Original Article

"A Study To Determine The Relationship Between Selected Demographic Variables And Its Effect On The Awareness Of Knowledge Level On Biobehavioural Health Among Adolescent Girls Of Selected Schools In And Around Karad City."

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Abstract

Introduction: Puberty is stage of life when girls reach sexual maturity. This is the time when adolescents experience a change in their physical, social and emotional aspects of life. During this phase of growth, the girls first experience menstruation and related problems marked by feelings of anxiety and eagerness to know about this natural phenomenon. The changes in this period, give people, a new body, a new personality and a new identity. A healthy way of passing this period will positively affect individuals' perspectives on life. Therefore, in this period knowing what the changes taking place are and a right approach will provide the successful shaping adolescents who already live a difficult period. Adolescence is a dynamic period in which individuals physical and psychosocial developments take place. Among psychosocial and biological problems of youth; unhealthy and unbalanced dietary habits rank in the first few. unhealthy diets are important causes of morbidities.

Material and Methods: Evaluative approach. This study conducted in the Marathi medium school in and around Karad city. Using one group pre & post test design was used. Non-probability Purposive sampling technique was used. Sample size was 785 adolescent girls. On 1st day pretest included knowledge of adolescent girl on reproductive health through structured questionnaires, effective educational intervention package was administered followed by post test on 7th day. The data was collected, tabulated and analyzed in terms of using the objective of study was to determine the relationship between selected demographic variables and its effect on the awareness of knowledge level of adolescent girls regarding biobehaviuoral health it contains physical, emotional, psychological changes during adolescent period & Nutritional education.

Result : considering age factor 'p' values at both times <0.0001 which is considered extremely significant, this was indication of improvement in after Adolescent health interventional package, considering standard has some association with pre and post intervention on awareness of knowledge level on biobehaviuoral health of adolescent girl, considering birth order, no. of siblings, age of menarche and source of information 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package

Conclusion: There was association between age and standard of adolescent girls with pre and post intervention on awareness of knowledge level on biobehaviuoral health of adolescent girl.

Keywords: Adolescent girl ,Determine, biobehaviuoral health.

I. INTRODUCTION

The adolescent period is a process in which physical, emotional and psychological changes takes place. Approximately 1/5th of the world's population is constituted by adolescents of 10-19 years and out of which more than 4/5th reside in developing countries. According to United Nations Children's Fund (UNICEF), there are 243 million adolescents comprising 21% of the total population of India which clearly shows that India is truly "young" [1,2] The word adolescence was derived from a Latin word "adolescere" virtually suggests that "to grow into maturity". The higher outcome of adolescent health will be achieved by increasing their awareness on puberty related issues. So the girls need to be properly guided regarding these changes, in order to have a transition to adolescence and their distress in handling

with these changes is reduced. [3] Adequate sleep is essential to support healthy physical development during adolescence. Adolescents are believed to require about 9 to 91⁄2 hours of sleep per night.
The improvement on nutritional status of adolescent may be helping reduction of malnutrition. This is because during this stage, experiencing growth spurt are increasing need for the most nutrients, it is needed for the growth and reproductive health. The objective of this research was to find out the relationship between selected demographic variables and its effect on the awareness of knowledge level on biobehavioural health among adolescent girls.
Adolescence is one of the most imperative stages of growth and development of human life cycle and nutritional imbalance during this stage is supposed to have prodigious impact on proper growth. Adolescent girls between 10 to 19 years and during this period body needs the extra nutritional demands for increase the weight and height , psychological, emotional, social & sexual maturity. [4]

Education of Nutrition is combination of the arts & science in that not only contributes all nutritional information but it also help for understand the people to maintain the good health, sanitary practices, information on food hygiene, yeses of food resources etc. Education of Nutrition is very effective gauge or method to improve the healthy habits related to dietary and also the food choices. [5]

Healthy adolescent will contribute to increased productivity which will reducing the expenditure on health & transmission related to intergenerational on poverty, poor health & also discrimination.
According to the medical dictionary the term bio behavioural health is an adjective which suggests 'that relating to a relationships between physical, psychological, emotional and social processes, as in progression or disease treatment.
Bio-behavioural health refers to the following:
Physical, emotional & psychological changes occuring during period of adolescents. Respondents awareness assessed through awareness knowledge questionaies on above aspects.
Nutritional awareness assessed through awareness knowledge questionaies on Nutritional education. Study objective was to determine the relationship between selected demographic variables & its effect on the awareness of knowledge level of adolescent girls regarding biobehavioural health.

Significance of the study:

To determine the relationship between selected demographic variables & its effect on the awareness of knowledge level of adolescent girls regarding biobehavioural health which will help to minimizing the risk of further complications.

OBJECTIVES OF THE STUDY

To determine the relationship between selected demographic variables and its effect on the awareness of knowledge level of adolescent girls regarding biobehavioural health.

II. MATERIAL & METHODS

Source of data : Adolescent girls studying in 7th, 8th & 9th of selected schools in and around Karad.

Research approach: Quantitative and qualitative approach was used for the study.

Research design: Experimental research design. (prospective study)

Research setting: Selected Marathi medium schools from Karad city and Up to 15 kilometers radius from Karad.

Population: The population of the study comprises of Adolescent girls studying in 7th, 8th and 9th std. from selected school in and around Karad.
Sample : Adolescent girls studying in 7th, 8th, and 9th std. from selected school
in and around Karad..
Sample size: With 95% confidence and 5% error minimum number of adolescent girls required for study is 785 Adolescent girls.
Sampling technique: Convenient sampling technique.

CRITERIA FOR SELECTING THE SAMPLE

The sample selection was based on following criteria.

Inclusion criteria: Adolescent girls:
1. Adolescence girls who between the age group of 12-15 years.

Exclusion criteria: Adolescent girls:
1) Whose parents are not available for giving consent at time of data collection.
2) Who are not available at the time of data collection
3) Adolescent girls who didn't have good auditory or listening capacity

TOOL FOR DATA COLLECTION

Data Collection Tool:

Section I : A Proforma to collect socio-demographic data of participants and their parents.

Section II : A Proforma to collect the information regarding awareness of knowledge level on Biobehavioural health among adolescent girls.
Awareness of the knowledge level regarding physical, emotional, psychological changes during Adolescents period & nutritional education.

Section III: Association of selected demographic variables on knowledge of adolescent girls regarding reproductive health

PLAN FOR DATA COLLECTION:-

- Ethical clearance was obtained from ethical committee of KIMSDU, Karad.
- In and around Karad Taluka up to 15 kilometers radius from Karad total 37 marathi medium schools are there among them 10 schools was selected by lottery method and under that 7th, 8th and 9th std. adolescent girls was selected from (261) 7 th std, (261) 8 th std & (262) 9 th std adolescent girls from Marathi medium schools in and around Karad city. After obtaining their assent and the consent of their parents. The data was collected 785 adolescent girls. More samples was taken to prevent attrition rate (mortality) or drop out.
- Informed consent was obtained from concerned authority Principal of the school.
- Purpose of the study was explained to the parents and participant and informed consent will be obtained from the parents of girls who are below age of 17 years and those girls are above 18 years old child assent will be obtained from them.

OPERATIONAL PLAN AND DATA COLLECTION PROCEDURE:

Phase -I

Conduct Focus group discussion involves gathering the stakeholders like adolescent girls, parents and teachers and discuss on adolescent period where the researcher ask the question and understand the parent child interpersonal engagement and perceived barriers to family support by the adolescent girls.

- Validate the tools and determine their Reliability
- Train a team of trained assistants / educators and ensure preparation through objective evaluation of their knowledge using structured questionnaire and competency through Microteaching sessions.
- Prepare a schedule for a parent meeting, health education session.
- Obtain permissions from appropriate authorities like school approval.

Phase -II

Obtain written consent from the parents of the adolescent girls and assent from the adolescent girls through a orientation program

- Randomly selected 30 girls in each class for pilot study.

Phase- III

- Conduct pre-test of awareness of knowledge level on biobehaviuoral health among respondents to providing pre test awareness knowledge questionaries.
- Administration of intervention package on Awareness of the knowledge level on bio behavioural health and delivered educational session on biobehavioural health of adolescent girls.
- Administer Post test after one week of the delivery of the program with help of school teachers.

Adolescent health intervention package:

Consist of Focus group discussion, educational intervention on biobehaviuoral health & Tend& befriend program: a parent based intervention
Tend& befriend program: This program refers to a health interaction of the researcher with the parents of the adolescents which would include delivery of knowledge and discussion regarding biobehaviuoral health.

III RESULTS

Section I Table 1– A Distribution of demographic characteristics of Adolescent Girl (n=785)

Demographic Variables	Frequency	Percentage
Age		
12 yrs	81	10.32
13 yrs	242	30.83
14 yrs	266	33.89
15 yrs	194	24.71
16 yrs	2	0.25
Std		
7 th	226	28.79
8 th	189	24.08
9 th	370	47.13
Birth order		
1 st	339	43.18
2 nd	356	45.35
3 rd	77	9.81
4 th	10	1.27
5 th	2	0.25
6 th	1	0.13
No. of Siblings		
0	13	1.66
1	463	58.98
2	229	29.17
3	63	8.03
4	13	1.66
5	2	0.25
6	2	0.25
Age of Menarche		
11 yrs	18	2.29
12 yrs	177	22.55
13 yrs	344	43.82
14 yrs	162	20.64
15 yrs	7	0.89
No Menarche	77	9.81
School Name		
1	107	13.63
2	90	11.46
3	69	8.79
4	74	9.43
5	26	3.31
6	82	10.45
7	32	4.08
8	128	16.31
9	80	10.19
10	97	12.36
Source of information regarding adolescent health		
Friends	170	21.66
Other	23	2.93
Parents	382	48.66
Teacher	210	26.75

Above table reveals that ,majority 266 (33.89%) adolescent girls were in the age group of 14 years old. 262 (33.37%) were std 7 th & 262 (33.37%) were std 8 th, 355(45.22%) were 2 nd birth order, 463 (58.98%) were 1 no. of siblings, 344 (43.82%) were 13 age of menarche, 128(16.31%) were 8 no of school. 382 (48.66%) of adolescent girls received information regarding adolescent health from her parents.

Section I - Table 2: B – Distribution of demographic characteristics of adolescent girl parents (n=785)

Demographic Variables	Frequency	Percentage
Mothers Education		
Illiterate	10	1.27
Primary	110	14.01
Secondary	446	56.82
Higher secondary	153	19.49
Graduate	58	7.39
PG	8	1.02
Fathers Education		
Illiterate	5	0.64
Primary	56	7.13
Secondary	349	44.46
Higher secondary	238	30.32
Graduate	119	15.16
PG	18	2.29
Mothers Occupation		
House wife	673	85.73
Government Employee	11	1.40
Private Employee	41	5.22
Self Employee	28	3.57
Daily Employee	32	4.076
Fathers Occupation		
Government Employee	16	2.04
Private Employee	137	17.45
Self Employee	525	66.88
Daily Employee	105	13.38
Unemployed	2	0.25
Family Income (monthly)		
Below 5000	1	0.13
5001-10000	63	8.03
10001-15000	257	32.74
15001 & above	464	59.11
Type of family		
Joint	409	52.10
Nuclear	376	47.90
Residence		
Rural	491	62.55
Urban	294	37.45

Above table revealed that majority of adolescent girl mothers 446 (56.82%) received secondary education , majority of adolescent girl fathers 349 (44.46%) received secondary education, Majority adolescent girls mothers occupation 673(85.73%) were housewife. Majority adolescent girls fathers occupation 525(66.88%) were self employee 464 (59.11%) had monthly income of 15001 & above 409 (52.10%) adolescent girls parents belongs to Joint family. Majority of adolescent girls parents 491(62.55%) belongs to Rural residence.

Section: II : Table 3: Awareness of the knowledge level regarding physical, emotional, psychological changes during adolescent period & Nutritional education (54)

Knowledge Score	Pre Test Knowledge Frequency (%)	Post Test Knowledge Frequency (%)
Poor (0 - 18)	59 (7.51%)	0 (0.00)
Average (19 – 36)	726(92.48)	12 (1.52)
Good (37 – 54)	0 (0.00)	773 (98.47)

Table 4: (n=785)

		Post test Awareness of Adolescent girls					
		Average		Good		Total	
Pre test Awareness		No.	%	No.	%	No.	%
	Poor	2	0.25	57	7.26	59	7.51
	Average	10	1.27	716	91.21	726	92.48
	Total	12	1.52	773	98.47	785	100

Above table depicts that those adolescent girls 7.51%& 92.48% having poor& average knowledge respectively after administration of intervention package on Awareness of the knowledge level regarding physical, emotional, psychological changes during adolescent period & Nutritional education. Majority adolescent girls 98.47% & 1.52 % changed into good & average knowledge respectively and nobody remain in poor category after listening interventional package.

Table 5:

	Pre Test			Post Test		
Awareness Score	Poor No. (%)	Average No. (%)	Good No. (%)	Poor No. (%)	Average No. (%)	Good No. (%)
Physical changes during adolescent period (11)	122(15.54)	663(84.46)	0 (0.00)	0 (0.00)	112 (14.27)	673(85.73)
Emotional changes during adolescent period (10)	25 (3.18)	751(95.67)	9(1.15)	0 (0.00)	0 (0.00)	785 (100.00)
Psychological changes during adolescent period (10)	699 (89.04)	86 (10.96)	0 (0.00)	0 (0.00)	97 (12.36)	688 (87.64)
Awareness regarding Nutritional Education (23)	26(3.31)	759(96.69)	0 (0.00)	0 (0.00)	33(4.20)	752(95.80)

Table 6 : Mean ±SD awareness score of adolescent girl regarding physical, emotional, psychological changes during period of adolescence & Nutrition education .(n=785)

Pre Test Mean ± SD	**Post Test Mean ± SD**	**Gain (Difference) Mean ± SD**	**Paired t test value**	**P value**
21.9171 ±2.222	**40.8127 ±2.306**	**18.896 ±3.421**	**154.75**	**<0.0001**

Above Table reveals that, mean ± SD post test knowledge score was higher than mean ± SD pre test knowledge score. There was significant difference was found between mean ± SD pre test and post test knowledge score. (P <0.0001)

Section III : Table 7: Association between Age &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

Age	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
12,13	323 (41.14)	21.3962 ±2.153	40.0123 ±1.847
14,15,16	462 (58.85)	22.2813 ±2.198	41.3722 ±2.428
Unpaired 't' test value		5.598	8.493
'P' value		<0.0001	<0.0001

Above table reveals that unpaired 't' test value Before Adolescent health interventional package was 5.598& after Adolescent health interventional package was 8.493 as 'p' values at both times <0.0001 which is considered extremely significant, this was indication of improvement in after Adolescent health interventional package as compared to Before Adolescent health interventional package in both age groups.

Table 8: Association between standard &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

standard	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
7	262 (33.37)	21.8282 ±1.945	39.7480 ±1.710
8	262 (33.37)	21.9274 ±2.337	40.6870 ±1.702
9	261 (33.24)	21.9961 ±2.364	42.0076 ±1.755
F value		0.3771	75.406
'P' value		0.6860	<0.0001

Above table reveals that One way ANOVA was used to check the equality of means of awareness scores for before and after Adolescent health interventional package for different standard wise of adolescent girl. standard wise comparison of awareness scores before and after Adolescent health interventional package revealed that awareness scores were different for before as well as for after Adolescent health interventional package. This indicates standard has some association with pre and post intervention on awareness of adolescent girl.

Tukey's multiple comparison test was done to check between which pair of standard groups, there were significant differences. It was found that, before Adolescent health interventional package, there was no significant difference between 7th& 8th and 9th std After Adolescent health interventional package, there was significant difference between 7th& 8th (P<0.001) 7th& 9th (P< 0.001) & 8th& 9th(P< 0.001)

Table 9: Association between Birth order &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

Birth order	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
1	340 (43.31)	22.0764 ±2.074	40.7058 ±2.184
2& above	445 (56.68)	21.7955 ±2.323	40.8943 ±2.394
Unpaired 't' test value		1.758	1.135
'P' value		0.0791	0.2566

Above table reveals that unpaired't' test value Before Adolescent health interventional package was 1.758 & after Adolescent health interventional package was 1.135. As 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package as compared to Before Adolescent health interventional package in both birth order.

Table 10: Association between no. of siblings &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

no. of siblings	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
0-1	476 (60.63)	21.9012 ±2.250	40.8697 ±2.297
2& above	309 (39.36)	21.9417 ±2.181	40.7249 ±2.320
Unpaired 't' test value		0.2493	0.8597
'P' value		0.8032	0.3902

Above table reveals that unpaired t' test value Before Adolescent health interventional package was 0.2493 & after Adolescent health interventional package was 0.8597. As 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package as compared to Before Adolescent health interventional package in both no. of siblings groups.

Table 11: Association between age of menarche &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

age of menarche	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
11-13	539 (68.66)	21.9610 ±2.231	40.7847 ±2.191
14,15 & No	246 (31.33)	21.8211 ±2.202	40.8739 ±2.542
Unpaired 't' test value		0.8182	0.5026
'P' value		0.4135	0.6154

Above table reveals that unpaired 't' test value Before Adolescent health interventional package was 0.8182 & after Adolescent health interventional package was 0.5026 As 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package as compared to Before Adolescent health interventional package in both age of menarche groups.

Table 12: Association between source of information &pre & post awareness scores regarding physical, emotional, psychological changes during period of adolescence and nutrition education of adolescent girls

source of information	No. %	Pre test awareness	Post test awareness
		Mean ±SD	Mean ±SD
Friends & other	193 (24.58)	22.0259 ±2.060	40.5958 ±2.209
Parents & teachers	592 (75.41)	21.8817 ±2.272	40.8834 ±2.334
Unpaired 't' test value		0.7826	1.506
'P' value		0.4341	0.1324

Above table reveals that unpaired't' test value Before Adolescent health interventional package was 0.7826 & after Adolescent health interventional package was 1.506 As 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package as compared to Before Adolescent health interventional package in both source of information related to adolescent health groups.

IV DISCUSSION

Adolescence as a transition between period of childhood & adulthood is a relatively new concept in developing countries, where such transition tended to be a more rapid event marked by the beginning of reproductive maturity. It is very stressful developmental period of adolescents filled with major changes like physical development, sexuality, and cognitive development, emotionality, and also relation with the others. Adolescents also experience significant changes in their ability to assess and comprehend complex situations and information and in their desire to become independent, unique individuals. So, this study aims to determine the relationship between selected demographic variables & its effect on the awareness of knowledge level of adolescent girls regarding biobehavioural health.

In the present study total knowledge on biobehavioural health depicts that those adolescent girls 7.51%& 92.48% having poor& average knowledge respectively after administration of intervention package on Awareness of the knowledge level regarding physical, emotional, psychological changes during adolescent period & Nutritional education. Majority adolescent girls 98.47% & 1.52 % changed into good & average knowledge respectively and nobody remain in poor category after listening educational intervention of interventional package.Total knowledge on biobehavioural health reveals that , mean ± SD post test knowledge score was higher than mean ± SD pre test knowledge score. There was significant difference was found between mean ± SD pre test and post test knowledge score. (P <0.0001) above findings supported to study conducted by Pandit Sandya et al did an Discriptive cross sectional study to assess awareness and attitude towards pubertal changes among adolescents. 205 subjects selected using purposive sampling were administered semi-structured interview schedule questionnaire. Study found that 16% adolescents level of awareness was very good, 47% adolescents level of awareness was good, 28% adolescents level of awareness was average and 9% adolescents level of awareness was below average regarding the pubertal changes. However only 11% adolescents showed that attitude was moderately favourable, while 89% adolescents unfavourable attitude towards the pubertal changes. Study found there was the significant difference in level of awareness of adolescents according to the education & age. Based on study findings researcher recommend that there is need for attitude promoting the awareness program on pubertal changes during adolescents period to help the adolescents prevent from the anxiety, stress, , depression and frustration associated with the pubertal changes during adolescent period.[6]

In the present study Mean ±SD knowledge score of adolescent girl regarding physical, psychological, emotional changes during period of adolescents & nutritional education reveals that mean ± SD post test awareness of knowledge level score was higher than mean ± SD pre test awareness of knowledge level score. There was significant difference was found between mean ± SD pre test and post test awareness of knowledge level score. (P <0.0001). The results of the present study are in congruent with the study of A. Begum, et al did cross sectional study who found nutritional status of adolescent girls in a rural area, study was carried out among 106 adolescent girls. Study showed that adolescent girl nutritional profiles was improved by implementation of nutritional education program effectively, facilitating primary health care program, providing supplementary food and creating the awareness on nutritional knowledge. [7]

In the present study considering age factor 'p' values at both times <0.0001 which is considered extremely significant, this was indication of improvement in after Adolescent health interventional package, considering standard has some association with pre and post intervention on awareness of knowledge level of adolescent girl, considering birth order, no. of siblings, age of menarche and source of information 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package above findings supported to study conducted by Hanuman B et al did an Descriptive exploratory design study to assess the knowledge and issues, regarding physiological and psychological changes during puberty among adolescent girls in selected schools of Narhe. A semi structured questionnaire and Likert scale was used for data collection. 50 students were selected using nonprobability convenience sampling technique. Study showed that adolescents girls having puberty go through the anxiety, stress & maladjustment. Knowledge on puberty is greater in educated families of adolescent girls. Study found that the girls having puberty needs extra guidance & support from peer groups & families. They found that there was significant relation between issues, knowledge & selected demographic variables. Study showed that there is beneficial use of assessment of knowledge and issues on psychological & physiological changes during phase of puberty.[8]

Analysis of the results of the present study indicated that more than two third of the students in respondents agree on important that the educational curriculum includes biobehavioural health which reflect student's needs to health education about reproductive health and help in clarify and strengthen positive values and attitudes. These results go in line with the recommendation of the World Health Organization **(WHO, 2008**) (9) that biobehavioural health education be provided within the context of school programs and activities that promote health. This project has accepted by the students, parents, and school administrators (**Tawfik, 2011)** (10)**.** Also **Kirby D, et al. (2005)** (11) reported that in order to young people make good decisions about biobehavioural health, they need good information, values and attitudes consistent with health goals, skills to behave consistently with their knowledge and values, and access the qualitative health services. Education based curriculum can be contribute to the provided as per need of young generation in the structured format, with approaches which is flexible can be implimentation of variety of the different settings

V CONCLUSION & RECOMMENDATIONS

During the study it was observed that, all the respondents were very conscious and interested to learn on biobehavioural health, the selected aspects about the physical, emotional, pschological changes during period of adolescents and nutritional education. Adolescent girls are often lack in basic health information or they have poor or less nutritional knowledge and health awareness or some taboos. As a result, their eating patterns are quite erratic and they are more vulnerable to the effects of malnutrition. But they have a positive tendency to learn more about nutrition education. Thus, an effective communication and nutrition education can play a significant role to enhance their nutritional awareness and good health.

Result depicts that among selected demographic variables age factor 'p' values at both times <0.0001 which is considered extremely significant, this was indication of improvement in after Adolescent health interventional package, considering standard has some association with pre and post intervention on knowledge of adolescent girl, considering birth order, no. of siblings, age of menarche and source of information 'p' values at both times >0.05 which is not significant, this was indication of similar improvement in after Adolescent health interventional package. Present study analysis result indicated that more than two third of the students in all respondents agree on important that the educational curriculum includes biobehavioural health which reflect student's needs to health education about biobehavioural health and help in clarify and strengthen positive values and attitudes

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