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INTRODUCTION

In the past few decades, the world has seen major changes in the face of the family. Since 1975, the divorce rate has doubled resulting in the increase of single-parent households, remarriages and extended families. This is a discussion of the many definitions of “family” and how they demonstrate the changes that are occurring within the family Israel Sarah (1967).

In England the nuclear family has always been considered the norm in society ever since the industrial revolution but in society today the single parent family has had a dramatic increase from around 4% to 10% and no longer is the conventional nuclear family the powerful norm that it used to be. The divorce rate has been increasing gradually, in general, throughout American
history. The rise during the 1970s, however, was particularly dramatic, with the rate doubling in a single decade (Cherlin, 1992).

In United States, the share of children born outside of marriage has increased substantially, rising from 11% of all births in 1970 to 36% in 2004 (National Center on Health Statistics, 2006). Cohabitation among unmarried couples has increased dramatically in the U.S. during the last several decades. The percentage of marriages preceded by cohabitation rose from about 10% for those marrying between 1965 and 1974 to over 50% for those marrying between 1990 and 1994 (Bumpass and Lu 1999). In these cases, children live with both biological parents. But because these unions tend to be unstable, the majority end in “informal divorces.” Most children born to cohabiting parents will spend time in single-parent families, usually with their mothers.

Indian Scenario:

Family has always been at the foundation of Indian society, and even contemporary people continue to take pride in the centrality of family life. But, the fast pace and all-embracing socio-political and economic changes in recent years are having a significant impact on individuals and families. In the age of electronic media, the Indian family is being exposed to ideas, ideals and lifestyles that are challenging the structure and stability of family as a social institution. Indian families are not well prepared or equipped to face the competitive and challenging world of today. Either, they are lacking correct information or receiving misinformation from dubious sources that are doing more harm than good. Young people are exposed to an entirely new pattern of living and a new set of mores, values and standards that are being widely accepted but which stand in contrast to those which were promoted by their parents and grandparents. (Chowdhury et al 2006) Early pregnancy, increased pre-marital sexual activity and limited knowledge regarding reproductive health, all results in increased risks of STD infections including HIV/AIDS, maternal morbidity and mortality, unwanted pregnancies and
unsafe abortion, thus endangering the physical and reproductive health, and productivity of adolescent. (Neeru Sharma 2004)

As per results revealed by Registrar General of India and National Family Health Survey, for 1992-1993 in India, 38% girls get married at 19.5 years. In 1991, 26.1% of the total fertility in Indians attributed to women in the age group of 15-19 years, 8% of India’s 26-27 million annual birth are to mothers under 19 years of age; 7.1% of currently married women in the age group 15-19 years were practicing contraception; the infant mortality rate among live births of adolescent women is about 30% higher compared to those of older women aged 20-24 years.

Another study conducted by Central Social Welfare Board (CSWB) in 1991 in 6 metropolitan cities of India has revealed that 40% prostitutes are less than 18 years of age. Also Govt. estimates that almost 25% of rape victims are adolescent girls. According to WHO, 250 million new cases of STD’S occur worldwide each year. One in every 20 teenagers acquires STD each year. (Coonly and Koontz, 1994). Adolescents are very important asset for prevention of HIV/AIDS and other major problems country is facing today. All this require adolescent education of Family Planning and Sex Education Programme which will help them to learn the right way to live. Young people want to seek guidance but they don’t know where to get it. This results that many teenagers turn to their peers or media for related information, which often provide inaccurate information (Thapar, 1998).

Adolescent development is influenced by the biological, psychological, and social aspects of the growing individual. Other environmental factors, such as the family, the attitudes and values of the family, and the peer group also contribute to the adolescent's personality development in a positive or negative way. Rao believes that family life education programs should concentrate on 3 major themes: 1) explanation of personality development so that the adolescent will be better able to cope with the emotional reactions during puberty, 2) education
about human sexuality and the development of sexuality, and 3) preparation for parenthood through studying aspects of the family.

Preparing individuals and families for the role and responsibility of family living is nothing new because they don’t have in-built knowledge about human development and family living where as they have to learn from somewhere. Some of the things are learned from formal events and some other from informal way like observe and participate in the family activities and interactions (Hill & Aldous 1969).

Only when changes in society, development of new knowledge, advances in technology, and changes in social conditions all creates circumstances where the teaching of previous generations may neither appropriate nor sufficient which may result in strains and tensions in individuals and families disruptions in family living such as divorce, increased parent – child strife, strife in marital and family role has typically raised the need of help from outside agencies. Over time it has formalized the establishment of movement called Family Life Education (Kerckhoff, 1964; Kirkendall, 1973).

Such a situation calls for an education which can teach youth with regard to the knowledge, attitude and skills required for a successful family living. Family Life Education (FLE) has tremendous potentials to do so. Though the idea of FLE is relatively new to India but as part of a comprehensive mental health effort in India, it holds great promise as a keeper and restorer of the family unit.

**FAMILY LIFE EDUCATION MEANING & DEFINITION:**

Family life education (FLE) is any organized effort to provide family members with information, skills, experiences or resources intended to strengthen, improve or enrich their
family experience. The objective of all family life education is to enrich and improve the quality of individual and family life. - National Commission on Family Relation (2003)

Family Life Education (FLE) includes a study of self-awareness, understanding of others, of sexuality, marriage and parenthood as FLE is concerned with learning about living, family and social relationship and personal development. FLE program is developed with concern for changes in modern world. The goal is to develop the ability of family members to carry out their roles more effectively, to enhance communication between family members and to improve quality of family life.

Defining of family Life Education has been problematic different definitions have been proposed since the 1960s which was criticized and too vague also. Finally Avery and Lee were finally able to suggest a definition that seems to be acceptable by most of the educators:

“Family life education involves any and all school experiences deliberately and consciously used by teachers by in helping to develop the personalities of students to their fullest capacities as present and future family members – those capacities which equip the individual to solve most conveniently the problems unique to his family role”

**Some other well accepted definitions as follows:**

“To help individuals and families learn what is known about human growth, development and behaviour throughout the life cycle is the main purpose of the family life education, learning experiences are provided to develop the potentials of individuals in their present and future roles”- National Commission on Family Life Education (1968)

“Any activity by an group aimed at imparting information concerning family relationship and providing the opportunity for people to approach their present and future relationship with greater understanding”- Vanier Institute of the Family (1971)
The various definitions and meaning of Family life education explains the fact that there is no single definition but FLE broadly covers areas like knowledge on human growth and development, self awareness, developing the personalities of the students, importance of the family relationship. This broad framework of the FLE would help one to understand the need to introduce FLE as one of the interventions for the problems like early marriages, single parent family, early pregnancy, maternal morbidity and mortality, increased risk of HIV infections, increase in divorce rate. Now, understanding the need for family life education it is important to know about the evolution, underlying theoretical basis and various models of FLE.

**EVOLUTION OF FAMILY LIFE EDUCATION:**

According to Kerchoff (1964) FLE originally developed out of a concern for the social problems of the times and the perceived inadequacies of families in dealing with social change. This dealing with problems focus has continued throughout the development of FLE. However the early focus on FLE was not just on dealing with problems. There was also a preventing problem focus based on the assumption that if people could be convinced to do the right things in their family life then the divorce rates would drop, children would be reared properly and the institution of the family would be saved. Another development in FLE is the developing family potentials focus. This has been described as developing healthy and responsible relationships, developing a constructive and fulfilling personal and family life, enriching family life etc. This the development of FLE appears to have been influenced by three different though related rationale: Dealing with problems, preventing problems and developing potentials.

**Principles of Family Life Education (Arcus, 1993):**

- It is relevant to individuals and families throughout the life span.
- It should be based on the needs of individuals and families.
It is a multidisciplinary area of study and is multiprofessional in its practice

It is offered in many different settings

It should present and respect differing family values

It takes an educational rather than a therapeutic approach.

THEORETICAL BACKGROUND FOR FLE:

The concept and the modules of FLE is based on various family, economic and social theories. The theories not only justify the need for the family life education but also give a strong theoretical understanding of the concept of FLE and its influence in the positive mental health of the individuals and the family. Some of such theories and its relationship with the FLE program (Powell & Cassidy, 2007) is explained in the below paragraph.

Family Systems Theory

This theory views families as living organisms and stresses boundaries, rules, expectations, and behaviors that help the family maintain equilibrium and the status quo or homeostasis. If something changes in one part of the family, other parts will need to adjust as well. In addition, the family is part of other systems in the community, so changes in one family will create imbalance and lead to changes in other systems that surround that family. Materials that use this approach will address these interconnected units and never assume an individual can change without these other adjustments. This means that FLE programs need to take the surrounding environment into account, because it will try to maintain the status quo unless an intervention is aimed at the context as well.

Exchange Theory

This theory is related to theories of economic systems. It assumes that people make decisions based on the costs and benefits they perceive from those decisions; they assess how they can minimize costs and maximize benefits of their choices. Social exchange theory assumes
that people try to be close to and emulate those people who possess positive characteristics or seem to be rewarded for what they do. This is similar to the parenting theory of behavior modification, but it focuses on the internal processes of decision-making and weighing of rewards and punishments rather than the external manipulation of those rewards and punishments. In relationships, exchange theory predicts that people will increase their commitment to a person if they see that they are getting more benefits than experiencing costs which is precisely explained in FLE (for example: sharing of role).

**Family Development Theory:**

This theory proposes that families develop in predictable ways and experience identifiable developmental stages as they do so. Although the specific stages vary as described by different theorists, the assumption is that most families at a particular stage will be very much like other families at that stage. Some theorists stress that there are biological, psychological, and social influences that accompany family life events and that these influences create stages that are helpful in understanding and intervening with families.

**Empowerment theories:**

Although there are many different views of these theoretical approaches, one common assumption behind them is that power is unevenly distributed in society and that some people—often women, minorities, the very young or very old, families with limited resources—are oppressed or silenced. A second common assumption is that social structures support and maintain those inequalities, consciously or not. Another assumption is that people aware of these inequalities need to live within the existing structures while trying to change them. These theories suggest that helping people to become aware of inequalities and identifying ways in which they can exercise power will reduce the oppression. Materials and programs using these approaches focus on providing a voice to those who have not been heard, facilitating collective action, and creating social change.
Social Learning Theory:

This theoretical approach concentrates on how people learn through interacting with other people. It includes the concept of observing other people being successful or failing when they engage in different behaviors, and choosing to emulate or deviate from those behaviors based on the expectation that one will also be successful or fail. Basic behavior modification principles are also often included.

General Sexual Development Theory

This theory is based on the assumption that sexual development takes a predictable course and that education about sexuality is appropriate and valuable at all of the stages. It also suggests that such education should be developmentally appropriate and linked to the development that is taking place at that stage. One principle is that individuals need to accept themselves as sexual beings and learn to value their bodies and their feelings. At the same time, this theory encourages instruction in decision-making and responsibility.

Moral Development Theory

This approach is similar to other developmental theories in that it is assumed that development takes a predictable path through identifiable stages. Its focus, however, is on how people make decisions related to values, morals, and behavior. Although moral development is related to cognitive development in some ways, they seem to be independent in others. Most moral development theories propose that decision-making is self-centered and pragmatic at earlier stages and more altruistic and principle-based at later stages. There are differences in whether the theories are based on men vs. women or on varying cultures, however.

Humanistic Psychology Theory
This theory (along with approaches touted by Carl Rogers) emphasizes emotions and feelings. Such approaches are based on the assumption that positive relationships are crucial to a person’s well-being. They are heavily focused on communication, affirmation, and providing support in relationships.

**Cognitive-Behavioral Theories**

These theories concentrate on how people think about issues, such as their attitudes and expectations. They connect those attitudes and expectations to behaviors and teach new skills and actions. Behavior change is assumed to be a conscious decision and under the control of the mind, but changing attitudes is not enough. Practicing skills is part of the educational process.

**Psychosocial Theory**

Erik Erickson’s psychosocial theory focuses on predictable stages of development that are defined by successful or unsuccessful achievement of developmental tasks. While it is related to Freud’s Psychoanalytic Theory, it is more inclusive of the social environment. It also looks at the entire life span from infancy to old age.

**CONTENT OF THE FAMILY LIFE EDUCATION:**

Based on the principles of FLE, many organisation and individual experts have developed various FLE modules to be implemented on various groups. Some of the well known and widely used modules are:

The National Commission on Family Life Education (1968) has developed various areas to be covered in the FLE program. The areas are:

- Interpersonal Relationship
- Self Understanding
- Human Growth and Development
- Preparation for marriage and parenthood
Child rearing
Socialization of Youth for Adult roles
Decision Making
Sexuality
Management of human resource and Material resource
Personal family and Community Health
Family Community Interaction
Effects of change on cultural Patterns

National council on Family relations (1984)
Human development on sexuality
Interpersonal relationship
Family interaction
Family resource management
Education about Parenthood, ethics family and society

Over time this focus has expanded to include individuals and families over the entire life span. Hennon and Arcus suggested that the programme may include various normative developments for individuals and families such as getting married, becoming parent, retiring from job. The normative development may related to attaining puberty, event related (loss of family members), or a combination of age and event related (marriage during young adulthood). Some time normative development related to special needs and transition affecting some but not all individuals and families like parenting children with special needs, getting divorced, facing unemployment. Normative events, non normative events and transition resulted in development of specialty areas within the family life education, with some of these specialty areas well established such as parent education, marriage education, sex education, etc.,
From here the concept of family life span education is developed, but it varies according to broad age categories or development phase (Hennon and Arcus, 1993).

<table>
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<th>Interpersonal relationship</th>
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<tbody>
<tr>
<td><strong>Human development and Sexuality</strong></td>
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<td>Parent and children communication</td>
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</tbody>
</table>
### Human development and sexuality
- Normality of sexual feelings
- Human sexual responses
- Contraception, infertility, and genetics
- Responsible sexual behaviour
- Prevention of sexual abuse

### Interpersonal relationship
- Varying influences on roles and relationships
- Recognizing factors associated with quality relationship
  Creating and maintaining a family of one’s own

### Family interaction
- Intimate family relationships
- Life style choices
- Individual and family roles

### Education about parenthood
- Sources of help for parents
- Providing a safe environment for children
- Influences on parenting styles

### Family resource management
- Expendability of human energy
- Retirement planning
- Financial planning

### Ethics
- Interrelationship of rights and responsibilities
- Personal autonomy and social responsibility.
- Complexity and difficulty of ethical choices and decisions.

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**FLE program in India:**

Family life education is being conducted in India for past thirty five years, family planning association of India is pioneer in this area in India. Terminologies differ but ideas and issues are same. Sex education, population education, family life education is the terms used commonly. In India most of the specialized area of FLE is conducted by the NGOs where the field level workers were given such training programme. Especially after the HIV/AIDS epidemic FLE has
become more popular in the name of sex education, leadership education, life skill education, child to child education, etc., some programs are conducted by the peer groups. Some of the prominent programs initiated by the governmental and non governmental agencies are listed below:

(1) Healthy adolescents’ projects in India by FHI, which was focused on reproductive health, STD’s, Physical Changes, self esteem, hygiene nutrition.

(2) Better life option programme by centre for development and population activities for rural girls which was focused on non formal education, vocational skills training, personality development, family life education, use of basic resources like bank, post office and transport.

(3) Premarital counseling for unmarried young men and women; a workshop conducted by Central Social Welfare board collaboration with NIMHANS, which was focused on Adolescents stress and high risk behavior, reproductive health, STD’s, marriage and family life cycle, gender and power, marital and parental skill, health and hygiene.

(4) Education in human sexuality by FPAI which was focused on Human developmental stages, changes in adolescents, hygiene, sexual abuse, preventive measure, sexuality, reproduction, love and marriage, variant sexual behavior, venereal disease.

(5) Reproductive health manual by Parivar Seva Sanstha, which was focused on concept of Family type and function, family role relationship and responsibilities, divorce, sex education, parenthood.

(6) FLE for non school going adolescents that covers nutrition and hygiene, family, Adolescence, Mother and Child Care, STDs and AIDS.
FAMILY LIFE EDUCATION AT DIFFERENT LEVELS

The problem of population growth and illiteracy requires making the population functionally literate in order to help them understand the concept of a small family and to enjoy the benefits of planned parenthood. Functional literacy programs and family life education programs require integration and delivery directly to the rural population, the majority of who are out-of-school youths and adults working in both agricultural and nonagricultural occupations. Such a task requires the workers to be involved, committed, tolerant, and patient in their efforts with the rural families who respect tradition and resist change.

FLE by Educational institutions:

It is recommended that Governments consider making provision, in both their formal and non-formal education programmes, for informing their people of the consequences of existing or alternative fertility behaviour for the well-being of the family, for educational and psychological development of children and for the general welfare of society so that an informed and responsible attitude to marriage and reproduction will be promoted (U.N., 1974).

FLE by religious institutions

Family Life Education is organized by the Christian community in Tanzania and Family Health International (FHI). The 2006 handbook, compiled and authored by Maryanne Pribila of FHI, was developed in Tanzania as part of a field-testing process by a group of dedicated public health workers, pastors, reverends, and youth leaders in the Christian community.

A Memorandum of Understanding was signed between the Catholic Bishops’ Conference of India (CBCI) and Indira Gandhi National Open University (IGNOU) on February 29, 2000 and established a Chair for studies on topics related to Health and Social Welfare. The first Certificate Course offered is on “HIV and Family Education”.
FLE in NGOs

Pravara Medical Trust, Loni, in collaboration with Stina and Birgir Johanasson foundation, Linkoping, Sweden has started a project on HIV/AIDS & Family Life Education for adolescent and youth population in 100 in the target area under Primary Health Centers.

In Maharashtra a programme called 'Family Life Education,' dealing with sexuality, respect for the opposite sex and changes in puberty gets to half a million students in 2,300 schools through a non governmental organisation (NGO) called the Sevadham Trust.

QUALITIES OF FAMILY LIFE EDUCATORS:

Family life educators:

The above discussion on the family life education reveals that the FLE is given to different target population such as children, adolescents, non school going children, adults etc as well as in different settings like schools, religious organizations, NGOs, community resource centers etc. Thus the family life educators will include people from various disciplines like Gynacologist, Public health professionals, home economist, Social Workers, Psychologist, school teachers, community level volunteers, peer educators etc. Any literature review indicates clearly those competent family life educators are crucial to the successful realization of the goals. Most authors acknowledge that in many ways Family life educators is the program, as it is the educator who selects, designs, and implements the programmes: selects and use resources, materials and activities; and respond to or ignores the interests and needs of the audiences all plays a major role in FLE.

Qualities of family life Educators:

(a) Sound knowledge in the content areas of family life education, plus the ability to integrate findings from different disciplines and to apply these to family concepts and issues.
(b) Knowledge and identification with the field of family life education itself
(c) Skill in using a variety of educational methods and in using and evaluating FLE resources and materials.
(d) The ability to work effectively with the participants both individually and in groups.
(e) Insight into one’s own feelings and attitudes concerning family life topics and acceptance of one’s own life experiences
(f) Awareness and ability to work with in the current local situation.

FLE & OTHER PROGRAMS:

Family Life Education Vs Martial therapy:
Both FLE and Marital therapy were based on some of the common theories mentioned above such as systems theory, psychosocial theory and both focuses on family. But the family life education is more of promotive and preventive model where as the marital therapy is a therapeutic intervention and through various definitions it is understood that by initiating FLE as a promotive program, the number of people who seek marital therapy can be significantly reduced.

FLE Vs Life Skills Education (LSE):
LSE is basically about ten different skills that can be used for negotiating the problems in the day to day life in an effective manner that might also include family related issues where as the FLE is exclusively for the enhancement of the family life in specific which also includes various skills like decision making, problem solving etc that are included as part of LSE. Both programes are promotive and preventive in nature.

Adolescent Education Vs FLE:
Adolescent education program aims at providing them with authentic knowledge about process of growing up during adolescence, HIV/AIDS and substance abuse, helping them
inculcate positive attitude towards these issues and developing in them the needed life skills so that they may manage the challenges of risky situation. FLE is just not given for the adolescents but it is also for various age group and covers education of various stages of family life cycle.

RESEARCHES IN THE AREA OF FLE:

There are various researches done on the readiness of family life educators in providing FLE and readiness of those who receive FLE before finding out the effectiveness of the family life education modules. In the study on readiness for roles in family life education by Rosenmary et al says that Feelings of willingness on the part of teachers are a substantial asset. But willingness must -not be confused with readiness. Readiness probes more deeply into the teacher's concept of family life education. Those who view family life education or sex education as little more than biological facts are, in the opinion of these investigators at least, not at a high level of readiness. Consideration of beliefs and values is, in their judgment, a part of readiness.

Conclusion:

Family Life Education (FLE) programs, as it is understood, are tailor made according to the needs of the target population rather than a defined program. So, different models of FLE can be evolved with the available framework of FLE. On the other hand, the field of FLE is not adequately explored by the social workers. Such exploration would lead to the development of healthy families as well as add to the expertise area for the professionals in the field of Social Work.

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