Practical Tips for Conducting Family Life Education,

Teacher's Orientation and Parenting Programs in Schools and Colleges

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Objectives

1. To discuss challenges of conducting family life education programs (FLE) in schools and colleges
2. To outline a practical approach for conducting FLE programs
3. To enumerate components of a FLE program

An adolescent care pediatrician has a golden opportunity when he/she is asked to conduct a school/college program for teenagers or the gatekeepers. The entire process is immensely rewarding, enjoyable and fruitful if carried out in a professional yet friendly and empathetic manner. The principal aim of such a program is psycho-educative, preventive and frequently curative. Multiple unending queries arising in the developing brain of teenagers and their baffled caretakers are best addressed in such 'group' activities. The information, experience and explanation given to a single person's query enlighten the entire group. Sharing of individual stories gives useful insights to many.

The pediatrician has a crucial role of "directing" the discussion in a particular way. Conflicting and debatable issues need tactful midways and non-hurting words. Hyperactive participants need to be tamed and shy or quiet participants necessitate encouragement to open up. Humor (without humiliation or ridicule) is very useful in dealing with controversial and delicate issues. The key is in sticking to authentic and scientific facts.

Various styles and techniques for imparting this vital information are employed by the experts. What works best is what the pediatrician is comfortable and 'confident' with. Interactive sessions, role plays, reverse role plays, case scenarios, debates, power point slides followed by question and answer session, peer educator's interviews, giving away pamphlets, home work assignments etc are few such methods. The art is in inculcating the current burning problems like teen suicide, drug abuse, cyber harassment, bullying, sexual experimentations, family conflicts in the talk. For girls, the primary concerns are cyber safety, inappropriate touch, parental conflicts and menstrual pain. Boys tend to worry more about masturbation, size, muscle power, performance anxiety and impressing girls.

Some teenagers who are timid actually have hidden stress, which they try to resolve by keenly listening to your answers to such queries on delicate issues. As professionals, we have to spot such teens and include them in these discussions. Anonymous chits with questions collected during the talk are very useful**.** If it is felt that discussion over certain issues like suicide, bullying, inappropriate touch etc are absolutely vital, the trainer may add self written chits to the question box. The introductory part should instruct the participants about the same along with assurance of confidentiality and secrecy. *In real life, teenagers hardly get a listening ear, hence it is the duty of the facilitator to provide one.*

One must highlight the positive and promising aspects of teenage rather than the 'problematic' ones. The introduction and the concluding remarks have to leave a sense of confidence in the minds of participants. This applies equally to the talks with teachers and parents. Case scenarios (real or fictitious), news paper or

TV stories, an adverse incidence in the school or college offer readymade opportunity to initiate the discussion. Pediatrician's talk should introduce each and every vital issue in a didactic way and generate interests and queries in the minds of participants. Asking open ended questions, keeping eye contact and a friendly poise garnishes the session. This comes with practice and consistency and each session becomes a new learning opportunity and gives positive reinforcement.

Only after adequate experience and confidence, one can attempt to take combined sessions for boys and girls. Such sessions are usually productive if the participants are college going students. For younger teenagers, it is advisable to take separate sessions. The presence of a male sports teacher sitting on the back bench helps to keep boys under control. Girls usually are more receptive and calm. Handling a hyperactive teenager needs tactics and patience. Such a child may be asked to take the lead role in answering the queries that keeps him/her occupied constructively.

A typical school/college program starts with obtaining official invitation. Parent teacher meetings, a patient's school, news paper articles, letters from local IAP or IMA office, are good entry points. After few sessions, other schools/colleges begin to invite the facilitators by word of publicity. One program annually should be the target for each school. Every session must be followed by session for caretakers.

The program for teenagers should cover following topics:

1.	Introduction	Characteristics of teenage (expanding, experiencing, experimenting).
2.	Growth and nutrition	Normal variations, anemia, hazards of "health tonics".
3.	Personal hygiene	Cleanliness, cosmetics, menstrual hygiene, menstrual abnormalities
4.	Common health issues	Acne, dandruff, caries, headache, refractive errors, body odor etc.
5.	Media use and hazards	Screen time, Physical and psychosocial hazards, cyber safety, POCSO
6.	Road traffic accidents	Safe driving, road etiquettes
7.	Peer influence	Good and bad, ways to say "No", assertiveness versus aggressiveness
8.	Substance abuse	Evolution of a habit, stages of drug abuse, hazards, prevention
9.	Sexuality	Healthy expressions, true love, abuse, experimentations, contraception, premarital counseling for young adults
10.	Mental health	Life skills, helping self and others, stress management

The orientation program for teachers and parents should include following topics:

1.	Introduction	Parenting (5 basics)* (see below)
2.	Brain development	Teenage behaviors and hazards, various risk taking behaviors
3.	Communication skills	Dos and don'ts, non verbal communication, conflict resolution
4.	Case scenarios	Social media, depression, drug abuse, teenage rebel, scholastic setback
5.	Conclusions	Question answers and feedback

*The 5 basics of parenting as coined by the Harvard school of psychology are as follows:

1. **Love and connect:** Caretakers should 'unconditionally' love the teenagers. In case of a mischief or misdeed by teens, the parents and teachers must not blame the child and label him/her as wrongful and stupid or lazy. Instead, they should separate the child from the misbehavior and suggest areas for improvement. Any slightest act of improvement must be appreciated genuinely. Nonverbal cues

like smiling, patting on the back or fluffing through the hair show and connect their love for the teenagers. This positive reinforcement encourages teens to exhibit desired behaviors in future.

2. **Guide and limit:** Disciplining children is a joint responsibility of parents and teachers. Teenagers with a fixed daily routine are less likely to break rules. Parents and teachers must clearly demarcate the limits of permissible behaviors in mutual agreement with teens. Such family and school rules may need periodic modifications. Means to follow these rules should be discussed openly and with everyone's agreement. Smaller mistakes should not be exaggerated and over-criticized. Humiliation and punishments may lead to rebellious behavior. Vigilance and periodic surveillance is necessary at least initially. In school, the group leaders and at home, elder sibs can assist the adults in this task.
3. **Monitor and observe:** Caretakers have to monitor children for any deviation from the desired behavior and progress. A regular communication between parents and teachers is mandatory for a coordinated effort. Parents should know the peer group and even the parents of peers of their teenagers for useful and effective monitoring. Any subtle change in teenager's behavior should be acknowledged and necessary steps must be taken early. Resourceful personnel like school psychologists, teen friendly teachers and peer educators should be involved in this process
4. **Model and consult:** Parents and teachers must demonstrate better means of communication and behaviors to the teenagers. It is said that children may not be good listeners but they are good observers and tend to copy the way adults behave and react to various instances. Depiction of any dislike, failure, emotional outburst and safer ways to do so should be first practiced by adults. This is particularly true about eating habits, use of social media, gender empowerment and drug abuse. An adolescent care pediatrician or a psychologist should be consulted early in case the parents or teachers fail to mange such a teenager on their own.
5. **Provide and advocate:** Parents have to make provisions for education and other activities of their children. Adequate means and time for such (unending) provisions is at times troublesome. Ideally, the efforts must begin before the child is born. Day by day, bringing up children is becoming difficult. Every possible effort should be made by the parents to bring out the best in the child. The school has to provide adequate premises for sports and cultural activities in addition to dedicated and well trained staff. Safety and overall development of the students should be the priority. Advocacy and guidance for other teens in the society, teens of friends and relatives will complete the above five basics of parenting and teen care.

The principal aim of these programs is not to resolve caretaker's whole list of issues, but offer them a new insight and methods to handle teens in a compassionate way. Active role of both father and mother along with consistency and unanimity should be emphasized. Although most 'problematic' teenagers present with scholastic deterioration as their presenting symptom, it is some other problem (e.g. drug abuse, media addiction, broken heart, cyber harassment, depression etc) which pilfers adolescent's interests in studies. The pediatrician plan should be to identify and deal with such 'problem around the problem'. Once this obstacle/s is removed, the teen will regain his/her academic capacities and everyone in the family will be benefited. Pure academic deterioration without any obvious cause warrants the appraisal of learning skills and teacher's help.

Family life education programs can be renamed as 'teenager's wellbeing program', 'being healthy, being happy' and 'growing up with responsibility' etc. One can coin the term as per current burning issues. Some

schools may object to “sexuality education program”. The preparation of a particular program needs L.C.D. projector (if available), banners, posters, pamphlets, chits for queries, mike system (for a larger group), drawing sheets with pens (for parenting program case scenarios) and a properly ventilated hall. Formalities like inaugural function, valedictory speeches cause boredom and distractions in the audience and are best avoided.

The real problems cases and chits mentioning alarming issues are discussed with the school authorities at the end and pediatrician has to offer appropriate guidelines and follow up. Family life education program can help to reveal hidden stress, give healthy choices to manage it and thereby ensure physical, emotional and social wellbeing of all adolescents.

Key Messages

1. FLE programs in schools are essential for adolescent health and well being
2. Facilitators should be aware of the challenges and roadblocks of organizing FLE in schools and colleges
3. Pediatricians should partner with school management, teachers and parents to conduct FLE programs
4. Both physical and mental health concerns of adolescents should be addressed through these programs