of Sexual Health Education

Following is a brief description of the main components of the Sexual Health education.

A. Physical Aspects

Among the usual topics taken up on reproduction in the Biology course in schools and colleges are the anatomy and physiology of the human reproductive system. Anatomy refers to the science of the structure of the human body and the inter-relations of their parts. In sexual health education the anatomy of the human reproductive system is an important field of study. Physiology of the reproductive systems refers to the study of the processes and mechanism by which parts of the reproductive system functions. It is extremely important for boys and girls to know about their bodies and how they function. Misinformation or lack of complete information often results in unnecessary worries and may cause serious problems. For instance many young girls without proper education about menstruation are shocked to find themselves bleeding at the initial stage of puberty. On the other hand, untutored young boys may be upset by their wet dreams. Wet dreams or seminal emissions are indications of the ability of a young man to cause conception, while the onset of menstruation indicates that a young women is capable of conceiving a child. In short they are maturing into adulthood. Let us briefly discuss the sub-topics under the physical aspects as mentioned above.

i) Anatomy and Physiology of the Reproductive Systems

This part identifies the various male and female reproductive organs and their functions. Adolescents need this information in order to understand the successive concepts concerning conception, pregnancy and contraception. Concept of menstrual cycle is also to be discussed. In the third block of this course, all these details are extensively explained.

ii) Physical, Emotional and Psychological Changes During Puberty

Puberty is a time for physical and emotional change. During puberty adolescents begin to become concerned about the physical changes they see in their bodies. Some may be developing at a slower pace while some others may grow at a faster rate than their friends. Some may be feeling awkward about their growth while some may become anxious over their bodily changes and may have conflicting feelings about becoming adult. Yet some others may feel proud and comfortable about their approach to maturity.

It is also a time for adolescents to develop their self esteem. Adolescence is a period of high stress for many people. Young people are much concerned about their physical image and their relationships with their family and friends. Their confusion, concern and anxiety affects their feeling of self worth. Behaviour matches self image. A young person with a positive, healthy self image will make positive, healthy choices. Efforts should be made to encourage self-awareness and self acceptance among the adolescents during this period of drastic change.

iii) Conception, Pregnancy and Birth

This sub-theme is aimed at familiarizing you with basic knowledge concerning the physiological processes involved in conception, pregnancy and birth. It is very important that adolescents get proper education and guidance on these topics. In many countries adolescent pregnancy (or teenage pregnancy) is on the increase.

In several countries in Asia, early marriage is common. This is true for India as well. Young couples are urged to have children as early as possible. Early pregnancies do create a lot of health, social, and psychological risks. The younger the mother, the more serious the physical consequences of pregnancies. Complications in pregnancies and child birth are a leading cause of death among women aged between 15 and 19 years in developing countries. It is important to distinguish between younger and older adolescents when discussing the risks of pregnancies. Pregnant women of any age require good obstetric and antenatal care and nutrition. According to a UNESCO package on sex education mortality rate among women who become pregnant before they are 15 is 60 per cent higher than for women in general. Mothers under 15 are 3.5 times more likely to die from toxemia.

Pregnancy and birth are areas of real concern for teenagers. Because of the health risks, they will be interested to know about pre-natal and postnatal

care, pregnancy symptoms and testing, foetal growth and development and labour or delivery.

B. Social Aspects

This sub section deals with the sociological and cultural aspects of human sexuality. It covers topics such as sexual behaviour, sexuality in childhood and adolescence, love, dating, relationship, adolescent pregnancy and moral code of ethics.

Sexual adjustment is part of a person's total development into a mature individual.

Sexual maturity helps to bring out what is best, most generous, and most constructive in an individual's life. Sex is a basic drive upon which both race preservation and personal happiness depend. If sexuality does not evolve properly, the whole process of growth and development are likely to be affected negatively. Excessive sex repression tends to impair freedom and the functioning of an individual to the extent that mating and sexual satisfaction are not attained. On the other hand, too much sexual freedom can interfere with normal demonstrations of love and mating functions, to the degree that sexuality remains on an infantile level. Disturbances in sexual development can lead to personal and social mal-adjustments.

i) Sex Drive or Sexual Feelings in Childhood and Adolescence

Sexual attitudes are formed from early childhood, although sexual urges and emotions do not become apparent until the age of puberty. During this period, many changes occur among young boys and girls. In the male, puberty begins with the appearance of nocturnal emissions or wet dreams. At about this time, a young man begins to experience a distinct sexual urge that is associated with his genitals. This heightened sexual excitability is likely to lead to masturbation. The sexual drive of a young woman, on the other hand, is less genital specific and she tends to associate sex with romantic situations. This awakened sexual drive among the youth, particularly young men, creates a certain amount of restlessness because of which the youth are often considered by their elders as being different and difficult. These are the first indications towards the adolescents' development of an independent personality and existence which tend to be interpreted as an emotional withdrawal from home and family. During this stage lack of understanding on the part of elders and youngsters on each other is common.

ii) Emotional Development

Teenage period (13 to 19) is often described as a period of great excitement and emotional turbulence. The physical changes that take place among young people during this period may result in a sudden upsurge of sexual feelings. Experiences of sexual excitement may occur when they are nearer to people of the same sex and age. At this time they may not recognise that such emotions are sexual in nature. An increase in hormones can arouse sexual thought and

excitement. However, due to social control such interests are not expressed in reality and this will lead them to day-dreaming. During the teenage period 'wet dreams' are common in many boys.

Emotional stress is a common phenomenon during adolescence due to the changes taking place within their bodies. Hormonal imbalance can cause irritation, restlessness, and tension. Young people need to be educated on such matters although most adolescents manage such changes and developments on their own. It is however essential that authentic knowledge on the subject is provided to them along with proper guidance and support from parents, teachers and responsible elders in the family. It is however most important to offer a healthy emotional climate for young people at home, in the school, as well as in the community where they can conveniently express their emotions.

iii) Personal Identity

During adolescence every child tries to establish his/her own identity. The establishment of identity is a gradual process during this stage of development. It is possible that the physical and psychological changes taking place during the teenage period can interfere with the process of establishing personal identity. However, as they grow into adulthood, they normally develop a strong sense of personal identity.

Parents and teachers need to help and support young people to develop and maintain a high sense of self-esteem and self concept. Self-esteem is closely identified with self-respect. It is the realization of oneself as a human being and the identification of one's self within the society. The social development of a person is primarily based on this self-esteem.

iv) Social Relationship

The growth and development of social relationship of young people is by and large centred around their interaction with siblings, parents, peer group and members of the opposite sex. Early experience of social relationships is usually centered around home. However, as young people enter into their teens, physical and emotional development which take place in them is marked by changes in the patterns of interpersonal relationship. Parents continue to have control over their teenage children and provide protection and guidance. However, teenagers try to assert their independence by shifting away from parents and trying to be on their own within their families. It is common for young people to have more frequent conflict with their parents over the amount of freedom they think they deserve. Some parents treat these changes in behaviour pattern as a challenge to their authority. Many parents tend to think that their growing child is inexperienced and therefore cannot make right decisions. Therefore such parents can also generate stress and strain for their children. Social development is easier for those teenagers who feel that their parents love and trust them. An over-protected teenager is likely to have greater difficulty in learning to act independently.

To a great extent, peer group relationships help teenagers to learn to interact with people in a healthy manner. It is also seen that adolescents look to their peer group for approval. During this period there is a tendency to have friends from both sexes. While the peer influence helps in establishing independent identities, peer pressure at times can generate negative orientation in teenagers. Studies indicate that most people who indulge in drugs, alcohol and teenage sex do so under peer group pressure or orientation.

Therefore an appropriate sexual health education package is required for young people which will enable them to adopt healthy behaviour pattern.

v) **Pre-marital sex and Teen-age Pregnancies**

Pre-marital sex has given rise to a range of alarming problems. Today's teenagers are faced with new challenges. Sexual activity has become more overt among the youth and society in general. Girls and boys are reaching sexual maturity at an earlier age. Because of their early menarche, girls are able to conceive at a younger age. As sexual intercourse among adolescents in some countries becomes common, teenage pregnancies are on the increase. Sexual permissiveness is encouraged by sexual messages conveyed through the mass media while hardly any effort is made to provide moral education and the negative impact it has on the individual and the society.

Teenage pregnancies pose many problems. In many societies, pregnancy out of wedlock is taboo. Strong social pressure may lead to illegal abortion and may also provoke the women to commit suicide. Illegitimate children may face the problem of social and legal discrimination as well as economic hardships. If marriage is forced on the mother, there is a high probability of marriage failure. When a low level of educational attainment among the women is perpetuated from generation to generation, their opportunities for employment also get reduced. Thus their continued dependence on others for their livelihood is reinforced. In terms of health, early reproduction is usually harmful both physically and emotionally, than one which begins late.

c) **Sex Roles**

The study of sex roles is vital to achieve one of the objectives of sexual health education, namely, to enable the youth to understand and cope with changes in their own lives. The breaking down of traditional social structures and the changing role of men and women as a result of social change is one such example. Studies on sex role stereotypes indicate that men and women generally hold stereotypes of the typical characteristics of males and females: males are logical, dominant, independent, unemotional, and aggressive while, women are sensitive, emotional, nurturing, and are somewhat dependent and submissive. It is unlikely that such personality characteristics are completely innate, because in some cultures women are aggressive and dominant, while men are found to be emotional and sensitive. If there is inherent pre-disposition that is different for each sex, it appears that particular cultures emphasize some and mask others. Furthermore, literature and mass media tend to create, reinforce and perpetuate many sex role differentiations. Many

experts agree that the pressure, anxiety and confusion about male and female roles are core issues in most concerns related to sexuality. Male pressure to perform, female pressure to have children, male pressure to hide feelings, female pressure to be sexually appealing without being sexual, etc. lead to the high incidence of unwanted pregnancies, divorce and sexual dissatisfaction. Stereotyped sex roles hinder people from developing their natural abilities and personalities.

Topics on sex roles cover masculinity and femininity in different cultures, stereotypes and role expectations. You can read more about it in the Unit on understanding man and woman given in this block.

D) Gender Roles

The term 'gender' is derived from the French word 'genre' meaning sex. Sex refers to binary division between a male and a female in terms of physical features, chromosomes, hormones and secondary sexual characteristics. Gender refers to those characteristics of males and females, that are shaped by social factors. While examining gender difference in life expectancies, we refer to social influences on survival, such as preference for male children and discrimination of women and girl children in matters of education, health care, nutrition, etc. In fact the differences between males and females are derived from three sources: (i) biology, (ii) roles that men and women traditionally play in society, and (iii) beliefs and opinions prevalent in society.

The existing inequalities between men and women and the subordination of women to men is one area of distinction between sex and gender which is quite explicit. It is important to understand the gender-based role assignment by society to male and female. In fact all these role stereotypes influence every aspect of human life. In short we may say that gender roles are a set of behaviour which are determined by the society for men and women.

A close analysis of gender roles prevalent in various cultures and societies through various ages show considerable variation. Across the globe we find that almost all societies have assigned different roles to men and women. In fact history shows that men and women hardly performed equal roles or held equal positions except in certain exceptional cases where women inherited the throne from their fathers. Otherwise men are valued higher than women. In short the females are considered weaker and males stronger.

Men are considered wage earners, heads of households and leaders of the society in various fields. The roles traditionally assigned to women include raising a family and maintaining the home, being ideal mothers, wives, sisters, and daughters while sacrificing their personal interests for the interests of the male members within the family.

The major impact on gender roles are influenced by the stereotyped sex roles which continue in every society. Almost all stereotypes are man made, but they are considered to be natural. In fact these man made stereotypes have been handed down from generation to generation which have resulted in the

perpetuation of the discrimination against women. From the moment a child is born, identification of sex followed by gender based role assignment begins and this process continues to be an integral part of socialization of children into adulthood. Most of the stereotyped roles or messages are given to children from childhood days by parents, siblings, peers, society and the mass media. In fact these messages communicate that certain behaviours are acceptable for boys but not for girls, and vice versa. As the child grows up, he/she identifies himself/herself with the parents of the same sex. The male child starts internalizing the characteristics of his father and the female child internalize the characteristics of her mother.

Gender roles continue to influence the behaviour of teenagers during the formative period. The gender identity with regard to various types or roles, such as occupational roles, domestic roles, kinship roles, community leadership roles, conjugal roles and parental roles continue to develop during the period of adolescence. The effect of such gender-defined roles results in development of attitudes, behaviour and value orientation viewed as appropriate for male and female in a given cultural setting.

Therefore there is a need to promote appropriate gender role development among young people during the formative period so that discrimination of women can be challenged and a transformation of traditional models of gender relations takes place in the society. This is required if we want to create a decent society where men and women can live a meaningful life creatively with dignity.

Only a consciously prepared curriculum on sexual health education can influence the existing stereotyped gender roles.

E) Sexually Transmitted Diseases (STDs).

STD as a topic in sexual health education has become more important due to the increased spread of STDs, and especially the dramatic rise in the incidence of HIV/AIDS. STD education should address two areas: factual education and inculcation of the right social attitudes. Students need to understand that STD is not only a serious social problem, but more importantly a critical medical problem which can be prevented and treated. The study of STDs includes the various types of STDs, their origin, symptoms, treatment and prevention. Some of the STDs like HIV have no cure. More details on STD is given in Block I of the Elective course on HIV/AIDS.

Check Your Progress I

1. Write a brief note on personal identity.

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3.4 BROAD AND SPECIFIC OBJECTIVES BEHIND SEXUAL HEALTH EDUCATION

A comprehensive sex education programme should aim at several objectives. Some of these include:

1. **Sexual health education should focus on the total personality development of the individual**
Sexual health education should seek the development of an individual's sexuality and sexuality involves one's total being and identity. In short it includes physical, social and psychological aspects of sex and sexuality. It will also create the power to make value judgment.
2. **Sexual health education should aim at providing factual, complete and honest information about sex and sexuality**
Sexual health education programme should aim at increasing awareness and insight regarding physical, social and psychological development. It will help in clearing up myths and misinformation that young people share among themselves. It will also prepare the adolescents to face the biological changes that would come about during puberty such as menstruation, seminal emissions, change of voice, enlargement of breasts etc.
3. **Sexual health education will enable young people to become responsible in making decisions**
Sexual health education aims at helping individuals to acquire and maintain responsible and caring relationships and behaviour. Simultaneously it will prepare the children to recognize the behaviour that is exploitative and self destructive.
4. **Sexual health education will help the child to respect (him/her) self and others**
Sexual health education will enable young boys and girls to become proud of their own sex while appreciating the attributes and capacities of the opposite sex.
5. **Sexual health education will provide opportunity to youngsters to imbibe human values**
Sexual health education will provide opportunity to the young people to develop ethical, social and spiritual values which will serve as a guide to the individual in personal, family and social relationships.
6. **Sexual health education should help the young boys and girls to understand that each part of the body and each phase of growth is good and has a purpose**

This will give a holistic idea about human development and simultaneously it will help the young people to nurture a feeling that sex is something beautiful, positive and is a creative part of life.

7. Sexual health education should help in the formation of an emotionally stable personality

By developing various skills an individual will also become emotionally stable. Such an individual will be able to make rational decisions and will have judicious thinking. This is considered to be the ultimate outcome of sexual health education.

Table 3.1

Specific Objectives of Sexual Health Education

Topics	Objectives
1. PHYSICAL Reproductive systems of male and female systems	1. To provide information about male and female reproductive systems. 2. To identify various parts of the male and female reproductive anatomy and their functions by locating corresponding parts of the body on diagrams.
Ovulation and Menstruation	1. To acquaint student with the process of ovulation and menstruation 2. To familiarize students with the terms used and the principles involved in this aspect of the female reproductive system.
Physical, emotional and psychological changes during puberty	1. To enable students to understand and explore the range of physical, emotional and psychological changes during puberty 2. To differentiate between the physical changes and characteristics of girls and boys.
The body clock	1. To help the students become aware of the physical signs which indicate reproductive maturity.
Self awareness and self esteem.	1. To identify the adolescent's feelings about the various parts or aspects of his/her body. 2. To help the students increase their self awareness and self esteem by

assessing these parts of the body which they are blessed with, and those parts which they would like to improve.

Conception

1. To familiarize students with the basic knowledge about the physiological processes of human conception.

Pregnancy and essential needs

1. To provide the students with basic knowledge concerning the physiological processes in pregnancy.
2. To make students aware of the signs and symptoms of pregnancy.
3. To make them understand the importance of antenatal care and essential needs during pregnancy.

2. SOCIAL ASPECTS

Adolescent sexuality and behaviour

1. To develop an understanding about the natural aspects of sexual growing up.
2. To describe some manifestations of the sex drive in the adolescents.
3. To explain the various factors that influence the development of sexual attitudes and behaviour.
4. To explain the various factors that influence the development of sexual attitudes & behaviour.
5. To realize the importance of wholesome sexual attitudes and behaviour.
6. To accept the need to control and guide one's sex drive, for it to become a positive force in a person's life.
7. To evaluate the issues related to the sex drive.

Sexuality in childhood and adolescence

1. To discuss the development of sexuality and adolescence from childhood to adolescence.
2. To differentiate between pre-genital and genital sexuality.
3. To identify specific behaviour that

adolescent exhibits during social and an emotional maturation or development.

4. To discuss the various problems of adolescents and to offer solutions to these problems.

Love

1. To understand the concept of love and the different types of love.
2. To differentiate between mature and immature love.
3. To list ways of showing love to ones parents, friends, girlfriend/boyfriend.

Dating and relationship

1. To understand the various dating customs throughout the world.
2. To define what dating is.
3. To study various attitudes towards dating.
4. To identify who is an ideal dating partners.
5. To solve problems related to dating.

Adolescent pregnancy

1. To understand the growing number of adolescent pregnancies and the consequences of adolescent pregnancy.
2. To explore individual feelings and attitudes about adolescent pregnancy and sexual behaviour.

Moral code of ethics — their roles and functions

1. To understand what is meant by code of ethics or morality.
2. To be aware of the complexities and difficulties involved in deciding what is morally right or wrong.
3. To be aware of the existence of various theories on moral behaviour.
4. To understand the concept of morality in relation to the family, people, religion, culture, education and political system, with emphasis on the confusion and conflicts between the confusion and conflicts between the older and younger generation.

3. **SEX ROLES**

Role expectations

1. To examine and understand attitudes towards sex, men, women and youth.

2. To identify and discuss the role and expectations of men, women and youth in the family and society.
3. To be aware of child rearing practices in the family and in society as they affect sex role development.

Male and female roles

1. To define the meaning of sex roles.
2. To describe how different cultures look at sex roles.
3. To identify the different roles of men and women.
4. To identify the various stereotypes developed for men and women.

Being masculine/feminine

1. To increase the student's awareness of the stereotyped sex roles and to encourage them to notice how they compare themselves to stereotypes.

Stereotype

1. To help students to develop more understanding about masculinity and femininity.
2. To compare ideas and explore sex role stereotyping.

**4. STDs
Sexually transmitted
diseases**

1. To increase knowledge on various types of STDs, their origin, symptoms, effects, testing, treatment and prevention.
2. To increase understanding of STDs as a medical problem.
3. To convince students that as a social and medical problem, STDs should be treated immediately.

Source: Adolescence Education, Vol. I-III, UNESCO, PROAP, Bangkok, 1998.

Check Your Progress II

1. List the major objectives of sexual health education

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3.5 LET US SUM UP

In this unit, we have discussed the conceptual framework of sexual health education. The main purpose of discussion was to distinguish sexual health education from family life education. It has mainly four aspects. They are knowledge/awareness regarding physical aspect, social aspect, sex role and Sexually Transmitted Diseases (STDs). We also discussed the rationale behind the development of sexual health education.

The issue has become very important because more than half of the population of India is young i.e below twenty four years and we have over 190 million adolescents in the country. The major objectives behind the development of sexual health education is to develop the total personality of the individual i.e. physical, emotional and spiritual. The other objectives are to acquaint young boys and girls to become proud of their own sex while appreciating the attributes and capacities of the opposite sex. The unit concludes with a table giving specific objectives of sexual health education identified by the International Conference on population and development (UNESCO) held in Bangkok in 1994.

3.6 KEY WORDS

1. **Puberty** : The period during which adolescents reach sexual maturity and become capable of reproduction
2. **Menstruation** : The process of discharging blood and other material from the lining of the uterus in sexually mature non-pregnant women at intervals of about one lunar month till menopause

3.7 MODEL ANSWERS

Check Your Progress I

1. Write a brief note on personal identity.

During adolescence every child tries to establish his/her own identity. The establishment of identity is a gradual process during this stage of development. It is possible that the physical and psychological changes taking place during the teenage period can interfere with process of establishing personal identity. However, as they grow into adulthood, they normally develop a strong sense of personal identity.

Parents and teachers need to help and support young people to develop and maintain a high sense of self-esteem and self concept. Self-esteem is closely identified with self-respect. It is the realization of oneself as a human being and the identification of one's self within the society. The social development of a person is primarily based on this self-esteem.

Check Your Progress II

1. List the major objectives of sexual health education.

1. Sexual health education should focus on the total personality development of the individual

Sexual health education should seek the development of an individual's sexuality and sexuality involves one's total being and identity. In short it includes physical, social and psychological aspects of sex and sexuality. It also creates the power to make value judgments.

2. Sexual health education should aim at providing factual, complete and honest information about sex and sexuality

Sexual health education programmes should aim at increasing awareness and insight regarding physical, social and psychological development. They will help in clearing up myths and misinformation that young people share among themselves. They will also prepare the adolescents to face the biological changes that would come about during puberty such as menstruation, seminal emissions, change of voice, enlargement of breasts etc.

3. Sexual health education will enable young people to become responsible in making decisions

Sexual health education aims at helping individuals to acquire and maintain responsible and caring relationships and behaviour. Simultaneously it will prepare the children to recognize the behaviour that is exploitative and self destructive.

4. Sexual health education will help the child to respect him / her-self and others

Sexual health education will enable young boys and girls to become proud of their own sex while appreciating the attributes and capacities of the opposite sex.

5. Sexual health education will provide opportunity to youngsters to imbibe human values

Sexual health education will provide opportunity to the young people to develop ethical, social and spiritual values which will serve as a guide to the individual in personal, family and social relationships.

6. Sexual health education should help the young boys and girls to understand that each part of the body and each phase of growth is good and has a purpose

This will give a holistic idea about human development and simultaneously it will help the young people to nurture a feeling that sex is something beautiful, positive and is a creative part of life.

7. Sexual health education should help in the formation of an emotionally stable personality

By developing various skills an individual will also become emotionally stable. Such an individual will be able to make rational decisions and do judicious thinking. This is considered to be the ultimate outcome of sexual health education.

3.8 FURTHER READINGS

1. UNESCO (1988) Sex Education, Vol. II, PROAP, Bangkok.
2. Muley, D. S. (1993) Adolescence Education-Report of National Seminar, NCERT, New Delhi
3. Jawaharlal Pandey, Saroj B. Yadav and Kanan K. Sadhu (1999) "Adolescence Education in Schools" Parts I to V NCERT, New Delhi.
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UNIT 4 SEXUAL HEALTH EDUCATION - ROLE OF HOME, SCHOOL AND MEDIA

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Importance of Sexual Health Education
- 4.3 Role of Home in Sexual Health Education
- 4.4 Role of Schools and School Teachers in Sexual Health Education
- 4.5 Role of Mass Media in Sexual Health Education
- 4.6 Let Us Sum Up
- 4.7 Key Words
- 4.8 Model Answers
- 4.9 Further Readings

4.0 AIMS AND OBJECTIVES

The aim of this unit is to acquaint you with the importance of sexual health education. This unit will also consider the role of various institutions like family, school, and mass media in providing sexual health education.

After studying this unit you will be able to

- Identify the importance of sexual health education;
- explain the role of home in imparting sexual health education;
- describe the relevance of schools in providing sexual health education; and
- Point out the role of media in creating awareness in sexual health education.

4.1 INTRODUCTION

In India, sex education is yet to be valued socially. Parents and teachers are often hesitant to provide sex education to adolescents. This attitude prevents adolescents from acquiring a proper understanding of sexuality, of their responsibilities as growing individuals and ways to know how to communicate with the opposite sex. Boys and girls lack the requisite knowledge about their own body, sex organs and their functions. Similarly there is a need for them to know the reproductive system of the opposite sex. During puberty, when physiological and psychological changes occur in them, adolescents develop emotional and other psychological problems. When they enter into the phase of transition from childhood to adulthood, changes occur not only in their sex organs, but also in their feelings towards the opposite sex. Proper knowledge and counselling at this stage may therefore equip them to best adjust in life and live successfully in society. To perform this important task, various institutions and agencies like home, school and mass media have to play a vital role.

4.2 IMPORTANCE OF SEXUAL HEALTH EDUCATION

Background

It is not a novelty to mention as to what point of gravity we have arrived at in the matter of sexuality. It is enough only to open our eyes and look around. Every day various media of social communication give testimony to the deep wounds that are inflicted on young persons, and on society by human sexuality as understood from outside its true perspective.

Many a time, in society one gets the impression that there is a desire to urgently repair, and set aright the inordinate effects of human behaviour. In the meantime however, the spirit and the morale of society itself is seriously sick due to the false and mistaken anthropology which adversely affect human behaviour in many ways.

In human society, it is not only the young and inexperienced people who taste and experiment with the negative effects on their own person, but it is also the same with adults who commit the same error. Unawares they become victims of a mentality which goes against their human nature and the responsibility of which they receive as spouses.

In modern times of industrialisation the production of commercial goods is being placed above the person and society, whereas according to the order of nature the understanding of sex is always related to the responsibility of its use in the family.

In the sixties there was a sex "revolution" particularly in the west which began at first as an expression of emancipation, of liberation from sex "taboos" and which ended as a right to sexual pleasure devoid of any responsibility.

Thus there has been a departure from the responsible use of sex down to the permitting of egoistic pleasure where the other person is not recognised as a person but considered to be an instrument of pleasure and is treated without dignity as simply a "thing" and "object".

The 'revolution' has come not only as a storm for the youth but also has also invaded the very core of the responsible human relationship with the spouse falsifying the mutual gift of self to each other.

Urgent Need

Today there is much contradiction and confusion about sex and its values. Sex has been made of much more than ever before and media of social communication give the impression that everything is permitted and licit. It is enough only to look at some T.V. channels and some publicity. So we can say that the entire society has been eroticized artificially.

Along with this has come to society the double scourge of drugs and HIV/AIDS with which sex is invariably related. Drugs cost money and to earn money people resort to all illegal means, crime, prostitution and pornography. And eventually

through the use of drugs and inordinate sex infection and contagious diseases like HIV/AIDS/STDs spread. This chain of multiple evil effects of caricature of sex and love results in the repute of the psyche of family and society and causes violence to children and to women and break up of conjugal and family lives.

In the Family

Definitely such a "revolution" has separated sex from matrimony and love from family. It has also separated sex from life of unitary dimension and from within the conjugal act of procreation, thus providing a background in support of abortion, contraception and promiscuity.

This, so called "revolution", has had political implications as well. It has become now an ideology which has made sex a weapon to break all the ties of traditions. It rampages all parent-child relationships, family institutions and social fabric and establishes a most exasperating individualism.

The media of social communication, pronography, internet and erotic telephones have given young people such emotional appeal that they consider themselves as objects and not even as subjects of the alienating mechanisms.

In the School

Sex education does not exclude the positive intervention of schools or of other educational association. But it revindicates strongly the unsubstitutable role of the parents and of the family atmosphere as the first and foremost factor.

Realising that children and youth are so badly exposed to misrepresentation of sex that they are often the most gullible victims of sex abuse, public authorities in some countries believe that they have solved the problem by favouring sex education in School. But often, such education is reduced to mere sanitary information. The human and family perspective is kept outside sex and sex is regarded as something purely private and personal.

Individual Persons

Sexuality is innate in the body and in all dimension of the person as a whole. It involves the total development of his/her person in his/her physical and spiritual life which will be reflected in his/her social relation.

In other words sexuality is inscribed in the person in his/her growth, in his/her complementary relation, of one sex towards the other and his/her openness in giving up of self for the other.

In the Society

Another point of view is of the society, the whole of which needs to examine itself. Society should continue to question itself as to what kind of youth, women and men it would like to form for tomorrow. It should also ask itself as to what sort of relationship between sexuality and person and society, it would like to see, whether

the sexuality is only legitimate or it is to be tolerated as a simple private function of pleasure without its rightful orientation.

What is the right time to start sex education?

The imparting of sex education at different stages and levels has been a subject of debate since long. However, in the conservative environment of Indian society, this matter has failed to gain a definite educational response. In our country, sexual health education is not only absent at the school and college levels but is a grossly neglected subject even in the curricula of medical institutions. As a result, sexual dysfunctions are often misinterpreted and the regular treatment of any malfunctioning involves prescribing one of the ever increasing plethora of drugs, or the ayurvedic sex tonics. It seems to be doing more harm than good. Regarding the prescription and subsequent use of these sex tonics, one can rightly state that "it is nothing but the exploitation of the desperate by the ignorant".

As far as the appropriate period for providing sexual health education is concerned, there is no fixed or definite time to start the process. Informal sex education can be started at any time, when the child's curiosity makes him/her receptive to conceptual inputs. As the child grows, imparting knowledge appropriate for his/her age would be the right approach. Without conscious volitions, parents provide sex education to the child from the moment of birth. The ways in which parents hold, touch, care for the child during infancy and the ways in which they interact between themselves and with the child lays the foundation for his/her future sexual conditioning. Making the child accept his/her gender and also giving him/her love has a profound influence in shaping his/her attitude towards sex and sexuality. The everyday communication and interaction patterns of the family influence the child's sense of self esteem, body image, gender role and family roles and positively shape his/her capacity for love, intimacy and sharing.

As far as formal education is concerned, sporadic work in the area has been done in a modest way. Educationists have been making conscious effort to include relevant contents and suitable strategies in respect of sexual health education into the curriculum. The National Curriculum for Elementary and Secondary Education brought out by the NCERT as a follow up of National Policy on Education 1986 states that this dimension deserves careful attention of the curriculum organizer so as to make adequate provisions for inculcation among adolescents "healthy attitudes towards sex and members of opposite sex". We are aware that some aspects of sex education particularly of physical components have been incorporated in the syllabi and some of the text books developed by the NCERT and also by some State Governments.

Let us discuss the specific roles performed by the home, school, and mass media in providing sexual health education. We will also discuss the methods and stages of imparting sexual health education to young people.

4.3 ROLE OF HOME IN SEXUAL HEALTH EDUCATION

Children first learn about sex and morals by observing the attitudes and behavior of their parents and family members. The importance of a caring and loving relationship

is often understood by the behaviour patterns of children manifested at different stages of emotional and sexual development. Because, during childhood, most of the learning is acquired by imitation, it is important for the parents to be aware of their roles and to impart positive sexual health education to the children. The most appropriate attitude is to let the child know that sex is not a *dirty reality* and curiosity in these spheres is a common and natural process of growing up. Without a caring and helpful attitude, children will be hesitant to ask sex related questions fearing that their parents will be uncomfortable to answer them truthfully. If only parents become comfortable talking about sex and sexuality they will be able to promote a healthy parent-child relationship. Parents should avoid associating scary stories with sex. Sex should not be mixed up with sexually transmitted diseases, AIDS, teenage pregnancy, rape, pornography and child molestation. Children should, no doubt be warned about the dangers of these problems but at the same time, parents should not forget to acknowledge and explain that sex, in its proper place is a good and wonderful thing. Parents should neither panic when children ask questions, nor should they express distress at seeing their children exploring their bodies.

Parents are usually worried that knowledge about sex and sexuality will harm the child. Though we are products of a conservative society with primitive norms, scientific knowledge appropriate to the chronological and mental age of the child will not harm him/her as much as ignorance may.

It is better to give the child basic information in a simple manner as the child grows up. It may also happen that children may ask questions that are in conflict with moral values. An understanding and positive explanation catering to their needs and satisfying their curiosity will reduce the risks and consequences of sexual ignorance. Even if parents occasionally respond a little more than the child's capacity or level of understanding, it will only leave the door open for further communication. It is the parents' attitude that is important. Sometimes the child's curiosity and concerns may seem irrational, but they may also be real to him/her and should not be dismissed or discarded by parents. This may even close and snap off the healthy communication in the parent-child relationship. Only if the child can trust that his/her parents are not rigid or hostile to his/her curiosities he/she will be able to look upon them as a source of wisdom and guidance.

Sexual health education is important but of greater importance is the fact that it is imparted from childhood onwards. Youngsters need to feel free to talk with parents about sex and sexuality even before puberty because by then, they are already sexual beings. It just appears that the sexual orientation is a product of puberty; but in reality they are reflections of sexual mores well established in childhood and do not change much in later period. All these things happen because at this stage most of the learning style is through suggestion. John Money of John Hopkins University, maintain: "The reassuring truth is that it is impossible to influence or train any teenager selected at random to be a sadist, atheist or whatever else you name".

Norm Setting

Boys and girls begin to learn the morals and customs that are expected of them from their interaction with their parents, family and close kin. Different cultures impose

rules of different severity and maintain control of varying strengths. There are always restrictions on what young people and adults in the family or among relatives can talk about. Simply by virtue of being a norm setter, an adult cannot always hold a conversation of mutual trust with a young person. The young people are bound to have secrets, feelings and thoughts that they may not reveal to the adults close to them. In a number of societies, in Western countries, for example, sexuality and attraction to others are themselves the things that offer a path for a young person to create his/her own more or less independent life.

It is for these reasons that parents are not considered as the best communicators of information on sexuality and loving relationships. Many parents also feel a resistance to talking with their children about sexuality as something natural because they are not provided with adequate information and orientation. Nevertheless this does not prevent parents from being the primary creators of a sense of morality. One can always learn and impart right education to the young people especially at a time when there are endless challenges which effect the behaviour patterns of young people.

Parental Responsibility

The primary responsibility of imparting sexual health education lies with the parents. With the fast changing market economy, migration of people, increasing educational opportunities and exposure to various mass media, there is certainly an added necessity to address the issues of sex and sexuality by responsible people. Along with emerging and re-emerging social problems associated with behaviour patterns, HIV/STDs and substance abuse, the call for providing sexual health education to adolescents and young people is more justified than ever before. Since parents have the primary responsibility to impart proper sexual health education from the formative period, let us briefly list the responsibilities of parents in this area.

Parents should:

- Inculcate a positive attitude on sexual health education in children
- Strongly discourage tendencies towards developing unhealthy lifestyle in children
- Provide a healthy home environment which is conducive to holistic growth of the child
- Cooperate with the school in their attempts to encourage healthy life styles
- Build relationship with school teachers and cooperate with their initiatives towards providing sexual health education
- Encourage children to follow the instructions and guidance provided to them from the school on sexual matters
- Cooperate with the community in its efforts at maintaining a healthy environment
- Provide children opportunities for sharing of ideas regarding positive aspects of sexual health and encourage discussion at home between parents and children on such matters
- Serve as role models for children's inspiration.

Check Your Progress I

1. List the parental responsibilities in imparting sexual health education.

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4.4 ROLE OF SCHOOLS AND SCHOOL TEACHERS IN SEXUAL HEALTH EDUCATION

Often, school programs have focussed exclusively on didactic, class room based activities, where the teachers stand in front of the students and lecture them about body functions, do's and don'ts of behaviours and demographic issues. These lecturers are frequently seen as "add on" pieces that are not incorporated into the school curricula and therefore are regularly forgotten or dealt with very superficially in order to allocate sufficient time to teach other topics to be covered for term end examination.

More successful school based programmes seek to engage students in participatory and exploratory activities where they can actively take part in frank discussions about their thoughts and fears. Students can be supported in clarifying their attitudes and values related to reproductive health through participatory discussion. They can learn life skills that will help them to maintain the behaviour which will support their desired sexual and reproductive health outcomes clearly, addressing issues of self esteem, assertiveness, gender and socio-cultural factors while developing skills and access to services more effectively. These approaches are much more effective than simply providing information without proper aim and purpose.

In any school sexual health education programme it is important that the concept of responsibility be introduced so as to make personal health a thing to be proud of. This responsibility should be expected from the child in the school, the teacher, parent and the community. Many people underestimate the role of school in imparting sexual health education. They try to argue that this responsibility should be left to the health care professionals. In any difficult situation where one does not want to own responsibility, the best and often sought way out is to pass on the responsibility to a third party or person. But the time has come to seriously address the issue of providing adequate knowledge and information on sexual health to our young people during their school days so that they are prepared to face the challenges that are ahead of them.

It is true that the home or family has the primary responsibility to impart sexual health education. School is an extension of the family since school has an important role to play in the personality formation of the child over a period of about twelve years. It has a unique role to play in imparting accurate and adequate knowledge on the topic of sexual health through a consciously planned curriculum. In fact it is the responsibility of the school to supplement the training that the child receives in his/her family.

The school provides adequate opportunities to a child for socialising with other people who matter in his/her life such as peers, teachers and others who play various roles in a social situation. Therefore the opportunities available in school are many.

Again one may question whether sexual health education should be given in the school at all. Since we have a large number of parents who do not have adequate knowledge on sex and sexuality, school is the right choice for providing educational opportunities to adolescents on the subject. It is easier to provide orientation to a teacher to teach topics on sexual health rather than teaching parents across the country. Further, even if parents are made aware, all will not be in a position to satisfactorily answer the questions of teenagers. Again children usually tend to seek information from a third party rather than their own parents.

Let us now briefly examine the responsibility of the child as well as the school teacher with regard to sexual health education.

Responsibility of the Child

The primary responsibility in learning about sexual health lies with the child in the school. Even if the school management and school teachers take interest in teaching sexual health education and provide opportunities for acquiring skills, no positive result can be expected if the child does not cooperate. In short the responsibility of the child is:

- to learn to understand the importance of positive health
- to learn the need and importance of acquiring adequate and right knowledge on sexual health
- to know that unhealthy lifestyles lead to diseases and unhappiness in self and others
- to participate in the process of sexual health learning initiated in the school
- to carry home sexual health education messages received in the school and community and seek clarification from parents or responsible adults in the family
- to maintain a healthy lifestyle at the school and at home
- to aid the school authorities in building up and keeping a healthy environment where learning on sensitive topics like sex and sexual health are made possible
- to aid parents in creating and sustaining a healthy home environment where a healthy discussion on the subject is possible.

Responsibility of the School and Teacher

There is a belief that a well prepared curriculum and service strategies can show the way to a positive sexual health education programme in the school. But to make this process a reality, there is the responsibility that must be shared between the various players i.e. the children, school and school teachers. Let us briefly list the responsibility of the school and school teachers in providing sexual health education. Their responsibility is:

- to ensure that the school environment is conducive for providing positive sexual health education
- to enable all teachers to imbibe content and method of transmission of sexual health related learning material
- to empower teachers to transmit sexual health related messages to school children in conducive atmosphere
- to develop teacher role-models of positive health so that students may get inspired
- to interact as closely with students as necessary to observe and positively influence health-related behaviour
- to develop links with parents and the local community and work in coalition with them to make positive sexual health education a holistic process
- to resist all attempts to introduce unhealthy lifestyles in the students body by vested interest groups of any nature
- to suitably recognise positive behaviour in students by providing incentives wherever possible
- to cooperate with all agencies involved in providing opportunities for enhancing positive sexual health education in the schools.

Strategies

There are many strategies that have been adopted in the field of school health services. The choice of a strategy is based entirely on the local resources available. Often, a combination of strategies may have to be used. The strategy could be of the following types:

1. Supervisory strategy

This involves intervention by health professionals who undertake the responsibility of providing health care to the school children periodically through annual medical examinations, counselling and guidance. Inevitably the school teachers and children have to merely carry out instructions. The element of participation is totally absent. No skills are transferred to the teacher or parent. However, this is sufficient to satisfy mere regulatory requirements.

2. Preventive health programme

This consists of stressing the importance of immunisation, disinfecting water, safe disposal of refuse, lecture in personal hygiene, displaying of health posters and organising film/video shows for the children. This is certainly better than the supervisory approach. However, there is still no participatory involvement of the children and the methods are all generally pre-planned and packaged. This does not generate any initiative. Transfer of skills is minimal and community participation is limited to merely providing a physical space for the organisers of the programme. This approach may be a good entry point to the school health programme.

3. Participatory strategy

In this approach, the four "key players" - the community leaders, parents, teachers and school children are involved in the following steps:

- a. Formation of a core group of people who will be directly responsible for the school health programmes including sexual health education
- b. Community leaders, parents, teachers and school children being made aware of the importance of school health and sexual health education
- c. Identifying the local health professionals who could play the role of technical advisors and trainers without taking over the entire school health programme.
- d. Training of core group members, teachers and selected parents, in the various skills necessary for executing various components of school health programme with special emphasis on sexual health education.
- e. Identifying health needs of school children
- f. Listing the local resources available in terms of the site of the programme, finances, willingness on the part of community leaders to give time to plan and execute the school health programme, human power available, health workers, social workers, counsellors etc.
- g. Identification of specific components of school health programme and prioritising the specific activities.
- h. Evolving a plan of action, keeping in mind resource limitations
- i. Implementing specific components of the school health programme as per the plan of action.
- j. Periodic meetings of the core group members to review the programmes as they are implemented and modify if needed keeping in mind the social changes taking place in the community.

The core group referred to above must have representatives of the health profession, school teachers, community leaders, parents and a few senior school children. This approach emphasises participation by all concerned in the planning and execution of school health programme with special emphasis on sexual health education.

The health professional in the group has a vital role to play since he/she has to impart technical training without domination and should only be a facilitator while leaving organisation details to the core group.

Participation by Students

This is one area which generally tends to be neglected under a misconception that students need only to be "taught". However, if any education programme is to bring about a change in the attitude and practices by the students, then the students themselves must be involved actively in the learning process. Although difficult, student participation is the only way out. For this purpose, apart from involving the student in the core group mentioned earlier, the programmes themselves must be designed in such a way that the students are always interacting and executing as much of the programme component as possible.

Check Your Progress II

1. Write a brief note on preventive health programme as a strategy.

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4.5 ROLE OF MASS MEDIA IN SEXUAL HEALTH EDUCATION

Mass media, particularly, news papers, magazines, journals, leaflets, television and radio have helped to provide information and create awareness among the people about many sensitive and health related issues. If we want to provide a consciously planned sexual health education programme, we need to mount and sustain a major public education campaign. Media can play a key role in creating awareness about the importance of sexual health education at a time when we are faced with sexually transmitted killer disease like HIV/AIDS.

Information Education and Communication (IEC) is a process that informs, motivates and helps people to adopt and maintain healthy practices and life and prevents them from acquiring infections and ill health. Sexual health education

programmes whether at school or in a community where illiteracy and ignorance exist need to make use of every method of communication to impart accurate and complete knowledge on the subject.

To raise awareness about the importance of sexual health education in the general population and to educate them on various aspects involved in it, IEC can be used. This includes information materials, posters and pamphlets, their display at public places, their wide distribution through mass gathering and community based organisation. In addition to the written material, information must also be provided to those who cannot read by devising appropriate channels of communication.

However, bringing about a change in the behaviour of the people through sexual health education is not easy and is even more difficult when it is related to issues that are personal and sensitive in nature. In such type of cases, use of different approaches of IEC becomes handy and many a times has been successful in bringing about desired result. Educating the public on sexual health can be effectively carried out by removing many misconceptions and ignorance through a well designed communication system.

India is not only a vast country but also a country of numerous cultural and linguistic diversities. This poses a great challenge for developing suitable IEC strategies and approaches that are specific and relevant to the cultural and linguistic content. Most people think of media as press, cinema, radio and television. These are called mass media or 'big media'. They are big because of the large audience they address, vastness of their production, involvement of large capital equipment and qualified personnel. Group media or mini media or small media, instead are not only small in size but are economical, easy to use, and easily portable. They seldom require technical expertise of the kind needed for mass media. Let us briefly list the kinds of group media and examine to what extent they can be used for promoting sexual health education.

Posters

A poster contains pictures, drawings, cut outs, illustration and captions. A good poster presents a single idea concisely and powerfully. It can be meaningfully used among the less literate people as well as younger children to convey sexual health education messages.

Collages

A collage is a composition of pictures, words or objects, which have been collected according to a given theme. Use of collage in sexual health education programme can add variety and reduce monotony.

Banners, murals, flip charts and flash cards

Banners, murals, flip charts and flash cards can be successfully used in providing sexual health education particularly through melas, exhibition and training workshops. Similarly mobile displays, folders, comic strips, flannel graph, story board, drawings, hoardings, wall writings, photo language, slides, filmstrips, newsletters and wall papers also can be effectively used. For more details, you may read unit 5 from Block I of the course on communication and counselling in HIV/AIDS.

Broadcast media

Radio is the most popular medium among the mass media in its ability to reach a vast audience. In India practically every village has access to radio. There is a huge population who keeps listening to radio broadcasts. It is therefore most useful to use this media to teach sexual health and related issues. There are also facilities for radio counselling and 'phone in' services where individuals can directly receive answers to their questions. There are various programmes that one can offer through the medium of radio in order to educate people on sexual health.

Telecast media

Television in India began as an educational and community service medium. Today it has grown in extent and coverage and can reach over 80 per cent of the population even in far flung areas. With the mushrooming of television channels in national and regional languages, the impact this medium can offer for sexual health education is certainly very wide. Sexual health education programmes can be offered through programmes such as serials, drama, theme based music, panel discussion, talk shows, interviews, quizzes, features etc.

Cinema

The potential of cinema as a popular medium is evident from the large crowds that the cinema theatres in India draw and the popularity of film artists. Documentaries and slide shows at intervals are occasions to communicate sexual health education messages and lessons. In fact this is a very powerful medium to reach the illiterate masses.

Print media

Besides the efforts of the government and NGOs to popularize the concept of health and promote education on health related issues through newsletters, magazines, and pamphlets, national and regional news papers and periodicals can highlight the issues of sexual health education through their columns.

Multimedia

Multimedia is a means of communication to a group or audience by a good combination of different media and techniques. Multimedia presentations, using computer video projectors etc. can be effective to present various themes within the framework of sexual health education. Use of multimedia can ensure the constant attention of the participants.

Negative impact of media

With the advent of satellite communication network, internet and other technological advancement along with exposure to foreign media our young people are faced with a lot of challenges at home, in the school and within the society. Such exposures are affecting the behavioural pattern and lifestyles of people. Certainly the young mind is made to drift away from family values, social values, traditional practices and moral

values which were being held in high esteem by the Indian masses. Today with the fast changing social lifestyles, young people need guidance and support to recognise right and wrong and to choose healthy lifestyles. Given the current situation, one such area which deserves immediate attention is on sexual health education in which young people are given authentic and complete information which will enable them to live a satisfactory life.

4.6 LET US SUM UP

In this unit we have extensively discussed the importance of sexual health education at a time when society is faced with drastic changes in social life. We have also discussed in detail the role of home and family in providing sexual health education. One of the important areas discussed in this unit is the role and responsibility of the school, the school teacher and the child with regard to sexual health education. In fact the discussion on the strategies for providing sexual health education has widened the scope of the subject. Towards the end of the unit we also discussed the role of mass media and the usefulness of various methods of mass communication in providing sexual health education so as to reach the maximum number of people across the country.

Check Your Progress III

1. What is the role of broadcast media in health education programme?

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4.7 KEY WORDS

- Celibacy** : Abstention from sexual activity
- Fidelity** : Refers to being faithful to one's chosen or given sexual partner and having sexual relation only with that person.

4.8 MODEL ANSWER

Check Your Progress I

1. List the parental responsibilities in imparting sexual health education.
 - Inculcate positive attitude on sexual health education in children
 - Strongly discourage tendencies towards developing unhealthy lifestyle in children
 - Provide a healthy home environment which is conducive to holistic growth of the child
 - Cooperate with the school in their attempts to encourage healthy life styles
 - Build relationship with school teachers and cooperate with their initiatives towards providing sexual health education
 - Encourage children to follow the instructions and guidance provided to them from the school on sexual matters
 - Cooperate with the community in its efforts at maintaining a healthy environment
 - Provide children opportunities for sharing of ideas regarding positive aspects of sexual health and encourage discussion at home between parents and children on such matters
 - Serve as role models for children's inspiration.

Check Your Progress II

1. Write a brief note on preventive health programme as a strategy.

This consists of stressing the importance of immunisation, disinfecting water, safe disposal of refuse, lecture in personal hygiene, displaying of health posters and organising film/video shows for the children. This is certainly better than the supervisory approach. However, there is still no participatory involvement of the children and the methods are all generally pre-planned and packaged. This does not generate any initiative. Transfer of skills is minimal and community participation is limited to merely providing a physical space for the organisers of the programme. This approach may be a good entry point for the school health programme.

Check Your Progress III

1. What is the role of broadcast media in health education programme?

Radio is the most popular medium among the mass media in its ability to reach vast audiences. In India practically every village has access to the radio. There is a huge population who keeps listening to radio broadcasts. It is therefore

most useful to use this media to teach sexual health and related issues. There are also facilities for radio counselling and 'phone in' services where individuals can directly receive answers to their questions. There are various programmes that one can offer through the medium of radio in order to educate people on sexual health.

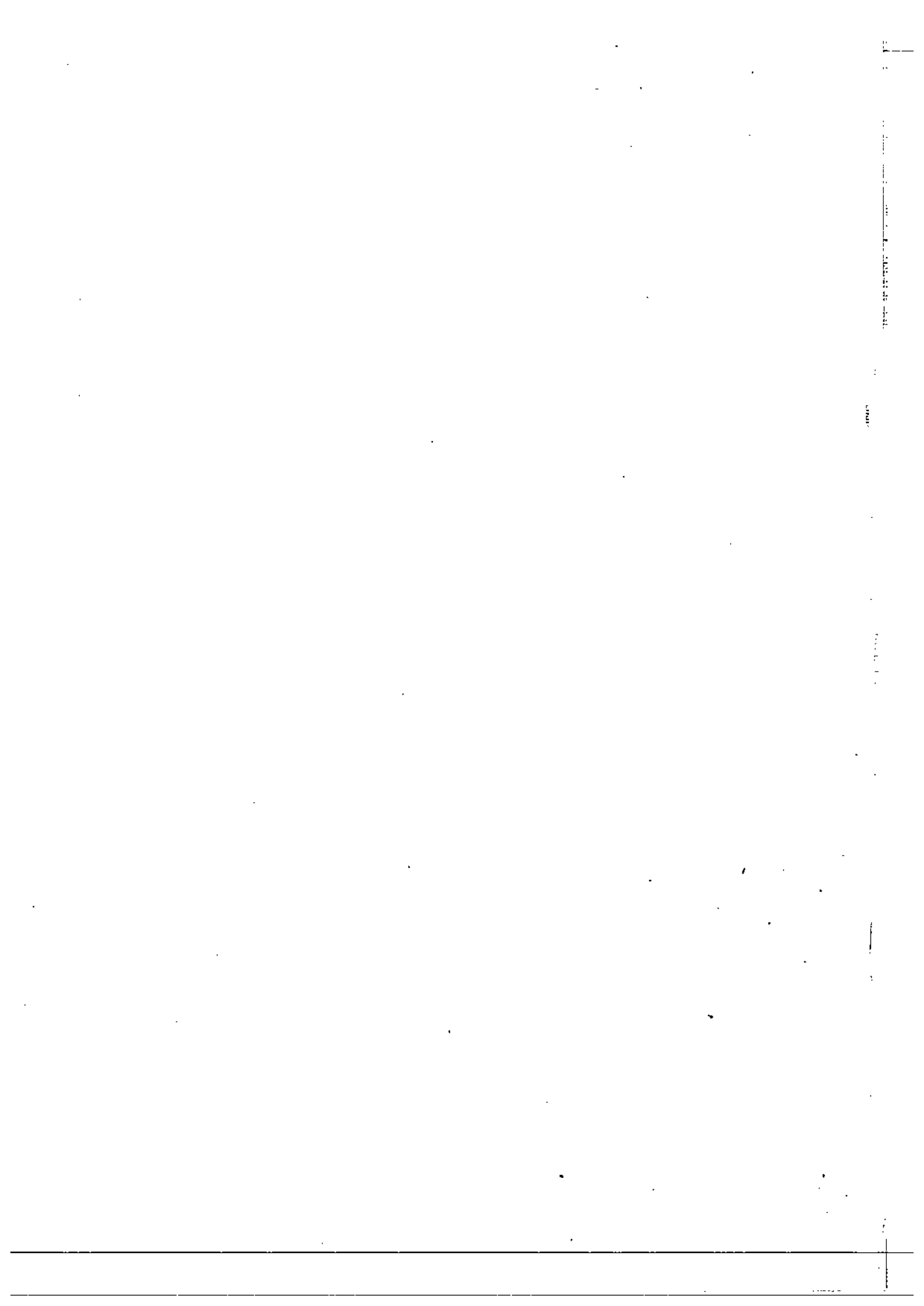
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Block

3

FACTS OF LIFE : GROWING UP

UNIT 1

Male Reproductive System and Functioning 5

UNIT 2

Female Reproductive System and Functioning 21

UNIT 3

**Early Stages of Human Growth : Biological, Social,
Psychological and Developmental Aspects 41**

UNIT 4

**Later Stages of Human Growth :
Biological, Social, Psychological and Developmental Aspects 59**

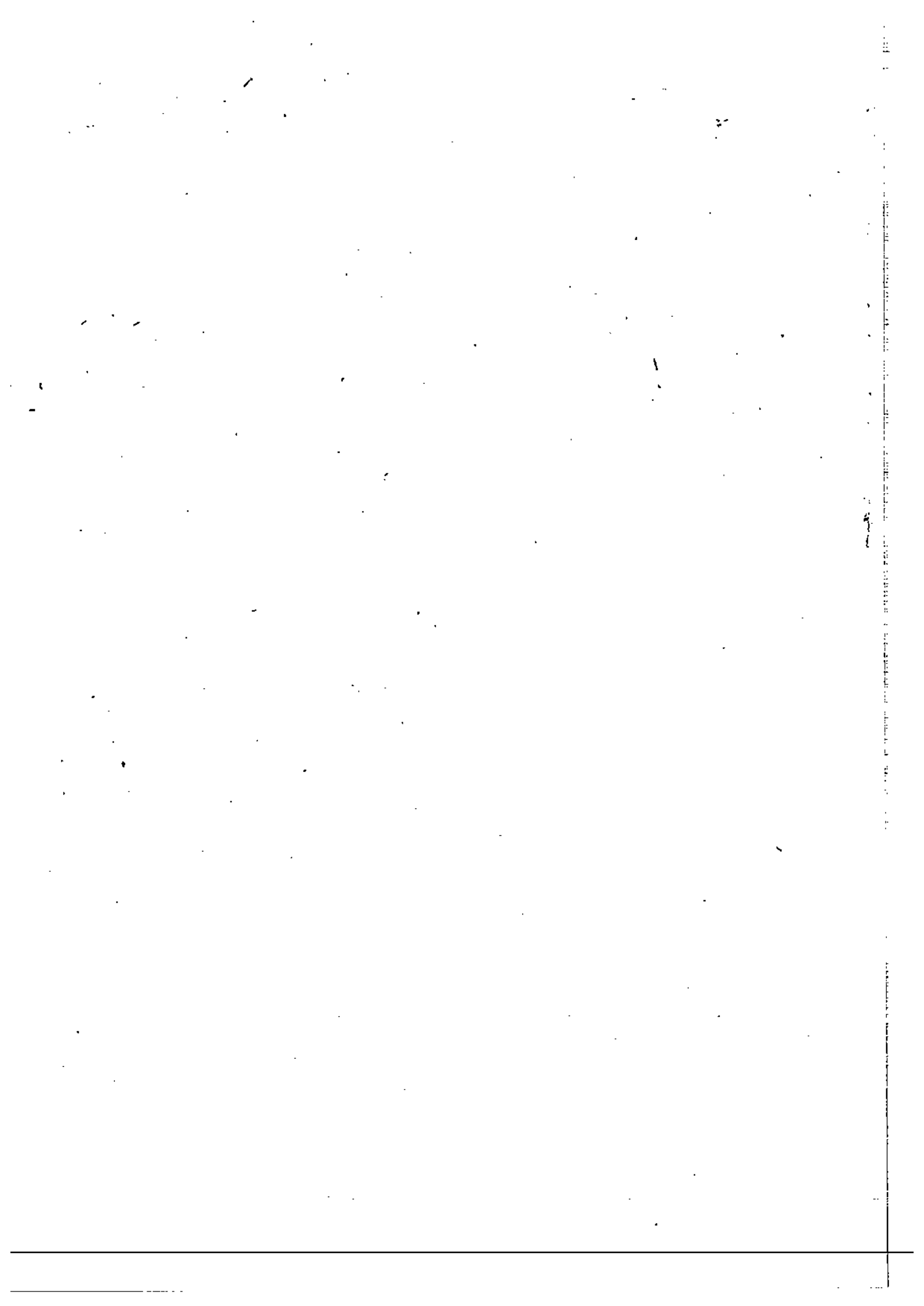
UNIT 5

Youth and their Concerns 77

INTRODUCTION TO BLOCK 3

Welcome to Block 3 of the course on Basics of Family Education. This block entitled 'Facts of life : Growing up' is perhaps one of the best blocks in this programme of study which has been meticulously prepared. There are five units in this block. Unit 1 is on 'Male reproductive system and functioning'. This unit deals with the various organs of the male reproductive system and the physiological changes that take place in adolescence. Unit 2 deals with 'Female Reproductive System and Functioning'. Apart from discussing the various physical changes that take place in a female adolescent, this unit also makes an attempt to appreciate the process of menstruation, pregnancy and childbirth, which are essential aspects of womanhood. Unit 3 explains the 'Early stages of human growth — biological, social, psychological and developmental aspects'. This unit talks about the ways in which life begins; the major adjustments all infants must make during postnatal life and the various developmental tasks of babyhood. Unit 4 of this block describes the 'Later Stages of Human Growth; Biological, Social, Psychological and Developmental aspects'. In this unit attempt has been made to define the role of increased understanding on moral attitudes and behaviour as the age progresses, as well as the changes in sex interest, sex behaviour and sex roles during adolescence. Unit 5 explains 'Youth and their Concerns'. In this unit the factors which cause concern with regard to growth and development of youth have been dealt with in detail. An attempt also has been made in this unit to recognize the various forms of oppression and exploitation of different sectors of the society.

The five units given in this block are meticulously prepared to provide adequate and accurate information on 'growing up' from infancy to adulthood. These units have been prepared in simple language in an understandable fashion.



UNIT 1 MALE REPRODUCTIVE SYSTEM AND FUNCTIONING

Contents

- 1.0 Aims and Objectives
- 1.1 Introduction
- 1.2 Physiological Changes at the Onset of Adolescence
- 1.3 Scrotum and Testicles
- 1.4 The Sperm
- 1.5 The Penis
- 1.6 Wet Dreams
- 1.7 Lets Us Sum Up
- 1.8 Key Words
- 1.9 Model Answers
- 1.10 Further Readings

1.0 AIMS AND OBJECTIVES

The purpose of this unit is to provide you with an understanding of the reproductive system of the human male. It is also aimed at explaining to you the functioning of the male reproductive organs. After reading this unit you should be able to :

- Identify the various organs of the male reproductive system;
- Enumerate the physiological changes that take place in adolescence;
- Discuss the functioning of each of the organs;
- Explain the other related concepts; and
- Compare and contrast the structure and functioning of the male and female reproductive systems.

1.1 INTRODUCTION

The literature on the physical basis of sex is found primarily in the field of medicine and its allied sciences. The anatomy of sex organs, for example, is treated like the other body systems and knowledge about it has accumulated progressively through the long history of medicine. The study of sex hormones, like endocrinology itself, is a more recent but rapidly expanding field.

The human body is, in fact, made up of several organs like the head, the trunk, the limbs etc. Each organ performs a specific function. For instance, the organs of digestion include the liver, the stomach, the gall bladder, and the bowel or intestines. The organs of hearing consist of the ear and the auditory nerve. Similarly, the wind pipe, bronchial tubes and lungs form the organs of respiration. The organs of circulation, likewise, are made up of the heart, the arteries and the veins. We are able

to make our movements with the help of the bones and muscles. All these organs are identical in men and women. In other words, they look same and function in the same way. But, the sex organs, which make us either a man or a woman, a boy or a girl, look different from each other and do not work in the same way. Although the basic purpose of the sex organs in men and women is the same, they function differently. Broadly speaking, the sex organs are important in three different ways; i) they make men and women look different from each other; ii) they enable a man and a woman to express their love for each other; and iii) they make it possible for new life to be created and for children to be born.

The reproductive system in human beings has three structural components: the gonads or organs for the production of the germ cells (the testes in males producing sperm, and the ovaries in females producing ova or the egg), a set of tubes for the transport of germ cells (vas deferens in males, and fallopian tubes in females), and, in the female, for housing the product of their union, and the organs for the delivery and reception of sperm (the penis and the vagina).

Centuries of inhibitions and taboos have formed a barrier between generations which prevents the elders from freely sharing their knowledge with the youngsters about these all important facts of life. These difficulties have their roots in the refusal to accept sexuality as a rich and positive value for the full expression of human personality. It amounts to relegating sexuality to a mere means for procreation, or otherwise, a source of dangerous tendencies and sins.

For the purpose of a better understanding, we will now discuss these issues in detail. In this unit, we will focus on the male reproductive system; followed by the female reproductive system and related relevant issues in the next few units.

1.2 PHYSIOLOGICAL CHANGES AT THE ONSET OF ADOLESCENCE

As you all might know, adolescence is a very important period in a person's life because it prepares a child for his life as a grown up. This is the time when he is no longer a child, but not yet an adult; when he begins to find a number of changes taking place in himself. Delarge (1971) compares adolescence with "the building of a house: as the house is being built the dreadful noise of a hammering and the ugly scaffolding reaching up into the sky can be rather depressing and irritating; but when the house is finished it is nice to look at and pleasant to live in". Most of you would have experienced the turmoil of this age.

But, remember that just as noisy hammering is a necessary part of the building of a house, the unhappy moments of adolescence are a necessary part of growing up.

The term adolescence comes from the Latin word *adolescere*, meaning 'to grow' or 'to grow to maturity'. It includes mental, emotional, and social maturity as well as physical maturity. This point of view has been expressed by Piaget (1969) when he said:

'Psychologically, adolescence is the age when the individual becomes integrated into the society of adults, the age when the child no longer feels that he is below the level

of his elders, but equal, at least in rights.... This integration into adult society has many effective aspects more or less linked with puberty..... It also includes very profound intellectual changes. These intellectual transformations typical of the adolescent's thinking enable him to achieve his integration into the social relationships of adults, which is, in fact, the most general characteristic of this period of development."

In other words, you can say that all the developmental tasks of adolescence are focused on overcoming childish attitudes and behaviour patterns and preparing for adulthood. The developmental tasks of adolescence require a major change in the child's habitual attitudes and patterns of behaviour. Fundamentally, the need for mastering the developmental tasks in the relatively short time that adolescents have is the reason for much of the stress that plagues many adolescents.

You may, perhaps, be aware of how difficult it is for adolescents to accept their physiques if, from earliest childhood, they have a glamorized concept of what they wanted to look like when they are grown up. It takes time to revise this concept and to learn ways to improve their appearance so that it will conform more to their earlier ideals. Also, because of antagonism towards people of the opposite sex that often develops during late childhood or puberty, learning new relationships with members of the opposite sex, actually, is quite difficult.

Most of the adolescents experience emotional instability from time to time, which is a logical consequence of the necessity of making adjustments to new patterns of behaviour and to new social expectations. While adolescent emotions are often intense, uncontrolled, and seemingly irrational, there is generally an improvement in emotional behaviour with each passing year.

Erikson, in his book "Eight Ages of Man" (1950) argued that all human beings pass through eight stages of development which are determined by our genes. He was of the view that each of these stages of development must be resolved successfully before the individual can move to the next higher stage of development.

On the psychological level, argues Erikson, even though adolescents can think abstractly and do realize that their views are not the only valid views in the world, they continue to assume that everyone is as obsessed with their behaviour as they are. It is this assumption that accounts for their ego-centrism — their self centeredness.

Social Adjustments

One of the most difficult developmental tasks of adolescence relates to social adjustments. Because adolescents spend most of their time outside home with members of their peer groups, it is understandable that peers would have a greater influence on adolescents' attitudes, speech, interests, appearance and behaviour than the family has. Most adolescents, for example, discover that if they wear the same type of clothes as popular group members wear, their chances of acceptance are enhanced. Of all the changes that take place in social attitudes and behaviour, the most pronounced is in the area of heterosexual relationships. In a short period of time, adolescents make the radical shift from disliking members of the opposite sex

to preferring their companionship to that of members of their own sex.

As a result of broader opportunities of social participation, social insight improves among older adolescents. They develop new values concerning the selection of friends and also concerning social acceptance. They also develop a strong 'interest in themselves', partly because they realize that their social acceptance is markedly influenced by their general appearance, and partly because they know the social group judges them in terms of their material possessions. Their interests, as you might be aware, tend to range from their appearance, achievements, their independence, education, religion and so on.

Physical Changes

During adolescence, besides the changes on the psychological and social level, physical changes are among the most striking and amazing. Here we will discuss the physical changes in the body of a male adolescent. The event marking the beginning of manhood (usually between the ages of 13 and 15 years) is the secretion of gonadotropic hormones by the pituitary gland, which is situated at the base of the brain. They cause the testicles to mature and in turn to secrete their own hormones (androgens), the most important of which is testosterone. Testosterone is responsible for the many physical changes taking place during adolescence.

First of all, the teenager starts growing up fast. The shape of his body and the muscles now begin to grow firmer. The voice begins to "break" : it becomes deeper in sound, but until it has found its proper adult pitch, it sounds rather rough. Hair starts growing near his genital organs and round the anus, under the armpits and on the lower part of the abdomen (the so called pubic region, hence, the name "puberty" is also given to this stage). Hair also starts growing on the face, first on the upper lips, and then on the necks, chin and anterior neck. Later on (in some men), hair also grows on the chest and abdomen.

It may happen to some boys that one or both of the breasts get slightly enlarged. This situation is normal and temporary. A boy need not worry that the body is becoming feminised. The enlargement will disappear automatically in a few months or years.

It is the testicles and the penis, that make the real difference during adolescence. The male sex glands and the testicles do not begin to work in the normal way until sometime between the ages of twelve to fifteen. But, when the testicles begin to release the male hormones through the blood-stream to the rest of the body, then the adolescent boy begins to appear much more masculine. At the same time the penis becomes longer and thicker and the testicles held in the scrotum becomes larger and firmer. Soon the testicles will be able to produce their first sperms or life cell : this means that the boy will be capable of becoming a father.

For a better understanding, we will now discuss the various organs of the male reproductive system along with their functions. The male reproductive system is not cyclical and thus, not as hormonally or endocrinologically complex as that of the female, which we shall study in detail in the next unit.

1.3 SCROTUM AND TESTICLES

The major sexual endocrine glands are the two testes or testicles, which are contained and protected in a sac-like structure called the scrotum. The word 'testes' is derived from the word 'testify' meaning to 'witness'. It is based on the ancient custom of taking oath by solemnly placing the hands on the genitals.

Scrotum is a sac of skin, divided into two parts, which holds the testes, epididymides, and a portion of the vas deferens. When the skin is stretched a large number of small glands are visible, which resemble pimples. These are entirely normal. The scrotum protects the testes from any injury. Each testis is enclosed in a tough fibrous sheath and suspended from a spermatic cord in a separate compartment of the scrotal sac. Each of these characteristics has important practical consequences. When the organ attempts to swell, for example, during an infection, the unyielding cover will not give way but will choke its delicate structures. This condition, which occurs when an adult male develops mumps involving the testes, may result in sterility. Prepubescent boys are in no danger because their sperm producing structures are not yet functional and thus not subject to damage.

Temperature Difference

It is important for you to note that spermatogenesis, the production of sperm, is highly sensitive to temperature differences. It is hampered by the warm environment inside the body and the testes proceed optimally within the scrotal sac where temperatures are somewhat lower. In fact, the scrotum keeps the testes upto 5 degrees cooler than normal body temperature in order to allow for production of sperm. The scrotum is situated as a projection outside the body since within the body the temperature would be higher. Muscle fibres are attached to the inner surface of the skin, which contract during sexual excitement or when it is cold. The scrotum then becomes rounded small and wrinkled. When it is warm, the scrotum hangs lower and is pear shaped in appearance. This adjustability helps to maintain a steady temperature. This facilitates the proper production of sperms.

Structure of the Testes

The testes, two oval-shaped bodies suspended in the scrotum, are the most important glands of the entire reproductive system. Upto the age of fourteen, the testes are approximately only 10 percent of their mature size. Then, there is rapid growth for a year or two, after which the growth slows down; the testes are fully developed by the age of twenty-one. The testicles contain two groups of structures which perform different functions. One is a series of cells : interstitial cells (meaning : situated between) which secrete the male sex hormones. The other group of structures is the seminiferous tubules which are a very large number of fine hair like tubules in which the sperm are formed. This network of tiny tubules in the testes constantly produces sperm, beginning at puberty, but no sperm is produced until then. Testes descend from the abdomen of a male baby normally shortly before or just after birth. The testes also produce the male sex hormones testosterone. Estrogen is also produced in minute amounts by the testes, as well as by the liver.

At the foetal stage of a male, testes develop in the abdominal cavity of the foetus. Then they gradually descend to the edge of the pelvis. Usually, by the eighth month of intrauterine life, they descend into the scrotum. However, in few cases they make this descent during the post-natal period or in infancy. Sometimes, we may come across a child with one testicle only, or even without testicles, because they do not descend into the scrotum and are retained within the abdomen. This situation is called cryptorchism (hidden testicles). It is obligatory that the testes descend prior to puberty because undescended testes are sterile. They get irreversibly damaged by the higher temperatures present in the body. It may happen, sometimes that one or both testes become enlarged with or without pain. In this case, it is necessary to consult a doctor. The scrotum may, at times, become apparently enlarged by liquid collection around the testes (hydrocele). At other times some veins above the testicles become enlarged and may ache (varicocele). You would be aware of the fact that with the advancement of medical sciences, it is now possible to correct any developmental complications medically or surgically. Parents should take care to detect such complications in children. It can be easily done while bathing a child or dressing him.

Problems with undescended testes

Some of the problems related to undescended testes include development of 'rupture' or inguinal hernia and cancer. This can happen to any child. Therefore, it is advisable that parents take necessary care to observe such abnormalities. In some cases, one of the testes may descend while the other may not. In such cases also, medical help should be sought. There is no harm in removing one of the testes surgically if it does not descend. But, you should keep in mind that such a surgical removal would not affect the reproductive system. It is very necessary for parents to be aware of the pros and cons of such developments. They may need counselling before the surgery is done on their child. When the child notices that one of his testes is missing, it can embarrass him. It is the duty of his parents to explain to him the reasons, how he lost one of his testes. Parents should also instil in him confidence, so that he does not worry about the missing organ. Parents should take utmost care to keep these facts confidential between themselves and their child.

Testosterone

When the testes mature they begin to produce the male hormones. This highly complex chemical compound is called the testosterone. Men are not the only ones who make testosterone; women make some too. But men make about 10 times more testosterone than women. Testosterone does more than just allow men to make sperm. It is carried to various parts of the reproductive system where it directs each part in its physical growth. As you have read earlier in this unit, it triggers the growth of facial hair, causes men's voice to deepen, their muscles to develop and the genital organs themselves to grow in size. Later in life, testosterone also plays a role in balding.

At maturity, the left testes generally will hang lower than the right one and the scrotum becomes darkened and wrinkled.

Check Your Progress I

1. Describe briefly the structure of testis.

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2. What is testosterone?

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1.4 THE SPERM

Inside each testicle there are hundreds of fine tubules, closely packed. With the help of a microscope, we can see the inside of these tubes which is lined with millions of cells. You already know that the testicles produce hormones which the blood carries to all the cells of the body. Another function of the testes is to produce spermatozoa or the sperm cells. The sperms are among the smallest cells in the human body, so small that we need a microscope to see them. It is possible to differentiate between the two groups of sperms, according to their sizes and shapes. One group is formed by small, round headed sperms carrying the Y chromosomes (androsperms), and the other groups of larger, oval-shaped sperms carrying the X chromosomes (gynosperms). Sperm production takes place in the seminiferous or sperm bearing tubules. These tubules are very long and measure hundreds of feet, which permit the production of millions of sperm, or what we call 'the tiny life cells' during a male's fertile lifetime. When you see them under a microscope, you will find that sperms are

shaped like seeds and have a long tail. The movements of the tail make the sperms move in a straight direction when they are ejaculated (suddenly emitted) from the penis.

Epididymides

Sperms are produced in the testes, and mature in the epididymides, each of which is a tube tightly coiled over the top and behind each testes, in the shape of a helmet. On straightening, each tube may measure about twenty feet. This provides a vast capacity for the storage of semen. Mature sperms move from the epididymides to the vas deferens. The vas deferens are two long, narrow tubes that carry the sperms from each epididymis to the seminal vesicles. There are two seminal vesicles located beneath the bladder. The seminal vesicles produce seminal fluid, in which the sperms move and are nourished. Seminal fluid combined with secretions from the prostate and Cowper's glands is called semen.

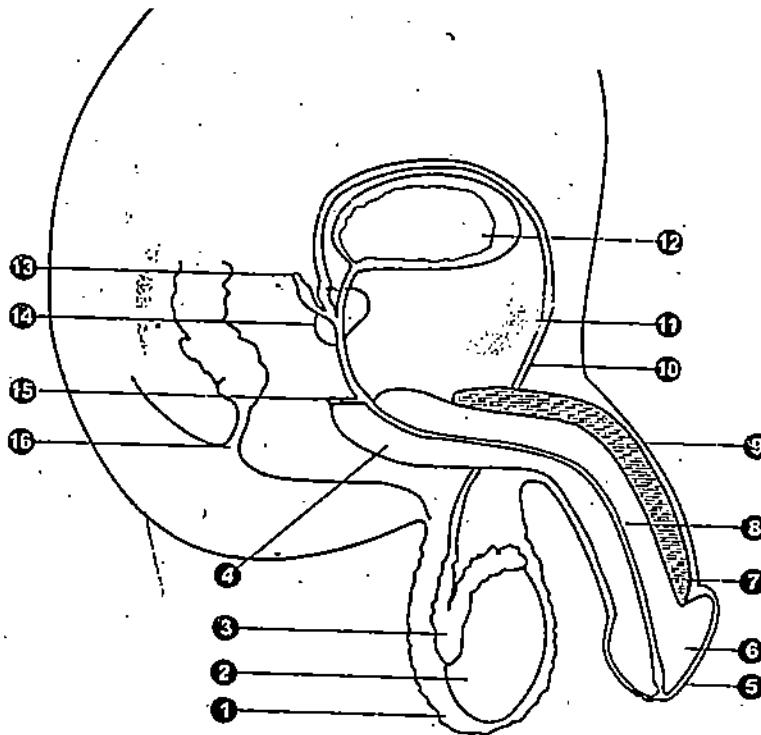
Vas Deferens

The shorter and straighter continuation of the epididymis, known as the vas deferens, is one of the components of the spermatic cord from which the testicle is suspended. During its upward course within the scrotum, vas deferens can be felt as a firm cord, before it disappears into the abdominal cavity. You should be aware of the fact that since this structure is easily located, and surgically accessible, it is the most convenient target for sterilizing men. This operation, known as vasectomy, simply involves the cutting or tying of the vas deferens (on both sides) through two small incisions performed under local anesthesia. Vasectomy results in permanent sterility (a man becomes sterile, because the sperms will not be able to reach the urethra); but this does not have any impact on the sexual desire, performance or male characteristics. There is not even any noticeable effect upon the quantity of ejaculate because of the volume sperm contribution to semen is very little.

Re-establishing fertility in a man who has undergone vasectomy is very rare although it is not an impossible task. But, when a person wants to opt for vasectomy, it is important for him to seek necessary counselling and guidance. A person should make sure that he has all the necessary information on vasectomy, before opting for it. In fact some religious teachings do not permit vasectomy. Therefore one should examine all such matters from the concerned religious or spiritual guides.

THE MALE REPRODUCTIVE SYSTEM

Male Reproductive System And Functioning



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|---------------------|-------------------|
| ① Scrotum | ⑨ Shaft of Penis |
| ② Testicle | ⑩ Vas Deferens |
| ③ Epididymis | ⑪ Pubic Bone |
| ④ Corpus Spongiosum | ⑫ Urinary Bladder |
| ⑤ Foreskin | ⑬ Seminal Vesicle |
| ⑥ Glans | ⑭ Prostate Gland |
| ⑦ Corpus Cavemosum | ⑮ Cowper's Gland |
| ⑧ Urethra | ⑯ Anus |

Ejaculations

The tip of the vas deferens joins the duct of the seminal vesicle to form the ejaculatory duct. Mature sperms move from the epididymides into the vas deferens. During sexual excitement, the vas deferens and the other internal reproductive organs tighten and relax in a pulse-like rhythm. The contractions push the sperms through the vas deferens into urethra. In the urethra, fluids from the prostate gland, seminal vesicles, and cowper's gland mix to form semen. The semen is pushed through the urethra by pulse-like contractions, and at the peak of sexual excitement, the semen exits through the opening of the urethra in the glans of the penis. This process is known as ejaculation.

The seminal vesicle situated behind the urinary bladder produces a gelatinous, yellowish secretion which mixes with the sperm, thickens the semen and gives it greater volume. The seminal vesicles produce also the sugar fructose which is essential for giving the sperms the capacity of fertilizing the egg.

Distension of the seminal vesicles when full of secretions stimulates the phenomenon of erection (stiffness of the penis). Also, a full distended urinary bladder can press on the seminal vesicle and give rise to erection. This explains the frequent occurrence of erection in the morning because the urinary bladder is usually full of urine collected during the night.

Prostate Gland

The prostate gland is located below the bladder. It produces a thin alkaline fluid that helps the sperm to become mobile and active and able to make their journey into the female reproductive system. It gives the semen its characteristic odour and viscosity. The prostatic secretion accounts for much of the volume of semen and neutralizes the acid in a man's urethra and a woman's vagina. In older men, sometimes, the prostate enlarges, causing difficulty in urination. Cancer of prostate is also a common feature in many older men.

Cowper's Glands

There are two Cowper's glands attached to the urethra as it descends from the prostate gland. The Cowper's glands secrete the fluid that makes the seminal fluid sticky. The secretion from this gland is the fluid that forms on the end of the penis, when a man initially becomes sexually aroused. It was in the seventeenth century, when William Cowper first described the function of this gland. Therefore, it has been named after him. You should not confuse the fluid produced by Cowper's glands with semen. However, the important fact is that this fluid also may contain some quantity of sperms, which can also, at times, result in pregnancy, even if an intercourse has not ended in ejaculation.

Check Your Progress II

1. What is vasectomy?

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2. Write a short note on the prostate gland.

1.5 THE PENIS

The penis is a soft, cylindrical organ that hangs under the abdomen at the junction of the thighs. It is formed of two parts: the body or shaft, and a smooth part shaped like a helmet called glans. The body of the penis is formed by three parallel cylinders of spongy tissue: two are in an upper position (each one is called 'corpus cavernosum' or hollow body) that are responsible for the stiffness of the erected penis and a softer one is below them ('corpus spongiosum' or spongy body) expanding on the top of the penis to form the glans. The urethra runs through the middle of the spongy body. Urethra in the male is a tube that originates from the bladder, and passes through the spongy body, to the opening in the glans of the penis. It carries urine from the bladder, and semen from the vas deferens. The urethra in male remains closed to urine during erection of the penis on ejaculation.

Erection

The three cylindrical bodies of the penis are made up of soft tissue, which contain numerous blood vessels. These are known as erectile tissue. During sexual excitement, when blood flows through the blood vessels, they swell and exert pressure inside the penis, giving it its erected upward appearance, length and stiffness. This is called erection. The penis can become erect very early in a male's life. However, ejaculation cannot take place until puberty, when sperm production begins.

Functions of Penis

The penis begins to grow in size only after it receives the male hormones from the testicles when the boy is 11 or 12, and attains adult size when he is about 20. The penis is an organ which serves two purposes. One of its functions is to pass urine. The other function is related to reproduction. This male sex organ is specially designed by nature, when firm and erect, to fit into the vagina of the female as the channel for passing semen from the man's reproductive organ into the woman's reproductive organ during sexual intercourse.

Foreskin

The penis has no bone. As you have read earlier, it ends in a nut-shaped enlargement called glans, which is soft. In uncircumcised men, the foreskin covers the glans. The glans is highly sensitive. It is equivalent to the clitoris in a woman, as a source of sexual pleasure. The foreskin, also known as the prepuce, is a retracable tube of skin

1.7 LET US SUM UP

In this unit you learnt about the male reproductive system. You came to know the various physiological changes that take place in a boy during puberty. You also read about the structure and functions of the various organs involved in the process of reproduction.

You learnt about the scrotum which is a sac-like structure containing the testes. Also, we discussed the testes, the male sex glands in the scrotum which produce the male hormone, 'testosterone', and also the sperm cells. Then we went on to discuss the sperm cell, which is shaped like a seed and has a long tail. You have also been informed about the cycle of the sperm right from its production to ejaculation.

You were acquainted with the internal structure of the penis, a soft, cylindrical, organ, and the functions that it performs.

Also, in this unit, you were made aware of certain phenomena like vasectomy, circumcision, and wet dreams, which are an important aspect of the male reproductive system.

1.8 KEY WORDS

- Circumcision** - The surgical removal of the foreskin from the penis.
- Glans** - A nut or bulb like structure at the end of the penis.
- Puberty** - The period in the developmental span when a child starts becoming sexually mature.
- Testicles** - The two male sex glands in the scrotum.
- Vasectomy** - Surgical operation to cut the vas deferens, to prevent sperm from travelling from the epididymis upto the urethra, and to make the person sterile.
- Wet Dreams** - Spontaneous and periodic discharge of semen, usually among adolescents, generally occurring during sleep, often accompanied by an erotic dream.

1.9 MODEL ANSWERS

Check Your Progress I

1. Describe briefly the structure of the testes.

The testes, two oval-shaped bodies, suspended in the scrotum, are the most important glands of the entire reproductive system. Upto the age of fourteen, the testes are approximately only 10 percent of their mature size. Then, there is rapid growth for a year or two, after which the growth slows down: the testes are fully developed by the age of twenty-one. The testicles contain two groups of structures which perform different functions. One is a series of cells: interstitial cells (meaning:

situated between) which secrete the male sex hormones. The other group of structures is the seminiferous tubules which are a very large number of fine hair-like tubules in which the sperm are formed. This network of tiny tubules in the testes constantly produces sperm, beginning at puberty, but no sperm is produced until then. Testes descend from the abdomen of a male baby normally shortly before or just after birth. The testes also produce the male sex hormones testosterone. Estrogen is also produced in minute amounts by the testes, as well as by the liver.

2. What is testosterone?

When the testes mature they begin to produce the male hormones. This highly complex chemical compound is called the testosterone. Men are not the only ones who make testosterone; women make some too. But men make about 10 times more testosterone than women. Testosterone does more than just allow men to make sperm. It is carried to various parts of the reproductive system where it directs each part in its physical growth. As you have read earlier in this unit, it triggers the growth of facial hair, causes men's voices to deepen, their muscles to develop and the genital organs themselves to grow in size. Later in life, testosterone also plays a role in balding.

Check Your Progress II

1. What is vasectomy?

The operation known as vasectomy, simply involves the cutting or tying of the vas deferens (on both sides) through two small incisions performed under local anesthesia. Vasectomy results in permanent sterility (a man becomes sterile, because the sperms will not be able to reach the urethra); but this does not have any impact on the sexual desire, performance or male characteristics. There is not even any noticeable effect upon the quantity of ejaculate because of the volume sperm contribution to semen is very little.

2. Write a short note on the prostate gland.

The prostate gland is located below the bladder. It produces a thin alkaline fluid that helps the sperm to become mobile and active and able to make their journey into the female reproductive system. It gives the semen its characteristic odour and viscosity. The prostatic secretion accounts for much of the volume of semen and neutralizes the acid in a man's urethra and a woman's vagina. In older men, sometimes, the prostate enlarges, causing difficulty in urination. Cancer of prostate is also a common feature in many older men.

Check Your Progress III

1. What are the functions of the penis?

The penis begins to grow in size only after it receives the male hormones from the testicles when the boy is 11 or 12, and attains adult size when he is about 20. The penis is an organ which serves two purposes. One of its functions is to pass urine. The other function is related to reproduction. This male sex organ is specially

Facts of Life - Growing up designed by nature, when firm and erect, to fit into the vagina of the female as the channel for passing semen from the man's reproductive organ into the woman's reproductive organ during sexual intercourse.

2. What are wet dreams ?

During adolescence, the male starts getting a new experience, called 'night emissions'. Night emissions are a periodic discharge of semen (stored up sperm and fluid) generally occurring during sleep. Now and then, while he is asleep, the semen comes out spontaneously from an adolescent's penis. This phenomenon may occur from one or two to several times a month. The release of semen is often accompanied, in sleep, by a dream which is erotic in nature. Hence, this phenomenon is also referred to as 'wet dreams'. Often adolescents may be dismayed that they have such dreams.

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UNIT 2 FEMALE REPRODUCTIVE SYSTEM AND FUNCTIONING

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Changes at the Onset of Adolescence
- 2.3 The External Organs
- 2.4 The Internal Organs
- 2.5 Menstrual Cycle and the Onset of Puberty
- 2.6 Pregnancy and Health Care
- 2.7 Let Us Sum Up
- 2.8 Key Words
- 2.9 Model Answers
- 2.10 Further Readings

2.0 AIMS AND OBJECTIVES

This unit aims to provide you with an understanding of the changes that a female has to undergo during adolescence. It also tries to familiarize you with the reproductive system of the human female, discussing its structure as well as its functioning.

After reading this unit you should be able to :

- Enumerate the various physical changes that take place in a female adolescent;
- Identify the various organs of the female reproductive system;
- Discuss the functioning of all the reproductive organs;
- Compare and contrast the structure and functions of the male and female reproductive system; and
- Appreciate the process of menstruation, pregnancy and child birth, which are essential aspects of womanhood.

2.1 INTRODUCTION

As you have already read in the earlier unit, adolescence is a period of transition from childhood to adulthood. These are formative years when the maximum amount of physical, psychological and behavioural changes take place. These years are also a time of preparation for undertaking greater responsibilities, a time of exploration and widening horizons, and a time to ensure healthy all round development.

In the earlier unit, we discussed the formative years of the human male and later, also the anatomy and functioning of the male reproductive system. In this unit, we will discuss the female adolescent, the physiological changes, accompanied by the psychological and behavioural changes that take place in her. Later in the unit, we will also discuss the various aspects of the female reproductive system and its functioning.

2.2 CHANGES AT THE ONSET OF ADOLESCENCE

Adolescence is often described as a phase of life that begins in biology and ends in society. The change is evident in the physical as well as psychological and social development. You have already read in the earlier unit that a sure sign of reaching adolescence is the onset of rapid physical changes in the body. These changes are experienced not simply as increase in size, but also as addition of physical characteristics and sensations. We have already said that when rapid changes in body size and proportions take place, physical changes in the reproductive system also occur leading to sexual maturity. By now you know that the internal and external body parts that are necessary for reproduction are collectively referred to as the Reproductive System. Although many of the reproductive organs are present in children from the very beginning, these are very small in size and inactive until the time of puberty.

As we have already discussed in the earlier unit, sexual maturation consists of two types of changes in the reproductive system, the primary and the secondary. Those that relate to the primary sex organs such as the penis and testes in males, and the vagina and the ovaries in females are called primary sex characteristics; associated changes visible on the body are referred to as secondary sex characteristics. These include breast development in females, facial hair or beard in males, and growth of under-arm and pubic hair in both sexes.

Among girls, the first sign of puberty is usually the appearance of a small rise around the nipple called the breast bud. Breast development begins before adolescence, sometimes between nine and eleven years. Prior to the bud-stage during pre-adolescence, the papillae (or nipples) have already become elevated. In the bud stage, the dark area around the nipple, called the areola, enlarges and the papillae become raised. The remaining stages in breast development that occur up to the end of adolescence are: the enlargement continues and the papillae and areola form a secondary mound; the areola recedes and there is shaping of the breast; and finally the papillae project out.

The appearance of pubic hair takes place soon after the breast-bud stage in most girls, although in some girls it may appear first. Growth of the uterus and the vagina occurs along with breast development. Growth in the other parts of the female genital organs, i.e. labia and the clitoris also takes place. The ovaries become enlarged and the cells that eventually mature into ova (eggs) begin to ripen.

The most dramatic and perhaps the most important to the girl is the event of the first menstrual period. The first menstruation is called menarche. It consists of a flow of sticky blood in small amounts from the vagina. Menarche is one of the later signs of puberty in girls and occurs about 18 months after the growth spurt reaches its peak. Among Indian girls menarche is reached sometime between 11 and 15 years, the average being 13 years. The early menstrual periods might be slightly irregular i.e. they may not occur at the same time interval every month. It is normal to have early or delayed menstrual periods for about two years. While menarche does signify that the female reproductive system, including the ovaries, the uterus and the fallopian tubes have reached maturity, these are not yet ready for the full reproductive function, i.e. to bear a child.

The remaining secondary sex characteristics in girls appear after the menarche. Growth of pubic hair and breast development are completed while axillary hair appears. These changes may take a fair amount of time. Some may complete the process in one-and-a-half to two years while others may take up to five years. However, any duration within this range is normal.

As you are perhaps familiar, every child is born with the genes received from the parents that are responsible for her or his resemblance to them and their ancestors. Following the same rule, the girl's age of menarche is likely to be similar to the mother's menarcheal age, provided there have not been any major changes in the girl's health status. Further, it has been found that in different parts of the world, girls attain menarche at different ages, especially when they belong to different racial groups. Indian girls from different backgrounds are found to have a slightly lower age at menarche (12.5 years), compared to those of European and American origin (12.8 years).

Nutrition is an important factor in health. If the nutrients required by the body at a particular stage are not present in the diet, it can affect many aspects of health, including advancing the age of menarche in girls. The energy requirements of a girl approaching womanhood are much greater than those during childhood. You should know that the average Indian middle-class girl has been found to consume inadequate amount of nutrients. For this reason, the age of menarche among rural and urban poor girls, is later than that of urban affluent girls, presumably with better nutritional status.

We will now study in detail the female reproductive system. We will also learn about menstruation, pregnancy and other significant aspects related to them. The female reproductive system consists of the external genital organs (vulva) and an internal group of organs.

2.3 THE EXTERNAL ORGANS

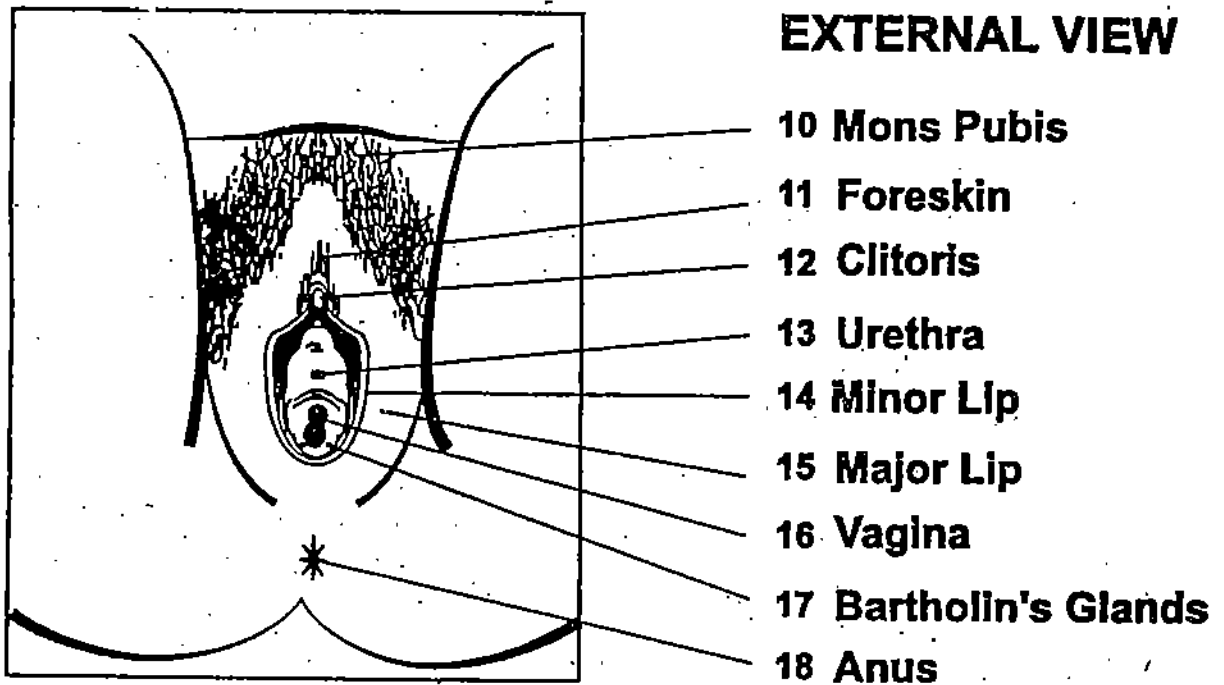
The external genitalia of the female are known as vulva, which means "covering" or the pudendum, meaning "a thing of shame". The vulva is the area between the thighs behind a hairy part which is in front (mons pubis). The mons pubis (also called Mount of Venus, the Greek Goddess of love) consists of a pad of fatty tissue covering the pubic bone. The mons pubis is covered with pubic hair which appears at the time of puberty. The pubic hair is stiff, coarse and curly. The thickness and curliness of the hair depends not only on the hormones but also on racial and genetic factors. The area covered with pubic hair in a female looks like an inverted triangle, the upper line being straight. In some girls the hair might extend up to the navel and creep around the inside of the thighs. In some, the pubic hair may be very thin and sparse. Both types are perfectly normal. The vulva includes the clitoris, labia majora, labia minora and the urethra.

The Clitoris

The clitoris is a small cylindrical organ (2-3 cm long) resembling the penis but with a hook shape. It is about the size of a pea that is located in the soft folds of the labia that meet just above the opening of the urethra. The clitoris contains many nerve endings

and is therefore, highly sensitive. The clitoris swells during sexual excitement and is a source of sexual pleasure when stimulated. The woman's clitoris and the glans of a man's penis are equivalent external sex organs. The clitoris has hardly any reproductive function. Its main purpose is attainment of sexual pleasure. However, the clitoris is usually stimulated by midwives during childbirth in order to enable the expansion of the vagina for the smooth passage of the baby. Thus, it has great importance for most of the women in India who are assisted by midwives for childbirth in their homes. Like penis it consists of spongy, erectile tissue. Even though the clitoris swells during sexual excitement, it does not become erect, because its overhanging prepuce, the upper layer of the labia minora, holds it down. The clitoris is an area more sensitive than any other part of the body, even more than the vagina itself.

In some societies, the practice of female circumcision or what is called 'clitoridectomy' is still prevalent. You should know that it is a mutilating procedure, whereby the clitoris is amputated. We cannot provide any justification for such a crude practice. In other words, in some male dominated societies women are still viewed as mere objects of pleasure; consequently men fail to see them as equal



partners in their lives. With the removal of the clitoris, the woman loses her sexual pleasures. It is believed that clitoridectomy will prevent women from becoming promiscuous and would remain loyal to their husbands. We need to educate people against such painful and wrong ideas which are nothing but misconceptions.

The Labia Majora

The most visible part of the female genitalia is the slight protuberance known as the mons pubis or mons veneris (Mount of Venus), which gets covered with the pubic hair following puberty. The major lips or labia majora that curve downward between the thighs vary in prominence. The labia-majora or outer-lips, are two folds of skin located at the outermost on either side of the vagina. They protect the clitoris, and the urethra and vaginal openings.

The inner edges and surrounding areas are hairless. Along the inner edges of the labia majora are two folds of tissue called the inner or minor lips or the labia minora. The colour varies from light pink to brownish black and the texture from fairly smooth to wrinkled. At the upper end, the labia minora join to form a fold of skin called the prepuce (or foreskin) that encloses the clitoris. The labia minora and the clitoris have a rich blood supply, and an extensive network of sensory fibres and elastic tissue. The structures lying in between the labia minora from above downwards are : the clitoris, the urethra and the vaginal opening. The urethra, as you might be knowing, is not a part of the female reproductive system. Its sole function is to pass urine from the bladder. You have already read in the previous unit that the urethra in male is a passage for both urine and semen.

The Skene's and Bartholin's Gland

The Skene's and Bartholin's glands are located in the labia minora. The skene's glands are on each side of the opening to the urethra. The Bartholin's glands are on each side of the opening to the vagina, at the lower one third of the labia majora. The Bartholin's glands consist of two small round bodies, which are the counterpart of the Cowper's glands in the male. Each gland opens by means of a duct at the side of the hymen. It secretes a sticky mucus during sexual stimulation, which lubricates the entrance to the vagina and its surrounding parts in preparation for coitus. These glands secrete freely only under sexual excitement. Occasionally, one of these glands can fill with mucus and form a painless swelling known as a Bartholin's cyst. At times the gland may become infected and form a painful abscess.

Check Your Progress I

1. What are Skene's and Bartholin's glands?

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2.4 THE INTERNAL ORGANS

Situated deep within the female body are the organs for sexual development as well as for the reproduction of life. To protect these organs against possible accident or injury, they are housed in a strong, basin-like bone structure called the pelvis. The hip

bones are the outer boundaries of the pelvis, while the backbone at the rear and strong muscles at front provide complete protection. The internal organs broadly consist of the vagina, uterus, fallopian tubes and ovaries.

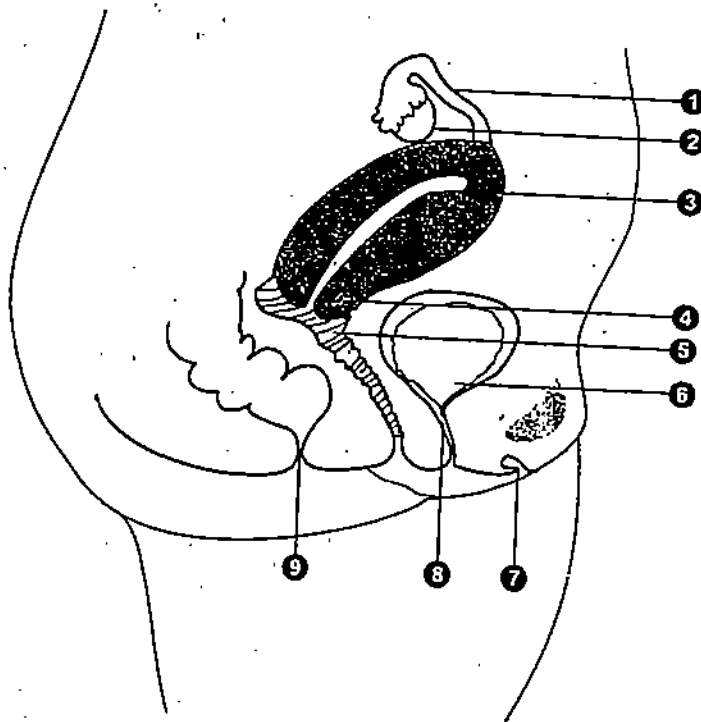
The Hymen

The outer opening of the vagina is partially closed by a thin fold of fibrous tissue called the hymen, or, as it is often termed the 'maidenhead'. The size and shape of the hymen varies. It forms a sieve like cover for the vaginal opening. Normally, it is centrally perforated, in order to allow the flow of the menstrual fluid. Some women are also born without this membrane. Often, this membrane is known to break during the first intercourse and this is accompanied by slight bleeding and pain. This is known as 'defloration'. But, it is important for you to know that sometimes before defloration takes place, the hymen may get torn as a result of physical exercise, or because of frequent use of tampons during menstruation or due to physical injury. Therefore, the absence of the hymen does not necessarily mean that the girl has had sexual intercourse.

Imperforate Hymen

In some girls, a condition known as 'imperforate hymen' is detected once they reach puberty. This means that the hymen has no opening for the menstrual fluid to flow

THE FEMALE REPRODUCTIVE SYSTEM



- | | |
|------------------|-------------------|
| ① Fallopian Tube | ⑥ Urinary Bladder |
| ② Ovary | ⑦ Clitoris |
| ③ Uterus | ⑧ Urethra |
| ④ Cervix | ⑨ Anus |
| ⑤ Vagina | |

out. Although this is a very rare phenomenon, surgical help should be sought to avoid further complication. The early symptoms are the swelling of vagina and the uterus as a result of the accumulated menstrual fluid, which has no outlet. In a few cases, some women may have a thicker or tougher hymen than the average or normal hymen. This is likely to cause much discomfort and pain during the first intercourse. Such cases, however, are very rare and might need surgical help. The surgical correction does not require one to have bed-rest or medication. It is only a simple procedure lasting a couple of minutes.

As we said earlier, the opening in the middle of the hymen will permit the passage of a sanitary tampon. In most cases, this passage cannot accommodate an erect penis without tearing it. Since some hymens can withstand intercourse, while others get torn accidentally in nonsexual activities like certain kinds of exercise, bicycle or horseback riding or while squatting on the ground, the presence or absence of an intact hymen does not constitute a reliable criterion of whether or not a girl has had an intercourse. Very often, the girl is not even aware that anything has occurred when her hymen breaks during a fall or while taking part in activities like the sports.

In many cultures, people believe that a girl without a hymen is not longer a 'virgin' — that a boy perhaps has put his penis in her vagina. But that may not always be true. Virginity has nothing to do with whether or not the hymen is present. There is no way for anyone to tell whether the hymen was broken in intercourse or in an accident.

The Vagina

The vagina is a muscular tube or passageway that connects the neck of the uterus and the external opening at the vulva. It is about four to five inches long. The inner wall of the vagina is lined by a membrane which has large folds giving it a wrinkled appearance. The inner wall of the vagina is moist due to certain secretions which are acidic and serve a protective purpose against germs causing diseases. At the time of sexual excitement this fluid is slightly increased, serving the purpose of lubrication, that makes it easy for the penis to enter the vagina.

Vaginal Discharge

This moisture consists mainly of mucus from the cervix and a watery fluid which comes from the vagina walls; it is scanty and is not sufficient to mark the underclothes. When a woman experiences persistent increase in quality of vaginal secretion, we call it leucorrhoea which can occur in a number of diseases. It is often offensive in smell and has a different colour from the normal liquid, usually staining the underclothes. At times a foreign body may be the cause; at other times, taking contraceptive pills for a long time, antibiotics, or a fungus called monilia is commonly responsible. The vaginal discharge in these cases is thick, curdy white, causing inflammation of the vagina and vulva.

Other causes of discharge include a common infection of the vagina with a germ called Trichomonas. This germ is transmitted between the partners during sexual intercourse and it may cause itching and swelling of the vulva, inflammation of the vagina and pain during intercourse. This infection is easily curable and both the woman and the man should be treated.

Misinformation

The front and rear walls of the vagina are normally in contact. This permits distension and has the effect of allowing the passage to adapt to a penis of any shape and size. It is never too narrow for intercourse. There is misinformation about the length and width of the vagina both among men and women. Some men observe that some vaginas 'feel tight' and others 'feel lax'. Similarly, some women support the observation that the 'fit' during intercourse varies from one person to another.

The vagina is sensitive only in its outer 3-4 cms. The inner walls have only a few nerve endings sensitive to touch, and this makes the vagina relatively insensitive so that even local operations can be carried on without pain.

Uses of Vagina

Thus, as you may have observed, the vagina has essentially three uses :

i) It provides a way for the baby to leave the uterus. Hence, the vagina is also called the 'birth canal'. ii) It receives the man's penis during sexual intercourse. That is how the sperm get inside the uterus; iii) It provides a path for menstrual fluid to leave the body. However, you must know that urine does not pass through the vagina.

The Cervix

The cervix is the narrow lower portion or neck of the uterus. About one half of the cervix projects into the vagina. The opening of the cervix into the vagina is called the mouth of the cervix. At its narrowest point, the opening of the cervix is about as wide as the lead in a pencil. The cervix stays lightly closed during pregnancy. It contains special glands that make mucus. This mucus helps keep bacteria out of the uterus. You should bear it in mind that the uterus and breast are frequent sites of cancer in women. It is, therefore, all the more important that general knowledge about the sex organs and their functioning is imparted so that one is conscious and cautious about any abnormal development regarding these organs. The 'smear-test' which is a periodic medical check-up, which all women should undergo, consists of examining scrapings from the cervical surface for abnormal cells. It is always appropriate for women to consult their family doctor if they find anything that worries them, like lumps in their breast or swelling in the uterus.

The Uterus

The uterus, which is commonly known as the womb, is the child-bearing organ. It is a pear-shaped, muscular organ that lies between the urinary bladder in front and the rectum behind. It is about 8 cms in length and 5 cms in breadth at the upper end and 1 inch at the lower end. The upper part of the uterus is connected to the tubes and is called the body of the uterus. The portion of the body above the tubal attachment is called the fundus, while the lower portion is known as the cervix and it projects into the vagina.

The interior of the uterus is a narrow, triangle shaped cavity. This cavity is lined with a special membrane called the endometrium, and is surrounded by thick muscular

walls. This narrow cavity undergoes extensive changes in pregnancy and during the menstrual cycle. The endometrium thickens under the stimulus of the two sex hormones in preparation of pregnancy. During pregnancy, the embryo and the foetus develop in the uterus which sits down deep in the lower abdomen. The muscles of the uterus contract during labour to deliver the foetus from the uterus. The uterus is the strongest muscle in the woman's body. You should note that it is so strong, that it is able to push the baby out at childbirth.

Inside the muscular walls of the uterus is a very rich lining. This lining feeds the growing foetus during pregnancy. However, if fertilization does not take place by the joining of the ovum and the sperm, that is, if the woman does not become pregnant, then the thickened lining of the womb or the uterus is not needed. In such cases, it detaches itself from the side of the womb to produce discharge of blood. This blood and lining pass down through the vagina to the outside of the body, at the vulva. This process is known as menstruation or monthly period about which you will read in further detail later in this unit.

The Greek word for uterus is 'hystera'. The surgical removal of the uterus is medically termed as hysterectomy. Originally, the psychologically common word 'hysteria' was associated with the uterus. The wandering of the uterus in search for a child was termed as 'hysteria' by the Greek physicians.

The uterus remains very small until the age of puberty. It is about the size of one's fist. It starts growing along with other reproductive organs and reaches maturity when the girl is about 18 to 20 years old. When the woman is not pregnant, as you have already read, the inside walls of the uterus touch each other. When she is pregnant, they spread apart to make room for the foetus. The pregnant uterus can become as large as a medium-sized watermelon. As mentioned earlier, a man's body constantly produces sperm while a woman's body produces only one ovum at a time in a month. But, when the woman is pregnant, the ovaries stop producing ova. This means that a mother-to-be stops having periods during the nine months it takes her baby to be properly formed within her, until it is born.

The Ovaries

The ovaries are two female sex glands, the counterpart of the testes in the male. These glands are small and almond-shaped located on each side of the uterus and are attached by ligaments. Each of them is about 3-5 cms long, 2-5 cms wide and one cm thick. The ovaries are the most important organs of the entire female reproductive apparatus, and correspond in function to the male testicles. You should know that it has the dual function of production of germ cells and sex hormones. The ovaries are smaller than the testes and remain within the abdominal cavity of the foetus.

The ovaries produce ova which are the female reproductive cells. In the male, sperm production starts at the age of puberty and continues till old age, whereas in the female, even at birth, the ovaries contain a fixed number of eggs or ova (200,000 to 400,000). As the girl grows, some of these eggs die, so that the number of eggs the ovaries contain are about 10,000 immature ova. Each egg is enclosed in a separate sac called the primordial follicle.

check up. An ultra-sound examination can satisfactorily tell us all about the position, and growth of the foetus in the womb. Therefore, if it is detected that a woman is having a tubal pregnancy, prompt medical intervention can save the woman from further complications.

It is important for you to note that tubectomy or the sterilization of a woman is done by cutting the fallopian tubes. This is a much more complicated procedure than vasectomy, in which surgery is done on the vas deferens of the male to sterilize him.

The Breasts

The breasts are another pair of reproductive organ in the female. The breasts contain milk glands that produce milk and the milk ducts that carry the milk to the nipple so that the infant is able to have its feed. These milk glands and milk ducts are surrounded and protected by fatty tissue. The fact that a female has breasts does not mean they produce milk. The production of milk starts only after childbirth. When a woman is pregnant, her body begins to produce the pregnancy hormones. These hormones help the breast to grow and get ready to make milk. It also helps every part of the woman's body to adapt to being pregnant.

There is no specific size and shape for breasts. Some women have large breasts while others have small ones. In certain cases, some women may have one larger breast and a smaller breast. The size and shape of the breasts have no effect on the ability to feed a baby. On the outside of the breast is a nipple, through which the baby can suck the milk. It is surrounded by a circle of dark coloured skin. It is called the areola. Normally, pregnant women experience mild discomfort or pain when pressed upon around their breasts. There is only a positive sign of pregnancy.

Nevertheless, one common disease prevalent among women is breast cancer. It is most common in women above thirty-five years of age, though, it can also effect younger women. Since one in ten women are reported to be suffering from breast cancer, it is suggested that women should regularly check their breasts for lumps. A gynecologist can give you information about how to check the breasts. This, though, is not required before the girl has had her first period.

Check Your Progress II

1. Enumerate the usefulness of the vagina.

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2.5 MENSTRUAL CYCLE AND THE ONSET OF PUBERTY

During puberty, under the influence of estrogen, the pre-pubescent girl gradually turns into a woman, the contours of her body change, her breasts enlarge, and her genital organs develop more fully. Gradually, after some erratic starts and stops, she also starts to menstruate, that is, there appears a monthly 'bleeding' from the vagina. This usually starts at the age of 12-13 years. However, she becomes fully fertile and sexually a mature woman several years after the onset of these changes.

Menstruation is the flow of blood, fluid and tissue out of the uterus through the vagina. It may last between three to seven days. The menstrual cycle is the time from the beginning of one period to the beginning of the next one. Usually, menstrual cycles last about 28 days. However, some may last for about 20 days or so, whereas, in some cases, they may extend to 35 or 40 days. In exceptional cases, they may still last longer even for a couple of months. These variations may be caused by sickness, nervous tension, emotional upset, physical injury, travelling fatigue, change in climate or other circumstances.

When pregnancy begins, menstrual cycles and ovulation stop. Progesterone and estrogen continue to be produced by the uterine lining while the embryo grows into a foetus. The presence of progesterone also stops the ovulation process for the duration of the pregnancy. Once the woman is no longer pregnant or fully nursing, the normal pattern of the menstrual cycle is resumed. After childbirth, usually the menstrual cycle resumes only after about 100 days. However, in some women, it may resume only after six months. There is a misconception that a subsequent pregnancy may not occur as long as a woman continues to breast-feed her child. This is not true. Pregnancy can occur even while one is breast-feeding child.

It is important for you to understand that menstruation is a normal part of a female's life. Therefore, it should not be regarded as a sickness. In fact, if menstruation does not take place within the teenage period of a girl's life, she should consult the family doctor for necessary guidance and advice. Many superstitions and fears were associated to it before medical science brought to us the knowledge about this phenomenon and its association with the female reproductive system.

Some girls and women may have cramps on the first day or two of their periods. Some may have mood swings or depression. They may become uncomfortable before each of their periods begin. They may have physical or emotional discomfort upto two weeks before menstruating. This is called premenstrual syndrome (PMS). It happens in fewer than half of all women between the ages of 14 and 50.

It is important for mothers to take special care to instruct their daughters about this important phenomenon in the reproductive system of the female. Their failure often causes the girls to develop an attitude of shame and secrecy. Some mothers hesitate talking about these matters to their daughters. As a result, the children also feel puzzled and frightened by their experience at the first menstruation, especially when it occurs at a time when they are not prepared for it. However, in some societies, parents eagerly await the first menstruation of their daughter in order to celebrate it.

During the period of menstruation, there is no need for a woman to restrain from her normal activities. On the whole, however, it is advisable to avoid strenuous activities. There are also certain myths surrounding menstruation, that it is a 'curse', and therefore, several restrictions are imposed on women during this period (which are being strictly observed in many Indian families). With the break up of the joint family system though, there are changes taking place in this area.

The first time menstruation happens, it is called 'menarche'. Many families celebrate 'menarche' as the time when a girl becomes a woman. You may call them 'puberty rites'. Some families are more private about menarche. But, regardless of the celebration, it is an exciting and important moment in a girl's life.

In many cases, menstruation is accompanied by feelings of fatigue, weakness, headache, changing moods, irritable temper, and cramps in the lower abdomen. If a girl/women suffers from serious cramps or any other cyclic disturbance, a girl/women should consult her doctor. Excessive menstrual bleeding is always a serious matter, requiring medical care, and may be dangerous because of the repeated loss of blood. In some young girls, during the initial years of menstruation, several months may elapse between periods. This is not a cause of worry. Gradually, the normal cycle is assumed.

The Female Sex Hormones

Hormones are chemicals in one's body which are secreted into the blood stream by the endocrine glands. The term 'hormone' has its origin in the early years of this century. Etymologically, hormone got its name from the Greek work for 'excite'. So far, over twenty hormones have been discovered, and many of these have some bearing on the sexual development and function. Hormones that play a central role in this regard are known as the sex hormones. Those that occur in higher concentration in the male are known as the male sex hormones (androgens), and those that are more abundantly produced in the female are the female sex hormones (estrogens and progesterone). The female sex hormones are produced in the ovaries. The ovaries start producing these female sex hormones during puberty. They play a very important role in the female reproductive life and have far reaching effects on the body of the woman.

2.6 PREGNANCY AND HEALTH CARE

Now that you are familiar with the male and female reproductive apparatus, you will be able to appreciate the wonderfully ingenious way nature has adapted both systems for the one purpose they were originally intended — to bring together the male and female cells. If sexual intercourse takes place in the period of ovulation, the consequence may be the fertilization of the egg and hence, pregnancy.

Fertilization

During intercourse, about 200-300 millions of sperms are ejaculated in the vagina. The sperms move at a speed of 10-12 cms per hour, propelled by the movement of their tails. The survival and transport of sperms are greatly helped by the alkaline and watery mucus secreted by the cervix, present before and during ovulation.

When one sperm touches the egg, the former secretes a substance that facilitates the penetration of the head of the sperm through a hole formed in the wall of the ovum. At this time, the tail of the sperm drops off.

At the same point of time, the outer membrane of the egg hardens, preventing the other sperms from entering. The nucleus of the sperm unites with that of the ovum to form a single nucleus. This entire process is called fertilization, and the ovum is now called a zygote (yoked together).

Growth of the Child During Pregnancy

As the zygote is pushed slowly towards the uterus, rapid changes take place. It first divides into two cells, which remain attached to each other; then into four cells and so on. After five days, it reaches the uterus and resembles a fruit with many seeds. It is called the 'morula'. By the tenth day after fertilization, the zygote measures about 2 mm in diameter.

For pregnancy to continue, a continued production of nutritive substances in the mother is achieved through a hormone which is secreted by the chorionic villi after implantation. This hormone is called the Human Chorionic Gonadotrophin (HCG), and it stimulates the corpus luteum in the ovary to increase its size and produce progesterone and estrogen. The hormones produced by the corpus luteum are important to the continuation of pregnancy only during the first twelve weeks. After that, the production of hormones is increasingly taken over by the placenta, which produces HCG, estrogen and progesterone.

The HCG is found in the urine of a woman in significant quantity 14 days after the first missed period and reaches a peak between the 70th and 100th day after ovulation. Therefore, one's pregnancy test can be confirmed by testing the urine at the end of the second week after the first day of the missed menstruation.

From the moment of fertilization till the second week the growing cell mass is called a zygote. From the second to the eighth week it is referred to as an embryo, and from the eighth week till birth it is called foetus. The first twelve weeks of pregnancy are the most important and vulnerable, because all the vital organs, the heart and brain are being formed. Due precautions should be taken during this period to avoid X-rays, certain drugs and exposure to viruses.

Every living organism requires nourishment for its growth and needs to get rid of its waste products. For the foetus, the placenta serves these needs. The placenta is an oval organ about eight inches in diameter when fully developed, and is attached to the endometrium. It prevents the blood of the mother from entering into the circulation of the foetus, while allowing the passage of oxygen and nourishing elements, and simultaneously helping to excrete the waste products of the foetus. The foetus is connected to the placenta by the umbilical cord which contains blood vessels. The umbilical cord, which arises from the mid point of the placenta, is attached to the navel of the baby. The placenta, in turn, is attached to the inner-lining of the cavity of the uterus, and is, therefore, in direct contact with the blood of the mother, which is the source of nutrition to the foetus.

It is advisable for the woman that for all the time during her pregnancy she should undergo regular check ups in order to make sure that the new life within her is developing in a healthy manner. Also, between 16 to 36 weeks of pregnancy, the vaccine, tetanus toxoid should be administered to her. Therefore consult a qualified physician while one is pregnant.

Check Your Progress III

1. How early can a woman find out whether she is pregnant?

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Delivery

Two hundred and sixty six days after fertilization the foetus is completely developed. The word 'delivery' refers to the birth of the baby. However, the whole process can be described in three stages. The first stage is that of the uterine contractions (or labour pain, as you can call it), which are rhythmic contractions of the uterus. They are painful to the mother and occur at intervals of 10-15 minutes, each wave of pain lasting for about 30 seconds. With these contractions, the foetus is forced downwards. The stage usually lasts about 12-18 hours for the first child and about 8 hours for subsequent babies.

The second stage begins when the cervix is fully dilated and ends with the delivery of the baby. With each uterine contraction, the head of the child is pushed downwards. Then, one shoulder appears followed by the other, and soon the rest of the body is delivered. With the change in temperature, the child is stimulated to cry. A few seconds after the umbilical cord has been cut, air flows into the child's lungs for the first time in order to oxygenate the blood. This stage lasts for about an hour in the first delivery and 10 to 30 minutes in the subsequent deliveries.

In the third stage, following the birth of the child, the placenta is expelled. This stage may last from 10 to 30 minutes. After the birth of the child, the uterus shrinks in size and so does the area where the placenta is detached from the uterine wall. With this stage, the whole process of delivery is completed.

Physical and Emotional Care of the Child in the Womb

At no other time during the life span are there more serious hazards to development or of a more serious nature than during the relatively short period before birth. These may be physical or psychological. Therefore, you should note that appropriate physical and emotional care of the child in the womb is of utmost importance.

Care Regarding Physical Factors

Certain conditions have been found to influence the foetus physically in more ways than one.

Maternal nutrition plays a vital role in the normal development, especially the development of the foetal brain. Excessive smoking and drinking are detrimental to normal development, specially during the periods of the embryo and foetus. Also, maternal age has often been reported as a condition that may lead to the possibility of a physical hazard during prenatal period.

Certain kinds of work are more likely to disturb the prenatal development than others. Chemicals and other hazards faced by women working in places like hospitals, beauty parlours and factories may be responsible for the increasing number of birth defects and miscarriages. As Burnham (1976) pointed out, "The potential damage to the foetus and the possible genetic damage which may occur when pregnant women go to work appears to be an important medical problem."

Care Regarding Psychological Factors

Like the physical factors associated with the prenatal period, the psychological factors can have persistent effects on the individual's development. During the early formative years, there are three most important psychological hazards to the unborn child's well being. These are traditional beliefs about prenatal development, maternal stress during prenatal period, and unfavourable attitudes toward the unborn child on the part of people who will play significant roles in the child's life.

Some damaging traditional beliefs can and do affect parents' treatment of their children, and often have an effect on their attitudes towards each other. Preferring a child of the desired sex and trying to "meet all requirements" for this purpose can lead to more serious effects than most people realize. When parents are convinced that they can produce an offspring of the sex they want, they are generally bitterly disappointed when it is not what they wished for. This disappointment may leave its imprint upon the parent's attitude toward the child.

There are also traditional beliefs about the causes of developmental irregularities which often hold the mother responsible. Acceptance of these lead to feelings of guilt on the part of the mother, resentments towards her on the part of the father (husband), and a tendency for the mother to overprotect the child as a form of compensation for the harm she believes she has caused.

Another important psychological factor, maternal stress, can be the result of fear, anger, grief, jealousy or envy. Causes of maternal stress during pregnancy include: not wanting a child because of marital or economic difficulties or because having a child will interfere with educational or vocational plans; feelings of inadequacy for the parental role; and fears that the child will be physically deformed or mentally deficient. Maternal stress affects the developing child both before and after birth. Before birth, severe and persistent glandular imbalance due to stress may result in irregularities in the developing child and complications of delivery or even prematurity. Maternal anxiety affects uterine contractions, with the result that the

labour lasts longer than normal and the chances of complications are greater because the infant must be delivered by instruments. Prolonged and extreme maternal stress during the period of the foetus frequently causes more illness during the first three years of the child's life than is experienced by children who had a more favourable foetal environment.

There is evidence that many unfavourable attitudes towards children begin to develop when their potential arrival becomes known to parents, siblings, relatives, and neighbours. If the child is not wanted, or at least, not wanted at this time, attitudes are unfavourable from the start. A father-to-be may blame his wife for being careless and make her feel guilty about not preventing the pregnancy. This will lead to marital friction and resentment toward the child when it is born. Therefore a couple should always seek appropriate counseling, both when the foetus is developing and when the child is born.

2.7 LET US SUM UP

In this unit, you were familiarized with the female reproductive system. We discussed the changes that take in the female on the onset of adolescence, and how these changes trigger off the functioning of the female reproductive system.

The reproductive system of a female can be classified into the external organs and the internal organs. The external genitalia or the 'vulva' include the clitoris, labia majora, labia minora and the urethra. The clitoris is an organ for attainment of sexual pleasure. The labia major protect the clitoris, the urethra and the vaginal openings. The Skene's and Bartholin's glands are located in the labia minora; their secretion during sexual excitement lubricates the entrance to the vagina in preparation for coitus.

You also learn that the internal organs of the female reproductive system include the hymen, the vagina, the cervix, the uterus, the ovaries and the fallopian tubes. Apart from these, the breasts also have vital functions. The breasts contain milk glands that produce milk and the milk ducts that carry the milk to the nipple so that the infant can have its feed.

The menstrual cycle is a significant aspect of the reproductive system. We learn that the menstrual cycle is a pattern of fertility and infertility that usually repeats itself each month. You were also acquainted with the female sex hormones estrogens and progesterone. Apart from this knowledge, we went on to discuss the processes and facts associated to pregnancy fertilization of the ovum by the sperm, determination of the sex of the baby, growth of the child during pregnancy (which include the three stages of zygote, embryo and foetus), and delivery of the child. Finally, it is also very important to note that the child needs proper physical and psychological care, even when in the mother's womb. Therefore, we rounded up this unit by discussing physical and psychological factors that affect the foetus in the prenatal period.

2.8 KEY WORDS

- Cervix** : The narrow lower portion of the uterus that opens into the vagina.
- Clitoris** : The small female sex organ, situated at the anterior angle of the vulva, which can be excited by sexual activity.
- Fertilization** : Joining of a sperm and an ovum to form a zygote.
- Umbilical cord** : A cord containing two arteries and one vein which links the foetus inside the womb to the placenta.
- Zygote** : Fertilized ovum till the second week from fertilization.

2.9 MODEL ANSWERS

Check Your Progress I

1. What are Skene's and Bartholin's glands?

The Skene's and Bartholin's glands are located in the labia minora. The Skene's glands are on each side of the opening to the urethra. The Bartholin's glands are on each side of the opening to the vagina, at the lower one third of the labia majora. The Bartholin's glands consist of two small round bodies, which are the counterpart of the Cowper's glands in the male. Each gland opens by means of a duct at the side of the hymen. It secretes a sticky mucus during sexual stimulation, which lubricates the entrance to the vagina and its surrounding parts in preparation for coitus. These glands secrete freely only under sexual excitement. Occasionally, one of these glands can fill with mucus and form a painless swelling known as a Bartholin's cyst. At times the gland may become infected and form a painful abscess. They are not serious problems, but recurrent cysts or abscesses of this type may require minor surgery.

Check Your Progress II

1. Enumerate the usefulness of the vagina.

Thus, as you may have observed, the vagina has essentially three uses: i) It provides a way for the baby to leave the uterus. Hence, the vagina is also called the birth 'canal'. ii) It receives the man's penis during sexual intercourse. That is how the sperm get inside the uterus; iii) It provides a path for menstrual fluid to leave the body. However, you must know that urine does not pass through the vagina.

Check Your Progress III

1. How early can a woman find out whether she is pregnant?

HCG is found in the urine of a woman in significant quantity 14 days after the first missed period and reaches a peak between the 70th and 100th day after ovulation. Therefore, one's pregnancy test can be confirmed by testing the urine at the end of the second week after the first day of the missed menstruation.

2.10 SUGGESTED READINGS

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UNIT 3 EARLY STAGES OF HUMAN GROWTH : BIOLOGICAL, SOCIAL, PSYCHOLOGICAL AND DEVELOPMENTAL ASPECTS

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Conception and Human Development
- 3.3 Infancy and Human Development
- 3.4 Babyhood and Developmental Aspects
- 3.5 Let Us Sum Up
- 3.6 Key Words
- 3.7 Model Answers
- 3.8 Further Readings

3.0 AIMS AND OBJECTIVES

This unit aims at familiarising you with the different biological, social, psychological and developmental changes that take place in a human being during the early stages of human growth. In this unit, we will discuss three stages of life, namely conception, infancy and babyhood. After reading this unit you should be able to :

- Describe the ways in which life begins with emphasis on the preliminary stages of prenatal development;
- Point out why and how certain factors (at the time of conception) have long lasting effects on later development;
- Describe the major adjustments all infants must make to postnatal life, the conditions influencing these adjustments, and the criteria used to assess their success;
- Recognize the characteristics of an infant, especially physical features, activities, vocalization and sensitivities;
- List the various developmental tasks of babyhood and describe the physical, motor, speech, emotional, social and play developments in babyhood; and
- Explain the importance of understanding and family relationship to development of babies' morality, sex role typing and self-concepts.

3.1 INTRODUCTION

Having learned about the physiological components of human being, it is appropriate that you also learn about the biological, social, psychological and developmental changes that take place at all the stages in the life cycle, right from conception to death. Since this is going to be a vast area, we have to deal with it in two parts. The first part, which we cover in the present unit, is intended to familiarize you with the first three stages of human growth, namely, conception, infancy and babyhood.

You should note that it is very important to study the initial years of development. During the first part of the life of most species, more developmental changes take place than during any other period. In humans, for example, physical growth is greater in the first year than in any other single year. Similarly, changes involving social interactions, the acquisition and use of language, memory and reasoning abilities, and virtually all other areas of human functioning are greatest during childhood. Also, the events and experiences of the early years have been found to strongly effect the individual's later development.

3.2 CONCEPTION AND HUMAN DEVELOPMENT

A husband and wife who love each other have a very special and intimate ways of knowing and loving one another deeply. They show it, among other things, by sharing their bodies and joining them. This is possible because a man's body and a woman's body are in such a way made that they can join together. This process is called coitus or sexual intercourse. There are certain specific positions that the husband and wife take during the sexual intercourse. The most common position is that in which the woman lies on her back with her thighs separated, while the man lies over her in close contact with her body. The husband's penis penetrates into the wife's vagina. During these few moments the husband's semen flows from his penis into the wife's vagina. This very intimate act between husband and wife helps them to love and understand each other: it is called 'making love'. If this act happens during the fertile days of a woman's menstrual cycle, there is a very high probability that she will conceive, i.e. the sperm present in the semen of the male will unite with the ovum of the female. This process is called fertilization.

Prenatal development begins at conception, or fertilization, when the genetic material from a male sex cell (sperm) unites with that of the female sex cell (ovum) to form a single cell, called a *zygote*. The zygote receives 23 chromosomes from the mother and 23 from the father, and these 46 chromosomes replicate over and over as the zygote reproduces itself through mitosis.

Different Stages of Development After Conception

As you have been told in the earlier unit, there are three stages of development after conception or during pregnancy. Let us study each of them from the point of view of development.

1. The Period Of Zygote (Conception to Second Week)

Approximately six days after fertilization, the cells of the zygote become sticky and attach to the wall of the uterus, where implantation begins. Now the cells begin to specialize, some forming an inner cell mass, which will become the embryo, and some forming a surrounding cell mass, which will become support structures for the embryo. The zygote is still only about 0.01 inches long.

Implantation takes about a week. Finally, the zygote is totally buried in the uterine wall, and the period of the zygote ends. About two weeks have passed since fertilization, which corresponds to the first missed menstrual period. By the time a woman suspects she may be pregnant, the prenatal development is well under way.

It is very important to note that with fertilization a new human life begins in all respects. Therefore, one should not be carried away by the misinformation that the

foetus is only a piece of flesh without life. Because of this feeling sometimes people feel convenient to abort the foetus and many a time the live foetus is extracted from its mother's womb for laboratory experiments. This is the most inhuman harm one can do to an unborn and defenseless child.

2. The Period Of Embryo (Third To Eight Week)

All major internal and external structures form during this period. In the third week, the inner cell mass differentiates into three germ layers from which all body structures will emerge. Initially, two layers form — the endodermal layer and the ectodermal layer. The endodermal cells will develop into internal organs and glands. The ectodermal cells form the basis for parts of the body that maintain contact with the outside world — the nervous system; the sensory parts of the eye, nose, and ear, tooth enamel, skin, and hair. The third cell layer then appears between the endodermal and ectodermal layers. This is the mesodermal layer, which will give rise to muscles, cartilage, bone, the heart, sex organs and some glands. A primitive heart begins to form and, by the end of the third week, connects to the vessels and begins to beat to form a cardiovascular system, the first organ system to become functional.

Around the fourth week, the embryo looks something like a tube of about 0.1 inch long. You should note that this period is important, because now, the environment begins to affect the development of cells. By the end of the fourth week, the embryo assumes a curved form, and the upper and lower limbs have just begun to form as tiny buds.

The embryo's body changes less in the fifth week, but the head and brain develop rapidly. The upper limbs now form, and the lower limbs appear and look like small paddles. In the sixth week, the head continues to grow rapidly, and differentiation of the limbs occurs as elbows, fingers, and wrists become recognizable. It is now possible to discern the ears and eyes. The limbs develop rapidly in the seventh week, and stumps appear that will form fingers and toes.

By the end of the eighth week, the embryo has distinctly human features. Almost half of the embryo consists of the head. During most of this week, the eyes are open, but eyelids soon form to cover them. The eyes, ears, toes and fingers are easily distinguishable and the tail has disappeared. All internal and external organs have formed. Thus, you can see that in eight weeks a single tiny undifferentiated cell develops into a remarkably complex organism consisting of millions of cells differentiated into heart, kidneys, eyes, ears, nervous system, brain, and all the other structures that make a human being. By the end of the embryonic stage, the surrounding cells develop into three major support systems: the amniotic sac, the placenta, and the umbilical cord.

The amniotic sac is a watertight membrane filled with fluid. As the embryo grows, the amniotic sac comes to surround it, cushioning and supporting it within the uterus and providing an environment with a constant temperature.

The placenta, formed from both the mother's tissue and the embryo's tissue is the organ the mother and



3 months foetus

spermatozoa are produced in equal numbers. The first contains twenty-two matched chromosomes plus one X-chromosome; the second contains twenty-two matched chromosomes plus one Y-chromosome. The X and Y-chromosomes are the sex determining chromosomes. The mature ovum always contains an X-chromosome. If it is fertilized by a Y-bearing spermatozoon, the offspring will be a boy; if it is fertilized by an X-bearing spermatozoon, the offspring will be a girl. The sex of an individual is important to lifelong development. Studies of sex preferences for offspring have revealed that the traditional preference for a boy, specially for the first born, still persists. Strong preferences for a child of a given sex have marked influences on parents' attitudes, which in turn affect their behaviour toward the child and their relationships with the child.

It is important that we accept each child as a gift of God born in his own image and likeness. Therefore parents should gladly accept this God given gift, no matter whether the child born in a male or female, healthy or disabled.

It should be noted that a girl child is born only with the X-bearing spermatozoon received from the father. Therefore a woman should not be blamed for giving birth a female child.

(iii) Number of Offspring

While most humans are singletons, multiple births also occur. Meredith (1975) reported that 1 out of 80 births is twins, 1 out of every 9,000 is triplets, and 1 out of every 570,000 is quadruplets.

You are perhaps aware that when a ripe ovum is fertilized by one spermatozoon, the result will be a singleton, unless the fertilized ovum (zygote) splits into two or more distinct parts during the early stages of cell cleavage. When this happens, the result will be identical twins, triplets, or other multiple births. If two or more ova are released simultaneously and are fertilized by different spermatozoa, the result will be non-identical (or fraternal) twins, triplets, or other multiple births.

(iv) Ordinal Position

The fourth thing that happens at the time of conception is the establishment of the new child's ordinal position among siblings. While this may change within a year or two after birth, the child's ordinal position remains fairly static from then on.

The effect of ordinal position on the individual depends on a number of conditions, the two most important of which are the sex of the individual and how individuals feel about the roles they are expected to play. A firstborn girl, for example, who is expected to help with the housework and with the care of young siblings may resent the fact that the boys in the family have fewer domestic duties and are granted privileges and given opportunities denied to her. A second or later born boy may resent being 'bossed' by an older female sibling or being treated as the "baby of the family" while his female siblings are given more privileges and freedom than that he is given. Some individuals enjoy the role they are expected to play as a result of their ordinal position while others do not.

Check Your Progress-I

1. Write a short note on hereditary endowment.

3.3 INFANCY AND HUMAN DEVELOPMENT

Infancy begins with birth and ends when the infant is approximately two weeks old, by far the shortest of all developmental periods.

You should note that according to medical criteria, the adjustment to life outside uterine walls is completed with the fall of the umbilical cord from the navel. According to physiological criteria it is completed when the infant has regained the weight lost after birth.

Infancy is a hazardous period. Physically, it is hazardous because of the difficulties of making the necessary radical adjustments to the totally new and different environment. The high infant mortality rate is evidence of this. Psychologically, infancy is the time when the attitudes of significant people toward the infant are crystallized, some of which remain relatively unchanged or are strengthened, depending on conditions at birth and on the ease or difficulty with which the infant and the parents adjust.

Here, it is important to mention about a vital aspect; that of immunization of the new born. Adequate care needs to be taken by parents or those responsible for taking care of the child to see that necessary vaccination and immunizations are given to the child as per schedule. Therefore parents should constantly take guidance from a qualified physician.

Conditions Influencing Adjustment To Postnatal Life

Many conditions influence the success with which infants make the necessary adjustments to postnatal life. The most important of these, as research to date

indicates, are the kind of prenatal environment, the type of birth and experiences associated with it, the length of the gestation period, parental attitudes, and postnatal care.

(i) Prenatal Environment

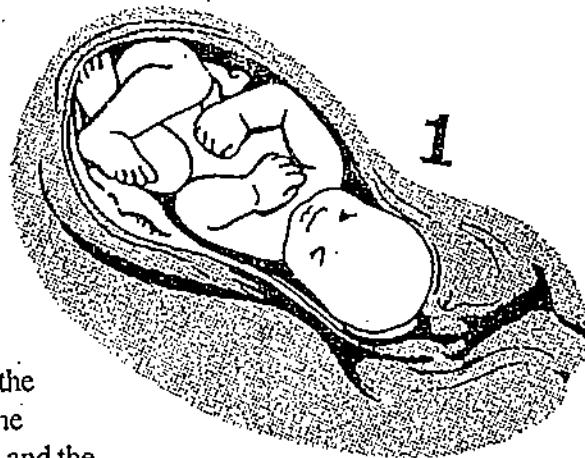
A healthy prenatal environment contributes to good adjustments in postnatal life. Inadequate prenatal care of the mother, as a result of either poverty or neglect is often responsible for the development of unfavourable conditions in the intrauterine environment which effect the developing child and lead to complications during child-birth, both of which affect the kind of adjustment the infant makes.

Malnutrition of the mother during pregnancy has been found to be responsible for premature births, still births, and infant mortality during the early days of life. One of the most important conditions that contribute to difficulties in postnatal adjustment is a prenatal environment characterized by prolonged and intense maternal stress.

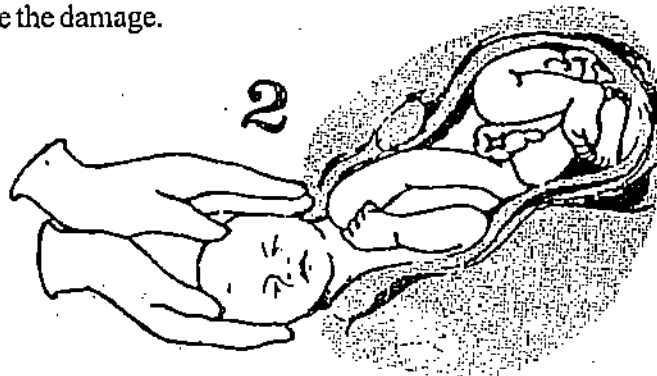
It may be noted that in some communities a mother of an unwanted female child is poorly fed and very often made to do household chores beyond her ability. This practice is inhuman and needs to be discouraged at all costs.

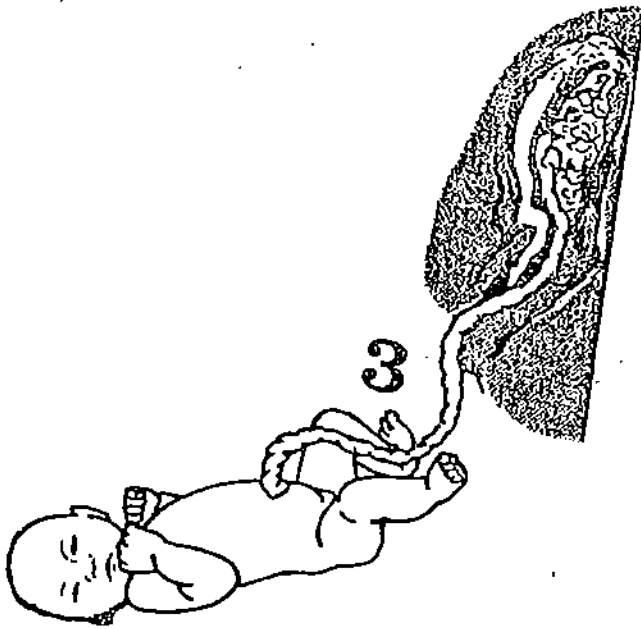
(ii) Kind of Birth

The second condition that influences the kind of adjustment that will be made to postnatal life is the kind of birth the infant experiences. There are five kinds of birth, each with its distinctive characteristics. These are Natural or spontaneous birth, Breech birth, Transverse birth, Instrument birth and Caesarean Section.



The more difficult the birth, the greater the chance of damage and the more severe the damage.





The infant who has been born spontaneously usually adjusts more quickly and more successfully to the postnatal environment than one whose birth has been difficult enough to require use of instruments or caesarean section.

- **Parental Attitudes**

How quickly and how successfully newborn infants will adjust to postnatal life is greatly influenced by parental attitudes. When parental attitudes are unfavourable, for whatever reasons, they are reflected in the treatment of the infant that mitigates against successful adjustments to postnatal life. By contrast, parents whose attitudes are favourable treat the infant in ways that encourage good adjustment. A relaxed mother for example, produces more milk than one who is tense and nervous, and this helps the infant to adjust to a new method of taking nourishment. Fathers who are present during delivery usually have more favourable attitude towards their children than do those who do not share the childbirth experience with their partners. In India the chances for the father to be present during delivery by the side of the mother is remote.

- **Physiological Functions**

With the birth cry the lungs are inflated and respiration begins. The respiration rate at first ranges from forty to forty-five breathing movements per minute. By the end of the first week of life, it normally drops to approximately thirty-five per minute and is more stable than it was at first.

Elimination of waste begins a few hours after birth. Many voidings occur during periods of wakefulness and when the infant is quiet, usually within an hour after feeding. Defecations likewise, occur when the infant is quiet, shortly after feeding. Neonatal sleep is broken by short waking periods which occur every two or three hours, with fewer and shorter waking periods during the night than during the day.

• **Rhythms**

The newborn baby engages in a cycle of active and quiet sleep that repeats each 50 to 60 minutes. This cycle is co-ordinated with a cycle of wakefulness that occurs once every 3 to 4 hours. Even before the first feeding and with external distractions held to a minimum, newborns still display roughly these same sleep-wake cycles. Gradually, infants adapt to the 24 - hour light- dark cycle. Sleep periods become longer at night and wake periods longer during the day, with longer sleep at night emerging around 5 to 6 weeks of age.

Organized Behaviour of the Newborn

Newborns are also equipped with several specific behaviour patterns that occur in response to specific stimuli such as the startle reaction to a loud sound. These highly stereotyped behaviour patterns, which occur as brief responses to specific stimuli are called reflexes. The newborn also initiates activities and is capable of sustaining them over considerable period of time. Looking behaviour, sucking and crying are examples of such activities which can be referred to as congenitally organized behaviours.

Emotions of the Newborn

Emotional reactions of the newborn may be described as state of pleasantness and unpleasantness. The former is characterised by a relaxing of the body and the latter by a tensing of the body.

The outstanding characteristic of the infant's emotional makeup is the complete absence of gradations of responses showing different degrees of intensity. Whatever the stimulus, the resultant emotion is intense and sudden.

Beginnings of Personality

Children are born with characteristic temperamental differences that are reflected in activity rates and sensitivities. It is these differences from which the individual's personality pattern will develop. Individual differences are apparent at birth and are shown in responses to food, in crying, in motor activities, and especially, in sleep.

A disturbed prenatal environment, which can result if the mother is subjected to severe or prolonged stress may cause a modification of the newborn infant's behaviour pattern. There is also evidence that infants who are separated from their mother's after birth do not make as good an adjustment to postnatal life as infants who remain with their mothers.

Check Your Progress II

1. Write a brief note on the emotional reactions of the newborn.

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3.4 BABYHOOD AND DEVELOPMENTAL ASPECTS

Babyhood occupies the first two years of life following the brief two-week period of infancy. During the babyhood months there is a gradual but pronounced decrease in helplessness. Babyhood is the foundation period of life, because, at this time many behaviour patterns, many attitudes, and many patterns of emotional expression are being established.

Babies grow rapidly, both physically and psychologically; there is a change not only in appearance but also in capacities. The decrease in dependency on others results from the rapid development of body control which enables babies to sit, stand and walk and to manipulate objects.

Developmental Tasks of Babyhood

The pattern of development is predictable even though different babies reach important landmarks in this pattern at slightly different ages. Therefore it is possible to set up standards of social expectations in the form of developmental tasks. All babies, for example, are expected to learn to walk, to take solid foods, to have their organs of elimination under control, to achieve reasonable physiological stability (especially in hunger rhythm and sleep), to learn the foundations of speech and to relate emotionally to their parents and siblings to some extent instead of being completely self-bound as they were at birth.

It is important to note that the rapid development of the nervous system, the ossification of the bones, and the strengthening of the muscles makes it possible for babies to master the developmental tasks of babyhood. Babies who lag behind their age mates in mastering the developmental tasks appropriate of their age, may be handicapped when they reach the early childhood years and are expected to master the developmental tasks for these years. For example, a poor foundation in motor skills or in speech will make it difficult for young children to master the skills in these areas of development.

Physical Development

We should always be aware that babyhood is one of the two periods of rapid growth during the life span; the other comes at puberty. During the first six months of life, growth continues at the rapid rate characteristic of the prenatal period and then begins to slow down. In the second year, the rate of growth slows down at a very fast pace. During the first year of life the increase in weight is proportionally greater than the increase in height. During the second year, babies gain height.

At the age of four months, the baby's weight has normally doubled. At one year, babies weigh three times as much as they did at birth. Increase in weight during babyhood, comes mainly from an increase in fat tissue. At four months, the height of a baby, on an average, is between 23 and 24 inches; at one year, between 28 and 30 inches; and at two years, between 32 and 34 inches.

Head growth slows down, while the trunk and limb growth increases. Thus, the baby gradually becomes less top heavy and appears more slender. Muscle fibres are



present at birth is very undeveloped forms. They grow slowly during babyhood and are weak. During the second year of life, as body proportions change, babies begin to show tendencies toward characteristic body builds.

The average baby has four to six of the twenty temporary teeth by the age of one and sixteen by the age of two. The first teeth to cut through are the central incisors, and the last to appear are the molars. Non-appearance of teeth can cause concern to the parents. It is always desirable that you consult a qualified doctor in such eventuality.

By the age of three months, the eye muscles are well-enough co-ordinated to enable babies to see things clearly and distinctly and the cones are also well-developed so that they can see colours. Hearing develops rapidly during this time. Smell and taste which are well-developed at birth continue to improve. Babies are highly responsive to all skin stimuli because of the thin texture of their skin.

Physiological Functions

Babyhood, as you might be aware, is the time to establish the fundamental physiological patterns of eating, sleeping and elimination. During the first year of babyhood, on an average night sleep increases from 8 1/2 hours at three weeks to 10 hours at twelve weeks and then remains constant the rest of that year. During the first three months, the decline in day sleep is balanced by an increase in night sleep.

From birth until four or five months of age, all eating is the traditional form of sucking and swallowing. Chewing generally appears in the developmental pattern, a month later than biting. But both require a lot of practice before they become serviceable. After being accustomed to food in liquid form, it is difficult for babies to adjust to a semisolid form. This adds to their revolt against food, even though they may like its taste.

Bowel control begins, on the average, at six months, and bladder control begins between the ages of fifteen and sixteen months. The habit of bowel control is established by the end of babyhood. Dryness at night cannot be achieved in the average child until several years later.

• **Babyhood Skills**

Development of skills depends upon three important factors: an opportunity for practice, an incentive to learn, and a good model to copy with guidance to ensure that the copying will be correct. Before babyhood is over, babies acquire many skills. At first, they are unable to integrate the different parts of a skill, with the result that the skill is of little value to them. Eventually, integration takes place with practice.

• **Comprehension**

The speaker's facial expression, tone of voice, and gestures help babies to understand what is being said to them. Pleasure, anger and fear can be comprehended as early as the third month of life. Until babies are eighteen months old, words must be reinforced with gestures, such as pointing to an object. The comprehension of the baby depends partly upon the baby's own intellectual abilities and partly on how others stimulate and encourage the baby to try to comprehend what they are saying.

• **Learning to Speak**

Learning to speak is a long and difficult task, and because babies are not mature enough for such difficult and complicated learning during the first year of life, nature provides substitute forms of communication to be used. These substitute forms of communication are known as "prespeech forms".

Four prespeech forms normally appear in the developmental pattern of learning to talk : crying, babbling, gesturing and the use of emotional expressions.

• **Tasks in Learning to Speak**

Learning to speak involves three difficult tasks. Babies are learning how to pronounce words, building a vocabulary by associating meaning with words that can be used to communicate meanings to others, and combining words into sentences that are understandable to others. These tasks, you should note, not only involve control over the vocal mechanism but also the ability to comprehend meanings and to associate them with words which act as symbols for meanings.

As you can probably understand, these tasks are far more difficult than may at first be apparent, it is understandable therefore, that only the foundation skills involved in speech will be laid.

Emotional Behaviour in Babyhood

All of us know that the emotions of babies differ markedly from those of adolescents and adults, and also from those of older children. It has often been observed that the behaviour responses accompanying babies' emotions are too great for the stimuli that give rise to them. This is especially true of anger and fear.

Common Emotional Patterns

There are certain emotional patterns that are commonly found among babies.

Anger : The common stimuli that gave rise to anger among babies are interference with attempted movements, thwarting of some wish, not letting them do what they want to do, etc. Typically, the angry response takes the form of screaming, kicking the legs, waving the arms, throwing themselves on the floor, and hold their breath.

Fear : The stimuli that are most likely to arouse fear in babies are loud noises, strange people, objects or situations, dark rooms, high place, and animals. The fear response is manifest in an attempt to withdraw from the frightening stimulus, accompanied by whimpering, crying and temporary holding of breath.

Curiosity : Anything new or unusual acts as a stimulus to curiosity, unless the newness is so pronounced that it gives rise to fear. As the fear wanes, it gives rise to curiosity. Young babies usually express curiosity by tensing the facial muscle, opening the mouth, and protruding the tongue. Later, babies grasp the objects that aroused their curiosity and handle, shake, bang or suck them.

Joy : Physical well-being of the babies give rise to a feeling of joy. By the second or third month of life, babies react to being played with, being tickled and watching or listening to others. They express their pleasure by smiling, moving their arms and legs and also by cooing, gurgling or even shouting with glee.

Affection : Anyone who plays with them, caters to their needs, give rise to the babies' affection. Later, also toys and a family pet may also become objects of love for them. Babies typically, express their affection by hugging or patting, at times, even kissing the loved object or person.

Development of Socialization

You would agree that early social experiences play a dominant role in determining the baby's future social relationships and patterns of behaviour towards others. Because the baby's life is centered around the home, it is here that the foundations for later social behaviour and attitudes are laid. Whether the babies grow up to become extroverted or introverted individuals depends mainly on their early social experiences. There are two reasons for the importance of these early foundations. First, the type of behaviour shown in social situations affects their personal and social adjustments. Secondly, once established, the social foundations tend to be persistent as children grow older.

Early social behaviour follows a fairly predictable pattern, though variations can and do occur as a result of health or emotional states or because of environmental conditions. During the first year of babyhood, babies are in a state of equilibrium which makes them friendly, easy to handle and pleasant to be with. Around the middle of the second year, babies tend to become fussy, unco-operative and difficult to handle. Before babyhood is over, equilibrium is restored and babies again exhibit pleasant and social behaviour.

Interest in Play

Babyhood is the stage in which babies begin to show their interest in play. You know that play at all ages is engaged in for pleasure and not for any end result. In spite of this, it makes important contributions to the baby's development. It provides opportunities for many forms of learning like problem solving and creativity. Also, while playing, babies gain a lot of information about their environment, and the people and things in their environment.

Development of Understanding

All babies begin life with no meaning of the things they come in contact with in their environment. They, therefore, acquire it through maturation and learning, when they start understanding what they observe. As new meanings are acquired, babies interpret new experiences in terms of their memories of previous ones. The association of meanings with objects, people and situation results in the development of concepts. Babies show recognition of familiar people and objects and their environment through pleasurable responses, just as they regard strange people and objects with fear.

Beginnings of Morality

Babies have no values and no conscience, that is why their behaviour is not guided by moral standards. This means that they are neither moral nor immoral. Gradually, babies learn moral codes from their parents; as well as the necessity of conforming to these codes.

Learning to behave in a morally approved manner is a long, slow process. However, the foundations are laid in babyhood. Because of their limited intelligence, babies judge the rightness or wrongness of an act in terms of the pleasure or pain it brings them rather than in terms of its good and harmful effects on others.

It is important for you to note that a baby is in a stage of moral development which Piaget has called morality by constraint, the first of the three stages in moral development. This stage lasts until the age of seven or eight years and is characterized by automatic obedience to rules without reasoning or judgement.

Role of Discipline

The main purpose of discipline is to teach children what is regarded as right and wrong by the group with which they are identified. It is also important, then to make sure that they act in accordance with this knowledge.

With strict discipline, involving negative reinforcement, i.e. punishing for a wrong behaviour, even young babies can be made to follow a pattern of behaviour. Before babies are punished for wrongdoing, however, they must learn what is right and what is wrong. Positive reinforcement, i.e., reward or praise for the right behaviour, is equally significant for making the baby follow a disciplined pattern of behaviour. Babies are able to understand what is said in praise. Pleasant facial expressions accompanying praise motivate babies to repeat the acts that brought them such favourable responses.

Family Relationships

We are all aware that the early environment of babies is limited primarily to the home; therefore, family relationships play a dominant role in determining the future pattern of a baby's attitudes toward and behaviour in relationships with others.

During the babyhood years, parent-child relationships are more important than any other family relationships. All babies need, at least during the first nine to twelve months of life, the continuous care of one person, usually the mother, or a satisfactory mother substitute. Such care not only makes them feel secure, but shows them the satisfaction they can derive from a close, personal relationship with another person.

Personality Development in Babyhood

It is very important to note that the potential for personality development is present at birth. Thomas et al (1970) had emphasized, 'Personality is shaped by the constant interplay of temperament and environment'. Babyhood is a critical time in the development of personality. Since the baby's environment is limited almost exclusively to the home and because the mother is the most constant companion, the kind of person she is and the kind of relationship they share will have a profound influence on the baby's personality.

Genetic studies of the persistence of personality traits over a period of years have revealed that patterns established early in life remain almost unchanged as the child grows older.

Check Your Progress III

1. Briefly explain babyhood skills.

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3.5 LET US SUM UP

In this unit, you learnt about the biological, social and psychological development that takes place during the stages of conception, infancy and babyhood in a human being's life.

We started our discussion with prenatal development which begins at conception, paying attention to the specific physical developments that take during the period of

embryo and the period of foetus apart from the growth of internal and external body organs. We also discussed the conditions during conception which are significant to the individual's later development. Postnatal adjustment is as crucial for long-term development as is prenatal adjustment. After birth, a number of factors influence the success with which infants adjust to their environment.

After the brief two-week period of infancy, babyhood occupies the first two years of life. Physical development in babyhood is visible in rapid gain in weight and height. Speech development in the form of comprehension of the speaker's facial expressions and tone. Babies, at this stage, try to communicate by gesturing and use of emotional expressions. They also display certain specific emotional patterns as anger, fear, curiosity, joy, affection, etc. Discipline involving punishment and reward leads to development of morality. Parents and the significant others in the family play an important role and thus, are crucial for the baby's personality development.

3.6 KEY WORDS

- Chromosome** : Rod shaped structure in the nucleus of a cell, formed of DNA, which carries the genes.
- Conception** : The point at which a woman becomes pregnant and the development of a baby starts.
- Gestation period** : Period (usually 266 days) from conception to birth during which the baby develops in a woman's uterus.
- Matosis** : A type of cell division that results in two daughter cells each having the same number and kind of chromosomes as the parent nucleus.
- Postnatal** : after birth
- Prenatal** : before birth

3.7 MODEL ANSWERS

Check Your Progress I

1. Write a short note on hereditary endowment.

The first important event at the time of conception is the determination of the newly created individual's hereditary endowment. You should note that determination of hereditary endowment affects later development in two ways. First, heredity places

limits beyond which individuals cannot go. If prenatal and postnatal conditions are favourable, and if people are strongly motivated, they can develop their inherited physical and mental traits to their maximum potential, but they can go no further. Secondly, hereditary endowment is entirely a matter of chance, there is no known way to control the number of chromosomes from the maternal or paternal side that will be passed on to the child.

Check Your Progress II

1. Write a brief note on the emotional reactions of the newborn.

Emotional reactions of the newborn may be described as state of pleasantness and unpleasantness. The former is characterised by a relaxing of the body and the latter by a tensing of the body.

The outstanding characteristic of the infant's emotional makeup is the complete absence of gradations of responses showing different degrees of intensity. Whatever the stimulus, the resultant emotion is intense and sudden.

Check Your Progress III

1. Briefly explain babyhood skills.

Development of skills depends upon three important factors: an opportunity for practice, an incentive to learn, and a good model to copy with guidance to ensure that the copying will be correct. Before babyhood is over, babies acquire many skills. At first, they are unable to integrate the different parts of a skill, with the result that the skill is of little value to them. Eventually, integration takes place with practice.

3.8 SUGGESTED READINGS

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UNIT 4 LATER STAGES OF HUMAN GROWTH : BIOLOGICAL, SOCIAL PSYCHOLOGICAL AND DEVELOPMENTAL ASPECTS

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Development Aspects of Childhood
- 4.3 Development Aspects of Adolescence
- 4.4 Development Aspects of Adulthood
- 4.5 Developmental Decline and Ageing
- 4.6 Let Us Sum Up
- 4.7 Key Words
- 4.8 Model Answers
- 4.9 Further Readings

4.0 AIMS AND OBJECTIVES

The purpose of this unit is to familiarize you with the different aspects of human growth during - childhood, adolescence, adulthood and ageing. In this unit you will learn about how the biological, social, psychological and developmental maturation takes place in a human being during the process of growth, while he/she passes through the above mentioned stages. After reading this unit, you should be able to :

- Describe the way children continue to master the developmental tasks whose foundations were laid in babyhood;
- Give a picture of physical, motor, speech, emotional, social and play development in childhood and compare development in these areas with those in the other stages;
- Define the role of increased understanding on moral attitudes and behaviour as the age progresses;
- Explain the timing of adolescence and the developmental tasks of this period;
- Describe the changes in sex interest, sex behaviour, and sex roles during adolescence;
- Show how the developmental tasks of adulthood are concentrated on preparing the individual for adjustment to the new pattern of life; and
- Recognize the major adjustments that the elderly have to make to physical, motor, and psychological changes, and the effects these changes have on their attitudes and behaviour.

4.1 INTRODUCTION

In the previous unit, we focussed our attention on the early stages of human growth namely conception, infancy and babyhood. You would have noted that though these are very short periods, the growth and development during these stages is relatively a very fast process.

In the present unit, you will be familiarized with the biological, social, psychological and development aspects of the later stages of human growth. During this discussion, we deal with the stages of childhood, adolescence, adulthood and the process of ageing (old age) which eventually leads to death.

4.2 DEVELOPMENT ASPECTS OF CHILDHOOD

Childhood begins when the relative dependency of babyhood is over, at approximately the age of two years, and extends to the time when the child becomes sexually mature, at approximately thirteen years on an average for a girl and fourteen for a boy. After children become sexually mature when they are known as adolescents.

During this long period of time — about eleven years for girls and twelve years for boys — marked changes take place in the child both physically and psychologically. Because cultural pressures and expectations to learn certain things at one age are different from the pressures and expectations at another age, a child in the early part of childhood is quite different from a child in the latter part of the period.

With the dawn of childhood, behaviour problems become frequent and more troublesome. The reason is that children are developing distinctive personalities and are demanding an independence which, in most cases, they are incapable of handling successfully. In the later part of childhood, children are often not willing to do what they are told to do and are more influenced by their peers than by their parents or family members. The time when children are learning the foundations of social behaviour as a preparation for the more highly organized social life, is commonly referred to the 'pregang age'.

This is the age when children form the habit of being achievers, under-achievers or overachievers, which tends to persist into adulthood. In comparison to early childhood therefore, late childhood is called "gang age", the time when children's major concern is acceptance by their age-mates and membership in a gang.

Although, as you have already learnt in the last unit, the foundations of some of the developmental tasks young children are expected to master before they enter school are laid in babyhood, much remains to be learned in the relatively short span of early childhood. Their ability to communicate with others and to comprehend what others say to them is still on a low level in early childhood. Similarly, they have some simple concepts of social and physical realities. Emotionally, young children must learn to give as well as to receive affection; they must learn to be outer bound instead of self-bound.

Gradually, in later childhood, the mastery of developmental tasks is no longer the sole responsibility of the parents. It now becomes the responsibility also of the child's teachers, and to a lesser extent, the peer group. Although parents can help to lay the foundation of the child's learning to get along with age mates, being a member of the peer group provides the major part of this learning experience.

Physical Development in Childhood

Growth during childhood proceeds at a slow pace as compared with the rapid rate of growth in babyhood. Early childhood is a time of relatively even growth. The major aspects of physical development include height, weight, body proportions, body build, bones and muscles, fat and teeth.

The average annual increase in height is approximately three inches. Weight, on an average, increases by 3 to 4 pounds in a year. During this time, the baby look starts disappearing. Facial features remain small but the chin becomes more pronounced and the neck elongates. The body tends to become cone shaped with a flattened abdomen. The arms and legs lengthen and the hands and feet grow bigger. Differences in body build become apparent for the first time in early childhood. Some children have an endomorphic body, some have mesomorphic and some have ectomorphic body build.

The bones ossify at different rates in different parts of the body, following the laws of developmental direction. The muscles become larger, stronger and heavier. During the first four to six month of early childhood, the last four baby teeth (the back molars) erupt. By the time early childhood is about to end, the baby teeth begin to be replaced by permanent teeth. The first to come are the front central incisors.

As compared to early childhood, late childhood is a period of slow and relatively uniform growth until the changes of puberty begin, approximately two years before the child becomes sexually mature, at which time growth speeds up remarkably. Body build affects both height and weight in late childhood.

Good health and good nutrition are important factors in the child's growth and development. Emotional tension likewise affects physical growth. Placid children grow faster than those who are emotionally disturbed. Sex differences in physical growth become pronounced in late childhood. Because boys begin their puberty growth spurt approximately a year later than girls they tend to be slightly shorter and lighter in weight than girls of the same age.

Skills Acquired in Childhood

Early childhood, you will agree, is the ideal age to learn skills. There are three reason for this. First, young children enjoy repetitions and are willing to repeat an activity until they have acquired the ability to do it well. Second, young children are adventurous and, and as a result, are not held back by fear of hurting themselves or of being ridiculed by peers. Third, young children learn easily and quickly because their bodies are still very pliable and because they have acquired such few skills that they do not interfere with the acquisition of new ones.

The skills of late childhood can be divided roughly in to four categories :

- i) **Self-help Skills** : Older children should be able to eat, dress, bathe and groom themselves with almost as much speed and adeptness as an adult. But, conscious attention is necessary in early childhood.
- ii) **Social-help Skills** : Skills in this category relate to helping others like making beds, dusting and sweeping at home or emptying wastebaskets, washing blackboards at schools.
- iii) **School Skills** : At school, the child develops skills like writing, drawing, painting, clay modelling etc.
- iv) **Play Skills** - Older children also learn skills as throwing and catching balls, riding a bicycle, skating and swimming etc.

By the time they reach late childhood, most children are so predominantly right or left-handed that changing handedness is very difficult. Many left-handed children become ambidexterous during late childhood in that they use both hands, though there is a tendency to favour the left hand. As they learn new skills, they often discover, it is easier for them to learn by following the right handed model than by trying to adapt the right handed model to use the left hand. Consequently, some of their skills are carried out predominantly with the right hand and others with the left hand.

Emotions of Childhood

Emotions are especially intense during early childhood. This is a time of disequilibrium when children are "out of focus" in the sense that they are easily aroused to emotional outbursts and as a result, are difficult to guide. Much of the heightened emotionality characteristic of this age is psychological rather than physiological in origin. Young children experience most of the emotions normally experienced by adults. However, the stimuli that give rise to them, and the ways in which children express these emotions are markedly different. It is important for you to note that the fear-related emotional patterns - worry, anxiety and embarrassment, normally do not become important emotions until late childhood when contacts with peers and adults outside the home become more frequent and more pronounced than they were in early childhood. The prominent emotional patterns include anger, fear, jealousy, curiosity, envy, joy, grief and affection.

Older children acquire a strong incentive to learn to control their emotional expressions because of peer pressure and a desire for approval and acceptance. At home, however, there is not the same strong incentive to control the emotions. As a result, children frequently express their emotions as forcibly as they did when they were younger. Characteristically, emotional expressions in late childhood are pleasant ones : the child giggles, or laughs uproariously, squirms, twitches etc. Not all emotionality at this age, however, is of a pleasant sort. Numerous outbursts of temper occur; and the child suffers from anxiety and feelings of frustration. Girls often dissolve into tears, whereas boys are more likely to express their annoyances or anxieties by being sullen or sulky.

Socialization

The foundations for socialization are laid as the number of contacts young children have with their peers increases with each passing year. If young children enjoy their contacts with others, even if they are only occasional, their attitudes towards future social contacts will be more favourable. Generally, during the preschool years, children find social contacts with members of their own sex more pleasurable than those with members of opposite sex.

• Companions in Early Childhood

At all ages, companions may be of three different kinds - associates, playmates and friends. Associates are people who satisfy an individual's companionship needs by being in the same environment where they are watched and listened to. Playmates are people with whom individuals engage in pleasurable activities. Children prefer playmates of their own sex. Friends are not only congenial playmates, but they are also people with whom the individual can communicate by exchanging ideas and confidences and by asking or giving advice.

Moral Development

Moral development in early childhood is on a low level. The reason for this is that young children's intellectual development has not yet reached the point where they can learn or apply abstract principles of right and wrong. They merely learn how to act without knowing how to do so. Early childhood has been characterized by what Piaget has called "morality by constraint". In this stage of moral development, children obey rules automatically, without using reason or judgement, and they regard adults in authority as omnipotent. They also judge all acts as right or wrong in terms of their consequences, rather than in terms of the motivations behind them. As early childhood comes to an end, habits of obedience should be established, provided children have had consistent discipline.

Discipline is society's way of teaching children the moral behaviour approved by the social group. In discipline, there are three other elements : rules and laws which serve as guidelines for approved behaviour, punishment for willful violation of rules and laws, and rewards for behaviour or attempts to behave in a socially approved way. During the early childhood years, major emphasis should be placed on the educational aspects of discipline and punishment given only when there is evidence that children not only know what is expected of them, but when they willfully violate these expectations. To increase young children's motivations to learn to behave in a socially approved manner, rewards serve the purpose of reinforcing the motivations.

Moral codes develop from generalized moral concepts. In late childhood, moral codes are greatly influenced by the moral standards of the groups with which older children are identified. This does not mean that they abandon family moral codes in favour of the code of the 'gang'. Rather, it means that if older children must make a choice, they will go along with the gang's standards.

Sex-Role Typing in Childhood

Childhood, especially early childhood is often referred to as a critical age in sex-role typing. During this stage in the developmental pattern, two important aspects of sex-role typing are expected to be mastered : learning how to play the appropriate sex role and accepting the fact that they must adopt and conform to the approved sex-role stereotype if they want to win favourable social judgements, and, in turn, social acceptance. Failure to do so will handicap children in their adjustment to the peer gangs that play such an important role in the social life of the older child. Sex-role stereotypes are constellations of meanings associated with members of the male and female sex. Learning sex-role stereotypes does not guarantee sex-role typing. Young children learn to behave in accordance with the patterns outlined in the stereotypes partly by imitation but more by direct training in which they are shown how to imitate a model.

Sex-role typing, which actually, began shortly after birth, now continues with new agencies playing important roles in the typing process. Teachers and school subjects are important because of the prestige children attach to the teacher role. The different mass media likewise play important roles in sex-role typing of children.

When mothers work outside the home, it affects girls' vocational aspirations and influences what girls think women should do. Unquestionably, the most important force in sex-role typing during the late childhood years comes from peer pressures. Children accept the sex-role stereotype of their gang-mates as a guide for their own behaviour and they accept the attitudes of their gang-mates toward their own and the opposite sex.

Sex-role typing influences in important ways both the behaviour and self-evaluations of children. In appearance, clothing and even in mannerisms, children try to create the impression of sex-appropriateness. Even before they have completed first grade, most children learn to aspire to what the social group regards as sex-appropriate. Sex antagonism is an outgrowth of sex-role typing. When boys are encouraged to believe that they are superior to girls, it leads to a derogatory attitude toward members of the female sex, in treatment of girls as inferiors, or in a tendency to make derogatory comments about girls and their achievements.

Family Relationships

We have discussed the issue of the family being the most socializing influence. Not only are there more contacts with family members than with other people, but the contacts are closer, warmer and more emotionally tinged. Perhaps the most important condition influencing the kind of adjustments young children will make, both personal and social, is the type of parent-child relationship during the early childhood years. Next in significance are sibling relationships and relationships with relatives, especially grandparents.

Changes in parent-child relationships, which began during the second year of babyhood, continue throughout early childhood. As young children become more independent, parents feel that they need less care and attention than they did when they were babies. When young children do not come up to parental expectations,

parents often become critical and punitive. As regards parental preferences, since mothers spend more time with young children than fathers, and because they better understand troublesome behaviour, many young children prefer their mothers. As young children depend more on their parents for feelings of security and for happiness than on anyone else, poor relationships with their parents have a devastating effect.

The relationship of young children with their siblings is often frictional. Young children often feel inadequate, especially if their achievements are criticized and ridiculed by their older siblings. But not all sibling relationships are frictional. Whether the siblings are older or younger, they contribute emotional security, and teach young children how to show affection for others. Furthermore, all children learn in a family where there are siblings, to play certain roles depending on their sex, their ordinal position in the family, and the age difference between them and their siblings.

Children's personal and social adjustments often depend upon two conditions. The first is the frequency of contacts with relatives. If families live in different communities, or in different states or countries, the contacts between young children and their relatives play an important role in the young child life. In the case of cousins, for example, the role will be that of a playmate, in the case of grandmother, the role is likely to be that of caretaker or surrogate mother.

So long as the relationship young children have with their relatives is that of playmates, it will tend to be pleasant, though there may be occasional quarrels. On the other hand, if the relative is given authority over the children, in the absence of their own parents, chances are that the relationship will be far from pleasant. The reason is that relatives rarely do things exactly as parents do. Young children accustomed to a stable pattern of living, find changes upsetting and they resent the person who makes these changes necessary.

The deterioration in family relationships which continues through early childhood, becomes increasingly detrimental to children's development as late childhood progresses. It is also responsible for much of the feelings of insecurity and the unhappiness that older children experience. There are, of course, times of peace and harmony at home. At times, older children show real affection for, and interest in, their siblings, even to the point of helping in the care of younger brothers and sisters.

Personality Development in Childhood

The personality pattern begins to take form in early childhood. Because parents, siblings and other relatives constitute the social world of young children, how they feel about them and how they treat them are important factors in shaping self concepts the core of the personality pattern. As early childhood progresses, the attitude of their peers and the way their peers treat them begin to have an effect on the children's self concepts. These early peer attitudes are important because once the foundations for the self-concept are laid, they are far less likely to change than to remain stable.

Because the environment of young children is limited to a large extent, to their homes and to family members, it is not surprising that many conditions within the family are

responsible for shaping the self-concept. The child-training method used in the home is important in shaping the young child's developing concept of self. Strict, authoritarian discipline accompanied by frequent and hard corporal punishment tends to build up resentment against all persons in authority. The aspirations parents have for their children play an important role in their developing self-concepts. When their aspirations are unrealistically high, children are doomed to failure. Regardless of how children react, failure leaves an indelible mark on their self-concepts and leads to feelings of inferiority and inadequacy. The ordinal position of children in a family has an effect on their developing personalities. Each child in a family learns to play a specific role, in part by differences in the child-training methods used by parents with different children, and in part by successes and failures children have in their competition with their siblings.

Check Your Progress I

1. What are the four categories of childhood skills?

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4.3 DEVELOPMENT ASPECTS OF ADOLESCENCE

The beginning of adolescence, as we have discussed in units 1 and 2 of this block, is marked by certain changes that start manifesting in puberty. It is, therefore, an important pre-stage to adolescence, that needs specific attention.

Puberty is the period in the developmental span when the child changes from an asexual being to a sexual being. During this period, the sex organs develop and an individual attains reproductive capacity. It is accompanied by changes in the physical growth and psychological aspects. The word puberty is derived from the Latin Word 'pubertas', which means age of manhood. It refers to the physical changes that take place when the individual becomes sexually mature. Puberty, as you have been told earlier, is also a time when behaviour changes. The sex hormones secreted during this period not only effect the tissue of the body, but are also related to changes in sexual and emotional behaviour.

You might be aware of some communities which recognize puberty as a time of importance in the life-span of every individual. As a custom, they observe various rites in recognition of the fact that as their bodies changes, children are emerging from childhood into maturity. After successfully passing the tests that are an important part

of the puberty rites, boys and girls are granted the rights and privileges of adulthood and are expected to assume the responsibilities that accompany that state.

It is important for you to know that scientists of today have been able to pinpoint the cause of puberty changes, and extensive studies of behaviour during this period have revealed what behavioural changes can normally be expected to occur. This knowledge acts as guidelines for parents and teachers to know what to expect of children as they progress through this period of change. Children also become aware that they are entering a new phase in their lives. Therefore, with all adjustments to new social expectations, most of them find puberty a difficult period in their lives.

The criteria most often used to determine the onset of puberty are the menarche (in girls), nocturnal emissions (in boys), and evidence derived from chemical analysis of the urine and X-rays of bone development. About five years before children become sexually mature, there is a small secretion of sex hormones in both boys and girls. The amount of hormones secreted increase with time, which eventually leads to the maturing of the structure and functioning of the sex organs. You have already read in unit I of this block that there is a close relationship between the pituitary gland located at the base of the brain, and the gonads, or the sex glands.

Puberty in boys, as you must be well aware by now, comes later than in girls. It is usually between the ages of thirteen and sixteen that a boy's body becomes sexually mature. About 50 per cent of boys mature between the ages of 14 and 15.5. Girls generally mature a year in advance of boys of their own age.

There is evidence that some children are reaching puberty earlier now than in the earlier generations. The explanation for this is better health, better prenatal and postnatal medical care, and better nutrition. Children who are slow in starting to mature — the late maturers — usually mature more rapidly, once the process starts, than the average child. Fast maturers have greater spurts of rapid growth, their periods of accelerated and halted growth come abruptly, and they attain adult proportions very quickly.

Puberty Growth Spurt

Children experience a period of rapid growth which indicates the onset of puberty. This is called the Puberty Growth Spurt. The growth spurt for girls begin usually between 9 to 12 years, with the peak coming, on an average, at about 13 years. From then on, the rate of growth slows down until growth gradually comes to a standstill between 17 and 18 years. For boys, the growth spurt starts between 11 to 14 years, reaches the peak between 14.5 and 15.5 years, and is then followed by a gradual decline until twenty or twenty one years. During the Puberty Growth Spurt, four important physical changes occur which transform the child's body into that of an adult: changes in body size, changes in body proportions, the development of the primary sex characteristics, and the development of the secondary sex characteristics. Let us briefly examine these changes.

i) Changes in Body Size

Among girls, the average annual increase in the year preceding the menarche is 3 inches, though a 5 to 6 inch increase is not unusual. After the menarche, the rate of

growth slows down to about 1 inch a year, coming to a standstill at around 18 years. For boys, the onset of the period of rapid growth in height comes, on an average, at 12.8 years and ends on an average, at 15.3 years, with a peak occurring at fourteen years. Weight gain comes not only from an increase in fat but also from an increase in bone and muscle tissue.

ii) Changes in Body Proportions

Certain areas of the body, which, in the early years of life were proportionally much too small, now become proportionally big because they reach their mature size sooner than other areas. This is particularly apparent in the nose, feet, and hands. It is not until the latter part of adolescence that the body attains adult proportions in all areas.

iii) Primary Sex Characteristics

The third major physical change at puberty is the growth and development of the primary sex characteristics, the sex organs. In the case of the male, the testes are only 10 per cent of their mature size at the age of 14 years, then there is a rapid growth for a year or two, after which growth slows down; the testes are fully developed by the age of twenty or twenty one. Shortly after the rapid growth of the testes begins, the growth of the penis accelerates markedly. The first growth is in length, followed by a gradual increase in circumference.

Among the girls, all parts of the reproductive apparatus grow during puberty, though at different rates. The uterus of the average 11 or 12 year old girl, for example, weighs 5.3 grams; by the age of 16, its average weight is 43 grams. The fallopian tubes, ovaries, and vagina also grow rapidly at this time. The first real indication that a girl's reproductive mechanism is becoming mature is the menarche, which we have already discussed in unit 2 of this block.

iv) Secondary Sex Characteristics

The fourth major physical change at puberty is the development of secondary sex characteristics. As puberty progresses, boys and girls become increasingly dissimilar in appearance. This change is caused by the gradual development of the secondary sex characteristics. These include growth of pubic hair and other body hair, development of the sebaceous and the apocrine glands, and change in the voices of both boys and girls. Also, their skin becomes coarser, slightly sallow and the pores enlarge. The muscles increase in size and strength, thus giving shape to the shoulders, arms and legs. Among girls, the hips become wider and rounder, as a result of the enlargement of the pelvic bone and the development of subcutaneous fat. Shortly after the hips start to enlarge, the breasts begin to develop; the nipples enlarge and as the mammary glands develop, the breasts become larger and rounder. Among boys, slight knobs around the male mammary glands appear between the ages of twelve and fourteen. These last for several weeks and then decrease in size.

While introducing unit 1, we have already discussed in brief, the various aspects of the adolescence.

Physical Changes during Adolescence

During adolescence, there is a slackening of the pace of growth and there is more marked internal than external development.

i) External Development

The average girl reaches her mature height between the ages of 17 and 18, and the average boy, a year or so later. Weight is now distributed over areas of the body, where there was little or no fat. Various parts of the body gradually come into proportion. For example, the trunk broadens and lengthens, and thus, the limbs no longer seem too long.

Both male and female sex organs reach their mature size in late adolescence. Also, the major secondary sex characteristics are at a mature level of development by then.

ii) Development Concerns

Some of the concerns adolescents have about their bodies include those about 'normalcy', about 'awareness of social reactions' to different body builds, 'acne and other skin problems', the problem of 'obesity' etc. Apart from these, adolescents, both boys and girls are often concerned about their physical attractiveness. Also, for many girls, menstruation is a serious concern. This is because they suffer physical discomfort such as cramps, weight gain, headaches, backaches, swollen ankles, breast tenderness; and experience emotional changes such as mood swings, depression, restlessness and depression.

Emotionality during Adolescence

Adolescence, as you have been told earlier, has been thought of as a period of 'storm and stress' — a time of heightened emotional tension resulting from the physical and glandular changes that are taking place. Adolescent emotionality can be attributed mainly to the fact that boys and girls come under social pressures and face new conditions for which they received little preparation during childhood. Emotional instability is a logical consequence of the necessity of making adjustments to new patterns of behaviour and to new social expectations. While adolescent emotions are often intense, uncontrolled, and seemingly irrational, there is generally an improvement in emotional behaviour with each passing year.

To clear their systems of pent up emotional energy, they can do physical exercise, by play or work, by laughing or by crying.

Social Changes during Adolescence

To achieve the goal of adult patterns of socialization, the adolescent must make many new adjustments, the most important of which are adjustments to the increased influence of the peer group, changes in social behaviour, new social groupings, new values in friendship selection, new values in social acceptance and rejection, etc., etc.

i) Increased Peer - Group Influence

Since adolescents spend most of their time outside the home with members of the peer group (in schools etc), it is understandable that peers would have a greater influence on adolescent attitudes, speech, interests, appearance, and behaviour than the family has. But, as adolescence progresses, peer-group influence begins to wane. There are two reasons for this. First, most adolescents want to become individuals in their own right and to be recognized as such. Secondly, adolescents are no longer interested in large group activities as was true during their childhood days. In adolescence, there is a tendency to narrow down friendships to smaller numbers though most adolescents want to belong to larger social groups for social activities. The influence of the larger social group becomes less pronounced than the influence of friends.

ii) Changes in Social Behaviour

In social attitudes and behaviour, adolescents make the radical shift from disliking members of the opposite sex to preferring their companionship to that of members of their own sex. As a result of broader opportunities for social participation, social insight and social competency improves. They are able to judge people better and also to carry on conversations, to behave appropriately, and with confidence, in social situations.

iii) New Social Groupings

In adolescence, the social groupings of boys are larger and more loosely knit while those of girls are smaller and more sharply defined. Some common social groupings include close friends, cliques, crowds, organized groups and gangs.

iv) New Values in Selection of Friends

Adolescents want as their friends those whose interests and values are similar to theirs, who understand them and make them feel secure, and in whom they can confide problems and discuss matters they feel they cannot share with parents or teachers. Interest in making friends of the opposite sex becomes increasingly stronger as adolescence progresses. As a result, by the end of adolescence, there is often a preference for friends of the opposite sex, though both boys and girls continue to have a few intimate friends of their own sex with whom they associate constantly.

v) Changes in Morality during Adolescence

When they reach adolescence, children no longer accept in an unquestioning way a moral code handed down to them by parents, teachers or even their contemporaries. They now want to build their own moral codes on the basis of concepts of right and wrong which they have changed or modified to meet their more mature level of development.

There is another important change that takes place in adolescence. Since parents and teachers cannot watch adolescents as closely as they did when they were children, adolescents are expected to assume responsibility for control over their own behaviour.

Sex Interests and Sex Behaviour during Adolescence

Later Stages of Human
Growth : Biological,
Social Psychological and
Developmental Aspects

Due to the growing interest in sex, adolescent boys and girls seek more and more information about it. Few adolescents are able to learn all they want to know about sex from their parents. Consequently, they take advantage of whatever sources of information are available to them - sex hygiene courses in school or college, discussions with their friends, books on sex, or experimentation through masturbation, petting, or intercourse.

With the advent of HIV/AIDS, a need to offer sex education at the school level has become necessary. In fact in some developed countries educators have gone to the extent of suggesting 'heterosexual education' to adolescents as a result of the growing phenomena of homosexual tendencies and behaviour which they argue are not normal.

Family Relationships during Adolescence

The relationships of young adolescents with members of their families become crucial as adolescence progresses. Often, parents are reluctant in modifying their concepts of their children's abilities as they grow older; whereas adolescents think that they should be accorded the status of grown ups, now that they are capable of managing so many of their tasks of their own. Hence, the so-called 'generation gap' between adolescents and their parents. This gap is partly the result of radical changes in values and standards of behaviour that normally occur in any rapidly changing culture, and partly the result of the fact that many young people now have greater educational, social, and cultural opportunities than most of their parents had when they were adolescents. Many adolescents feel that their parents do not 'understand them', and that their standards of behaviour are old fashioned. The advance in Information Technology and satellite communication network expose the adolescents to a wide variety of situations which were not otherwise available earlier.

Children born to parents living away from hometown (migrant employees) miss a lot in terms of family values and traditional practices. It is therefore necessary that opportunities are provided to such children for close interaction with close family relatives as often as possible.

Check Your Progress II

1. Briefly describe some of the concerns of adolescents.

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4.4 DEVELOPMENT ASPECTS OF ADULTHOOD

The term 'adult' comes from the past participle of the Latin verb 'adolescere', which means adolescence - 'adultus' - which means 'grown to full size and strength' or 'matured'. Adults are, therefore, individuals who have completed their growth and are ready to assume their status in society along with other adults.

During the long period of adulthood, certain physical and psychological changes occur at predictable times. Adulthood is a period of adjustments to new patterns of life and new social expectations. The adult is expected to play new roles, such as that of spouse, parent, and breadwinner, and to develop new attitudes, interests, and values in keeping with these new roles. This period is crucial because until now most boys and girls have had someone — parents, teachers, friends or others — to help them make the adjustments they are faced with. Now, as adults, they are expected to make these adjustments for themselves.

If childhood and adolescence are the periods of 'growing up' adulthood is the time for 'settling down', and assuming the responsibilities of adult life. Once individuals decide upon the pattern of life they believe will meet their needs, they develop patterns of behaviour, attitudes, and values which will tend to be characteristically theirs for the remainder of their lives. Parenthood is, probably, the most important role in the lives of most adults. The early adult years present many new problems, different in their major aspects, from the problems experienced in the earlier years of life. In the years from the beginning of adulthood, most men and women are adjusting to marriage, parenthood, and jobs. In the later adulthood years, adjustments focus more on family relationships. Alongside, many values developed during adolescence change as experience and social contact with people of different ages broaden and as values are considered from a more mature standpoint.

Social expectations from adults are clearly defined and familiar to them even before they reach maturity. They include getting started in an occupation, selecting a mate, learning to live with a marriage partner, starting a family, rearing children, managing a home, taking on civic responsibilities, and finding a congenial social group etc. How well these tasks are mastered in the early years of adulthood will influence the degree of success people will experience when they reach the peaks during middle age, and will determine how happy they will then be as well as during the closing years of their lives.

Changes in Interests in Adulthood

It is quite understandable that adolescents carry over into the adult years many of their interests. Interests change during the adult years, however.

Personal Interests

Personal interests are those related to the individual. By the time they reach adulthood, most men and women have learned to accept their physiques and to make the most of them. Although their physical appearance may not be to their liking, they have learned that little can be done to alter it, but that much can be done to improve it. As a result, the adult's major concern with appearance is in improving it. This leads to interest in beauty aids and in dieting and exercise.

Apart from appearance, young adults are interested in money because of what it can do for them now, rather than in the future. Usually, by the time they reach adulthood, young men and women has resolved the 'religious doubts' that plagued them in adolescence and have formulated a philosophy of life, based on religion, that is satisfactory to them. Along with these adults personal interest also include recreational activities which keep their spirits refreshed and renews their strength after the toil or anxiety of the day. These might include talking or sport, games, music, or any other hobbies.

Social Interests

Erikson has referred to early adulthood as the time of 'isolation crisis', since it is often a lonely time for both men and women. Their friends of earlier years are often occupied with activities of their own lives. As a result, they miss the kind of social life they enjoyed during adolescence, when there was usually a congenial group to talk to or do things with. At times, even young married adults are lonely and miss the companionships they enjoyed during the adolescent years.

Marital Adjustments

Marital adjustment is one of the most difficult adjustments young adults have to make. During the first year or two of marriage, the couple normally make major adjustments to each other, to members of their families, and to their friends. While these adjustments are being made, there are often emotional tensions and this then is understandably a very significant period. After adjusting to each other, their families, and friends, they must adjust to parenthood. This increases the adjustment problems if it comes while the earlier adjustments are being made. More discussion on role expectations and adjustments in marital life is given in the elective cause on family education.

4.5 DEVELOPMENTAL DECLINE AND AGEING

The period during old age when physical and mental decline is slow and gradual and when compensations can be made for these decline, is known as 'senescence' - a time of growing old or ageing.

Decline comes partly from physical and partly from psychological factors. The physical cause of decline is a change in the body cells, due not to a specific disease, but to the ageing process. Decline may also have psychological causes. Unfavourable attitudes towards oneself, other people, work, and life in general can lead to senility, just as changes in the brain tissue can. Individuals who have no sustaining interests after retiring from work are likely to become depressed or disorganised. How the individual copes with the strain and stresses of living will also affect the rate of decline.

Individual differences in the effects of ageing have been recognized for many centuries. People age different because they have different hereditary endowments, different socio-economic and educational backgrounds, and different patterns of living.

These differences are apparent among members of the same sex, but they are even more apparent when men and women are compared because ageing takes place at different rates for the two sexes.

Often, it is expected that old people will play a decreasingly less active role in social and community affairs as well as in the business and professional worlds. Because of unfavourable social attitudes, few rewards are associated with old-age roles, no matter how successfully they are carried out. At times, feeling useless and unwanted, elderly people develop feelings of inferiority and resentment, feelings that are not conducive to good personal or social adjustments. Because of this, it is not surprising that many people develop unfavourable self-concepts.

Ageing people are expected to adjust to decreasing strength and gradually failing health. This often means marked revisions in the roles they have played in the home and outside. Meeting social and civic obligations is difficult for many older people as their health fails. Sooner or later, most old people also have to adjust to the death of a spouse. It may also necessitate changes in living arrangements. As grown up children become increasingly involved in their own vocational and family affairs, the elderly can count less and less on their companionship. This means that they must establish affiliations with members of their own age group if they are to avoid loneliness.

The pattern of family life established in early adulthood starts to change with the onset of middle age. Of the many adjustments centering around family relationships that the elderly person must make, the most important ones might involve relationship with the spouse, changes in sexual behaviour, relationships with offspring, parental dependency, relationships with grandchildren etc. People who feel generally happily married find that their marriages become more satisfying to them as they grow older. With time, mutual interests are developed; the children grow up and leave home, thus drawing the partners closer together; illness or retirement on the part of the husband may make the wife feel useful again, as she did when the children were young. Satisfaction with marriage among older people is increased if their children are successful and happily married, and if they have good relationships with their grandchildren, even if their contacts with them are infrequent.

4.6 LET US SUM UP

In this unit we discussed the biological, social and psychological development in the later stages of human growth starting from childhood. Childhood begins with the conclusion of babyhood, and is a fairly long period of growth.

After childhood, we went on to discuss the stage of adolescence. The beginning of adolescence is marked by the onset of pubertal changes, which includes menarche (in girls) and nocturnal emissions (in boys). Also, there are rapid changes in body size, body proportions, primary sex characteristics and secondary sex characteristics. Due to the growing interest in sex, adolescent boys and girls seek more and more information about it. Therefore, appropriate sex education at this level is essential.

While childhood and adolescence are periods of 'growing up', adulthood is the time for 'setting down', and adjusting to new responsibilities and new patterns of life. The process of growing old, or ageing starts when physical and mental decline commence.

Check Your Progress III

Later Stages of Human
Growth : Biological,
Social Psychological and
Developmental Aspects

1. What are some of the common problems associated with the process of ageing?

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4.7 KEY WORDS

- Ambidextrous** : Equally skilled in the use of both hands.
- Apocrine glands** : A sweat gland producing body odour, where part of the gland cells break off with the secretion e.g. those in the armpit.
- Catharsis** : The process of bringing repressed ideas, feelings, wishes and memories of the past into consciousness.
- Ossification** : Formation of bones.
- Pent up Emotions** : Emotions that have been held up inside oneself and not expressed.
- Sebaceous Glands** : Glands in the skin which secrete sebum at the base of each hair follicle.
- Sibling** : One of the two or more offspring in a family. e.g. a brother or a sister.

4.8 MODEL ANSWERS

Check Your Progress I

1. What are the four categories of childhood skills?

The skills of late childhood can be divided roughly in to four categories :

- i) **Self-help Skills** : Older children should be able to eat, dress, bathe and groom themselves with almost as much speed and adeptness as an adult. But conscious attention is necessary in early childhood.
- ii) **Social-help Skills** : Skills in this category relate to helping others like making beds, dusting and sweeping at home or emptying wastebaskets, washing blackboards at schools.
- iii) **School Skills** : At school, the child develops skills like writing, drawing, painting, clay modelling etc.

Play skills - Older children also learn skills as throwing and catching balls, riding a bicycle, skating and swimming etc.

Check Your Progress II

1. Briefly describe some of the concerns of adolescents.

Some of the concerns adolescents have about their bodies include those about 'normalcy', about 'awareness of social reactions' to different body builds, 'acne and other skin problems, the problem of 'obesity' etc. Apart from these, adolescents, both boys and girls are often concerned about their physical attractiveness. Also, for many girls, menstruation is a serious concern. This is because they suffer physical discomfort such as cramps, weight gain, headaches, backaches, swollen ankles, breast tenderness; and experience emotional changes such as mood swings, depression, restlessness and depression.

Check Your Progress III

2. What are some of the common problems associated with the process of ageing?

Some of the common problems associated with the process of ageing are as follows:

- v) Physical helplessness, which necessitates dependency on others.
- vi) Economic insecurity.
- vii) Establishing living conditions in accordance with changes in economic or physical conditions.
- viii) Making new friends to replace those who have died or moved away.
- ix) Developing new activities to occupy increased leisure time.
- x) Becoming involved in community activities meant for the elderly.

4.9 FURTHER READINGS

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UNIT 5 YOUTH AND THEIR CONCERNS

Contents

- 5.0 Aims and Objectives
- 5.1 Introduction
- 5.2 Concept and Meaning of Youth
- 5.3 Primary Factors Causing Concern
- 5.4 Challenges to the Youth in a Changing Society
- 5.5 Youth in Relation to Sex Related Issues
- 5.6 Exploitation and Oppression of Youth
- 5.7 Strategies and Suggestions
- 5.8 Let Us Sum Up
- 5.9 Key Words
- 5.10 Model Answers
- 5.11 Further Readings

5.0 AIMS AND OBJECTIVES

This unit aims at providing you with an understanding of issues which have a lot of importance for society and gain added significance in the context of youth. After reading this unit, you should be able to:

- Describe the concept and meaning of youth as perceived in different forms;
- Enumerate the factors which are a cause of concern with regard to the growth and development of youth;
- Discuss the sex-related issues in the context of the young people;
- Recognize the various forms of oppression and exploitation of different sections of the society;
- Explain how this exploitation is related to violence and anti-social behaviour, and
- Suggest strategies for dealing with these issues in an effective manner.

5.1 INTRODUCTION

In the previous four units we have discussed issues related to human growth and development. We paid special emphasis to the stages of adolescence and youth, since that is the time when the maximum number of changes take place within an individual. A person matures, biologically, intellectually and socially, and gradually his/her dependence on his/her parents and elders decreases. Though individuals face a lot of hardships and problems in this process of growing and evolving, they try to manage their lives on their own and thus, learn the art of living by 'trial and error'. There are a wide array of issues which gain precedence during this period and are a cause of serious concern for the general well-being and healthy all-round development of youngsters.

In this unit we will study the concept of 'youth', and various ways in which one can perceive and explain it. We also discuss the personal and environmental factors which are a cause of concern with regard to youngsters, and the challenges faced by youth in the changing society. As we have read in the earlier units, sex related issues gain a lot of significance in this phase of life and so we will also pay attention to various such issues. Apart from this, we will study how youth have been and are being exploited in various sections of society, and finally suggest certain strategies to deal with these significant issues in order that the youth can live in a healthy and worthwhile society.

5.2 CONCEPT AND MEANING OF YOUTH

Youth is a time of search for meaning, for belonging and for achievement. It is a key stage of intense discovery of oneself and of one's qualities and capacities. It is a point of decision-making about one's career, one's partner, and one's direction in life. Youth is a phase for accepting, rejecting or reshaping one's values and beliefs, and one's stance towards status and authority. Youth has a tremendous potential that can be harnessed to bring about a creative transformation or enormous destruction.

According to the United Nations Organisations (UNO), youth is the period between 15 and 27 years which may differ from country to country e.g. 15 to 30 years, 15 to 35 years etc. However, you would agree that youth is a vital transition period from childhood to adulthood, from dependence to interdependence, from being protected to being protective. It is also a time of curiosity, learning and experimenting, when special skills are acquired and mature habits are formed. As we have already discussed in the earlier units, youth is also a stage of important physical and psychological changes as well as of the evolution of the being or the individual.

Youth has always been the major concern of every society. therefore, empowering the youth for the betterment of the society is one of the most vital challenges for any country. For this purpose, it would be appropriate for us to define youth. The concept of youth can be perceived in different forms, i.e.

- As an age category,
 - As a transitional stage between childhood and adulthood, and
 - As a social construct
- i) Youth as an Age Category



Youth as an age category is the most convenient, popular and common sense way in which youth has been defined. It is argued that this category defines youth more significantly than any other category. The experiences common to all young leads them to defining themselves in certain ways as sharing the same fate.

The main problem with an age definition is that it is difficult to reach a consensus as to where youth begins and ends. The United Nations' age band is 14-24 years, while the Commonwealth Youth Programme uses 16-24 years. The elasticity of the concept of youth is aptly illustrated in Malaysia which has an age band stretching from 15 years to 40 years.

ii) Youth as a Transitional Stage From Childhood to Adulthood

Mitterauer, a social scientist, identifies four significant happenings that mark the transition from childhood to adulthood. He maintains that these transitional markers have remained fairly stable over time. They are :

- Leaving home
- Finding employment
- Setting up home
- Marriage

Mitterauer, however, points out that these transitional markers have limitations in helping us to define who youth are. The timing of these aspects of transition, their meaning and their order of occurrence differ for young men and young women, and from one region to another. For example, some transitional markers are traditionally applicable only to young men. Until recently, in many societies or cultures, recruitment into the army was for males only. Also, the very concept of youth is embedded in the practices of patriarchy - the use of the term youth usually brings a mental image of a young man. Thus, we need to, sincerely, broaden our outlook.

iii) Youth as a Social Construct

Each and every society has its ways of seeing youth. These social constructs are not necessarily true, nor do they always show youth the way they really are. One of the best ways of understanding the social construction of youth is to study how other societies construct views of them. These views differ from society to society. A comparison of different views can help us to understand our own views.

Youth can be an astonishingly brief period in some societies such as those where people live by hunting and gathering, because the skills required for survival are usually acquired in childhood itself. These skills are usually needed as early as possible in adult roles. In other societies, particularly late capitalist economies such as those of present-day Europe and the United States of America, the concept of youth, or at least young people, is being stretched further and further. The reason for this can be found in structural adjustment. As structural adjustment continues to create extended periods of unemployment, especially for school leavers, people tend to remain longer in the category of youth. Today, in many western countries, the category of youth even seems to include people in their early thirties.

Check Your Progress I

1. Briefly explain youth as an age category.

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5.3 PRIMARY FACTORS CAUSING CONCERN

Whenever we talk about youth, we discuss issues which are usually acute problems related to youth, like unemployment, alcohol and drug abuse, juvenile crimes, vandalism etc. These perceptions of the youth present them more as a challenge than an asset to any society.

We ought to remember that youth are the most dynamic part of the society. To develop is their basic demand and main trait. The path for their development depends on the selection and the integration of the social goal of youth development with personal ideas and aspirations. Youth problems in the modern society and social problems with which youth are concerned are closely related to the subject of youth development. During this process of developing and evolving, the youth go through a number of changes, which affect them in various ways. They might not be prepared to accept these changes very easily and may react in different ways. Therefore, rather than perceiving youth in a negative manner we ought to pay appropriate emphasis on the factors which are a cause of concern in this regard. We can divide these factors of concern to the youth into personal factors and environmental factors.

Personal Factors

Personal factors are those which, in general, have little to do with the environmental conditions of the individual. They are in many instances related to the behavioural, biological and economic dispositions of the individual himself/herself. We are already aware that the process of growing up is a very difficult phase for all adolescents. They are not prepared to see and experience such drastic changes in their physiques. Emotional disturbance accompany these physical changes because of hormonal changes and they generally become irritable and uncompromising. It is in this period of development that youngsters tend to get very concerned about the normalcy of their physical characteristics. They are very conscious, all the time, of their appearance and sex-appropriateness. Based on these feelings about normalcy and sex-appropriateness, they develop 'self-concepts' and hold to them for a long time. Just like acceptance of the changed body, the desire of acceptance of sex-roles causes the youngsters to play 'near adults', and this is one of the major developmental

tasks of this age. Because of the advantages and prestige associated with the traditional male sex role, most boys are not only willing but also eager to play it. This however, is not often true of girls. They often enter youth with a somewhat blurred concept of the sex role they will be expected to play as adults, and are now confronted with the problems of accepting the traditional stereotype of the female. For some girls who have learnt to play the traditional female sex role throughout childhood, it will not be a problem. But for others this may be a major psychological hazard to good personal and social adjustments. As adolescents attain legal maturity, they are anxious to shed the stereotype of teenagers and to create the impression that they are near adults. They often discover that dressing and acting like adults is not enough. So, some of them begin to concentrate on behaviour that is associated with the adult status - smoking, drinking, using drugs, and engaging in sex, for example. They believe this behaviour will create the image they desire.

Role of Family

Family also has an important role to play with regard to the personal factors in their development. First of all, a child's parents are his/her first role models. He learns initial behaviour by merely imitating them and later, it develops into a habit. Also, the values and moral that the family members inculcate in the child affect his/her life in a big way. Often in single child families, the child gets all the attention at home, and therefore, he/she is likely to become more demanding in other social settings, in terms of relationships and even material gains. Therefore, such parents should make a conscious effort to teach their child attributes like sharing, respect for others etc. On the other hand, in families where there are two or more children, there are chances of sibling rivalry. One of the children might feel that the other gets more affection and favour from the parents, and therefore become stubborn and rebellious in nature. It is in the hands of the parents to handle these circumstances carefully and also make the children realize their mistakes and rectify them.

Another very important role of family, especially parents in a child's life is their expectations from him/her. If the parents are very ambitious for their children, they might directly or indirectly pressure them to perform well, some times even to overperform, unrealistically so. When the child is not able to meet the expectations of his/her parents, he/she might begin to lose his/her self confidence. Therefore, it is always advisable for parents to know the aptitude and capacity of their child and encourage, and not push him/her to work hard in order to achieve his/her goals.

By the time children reach adolescence, they tend to take their own decisions. Most overprotective parents stop them from doing so, thinking that they are not mature enough. But, the right approach would be that of 'permissiveness'; and then guiding them from time to time. This will encourage them and boost their self-confidence. They will learn how to be independent, from their own experiences.

There is another section of children who have been rendered homeless and familyless. Their families have a negative role to play by their absence in the children's life — orphans, destitutes and street children who have practically nobody to guide them live their own life from one day to the other. At times, some anti-social elements with vested interests take advantage of their situation and involve them in crime, violence etc. of which they become a part very soon. In order to prevent this, governmental and non-governmental efforts are crucial.

Environmental Factors

The most significant impact on a child's personality, after family, is the educational institution. In schools, the teachers' role is the same as that of parents at home. They help in building a child's personality by guiding them and even by reinforcing their behaviour with rewards and punishment. That is how a child learns that he/she is not supposed to do something for which he/she is punished for and that he/she should repeat the behaviour for which he/she is rewarded for. In Co-educational schools, children also learn gradually with the process of growing up what their relationships with members of the opposite sex be like. In segregated schools, they are deprived of this aspect of socialization. But, in any case, peer influence is very strong, particularly during adolescence, when children tend to identify more with peer group behaviour. Such behaviour continues till college age.

This is the time when they start thinking seriously in terms of their careers. Once they have chosen their direction, they strive to achieve their respective goals. Much depends on their aptitude and interest so it is advisable that parents do not expect their children to choose a career according to their parents' liking. Once they get into employment, life changes drastically: they are no longer students. They are now expected to behave as responsible adults, and they often make conscious efforts to live up to this expectation. Another important factor regarding employment is job satisfaction. If they are satisfied with their jobs, the results show in their work.

Another important factor is that of religion. Right from childhood, we see our religion has different rituals and festivals within and outside the family. These experiences and the fact that they are born in a particular family, give them the identity of belonging to a particular religion. This religion should inculcate in them spiritual richness and morality, strength of character rather than fear. It should teach openness of mind rather than closing them down to narrow thinking. For example - acceptance of intercaste, and interreligious marriages, even if a little reluctantly, point out to the gradual lowering of the religion bound walls.

Another important factor is that of regionality. The identity of youth is also based on the place to which they belong. Rural youth when they migrate face some problems, whereas urban youth are better equipped in terms of information, knowledge and ways of living to cope with the ways of living in a city. Some states or areas are more resourceful in terms of education and other important facilities, whereas others are lacking. Therefore, a lot of migration takes place to areas with better facilities and opportunities. For example, tribals and underprivileged sections of the society need to get opportunities to move further in the socio-economic ladder. That is why the government had proposed reservations for scheduled castes, scheduled tribes and other backward classes. The government should make efforts in order to make sure that those who are really in need of such opportunities, should get them.

Media has an important role to play as well. With the sudden influx of satellite channels, the adolescents and youth are, on the one hand, flooded with information to their advantage. On the other hand, there is some information that can be quite misleading. Also, with the strong impact of western culture and life style, the adolescents are driven towards it without much forethought. Also, certain forms of media such as cinema and T.V. focus more on affluence and western life styles, which

are then imitated by our youth. Perhaps media should not mislead the youth by making them run after affluence rather than values and morality.

Often, when in search of a lifestyle that the youth cannot manage to get, they get frustrated and take up improper alternatives available to them. A burning example of these can be the militants who have joint organisations like JKLF, ULFA etc. It is a very sorry state of affairs when we lose so much of energy, in the form of youth, in

appropriate steps in this regard. Also, it is the duty of the government to make amendments in the existing system through better policies and programmes to make youth development their prime agenda.

Various establishments, whether Governmental bodies, Non-governmental organisations or community based organisations can contribute in their own way at the local and national levels. Organisations like the NCC, NSS, YMCA, YWCA, Nehru Yuvak Kendras etc. help a lot in channelizing youth power in the correct direction.

Check Your Progress II

1. How do you substantiate regionalism as a factor of concern for youth in India?

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5.4 CHALLENGES TO THE YOUTH IN A CHANGING SOCIETY

Among the indicators of the changing society visible around us are access to information technology, satellite communication etc. On the one hand, this opens up innumerable avenues for the young generation. But on the other hand, we cannot refuse to see the 'turbulence' in the changing society. As we all know too well, the youth of today is exposed to all kinds of information and knowledge which is crucial for his/her healthy growth and development as an individual. But we should always be ready to accept that as a transitional stage to adulthood, adolescence seems a particularly vulnerable period for such exposure. This is of specific significance in a country like India where the society itself is undergoing major transition due to influences from the west, particularly in this era of liberalisation. We are fast turning into a consumer society where the influence of sex, violence and materialism is only too evident. The circumstances thus created, besides being highly stressful are continuously posing a vital question: Does our young generation know how to face and adapt to these changes?

A sizeable number of educated Indian youth find themselves being swept along by the tide of a fast growing consumer and materialistic culture. They are caught in the race for jobs and success in a world little concerned with values and morality. There is also a growing number of youth in our towns and cities who are unemployed and marginalised, and consequently at high risk of being trapped by the communalism and crime promoted by various vested interests. Many young people are also victims of sexual abuse, oppression and violence. They struggle to cope with such situations, but they also show tremendous resistance. There is also a whole category of working youth who are occupied in menial jobs; they live on the streets or in dingy places, are exploited by others, and have little or no security. In our villages and slums, where live the vast majority of the youth of our country, the general picture is one of poverty, illiteracy and unemployment. But, there are sections of the dalits and tribals who are beginning to assert their identity. Their young people are engaged in a struggle for their self-identity: they are beginning to demand - forcefully, and at times, even violently - their due share of the benefits of development. We cannot also forget the present-day scourge of the evils of alcoholism and drug-addiction afflicting many of our young people.

Many young women are in the process of undoing the victimisation, discrimination and injustice to which they have been subject for a long time. They are discovering the rightful place for themselves that was hitherto denied them-in the family and in society.

Against this backdrop of the youth condition in India, it is somewhat heartening to find a small but significant section of youth committed at various levels to socio-cultural and political change and the welfare of the community. The many social movements, organisations and processes that have emerged in recent years have been successfully tapping the generosity, dedication and professional skills of these sections of enlightened and committed youth. These youth have been contributing in the struggle for the rights of children, of women and of the marginalised, as well as in the campaign for a clean environment, democracy and human rights. This is indeed a sign of hope and a pointer to what the young generation, if given the proper guidance and encouragement, can achieve.

The grinding poverty and socio-economic inequality prevailing in India are a depressing reality for most of the younger generation. Seriously lacking in resources and opportunities, millions of youth all over the country face unemployment and oppression, and as a result their creative energies are simply under utilized or destroyed. While there is need, therefore, to provide avenues for employment to the extent possible or to assist young people in securing good jobs, they themselves should also show a creative, enterprising spirit and face up to the risks involved in taking the initiative to devise ways of self-employment. With regard to those who are victims of sexual abuse, trafficking and exploitation, the country needs to reach out to them and work for their liberation and rehabilitation in a more active manner than has been done hitherto.

Communalism and fundamentalism of a militant kind are increasingly taking hold of various communities, and threatening to destroy the very fabric of the society, which is characterized by a plurality of cultures and by mutual respect and acceptance of others. We have also witnessed, in recent years, a systematic and large-scale mobilization of youth on communal planks, based mainly on an appeal to their individual and collective fears and insecurities.

An atmosphere of brutal competition and corruption leads to the narrowing down of the individual's quest for a 'better life' in materialistic terms. The result is a crisis of cultural identity as well as clash with the tradition and values. They experience identity crisis in the face of an increasingly consumer and materialistic society. They often feel confused as to where to draw the line between consumer values and human values, between 'having-more' and 'being-more'.

Those who migrate to towns and cities face considerable difficulties arising out of regionalism and ethnicism. They sometimes feel lost or neglected; they may tend to form cliques according to their language or place of origin. It is even worse when one group tends to treat another with indifference: the result is unnecessary tension, clashes and disharmony. Young people, therefore, should experience the joy of companionship and of collaboration with their peers.

There are many other young people who are caught in the shackles of various other kinds of oppression. In education, at workplace, at home and at various settings in the society, women face discriminatory behaviour. Even after having ensured 'equal wages for equal work' in our directive principles of state policy, it is not really put into practice.

We ought to help bring such oppressed young people together as a group, a movement or an organisation where through the very process of sharing among themselves they will already experience a great freedom from domination, and find encouragement and support in their endeavours to break their bonds and so recover their freedom and dignity as individuals. They need to take up responsible leadership and actively take part in the formation and organization of youth who are poor, voiceless and marginalised.

5.5 YOUTH IN RELATION TO SEX RELATED ISSUES

As we have discussed in units 1 and 2 of this block, a universal phenomenon particular to adolescence and one that never occurs again in the life of the individual is the process of developing - sexual maturation. Biologically, this is a totally new experience. Its significance is due both to the pervasiveness and to each society's expectations. It creates in the adolescents a great wonderment about themselves and a feeling of having something in common with all human beings. It influences all their relationships with each other, male or female. Boys begin to perceive sexuality essentially as a way of achieving fun and pleasure. This is partly explained by the fact that their genital organs are situated outside the body where they can be seen and touched. Girls, on the contrary do not experience this stage as a very pleasant one. Their sexual organs are within the body and therefore, they cannot be seen and touched. The beginning of the menstrual bleeding can be a frightening experience.

By now, we know that sexuality is a gift intended primarily to foster and strengthen the bond of love between a man and a woman united in a life long commitment. To understand this a sufficient degree of maturity is essential. In order that young people can attain this maturity, providing them with appropriate sex education at the appropriate age is very important. Mostly, issues relating to sex education and HIV/AIDS do not have immediate and easy answers. Educating young people on these

topics gives an opportunity to clarify their own questions and to think of some strategies to overcome the difficulties.

Adolescents experience conflicting pressures from a variety of sources in relation to sex, which are often contradictory. There may be a desire to explore sexual identity and experiment. This may include exploring masturbation, same gender affection and a variety of other sexual activities. Along with this desire, they may also become concerned with what is okay, acceptable and permissible from the point of getting infected with sexually transmitted diseases or becoming pregnant. Many youngsters are prone to desires for short term relationships. The messages and pressures received from the media and peer group often instill in them this desire for experiment. Those who succeed in their attempt are likely to seek further opportunities.

When we are talking of sex related issues, there is a need to discuss certain aspects, or rather behaviours, which are not necessarily limited to only young people, but nevertheless, young people are in the picture in a big way. Hence, in order to provide you with a better knowledge of several issues, we will discuss 'alternative sexual patterns' and 'maladaptive sexual behaviours'.

Alternative Sexual Patterns

You should note that the sexual patterns or styles in this general category are usually considered by many to be acceptable alternatives to traditional sexual patterns. Though often subject to social disapproval, there is a lack of conclusive evidence that these patterns are necessarily maladaptive, nor are persons engaging in them ordinarily subjected to legal sanctions.

i) Masturbation

Masturbation is defined as self-stimulation of the genitals for sexual gratification. It has been traditionally condemned on religious and moral grounds, as well as for its allegedly harmful physical effects. It is taught that masturbation is a vile habit that can be prevented with a little self-control. Many sexologists emphasize that masturbating as practiced by the average adolescent has no known harmful physiological effects and is actually a normal and healthy sexual outlet for young people. Children particularly boys who feel unhappy, lonely and unwanted may centre too much of their activity around masturbatory practices in an attempt to compensate for their frustrations.

Usually, the undesirable features of masturbation are the worry, guilt and self-devaluation that may be associated with it. Young people need to learn self control. Masturbation if carried over to marital life can have negative consequences. Sex is primarily for sharing and expressing love between a husband and wife. Excessive masturbation can lead to developing less interest in the heterosexual act in marital life which can cause strain in sexual relationship between a husband and wife. Mutual masturbation among people of same sex can lead to same sex relationship which will leave its impact on one's personality. Among the Catholics (the largest denomination of Christians) masturbation is still considered a sin.

ii) Pre-marital and Marital Patterns

Traditional sexual mores in Indian society have emphasized abstinence from sexual relations prior to marriage and fidelity in one's spouse following marriage. However, we can notice that these mores have been increasingly challenged and threatened over the years.

Although there are reports that premarital sexual relations may be on the increase, there is no evidence of widespread indiscriminate sexual activity. Even among persons who, perhaps, do not consider marriage a prerequisite for sexual relations, emphasis is usually placed on some kind of loving relationship or mutual commitment before sexual involvement.

In this context, it is important for us to note a form of non-marital relationship which is gradually emerging in our society which may be called as cohabitation. In cohabitation, the person lives quite openly with a member of the opposite sex on a relatively stable basis. Such a phenomena can be noticed especially in urban India.

iii) Prostitution

Prostitution is defined as the provision of sexual relations in return for money. Technically, there are four types of prostitution, the most common involving heterosexual relations for which the female is paid. There is also heterosexual prostitution for which the male is paid by the female; male homosexual prostitution for which a male provides sexual relations for another male and female homosexual prostitution for which a female provides sexual relations for another female. The last three types appear to be relatively rare throughout the world.

iv) Homosexuality

Homosexual behaviour is sexual behaviour directed towards a member of one's own sex. It is generally referred to as 'lesbianism' for female relationships. Homosexuality has existed throughout recorded history. The ancient Greek, Roman, Persian, and Muslim civilizations all condoned a measure of homosexuality. Later in Greece and Rome, for example, homosexual prostitution existed openly. Most contemporary cultures, however, have condemned homosexuality as socially undesirable. Homosexuals may, nevertheless, be well adjusted, well educated and highly successful in their occupation.

Contrary to the popular opinion, it is not possible to divide people into two clear out groups, homosexuals and heterosexuals. You may find certain individuals whose experiences and desires combine both heterosexual and homosexual components. Homosexual behaviour is considered a sin by some of the world religions, particularly the Christians.

5.6 EXPLOITATION AND OPPRESSION OF YOUTH

Over the ages, our society has been witness to various forms of oppression and exploitation directed towards certain sections of the community, or at certain

communities in general. Now, we are trying to break these shackles of oppression and come out to stand together. But still many groups face oppression, including working class people, women, adolescents, scheduled castes and tribes, certain religious groups, people who are differently labelled like eunuchs, lesbians and homosexuals, people surviving with HIV, drug users, single parents, unwed mothers, street children, devadasis, blood, semen and milk donors, people who have used the mental health system etc. Though all these kinds of oppressions exist for different reasons and social practices, they share certain features. Some of the shared features of oppression include exclusion from the mainstream process of decision making in the society, social and financial injustice, misinformation of facts which distorts one's perception of life and keeping one's group bound to the status quo.

People of the working class are oppressed on the basis of their position or designation, nature and position of work, place of work-public versus private sector, hours of work, poor pay and perks, poor housing and opportunities for education, and limited access to lawful means of improving these needs and conditions. Women on the other hand are oppressed on the basis of their gender, discrimination in pay, limitation in opportunities for education, political participation, religious participation and job opportunities, perpetuating of unpaid care work, limitation of choice regarding pregnancy and abortion, limitations of choice regarding pregnancy and abortion, limitations in decision making and instilling a sense of inferiority and lesser worth in comparison to men.

Young People

Also, there is a different kind of stress that youngsters have to undergo. As we have already seen the chief task and problem of adolescence is growing up to be a mature adult. The young persons feel that they are no longer children and yet, they are not grown up enough to be adults. The adolescents want to have a place among adults and yet feel inadequate in the task. They attempt to push away all parental props and take their first steps alone and unaided, and at the same time, they feel the need of



their parents more than ever. Now, that they are trying to become more and more of themselves, and less and less of their parent's children, home pleasures tend to have

less appeal. The world around them seems to change everyday, while their viewpoint changes even faster. The more the adolescents feel that their maturity is underrated, the more rebellious they will be and the more awkward will be their attempts to prove how grown-up they are. This is their way of rebelling against the circumstances that cause them so much stress. At this stage, it is important to give the adolescents, adequate freedom to do their own experimenting without oppressing them. Only with freedom can one learn to be responsible. Certainly, this freedom entails risk; but the only alternative to freedom is 'overprotection'. Overprotection can render the adolescents incapable of developing their self-confidence, sense of responsibility and social judgement. It is, therefore, essential that while providing freedom, instead of oppression, they should be guided and helped to become responsible, capable and self-dependent.

The HIV Infected

Persons living with HIV are also exploited. Often, they are not treated properly or refused treatment. They are socially ostracized; they are unwelcome in their own families. Provision for their social security, like insurance, is not available. They are being thrown out of employment. Given the present situation in India, if individuals are found to be HIV positive through a chance test they are not informed about their HIV status.

Other Groups

The drug addicts are another lot who face oppression. There are thousands of drug abusers in India who hail from every stratum of the society. Millions of street-children and children of prostitutes are introduced into drug use before they reach their teenage. Unemployment and frustration have forced many youngsters from middle class families to seek the help of drugs. Affluence, bad company and lack of love and care from parents compel many people adolescents to take to drugs. Once addicted, the family, society, religious groups and the legal system look down upon them. Similar is the plight of unwed mothers, single parents and the devadasis who are despised by our tradition bound society inspite of all the advancement in knowledge and development of science and technology. Professional blood donors, semen donors and milk donors are very much in demand. They are important as long as they can supply their precious human tissue. They also face oppression in the society by way of poverty, financial deprivation and subjection to misinformation, which distorts the perceptions of their lives.

In the light of this discussion, we are led to pose questions to the society and to ourselves. Where will all this exploitation and oppression lead them? Is society not responsible if these oppressed groups take up just about any alternative, violent or illegal, to express their anger and dissatisfaction?

5.7 STRATEGIES AND SUGGESTIONS

After having discussed the problems faced by the youth, we ought to think and work out strategies and suggestions to deal with the concern of youth. Let us classify our strategies into three - Prevention, Protection, and Participation.

i) Prevention

A host of considerations arise in relation to the preventive strategy. The most obvious is the satisfaction of basic needs, such as food, water, shelter, health and education, which may enable people to exist without having to suffer from the pangs of insufficiency leading to social deprivations and dislocation. These needs are closely related to the fact that a majority of the nation's population still lives in rural areas, thus, calling for priority allocation of resources and decentralisation of power to propel rural development.

Preventive education has an untapped and unlimited potential. Its long term effects are vast. For instance, environmental education can help to prevent environmental degradation from having negative impact on children and youth. Similarly, education against drug abuse and sex education may both have positive consequences for the physical and mental welfare of children, youth and their families. For this purpose appropriate emphasis at the governmental, community and family level is required on family education in general, and on providing knowledge about HIV/AIDS, sexually transmitted diseases and drug abuse, alcoholism, smoking etc. Also, at schools and colleges proper facilities should be provided for counselling and guidance.

Youth development should not be seen as totally independent from the other core concerns of development particularly family development. It should thus, be integrated into the planning process as one of the components calling for immediate attention.

Protection

The role of laws, policies and measures to protect children and youth holds great importance. It calls for action at local, national and international levels. At the national level, the existing laws and policies should be scrutinized to assess their efficiency. In this regard, much depends upon the integrity of the law makers and law-enforcers themselves.

Various discriminatory laws exist against children and youth on grounds of gender, race and social origin. Female youth are not treated universally at par with male youth in many areas of law and practice. Nationality questions, access to schools, children born out of wedlock and employment potential are some widespread examples where the legal framework stumbles. These laws should be identified and reformed.

Various laws particularly on social welfare and social security, exist only on paper. These should be seen as ways and means of alleviating the plight of many youngsters and their families. A lot depends upon how the state will utilize these laws to reallocate resources to guarantee social justice and equity.

Participation

Youth participation is not a new concept, but it has yet to become a reality in several areas. There are many countries where youth groups operate constructively to promote the interests of youth and children in many fields e.g. the National Service Scheme, National Cadet Corps etc. The current challenge is to uphold the structure

of participation without allowing it to be manipulated. On another front, the activities of the youth groups and other NGOs promoting child and youth development should be better integrated in the whole process of development. They need to liaise more effectively with the private sector and governmental entities which may be instrumental in making the development strategy effective, especially as the latter also hold a plethora of resources and powers. Just a simple glance at the children and youth on the streets and in the villages anywhere in the developing and developed world will reveal the true motivation for action.

Participation of the mentors of the youth—their parents and teachers—in all such actions is very significant. Participation of youth should be highlighted in the media to send the message across to as large number of people as possible, particularly, issues which need widespread attention should be propagated.

Check Your Progress III

1. What makes you feel that the HIV infected are being discriminated in the society?

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5.8 LET US SUM UP

In this unit we studied the concerns of youth. First of all you were familiarised with the fact that youth as a concept can be perceived in three different forms. Then, we went on to discuss certain primary factors which determine the behaviour of adolescents and youth.

A very important aspect related to youth is the issues regarding sex. We discussed under these, the alternative sexual practices as - masturbation, pre-marital and marital patterns, prostitution, and homosexuality.

We also discussed how youth along with several sections of the society are exploited and oppressed, not only at the hands of the privileged class, but also, at times due to the administrative system. This affects them in more ways and in a severe manner than we can imagine.

Finally, to wind up our discussion we suggested strategies to deal with these issues and problems. There were classified into three - Prevention, Protection and Participation.

