CHAPTER 1

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1.1 INTRODUCTION

Ever since the emergence of liberalization and globalization almost all the sectors have been witnessing an upsurge in consumption, and in competition. This worldwide demographic transition offers both a challenge and an opportunity. To make profit out of this prospect it is imperative to empower the younger generation. In India adolescents are 22.8% of the total population (PCPP, 2000). In the next two decades, the size of India's population will be determined mainly by adolescents and young adults, who will be hopefully more literate, aware of and able to make better use of opportunities that arise and venture into new avenues of progress. Within the paradigm of population and development related issues, the role of adolescents cannot be overlooked. What happens in the future depends, to a large extent, on the decisions taken by adolescents. If their felt needs for health and care are met, there will be a steeper development in socio-economic spheres of the country.

It is essential to invest in adolescents, as they are the future leaders and guardians of the nation’s development. Adolescents have very special and distinct needs, which should no longer be derelict. They need help to help themselves and also the help to do it alone. By addressing their needs one would not only be contributing to the socio-economic
development of the country but also to other societal concerns like social harmony, gender justice, population stabilization and improving the quality of life of the people.

World Health Organization defines adolescence in terms of a phase of life marked by special attributes. Adolescence is ‘a phase of life characterized by rapid physical growth and development, physical, social and psychological changes and maturity, sexual maturity, experimentation, development of adult mental processes and a move from the earlier childhood socio-economic dependence towards relative independence’ (WHO, 1993). Over the past decade there has been growing acceptance that young people between 10 and 24 years of age are a distinct population group with needs that differ from those of infants or adults (WHO, 2002). This is the period of psychological transition from a child who has to live in a family to an adult who has to live in a society (Rice, 1992). As adolescence is the period between childhood and adulthood (Baron, 2002), it is viewed in terms of shifts in dependency to autonomy, in social responses, and in physical maturity, the management of sexuality, the acquisition of skills, and changes in peer groupings (Greene, 1997).

Adolescence is a time of rapid changes and difficult challenges (WHO, 1993). This is the time when boys and girls daydream about what they want to be, when they develop intense idealism and feel a new closeness in relationships with their friends. It is the time when they begin to ask difficult questions about right and wrong. The adolescent goes through a wide variety of physical and psychosocial changes. These changes can overwhelm him or her and this phase is often called a phase of turmoil (Coleman, 2001). Unfortunately, by withholding information from adolescents about these changes and about different aspects of sex, this phase is complicated further; added to this are various myths and stigma attached to it.
While there is considerable evidence showing that adolescence is a difficult time for parents and teachers, there is also a doubt whether it is as stressful as believed (Steinberg, 1996). Adolescents have often been viewed as a group of people with problems, disturbances and rebellion. But contrary evidences also evince that wherever positive stimulation and a congenial environment have been provided, they have risen to the occasion and done proud (Diener and Diener, 1996). They yearn to right all wrongs, fight for justice, and do the right thing. Adolescents are keen to be recognized as useful productive and participating citizens of society. Their contribution in the struggle for independence, the environment movement, national literacy campaign and campaigns against plastic bags and fire crackers are only some examples (Brown, 2005). However, where the right environment has not been provided they have taken to violence and have been drawn into petty and serious crime. Adolescents, imbibed with idealism, are striving for justice and truth. The society has to seriously think about providing the right stimulus, role models and environment for adolescents, so that they become assets for nation building. They have the potential; but need support, guidance and opportunities.

In today’s fast moving world the psychological concerns of adolescents are accentuated by parental discord, rapidly changing social and cultural values, increasing exposure to global media, different life styles and exposure to different cultures. An informative illustration is provided by a pilot study conducted by the Urivi Vikram (Report 10th plan, 2001) which has indicated that 73% of students felt that they cannot talk to their parents about their problems while 56% felt that they cannot talk to their friends; 31% did not understand much in class and 28.5% students did not know how to study effectively; 40% students found it difficult to concentrate on their studies and 37% expressed examination fear and fear of failure.
Many adolescents start getting depressed due to academic failures. Their inability to find meaningful avocations and increasing societal pressures compound this trend. This kind of depression leads to aggression, deviancy and anti-social behaviour. The attention value of activities such as drinking, smoking, and taking drugs to defy authority and their value as a means to inflate ego lead some adolescents to rely upon them to ease the psychological pain that comes from failure, self dissatisfaction and self rejection (Hurlock, 1976).

The increased availability of tobacco, alcohol and other psychoactive drugs, coupled with family conflicts and parental neglect, self dissatisfaction and anxiety about future are major barriers to adolescent development (WHO, 2000). While generally one can say that the low education and economic levels have been the main causes for juvenile delinquency, the percentage of adolescents (to the total juveniles) coming from low-income group (Rs.500 per month) households declined from 54.1% to 45.3%. On the other hand the share of the middle-income group delinquents (Rs.1000 to 2000 per month) rose from 11% to 15.4%. The other remarkable factor is that children living with parents/guardians constituted 90.1% of the juveniles apprehended while the share of homeless children was only 9.9% (NCRB, 1997).

The use of drugs is closely associated with anti-social behaviour and higher crime rates as well as increased risk of contracting HIV/AIDS. Even otherwise adolescence is a period of sexual maturation, and experimentation is not uncommon. However knowledge of sexuality, menstruation and reproduction is limited and often distorted. Various studies have shown that the magnitude of sexual activity among adolescents is high, with boys being more active than girls (Mehta, 1998). A study in a rural and tribal setting in Maharashtra conducted by Bang and others (1989) revealed that nearly half of all adolescent girls, on physical examination, had experienced sexual activity. A disturbing factor
is the lack of use of contraception and knowledge of sexually transmitted diseases, including HIV/AIDS. As AIDS is a sexually transmitted disease, it affects the young sexually active people most. Nearly 50% of the infection occur in young people between 15 to 24 years of old (UNAIDS, 2004). So, young people are the most vulnerable to HIV infection.

But the common belief is that HIV/AIDS is a problem only for others: for drug users, for promiscuous individuals, for homosexuals, for people who live in other parts of the world. The stigma and discrimination associated with HIV/AIDS has much to do with this (Warwick and Aggleton, 2002). Thus, sexual and reproductive health needs of young people are often neglected, and even where sexual health services are available, young people may have difficulty accessing them, or may be actively discouraged from using them by parents and health service providers. In many countries, laws and regulations prevent young people from receiving sex education and sexual and reproductive health services due to the mistaken belief that to talk openly about sex is to encourage sexual activity (Grunseit, 1997).

The prevailing education system does not adequately meet the needs of sex education. There is a vast unmet need for adolescent counselling, information and health services. In a country where adolescents comprise more than 200 million, the health consequences of this neglect take on enormous proportions. Traditionally, the transition from childhood to adulthood among girls has tended to be sudden in India. On the one hand, as a result of the poor nutritional status of the average Indian adolescent, menarche occurs later than in other regions of the world and on the other hand, marriage and consequent fertility occurs far earlier, thrusting females early into adulthood. In India, of the estimated 200 million adolescents, over 8 million 15-19 year olds have
experienced pregnancy by 16 years of age (IASU, 2000). Non-school going adolescents form a significant part of the adolescent population in India. Their Reproductive Health needs are magnified because of their poverty and vulnerability for sexual exploitation (e.g. street and working children) (IAWG - P&D, 2000)

In India, despite the fact that adolescents form one-fifth of the Indian population, their Reproductive Health needs are poorly understood and ill served. During the period of adolescence potentialities are realized, abilities and skills are developed and habits and attitudes are formed (Heaven, 1996). Unless proper guidance and direction is given adolescents develop risk behaviour and take on unhealthy habits. Habits and lifestyle choices that start during the critical early years contribute greatly to the overall health of an adult. So, preventive measure against risk behaviours should start at the onset of their development. As a child moves through the school-age years and into adolescence, prevention of behaviours that can lead to health risks takes on a greater importance. Adolescence is the prime time for cultivating and developing health behaviour; proper intervention done at the appropriate time only can produce desired fruits. While children pursue various courses of study, the end fruit of education depends on life education given at right time. The present study is such an attempt for developing health behaviour in adolescents.

Since the Cairo Conference (POPIN, 1994) there has been an appreciable increase in policy and programmatic interest in the health and nutrition of adolescents. During 1990s, especially in the wake of global HIV and AIDS pandemic, national and global research studies highlighted a significant proportion of persons in this age group as being sexually active. The Cairo International Conference on Population and Development (ICPD, 1994) recommended that information and services should be made available to adolescents to help them understand their
sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.

Education, in schools and beyond, has a key role to play both in preventing HIV/AIDS and in mitigating its effects on individuals and communities. It can provide children and young people with knowledge and understanding to protect themselves and others, with skills to communicate and negotiate for safer sex and safer drug use, and with attitudes and values that foster respect and support for people living with HIV/AIDS. In the hands of good practitioners, education really can make a difference. It can provide hope for the future, unleashing the potential of young people themselves to alter the course of the pandemic (UNESCO, IEEP, 2002). The present research is concerned with youth empowerment as well as HIV eradication.

Teachers and others who are in regular contact with youth and adolescents need to feel both comfortable and adequate in dealing with adolescent and youth reproductive health once they have the social platform on which to do it (Hardee, Pamela, Taggart and Wasson, 2004). In this study teachers who are well equipped with knowledge, willingness and dedication are engaged to carry out the intervention.

When provided with accurate information, and when offered the opportunities to discuss the personal relevance of this information, young people can change or reduce risky behaviours (Warwick and Aggleton, 2002). They can act as educators in their local communities, raising and addressing sensitive topics. They can also build empathy. In short, when afforded the rights and means to address sexual and reproductive health, both young women’s and young men’s security and well-being can be enhanced. Hence, there is a pressing need to devise appropriate Reproductive Health programmes for them, and to make the information and services accessible to adolescents. In order to meet the felt needs of the time, National AIDS Control Organization (NACO) has formulated
various programs to implement all over the country through State AIDS Control Societies and in close coordination with Department of Education in States/UTs. School AIDS Education Programme (SAEP) is an important component under National AIDS Control Program Phase II since 1999 with an aim to provide preventive education on HIV/AIDS to school going children.

SAEP advocates Life skills approaches which can assist people assess in what ways HIV is a problem for them personally and how to protect themselves by adopting health behaviour. The Interactive educational activities of SAEP can help people think more carefully about such issues. But the adolescents do, however, place demands on educators in terms of skills and resources. Moreover, the diverse culture, condition and locale of India can have different impact on the result of the SAEP programme. It is, thus, critical to evaluate the outcome of SAEP intervention among the adolescent population in different communities. In this context the present study is a modest endeavor to appraise the effectiveness of SAEP and also to assess its influence on the Health Behaviour among the adolescent students of Calicut District in Kerala.

1.2 NEED AND IMPORTANCE OF THE STUDY

The need and importance of the study is substantiated under the following captions.

Social value

In Greece, one of the oldest of civilizations, the main objective of education was to prepare good and competent citizens. In the East, Yajnavalkya, a great philosopher in the time of Upanishads, also opined that, only that is education which gives a sterling character to an individual and renders him useful in the world. In every society and in every period the aim of education is to develop good and useful citizens who positively contribute to the welfare and progress of the society. This means that the development of the world, a nation or a society solely
depends on the development of the citizens there in; social development is essentially the human development.

Good and competent citizens are predicted from behaviour and habits. Swami Vivekananda pointed out that character is intimately connected with habits. Habits express character. Good habits make for good characters. He points out the value of habits for forming the life. This is evident from the fact that while children study and pursue higher ambitions, the end fruit of learning depends on the healthy behaviour they maintain. Many a learned and skilled have been laid waste due to risk behaviour their followed in the adolescence (YRBSS, 2005). Therefore, the present study is concerned with the development of good habits, and positive health behaviour that lead one to realize one’s genetic potential and make one a useful citizen in the society.

In the present age of development in technology and progress in business, where enterprising and entrepreneurship are much emphasized, human resource is much valued. Human resource training, finishing schools, and soft skill development programmes equally emphasize on emotional intelligence that is manifested in health behaviour. That only a person with sound mind in sound body can be creative, constructive and productive is equally underlined in both ancient and modern times. Thus, the present study, aimed at development of Health behaviour, is in tune with the educational goals pursued in both ancient and modern times.

**Educational value**

Education, as John Dewey (1916) considers, is the development of all capacities of the individual which will enable him/her to control his/her environment and fulfill his/her possibilities. This signifies that the goal of education is to help young people become smart, healthy and constructive. An enterprising and healthy character is formed through a willful, conscious and sustained process of teaching and learning through
example and practice – it is developed through education for healthy lifestyle. The present study, attempting to enhance the health behaviour in adolescents, contributes to the attainment of educational objectives: evolving of healthy and creative personalities out of children.

The present study attempts to experiment with alternative method for health education against traditional methods that often come veiled in a web of prescriptive middle class values about hygiene, cleanliness, etc.… Such similarly value-loaded messages, popularly known as health and hygiene awareness found in many educational materials are not always imparted in a sensitive manner considering the diverse cultural and emotional backgrounds of the subjects.

There is a great need for more innovative educative programmes and interventions for boys, and girls that are sensitively related with an understanding and appreciation of a person’s body, its reproductive functions, with an aim to make him or her capable of taking better personal care and decisions about it. Issues about personal health are most important and dearest to people, both young and old, and elicit great interest, if dealt with in a sensitive and positive manner. Such an attempt is made by the present study.

Promotion of Health behaviour could foster Knowledge of AIDS transmission and also an individual’s better Knowledge of AIDS transmission could lead to better health behaviour (Veena, 2005). A training programme in this regard would be effective as these two aspects of health are interdependent and hence interventions involving these two concerns together would be of much use for adolescent population. The study explores the feasibility and effectiveness of the SAEP intervention strategy to promote the health behaviour among the adolescents and to enhance their knowledge of HIV and AIDS.
The study contributes towards modification of existing approaches catering to the changing needs of adolescents. The outcome of the present study is useful to rectify the shortfalls of the existing methods and to renovate and step up the making process of education. The present study assesses how far SAEP having components such as Life Skill, Awareness of adolescence and Awareness and attitude to HIV, is effective as an educational strategy for character formation, HIV prevention and Life Skill training for adolescents. The study also evaluates the role of school and teachers in imparting adolescent health education to the students. Moreover, the study looks in to the feasibility of integrating preventive education for controlling lifestyle diseases as part of school curriculum. The study focuses on sensitizing adolescents to violence and other forms of abuse that exist in society and educate how the children can protect themselves, right to legal redress and related rights with respect to medical examination. This is closely linked to education on responsible sexuality.

**Adolescent Education Programme**

During adolescence, the youth experience their physical growth and hormone changes that prompt sexual feelings. Physically, the body is developing the capacity to generate life. The sex organs are maturing and typically by the end of puberty, both males and females have the ability to procreate. Kotchik (2001) reports that by the time they graduate, half of all high school students will have begun to have/enjoy some sort of sexual experience. Talking to teenagers about these changes and their emotional impact may be uncomfortable. Young people in many parts of the world are denied sex and health education in schools because parents and other authorities fear that it encourages early sexual activity.

Adolescents need to understand the concepts of risk behaviour, such as unprotected sex and the use of alcohol and drugs, the possible consequences of such behaviour and how to avoid them (WHO, 1998).
Young people need life skills such as decision-making, communication and negotiation. Improving literacy rate and availing visual and print media can facilitate adolescents’ access to information, but not necessarily so on Adolescent Sexual and Reproductive Health (ASRH). The prevailing educational system does not adequately meet the needs for imparting sex education. The Father of the Nation had felt this need: ‘We cannot properly control or conquer the sexual passion by turning a blind eye to it. I am therefore strongly in favour of teaching young boys and girls the significance and right use of their generative organs. And in my own way I have tried to impart this knowledge to young children of both sexes for whose training I was responsible’ (Gandhi, 1936). The present study is an attempt to conduct adolescent education programme with a view to enhancing health behaviour among adolescent students. Thus, the present study may fill the existing gap in the area of Adolescent Education Programme.

The study assesses how far the content and curriculum used for the present intervention educate adolescents about their bodies, nutrition, general health and well being, reproductive health and dangers of teenage pregnancy. The effectiveness of the participatory group learning for enhancing mental health and reducing risk behaviour among adolescents are also assessed. Moreover, the present study aims at sensitizing the public to the importance of recognizing adolescents as a distinct group with their own unique needs and concerns. It is indicative of the urgency to make adolescents and issues related to them the focus of government policies and programmes, the UN system’s interventions and the initiatives of nongovernmental organizations.

**Life Skill Education**

Positive attitude towards health and keeping it in day to day life becomes an important and essential factor to maintain a healthy, creative and productive life. Health involves taking responsibility for adopting and
maintaining habits that we know make a difference in life expectancy and quality. Life in modern time has been offered different and varied chances and options: one’s fate depends on the choices one makes. Healthy and fruitful life is the result of the wise decision taken, apt choice made, right course pursued or good habit formed at any and every moment in life. ‘An education which does not teach us to discriminate between good and bad, to assimilate the one and eschew the other is a misnomer’ (Gandhi, 1939). What adolescents require for this is Life Skill education and this is what the present study is all about.

During adolescence, life skills development is more an active process. Despite superior intellectual abilities, the adolescent’s behaviour is occasionally colored by emotions rather than by rationality. Frequently the adolescents are in an emotional dilemma and they wanted to be guided by parents, yet wishing to be free from them, and more aligned to their peers. They also have the need to exercise skills to indicate and establish individuality and independence. This becomes complex as an adolescent has multiple situations to contend with. Many critical issues reach their culmination at this stage – puberty, dealing with sexuality and gender issues; tackling emotional upheaval, finishing basic schooling, need to make future educational or career choices, facing responsibilities as an individual, etc. Hence Life Skills Development has a ubiquitous relevance for adolescents.

The present study makes an attempt to inculcate Life skill in adolescents through School AIDS educational programme conducted through a structured group intervention. The study also aims at assessing the effectiveness of this education programme in adolescents to bring about a positive change in their attitude and life style. The study also explores the efficiency of this method for facilitating a supportive environment and helpful conditions for academic pursuit. The
innovations this study brings out in education, thus, may fill the existing gap in the area of mental health and life skills education.

Guidance Value

According to Swami Vivekanandha, the teachers’ real job is to see that there are no impediments in the child’s path of development, and he/she should provide proper environment for growth. Adolescents who live in a social environment which provides meaningful relationships, encourages self-expression, and also provides structure and boundaries, are less likely to experience depression, less likely to use substances and less likely to initiate sex at a young age (WHO-2002). The present study explores various facets of student-teacher interaction that can help and support students against perils of adopting risk behaviour. Participatory activities of the Life Skill intervention programme undertaken for this study are evaluated for their effectiveness to facilitate a protective environment. The findings from the present study may emphasize the need for a student-teacher interaction that can help and support students against perils of adopting risk behaviour.

Risk behaviour adversely affects academic achievement of adolescents. Alcohol use decreases concentration, attention, and memory retention. Smokers often do not perform well at school. The present study is concerned with guiding and helping the adolescents to lessen the tendency for resorting to alcohol, drug or tobacco. The study also attempts to reverse the concept of holding such practices as gallant and heroic among adolescents.

The programme adopted in the present study for enhancing Health Behaviour can keep the adolescents safe in their passage to Adulthood: the study assesses the need for guidance, counselling and group education to respond to anxieties, fears, stress, anger, aggression, depression,
loneliness and related mental and emotional needs for the well being of adolescents. The study assesses the health behaviour status of the adolescents and brings to light their health needs. The present study also addresses the health and related issues identified by young people and provide them insight into their Health behaviour.

**Integrative Approach**

The present study is an integration of health and education. Education for Health, aimed at bringing about behavioural changes in individuals, groups, and larger populations from behaviours that are presumed to be detrimental to health, to behaviours that are conducive to present and future health. Health involves being informed about one’s own body, about one’s own preferences for care, about which health recommendations can be defended with rigorous evidence, and about end-of-life decisions (Alexander 2003). Physical and mental well being influences the way one feels about oneself and others, and can promote one’s productivity, efficacy, self-esteem, and self-confidence and can improve interpersonal relations which enhances the competency of young people to face the realities of life. To Mahatma Gandhi “Learning to live a good life is in itself education. All else is useless” (1939).

**Rural and urban Scenario**

Recognizing the heterogeneity in the concerned group is the first step towards appropriate strategy development and planning. Hence, the study assesses problems and needs of adolescents in different social classes and locations. The study explores appropriateness of the method, intervention, approach and structure of the intervention programme for different socio-cultural groups in rural / urban situations. The findings of this study can suggest modification of the existing packages and also for the formulation of new strategies and programmes, considering the specific needs of urban and rural population.

**Gender issue**
The study also assesses problems and needs of adolescents of both gender in different institutions and locations. Gender differences in the effectiveness of the intervention are evaluated. Differences between boys and girls with respect to health behaviour in such areas as mental health, hygiene, dietary behaviour, use of alcohol, tobacco and drug, protective factors, physical activities, sexual behaviour and violence and unintentional injury are assessed. Besides, the differences between the gender groups in knowledge of adolescence, awareness of HIV/AIDS, attitude to the HIV infected persons and acquisition of life skills are also looked into. This facilitates the identification of guidance requirements of both gender and formulation of gender specific programmes to address the adolescent needs. Moreover, the existing strategies and programmes can be modified and improved in the light of the suggestions and recommendations of the present study.

In Accordance with the Aims of Policies and Programmes

The main objective of National Health Policy –2002 is to achieve an acceptable standard of good health amongst the general population of the country. With this aim the policy affirms that school and college students are the most impressionable targets for imparting information relating to the basic principles of preventive health care. The National Health Policy attempts to target this group to improve the general level of awareness with regard to ‘health-promoting’ behaviour. It aims to bring about a behavioural change to prevent HIV/AIDS and other life-style diseases. The present study makes an attempt to enhance the health behaviour of the adolescents by School AIDS Education Programme. The purpose of the present study is in par with the objective of National Health Policy; this study aims to enhance the health behaviour through a structured group intervention and it emphasizes on life skills that are primarily targeted to the adolescents. Thus, the present study reaffirms the recommendations of the National Health Policy of the government for school health programmes that are integrally linked to
general preventive and curative health services, nutrition and reproductive health education and awareness of availability of services.

The Social Objectives of the National Policy on Education 1986 and its programme of action in 1992 stated that the threat of HIV transmission is to be tackled through information, education and counselling. The present study is aimed at what the National Policy proposed: investigating on techniques to educate the adolescents and to make them immune against the infection of HIV. The young people are highly impressionable and require appropriate information about reproductive issues including safe sexual behaviour. School AIDS Education Programme, used in the present study is an important strategy to attain the social objective of the Educational Policy: the study investigates on education and training that helps young people become smart and good.

Realizing the gravity of epidemiological situation of HIV infection prevailing in the country, the government of India launched a National AIDS Control Programme in 1987. The main objective of this project was to slow down the spread of HIV/AIDS infection through creation of awareness, aiming at behavioural change. The present study also aims to spread the awareness of HIV and AIDS. Mere biomedical information is not sufficient to convince, especially, the young people, to adopt healthy behaviour that prevents HIV and AIDS. What is needed is the motivation to act and skill to translate knowledge into practice. The present study is an attempt to curb risk behaviour through behaviour modification intervention focusing on core life skills and inculcating a strong conviction to remain clean and healthy.

The present study is intended to strengthen the AIDS prevention campaign in Kerala, supplementing the already functioning programmes and also contributing to the health policy of the state. Besides, the study
helps to find out the factors affecting the success of AIDS prevention and health promotion strategy. In this way the study can help to modify the present HIV prevention strategy, supplement it and contribute towards the formulation of new ones.

Experience from and around the world has shown that it is beneficial to educate the children about the process of growing up and its implications. This intervention on sexual and reproductive health will enable children in developing a stable value system and adopt a responsible lifestyle. Mere information is not enough, rather it is the skill and will power to make correct choices that will keep the children mentally healthy and prevent further spread of HIV/AIDS. This study endeavors to inculcate in adolescents a positive attitude towards life. The outcome of the present study brings to light the possibilities of a comprehensive training package that focuses on enhancing life skills development and preventing life style diseases.

1.3 STATEMENT OF THE PROBLEM

Millions of adolescents and young people are confronting many risks and challenges which were not encountered by the earlier generations. These challenges include HIV, and other health problems. HIV/AIDS syndrome being essentially a sexually transmitted infection it affects the young who are sexually most active. An intervention targeting adolescents with information on HIV/AIDS/STDs and adolescence as well as skills to improve their self confidence and to make them assertive is an effective way to safeguard their future health status. School AIDS Education programme is a comprehensive tool addressing the needs of adolescents. The present study attempts to assess how far the SAEP is successful in reducing the vulnerability of the adolescents towards lifestyle diseases and HIV/AIDS. Therefore, the present study is titled,
“Effectiveness of School AIDS Education Programme (SAEP) on Developing Health Behaviour among Secondary School Students of Calicut district in Kerala”.

1.4 SCHEME OF ORGANIZATION OF THE RESEARCH REPORT

This Thesis is divided into five chapters. The first chapter introduces the theoretical framework, statement of the problem and the need and importance of the study. The second chapter reviews the related studies in India and abroad. The third chapter deals with methodology of investigation and description of tools. The fourth chapter details with analysis and interpretation of the data and testing of hypotheses. The fifth chapter concludes with the summary of the study, findings, conclusions, recommendations and suggestions for further study.

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