

Adolescence Education Programme

Reference Material

For Heads of Schools and Teachers



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List of Abbreviations

AEP	-	Adolescence Education Programme
AIDS	-	Acquired Immune Deficiency Syndrome
AHI	-	Adolescent Health Issues
ART	-	Anti-retroviral Therapy
CBSE	-	Central Board of Secondary Education
COBSE	-	Council of Boards of School Education in India
ELISA	-	Enzyme Linked Immunosorbent Assay
HIV	-	Human Immunodeficiency Virus
HAART	-	Highly Aggressive Anti-Retroviral Therapy
KVS	-	Kendriya Vidyalaya Sangathan
MHRD	-	Ministry of Human Resource Development
MoHFW	-	Ministry of Health and Family Welfare
MoYAS	-	Ministry of Youth Affairs and Sports
NACO	-	National AIDS Control Organisation
NCERT	-	National Council of Educational Research and Training
NIOS	-	National Institute of Open Schooling
NT	-	Nodal Teacher
NVS	-	Navodaya Vidyalaya Samiti
PCR-DNA	-	Polymerase Chain Reaction-Deoxyribonucleic Acid
PLWHA	-	People Living With HIV/AIDS
RCH	-	Reproductive and Child Health Programme
RTI	-	Reproductive Tract Infection
SRP	-	State Resource Person
STI	-	Sexually Transmitted Infection
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
UNODC	-	United Nations Office on Drugs and Crime
VIPP	-	Visualisation in Participatory Processes
ICTC	-	Integrated Counselling and Testing Center

Section I

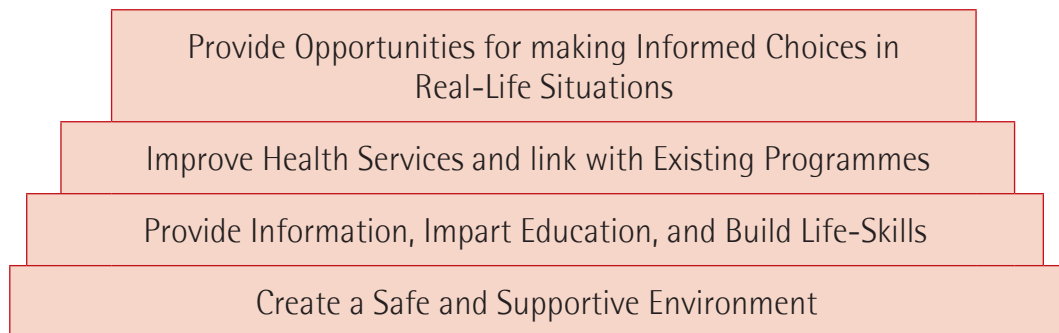
Healthy Growing Up, Adolescent Health Issues (AHI)

1.1 Perspective Building on the Development of Life-Skills

Vision of Healthy and Empowered Adolescents

Health is a state of Physical, Mental and Social well-being, and not merely the absence of disease or infirmity (WHO). The Spiritual component of Health is also now considered to be an important integral part of well being. Adolescents are healthy when they follow a Healthy Lifestyle. Empowered Adolescents are able to make informed choices in their personal and public lives. This is achieved by providing information, education, and services in a supportive environment, so that Adolescents can learn from their experiences and build their skills for facing the challenges of growing up.

This vision may be seen in the following building blocks of initiatives aimed at Empowering Adolescents:



Concept of Life-Skills

In recent years, the concept of Life-Skills has become popular, particularly in the context of Health and Reproductive Health. WHO, while initiating Life-Skills Education, conceptualised Life-Skills as Psychosocial Competence. Psychosocial Competence is an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behaviour while interacting with others and with his/her culture and environment. Thus conceived, **Life-Skills are defined as 'the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life' (WHO).** 'Adaptive' means that a person is flexible in approach and is able to adjust to different circumstances. 'Positive behaviour' means that a person is forward-looking, and that even in difficult situations he/she can find a ray of hope and find solutions to problems.

The terms Livelihood Skills and Occupational/Vocational Skills refer to Capabilities, Resources, and Opportunities for Pursuing Individual and Household Economic Goals, and relate to Income-Generating abilities. Thus, Life-Skills are distinct from Livelihood Skills.

Key Life-Skills

Life-Skills include Psychosocial Competencies and Interpersonal Skills that help people to make Informed Decisions, Solve Problems, Think Critically and Creatively, Communicate Effectively, Build Healthy Relationships, Empathise with others, and manage their lives in a Healthy and Productive manner. Essentially, there are two kinds of skills—those related to thinking, called **Thinking Skills**, and those related to dealing with others, called **Social Skills**. While Thinking Skills relate to reflection at a personal level, Social Skills relate to Interpersonal Skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that is needed for learning assertive behaviour and negotiating effectively. Negotiation may be seen as a skill not only in making rational decisions but also in being able to make others agree with one's point of view. To do that, it is important to first come to terms with oneself. Thus, self-management is an important skill, calling for managing and coping with one's feelings, emotions, and stress, and resisting peer and family pressure. Young people as advocates need both thinking and social skills for consensus building and for advocacy on issues of concern.

The ten core Life-Skills as described by WHO are:

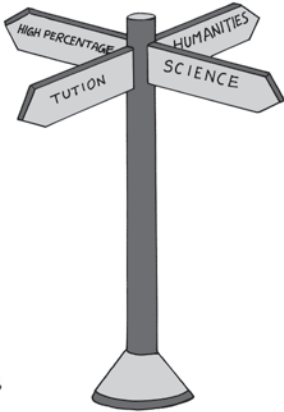
1. Self-Awareness
2. Empathy
3. Critical-Thinking
4. Creative-Thinking
5. Decision-Making
6. Problem-Solving
7. Effective-Communication
8. Interpersonal-Relationship
9. Coping with Stress
10. Dealing with Emotion

Self-Awareness means the recognition of 'self' and of our character, our strengths and weaknesses, our likes and dislikes. Developing Self-Awareness can help us in recognising when we are stressed or feel under pressure. It is often a prerequisite to Effective-Communication and Interpersonal-Relations, as well as for developing Empathy for others.

Empathy is the ability to understand what life is like for another person, even in a situation with which we may not be familiar. Empathy can help to accept others who may be very different from us. This can improve Social Interactions, Especially in situations of ethnic or cultural diversity. Empathy can also encourage the adoption of a nurturing attitude towards people in need of care and assistance, or tolerance and understanding, as in the case of PLWHA or people with mental disorders, who may be stigmatised and ostracised by the very people on whom they depend for support.

Critical-Thinking is the ability to analyse information and experiences in an objective manner. It can contribute to healthy living by helping us in recognising and assessing the factors that influence attitudes and behaviour, such as values, Peer-Pressure, and the media.

Creative-Thinking is a novel way of seeing and doing things. It consists of four components— Fluency (generating new ideas), Flexibility (shifting perspective easily), Originality (conceiving something new), and Elaboration (building on other ideas).



Decision-Making helps us in deal constructively with important issues in our lives and take appropriate action. This can have consequences for Healthy-Living. It teaches us how to be proactive in Making-Decisions about our life in relation to a Healthy-Assessment of the different options available and in determining what effects these different decisions are likely to have.

Problem-Solving helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause Mental-Stress and give rise to accompanying physical strain.

Interpersonal-Relationship skills help us to relate in positive ways with the people with whom we interact. This means being able to maintain friendly relations with family, friends, and colleagues, which can be of great importance to our mental and social well-being as well as an important source of Social Support. Interpersonal-Relationship Skills also mean being able to end relationships constructively without bitterness and anger.

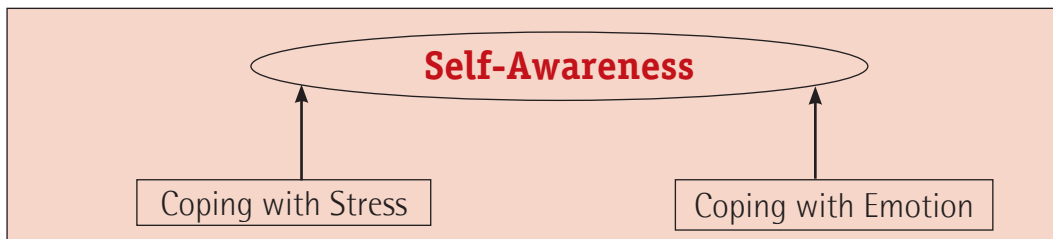
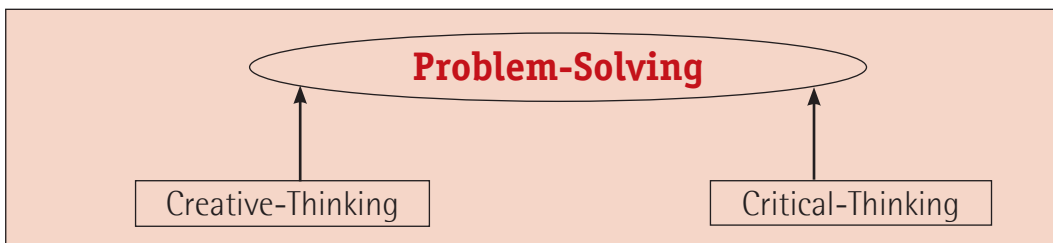
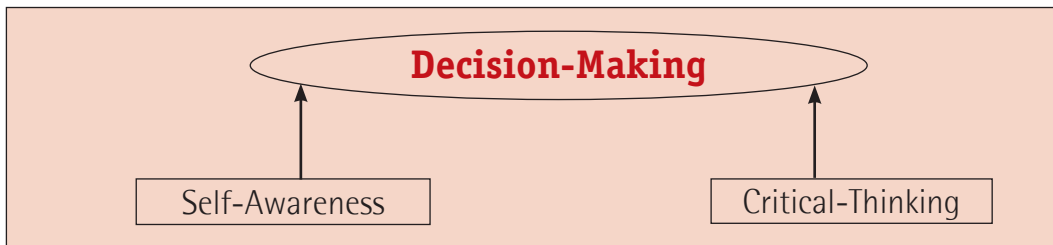
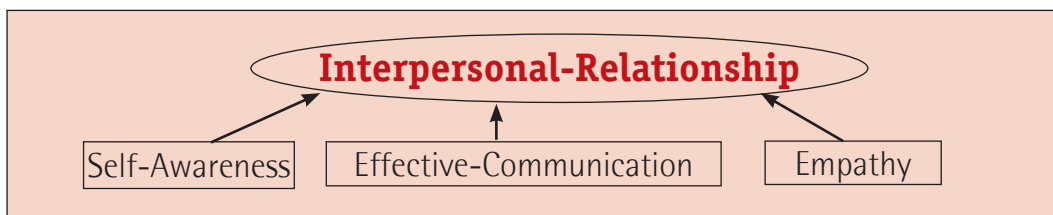
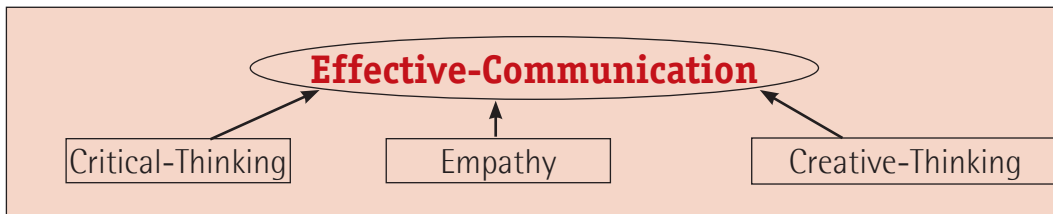
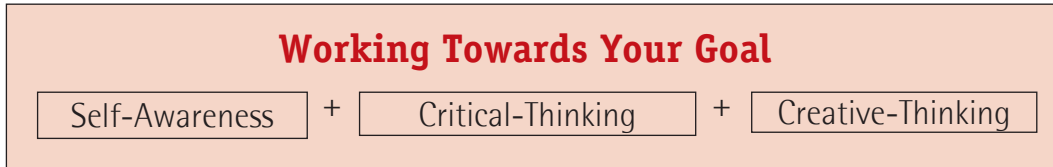
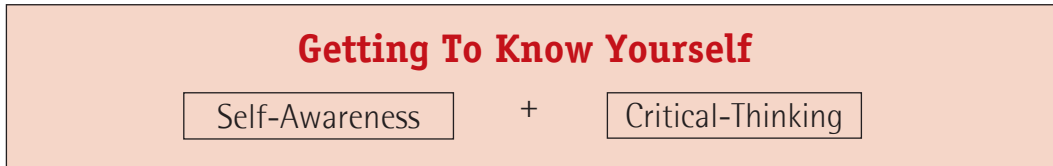
Effective-Communication means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express our opinions and desires, and also our needs and fears. It means being able to ask for advice and help in times of need.

Coping with Stress means recognising the sources of Stress in our lives, recognising how Stress affects us, and acting in ways that help us control these levels of Stress, by changing our environment or lifestyle and by learning how to relax.

Dealing with Emotions means recognising our Emotions as well as those of others, being aware of how Emotions influence behaviour, and being able to respond to Emotions appropriately. Intense Emotions like Anger or Sadness can have negative effects on our Health if we do not respond appropriately.

Interaction between Life-Skills

The process of categorising the various Life-Skills may inadvertently suggest distinctions among them. However, many Life-Skills are interrelated, and several of them can be taught together in a learning activity.

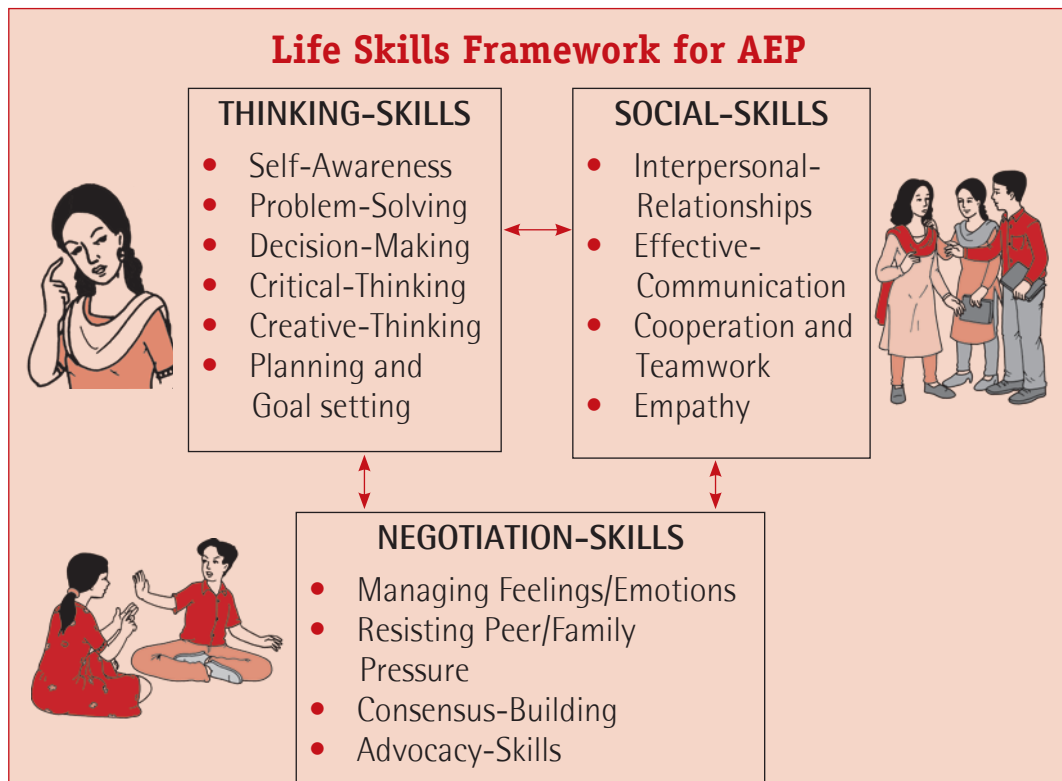


Life-Skills framework for Adolescence Education Programme [AEP]

Thinking-Skills are the abilities that govern a person's mental process and helps the individual to make sense out of experiences. They comprise Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation. *Social-Skills* are the abilities needed for initiating and maintaining relationships with others both within and outside the family. *Negotiation-Skills* are the outcome of Thinking-Skills and Social-Skills. *Rational Thinking* leads to Informed Choices, and *Effective Communication* helps one to get one's ideas accepted by others.

The following are the outcomes of using these Life-Skills:

- **Planning and Goal-Setting Skills** require visioning and assessing one's own Resources and Opportunities for achieving certain Goals and Tasks.
- **Cooperation and Teamwork** means respecting the contribution of others and appreciating their different styles of working. This means assessing one's own Abilities, Talents, and Skills, and Contributing this to the group in order to achieve certain Goals and Objectives.
- **Refusal-Skills** means the ability to say 'no' to family, friends and colleagues, and to resist Peer-Pressure, based on Rational-Thinking and Effective-Communication.
- **Advocacy-Skills** include the ability to Influence, Convince, and Persuade others, and to Network effectively.



(Source: UNFPA (2005). *Life Skills Education for Adolescent Health and Empowerment: India Perspective*. Technical paper.

Life-Skills for Adolescent Health Issues (AHI)

Life-Skills in the context of AHI have been defined as **‘psychosocial abilities and competencies that help to attain Physical, Mental and Social well-being in respect of Reproductive and Sexual Health among Adolescents and Youth, Empowering them to take positive actions, to opt for efficacious lifestyle choices, to protect themselves from risky situations and to build Healthy Interpersonal and Social-Relationships’** (NCERT 2005).

This definition differentiates Life-Skills from other skills primarily because these are: (a) Psychosocial competencies directed towards personal actions or actions directed towards others; (b) Problem-Specific Skills where the problems are related to behaviour, and where behaviour is related to an inability to deal with the Stresses and Pressures of life; and (c) Interpersonal-Skills empowering individuals to interact with the self as well as with others, to develop a Healthy Lifestyle and to adopt responsible behaviour.

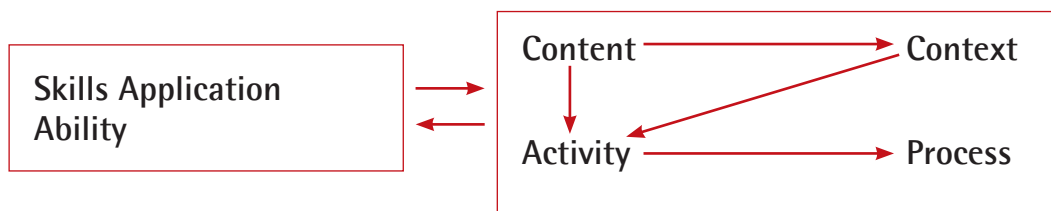
Role of the Educational Sector in the Development of Life-Skills

In School Education, the Content and Pedagogical Processes are expected to develop skills related to all the subject areas that are part of the School Curriculum. However, it is commonly felt that the transaction process of the School Curriculum has not been able to lay the desired emphasis on Skill-Development, and more so on Life-Skills Development. The existing teaching-learning methods focus mainly on the transmission of information and the imparting of knowledge to learners. There is an urgent need, therefore, to ensure that school education lays greater emphasis on the development of Life-Skills. In this context, the following points merit consideration:

- Life-Skills Education is necessary because skills in relation to everyday life form the foundation for promoting Physical, Social, and Mental well-being, healthy interaction with others, and positive behaviour among individuals. These Life-Skills enable people to translate knowledge, attitudes, and values into actual abilities, i.e. the knowledge about ‘what to do and how to do it’.
- It can influence the way individuals feel about themselves and others, and also the way that they think others perceive them. It contributes towards developing among them proper perceptions of Self-Efficacy, Self-Confidence, and Self-Esteem.
- As is evident from the analysis of the emerging Health Scenario, including Reproductive and Sexual Health Problems, young people are not adequately equipped with skills for dealing with the increased demands and stresses that they experience. Given the critical implications of these problems, it is necessary to enhance the ability of Adolescents and youth to take greater responsibility for their own lives by making Healthy Choices, by Resisting Negative Pressures, and by avoiding risky behaviour.

- It is important to equip Adolescents with Life-Skills because the influence of traditional support systems such as family and community and other cultural factors is waning as a result of rapidly changing cultures and lifestyles. These traditional support structures are no longer adequate considering the forces that influence young people today.
- Rapid social changes resulting from Modernisation, Urbanisation, Globalisation, and the influence of the mass media have made the lives of young people—including their expectations, values, and outlook—very different from those of older generations. This is more so in matters regarding Reproductive and Sexual Health Issues, as young people are not sufficiently equipped with the right Life-Skills for dealing with these sensitive issues. The threat of the AIDS pandemic and the rapidly growing risk of Substance-Abuse among Adolescents demand urgent efforts for Life-Skill Development among them.
- Life-Skill Education facilitates the utilisation of **Protective Factors** such as Healthy and Open-Relationships with Adults, a supportive school environment, etc.

In the context of Adolescence Education, skill development is the first step



towards the ability to apply skills. The framework for Life-Skills development has the following four major components (NCERT 2005):

Context: Educational interventions aimed at the development of Life-Skills application are effective only when focused on the specific context. The intervention needs to be designed and operationalised differently for different contexts, and more particularly for a sensitive context like AHI.

Content: The design of educational intervention has to take note of the content area and also specific Life-Skills. Since most of the contents of Adolescence Education are very sensitive, the interventions to be made should be conceived well. The interventions should do justice to the contents as well as the objectives of developing the specific Life-Skills. It is important to identify the Life-Skills that are required and also the reasons for this selection.

Activity: In order to organise educational interventions for Life-Skills development effectively, it is important to identify activities both Curricular and Co-Curricular that have the potential for developing Skill-Application Ability. A number of activities may appear to be effective in terms of skill development. But certain specific activities will be more appropriate than

others in respect of a particular Life-Skill. For example, Role-Play can be appropriate in respect of Negotiation-Skills or Interpersonal-Skills or Skills-Related to Empathy.

Process: An activity can be organised for attaining various objectives. It is the process of organising the activity that makes a fundamental difference—by providing exact directions for attaining the desired objective. Group-Discussions may help in Attaining Knowledge, Understanding, and even Attitude-Related Objectives. However, if the aim is to Attain Skill-Development-Related Objectives, the Group-Discussions will have to be planned and conducted according to a particular process that maintains its focus throughout on Skill-Development.

Application of the Life-Skills

Building the Life-Skills of Adolescents is a process of Empowering them. It is an Interactive Teaching-Learning and Experiential-Learning Process using Culture-Specific Methods and Materials. It recognises the right of Adolescents to Health Information and Services. Gender Sensitisation is built into the content and processes.

Addressing Gender Concerns

Gender is a Social Construct. Gender Equality is a key issue in building Communities, Reducing Poverty and Helping to save lives. Empowering Adolescents implies enabling them to make informed decisions and access Information, Education and Services to achieve Personal Aspirations and Goals.

- Self-Awareness and Critical-Thinking not only promote a deeper understanding of their own identity, but also helps in understanding Gender-Discrimination and identifying the factors contributing to this situation.
- Problem-Solving and Decision-Making Skills enable them to explore alternatives and find solutions to problems related to continuing Education, Pursuing Vocational Interests, deciding on the age of marriage and the choice of partners. They learn how to deal with Sexual Harassment and Violence.
- Interpersonal and Communication Skills enable Adolescents to share their personal concerns and articulate their needs. They can strengthen relationships with others and seek timely help as and when needed. Breaking their silence is especially important for girls. Stereotyped images can be changed to project positive images of Self-Assured and Confident People, Especially Women.
- Empathy helps them to identify with the victims of Domestic Violence and Sexual Harassment.
- Cooperation and teamwork helps them in becoming members of larger groups, so that they can address problems collectively.

- Negotiation Skills enable Adolescents to deal with family and Peer-Pressure. Assertiveness training enables girls and young women to persuade their parents to allow them to continue their education, to postpone marriage, and to have a say in the selection of their life partners. Negotiation-Skills help girls and young women in planning their families, that is, to decide whether to have children by choice and not by chance. The Advocacy Skills of Adolescent Peer Educators can help sensitise policy makers and opinion leaders about Gender Issues, so that positive action can be taken at the policy level.

HIV Prevention

Adolescents can enhance their *Thinking-Skills* by finding reliable sources of Information on the Process of Growing Up, Human Sexuality, Conception, Contraception, RTIs, STIs, and HIV/AIDS. By improving their Critical-Thinking, they can learn to recognise how a situation might turn risky or violent. Problem-Solving Skills help them in analysing a variety of potential situations for Sexual-Interaction and to determine a variety of actions that they might be taken and the consequences of such actions. They can critically analyse the validity of myths and misconceptions about HIV/AIDS, Gender Roles, and body images that are perpetuated by the mass media.

Adolescents can enhance their *Social-Skills* by Communicating with Parents and others, by sharing their concerns, and by seeking advice on sensitive personal matters. They can improve their Interpersonal-Relationships by showing an interest in and listening to others. They can abstain from Sex before Marriage. Adolescents can demonstrate their support for the prevention of discrimination against people living with HIV/AIDS (PLWHA). They can empathise with HIV infected people, and can become caring and compassionate towards them.

The *Negotiation-Skills* of Adolescents are enhanced when they encounter Peer-Pressure. They can refuse Sexual Acts. They can learn to manage Stress and Emotions, and seek timely help to overcome trauma. They can become Advocates by presenting arguments for improving the access of Adolescents to Sexual and Reproductive Health Information, Skills, Services, and Counselling.

Methods for Enhancing Life-Skills

Life-Skills are enhanced by using interactive methods that make learning Meaningful, Relevant, and Interesting. These methods equip young people with Knowledge, Abilities, and Skills. Some common methods are Group Discussions, Brainstorming, Skits and Role-Playing, Question Box, Case Studies, Games and Simulations, Debates, Quiz Competitions, Poster/Painting Vompertitions, and VIPP (Visualisation in Participatory Proceses).

Group Discussion

Group Discussions can be organised for small or large groups. The Group examines a problem or topic of interest with the purpose of gaining a better understanding of the subject, identifying the best solution, and suggesting new ideas and directions for the group. Group members contribute relevant and appropriate inputs to the discussion, thus enhancing their Thinking and Critical-Skills. Social-Skills are enhanced when group members listen to the views of others, communicate their Own Views, Work in Teams, and Learn to Empathise. Negotiation Skills are enhanced when group members play an assertive role in consensus building on the issues being discussed.



For organising an effective Group-Discussion, it is important to:

- Ask the group to designate a Moderator or Reporter;
- Arrange the seating to facilitate interaction among group members;
- Lay down specific terms of reference for group work in order to focus the discussion on Key-Issues;
- Encourage a group member to summarise the discussion and present it to the others; and
- Allow time for presenting group work and for offering clarification when group findings are presented.

Brainstorming

Brainstorming is a method used for solving problems or for generating possible solutions to a problem. The purpose of brainstorming is to come up with as many ideas as possible without regard to quality. As many team members can possibly contribute their thoughts. The quantity of the suggestions and ideas is far more important than the quality, and even the wildest ideas are accepted and recorded. Brainstorming helps to consolidate previous learning and allows learners to generate ideas quickly and spontaneously. Thinking-Skills (Creative and Critical-Thinking) are enhanced by giving appropriate, spontaneous, and quick responses to the problem at hand. Communication-Skills are enhanced by expressing one's views effectively and persuasively in front of others. Groups are encouraged to be tolerant and acceptable of ideas from all, without making any judgements.

- Arrange the seating so that the participants can see the ideas generated being written on a large board in bold letters in short sentences or one word.
- State the issue or problem briefly, and ask the participants to respond

spontaneously and immediately. Ask one person to record the ideas. Accept all suggestions without comment or criticism.

- After the ideas have been presented, review those suggestions, adding and deleting where appropriate. Then sort them into suitable categories.

Role-Play

In a skit, the performers are given a script. A Role-Play is an enactment or dramatisation in which people act out a suggested situation. Participants are encouraged to take on different roles. It is not necessary for the female characters to be played by women or for the male characters to be played by men. Role-Play helps learners to understand the Roles-Played by different people in life, and thus enhances empathy. Role-Play promotes teamwork and Self-Awareness. It help learners in understanding their own Attitudes, Feelings, and Behaviour. It encourages learners to change their negative attitudes. It is the gap between the player and the role that gives Role-Play, its creative potential. The effectiveness of Role-Play can be increased by observing the following rules:

- The Role-Player chooses a name for his/her character and wears a name tag to remind everyone (including himself/herself) who he/she is.
- Begin the Role-Play with a clean slate, so that everyone knows when people are involved in the Role-Play and are no longer themselves.
- End the Role-Play with the same clarity. It is necessary to “derole” which means they now revert to their own identity and stop addressing each other as the characters they had been playing. If you are using name tags, the act of removing the tag shows clearly that the person is no longer playing a role. After people have finished playing their roles, ask them what they thought about the characters they portrayed.
- Always maintain the rule that there will be no aggressive physical contact in a Role-Play. Any display of physical violence should be stopped immediately.

Question Box

The Question Box is an activity in which questions asked by learners are answered by Teachers, Facilitators, or Experts. Adolescents can ask Questions freely without inhibition as the identity of the questioner is not disclosed. Question Box activity creates an enabling environment in the School/Centre for organising learning experiences. It is a good entry point for initiating AHI activities and assessing the needs of learners. The questions are useful in convincing parents and teachers of the need for AHI education. Peer-Eucators can be identified and involved in organising the activity, thus providing opportunities for enhancing their Life-Skills.

- Make a slit opening in a box. Write ‘Question Box’ on it, and place it where

learners have easy access to it. The question and answer session can be designed for a small group (one class) or for a larger group (school).

- Sort and classify the questions into broad categories. The Teacher or Facilitator may answer some questions, while other questions may be answered by Experts (Doctors and Counsellors).
- Fix a convenient date and time for the question and answer session. Invite Parents and Opinion Leaders to some of these sessions.
- Make the sessions interactive in order to enhance the quality of Learner Participation.

Case-Studies

Case-Studies or situation analysis allow learners to Analyse, Assess, and Discuss Situations that they might encounter in real life. The Case-Studies selected may be real cases or hypothetical situations but they should be based on real issues. Thinking-Skills are enhanced through analysing problems and exploring alternatives for Possible Solutions. Communication and Listening Skills are improved through exchanging views and opinions with others. The Case-Studies discussed through group work promote team spirit and consensus building. Case-Studies tied to specific activities can help Adolescents to practice Health Responses before they find themselves confronted with a Health Risk.

- Select an appropriate case study or situation relevant to the group in order to highlight issues of concerns related to the topic. The Case -Study should be short and simple.
- Give adequate time for processing thoughts and responses and for Creative-Thinking.
- Ask guiding or leading questions that are useful for spurring Thinking and Discussion.
- Emphasise the Key Points when the Case Study Analysis is presented.
- Ensure that all aspects of the study are covered.
- Avoid making value judgements.

Games

Games are used for breaking the monotony, for raising energy levels, and for letting people enjoy themselves. Simulations are activities structured to feel like the real experience. Popular games can be modified to give information on health risks. Sometimes poems and devotional songs strike the right note, and convey effectively the very essence of the concept of Life-Skills. Games call for agility and alertness, and help in leading to discussions on sensitive issues and topics in a light-hearted way. Thinking-Skills are improved in the process of Problem-Solving and through opportunities provided by games and simulation exercises. An understanding of Personal-Strengths



and Weaknesses is promoted. Social -Skills are enhanced through building Team Spirit and Sportsmanship.

- Remind the Participants that the activity is meant to be enjoyed and that it does not matter who wins or loses.
- Planning is important for meaningful learning.
- Hold a brief discussion immediately afterwards to add value to the learning.
- Ask learners to imagine themselves in a situation, or to play a structured game or activity, to experience a feeling that they might have experienced in another setting or situation.

Quiz Contest

Quiz Contests are a very popular method of creating an environment that Encourages, Motivates, and Involves the Target Audience to engage in learning. Individuals are motivated to learn when their goals are good. Responding appropriately to questions enhances Critical-Thinking. When conducted as a group activity, individuals take pride in the achievement of their group, thus building Team Spirit. The audience gains information in an interesting manner.

- Develop a Quiz item pool by collecting questions related to the subject from various sources.
- Divide the participants into two or more teams (6–8 members in each team).
- Make the members sit together in their respective teams.
- Explain the rules and procedures, and emphasise their importance.
- Begin the Quiz and monitor the time.
- Record the scores as per the answer to Each Question.
- Announce the results of the Quiz.

VIPP Exercise

VIPP (Visualisation in Participatory Processes) is the application of certain techniques aimed at encouraging people to participate in activities in cooperation with their colleagues. The process is visible to all. In VIPP, a whole range of participatory techniques is used: Card Collection, Card Sorting, Brainstorming, and Debates. Writing out one's ideas and sorting the cards into categories on the basis of certain parameters Enhances Thinking and Critical -Skills. Expressing-Ideas briefly and specifically enhances Communication -Skills. Sharing of ideas through Group Work Promotes Teamwork.

VIPP Rules

- Write one idea per card, and not more than three lines per card.
- Write legibly and neatly.
- Follow the colour code (if given).
- Use different shapes and/or colours to delineate categories, concepts, and issues.

1.2 Healthy Growing Up and Changes During Adolescence

Human beings undergo certain changes during various stages of development. The developmental stages include Infancy, Childhood, Adolescence, Adulthood, and Old Age. Among these, Adolescence is a Critical-Stage of Growth and Development.

The word Adolescence is derived from the Latin word **Adolescere**, which means **Growing Up** or **Growing Towards**. It is a significant **Transitional Period** between Childhood and Adulthood in Human Development.

Definition of Adolescence

Adolescence is generally defined with reference to a period of years. The World Health Organisation (WHO) defines Adolescence as the period of life between 10 to 19 years, and youth as between 15 to 24 years. WHO clearly recognises that Adolescence is a phase rather than a fixed period in an individual's life. However, Adolescents do not constitute a Homogeneous Group. Their needs vary with their Sex, Stage of Development, Life Circumstances, and the Socio-Economic conditions of their environment.

Adolescence may not be seen only in reference to the precise number of years in an individual's life, as its periodicity varies from person to person. It can start as early as 9 years and as late as 14 years. Moreover, defining the age of Adolescence varies from one Socio-Cultural setting to another. A young person attending school may be considered an Adolescent in one place, while another person of the same age in another place may be married and considered an adult.

Adolescence is the transition period of Physical, Psychological, and Social Maturation from Childhood to Adulthood, the period extending from Puberty to the attainment of Adulthood.

Puberty

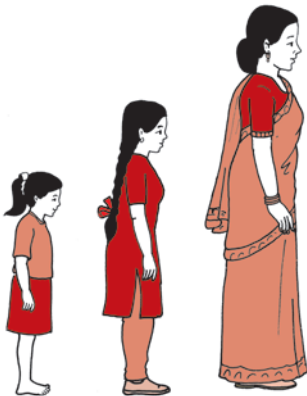
Puberty occurs during Adolescence. The word **Puberty** is derived from the Latin word **Pubertas**, which means **Age of Manhood**. It refers to the Physical rather than the Behavioural Changes that occur when an individual becomes Sexually Mature and is capable of Producing an Offspring.

1. In spite of the fact that Puberty is a brief period that overlaps the end of childhood and the beginning of Adolescence, it is a time of Rapid Growth and change. It occurs at different ages for boys and girls, and for individuals within each sex group.
2. There are Three stages of Puberty—the Prepubescent, the Pubescent, and the Postpubescent.
3. The criterion most often used to determine the onset of Puberty is the menarche, or first menstruation, in girls and nocturnal emissions in

boys. In girls, Physical Changes may begin at 10 years or even earlier. Puberty in boys usually occurs at an older age.

4. Four major body changes take place at Puberty—Changes in Body Size, Changes in Body Proportions, Development of the Primary Sex Characteristics, and Development of the Secondary Sex Characteristics.
5. The various changes occurring during Adolescence are due to the hormones secreted by the **Ovaries** in females and by the **Testes** in males. This secretion of hormones is orchestrated by the **Pituitary Gland**, which is situated in the brain. The hormones **Oestrogen and Progesterone, Produced by the Ovaries**, are responsible for the female secondary sex characteristics such as Contours, Breast Development, Ovulation, and Menstruation. Similarly, the **Testosterone Produced by the Testes** is responsible for changes in males, including the production of sperm.
6. The Puberty growth spurt—the time when the changes associated with puberty are taking place most rapidly, is variable because it is influenced partly by hereditary factors and partly by environmental factors, such as Nutrition, Health, and Emotional Stress.
7. The most rapid growth in body size occurs during the year or two years before the sex organs begin to function and then tapers off.

Physical Changes in Girls



- **Breast Development :** Enlargement of breast and nipples starts between the ages of 8-13 years.
- **Growth of Bony Pelvis:** This is the widening of the hips. Girls have a wider pelvis at birth. This further widens during Adolescence, preparing the body for safe childbirth in future.
- **Growth Spurt:** Girls grow taller and develop softer rounded contours. The body starts growing faster at 10–11 years. By 16 years, a girl usually reaches 98 percent of her height. Provided her nutritional needs are met, she continues to grow until 18 years. Hands and feet grow before legs and upper arms, which can make the body appear lanky.
- **Pubic Hair:** Hair grows in the genital area and the armpits. Between the ages of 11–15 years, pubic hair begins to grow. This Development is a sign that the first menstruation is near.
- **First Menstruation:** Menstruation usually begins 2 years after the start of breast development. The menstrual cycle is a result of the coordinated working of the ovaries and the uterus. The hormones from the pituitary gland and the ovaries regulate the cycle.
- **Growth of Uterus and Vagina:** The external genitalia develop. Internally, the uterus enlarges and the ovaries begin to ovulate but their growth is complete only by 18 years. The uterus wall becomes more muscular and thicker, and the vagina also becomes larger.

- **Activation of Oil and Sweat Glands:** Body odour manifests itself. Pimples appear and the skin becomes oily. These are associated with physical changes during Puberty and Adolescence, and will Gradually Pass. The sweat glands grow more rapidly than the ducts that carry the secretion (sweat). As a result, the pores can get clogged. If not kept clean, inflammation and infections can occur, resulting in blackheads and pimples.

Menstruation

Menstruation (also called periods because they occur every month) marks the onset of sexual maturity in girls. Menstruation is a normal bodily function.

Menstruation is the periodic (monthly) shedding of blood and tissue from the female reproductive organ called the **uterus**. Each month an egg (ovum) matures in one of the ovaries under the influence of hormones. The egg travels through the fallopian tubes to the uterus. The uterine lining becomes thick in preparation for receiving the fertilised egg (which grows into a baby). In case the egg does not get fertilised by a sperm, the inner lining of the uterus begins to break down and disintegrate. It is this lining that flows out with the menstrual blood every month.

This cycle is repeated every month, after a duration of about 28 days \pm 2 days. The cycles may be irregular in the beginning. The average duration of bleeding is 4–5 days, in some cases 2–3 days or 7–8 days. The estimated blood loss is between 50–80 ml in each cycle. The longer and heavier flow results in the loss of more iron, and leads to anaemia if the diet is not adequately supplemented. If blood flow is very heavy, a doctor should be consulted. Some amount of discomfort and pre-menstrual tension may occur. Prolonged cramps or intense discomfort should be discussed with a local doctor.

The age for **menarche** (onset of menstruation) has a wide range of normalcy. The onset of menstruation before 9 years or the absence of menstruation after 16 years in a girl may require medical consultation. These girls are likely to be normal, but must be seen by a medical officer or a gynaecologist to rule out any problem.

For the first few years after menarche, a girl may skip a few cycles or the cycles may be very irregular. This is quite common. Menstruation usually stops for women in their forties and fifties; this is known as **menopause**.

Menstruation is a normal process and not an illness. It is medically safe for girls to pursue all normal activities, for example, bathing, working in the kitchen, swimming, exercising, and visiting places. It is important to talk openly and frankly about this normal bodily function since many adolescent girls have questions and concerns about the menstrual cycle; most of these questions require only reassurance or counselling. Many myths and misconceptions have led to menstruation being perceived as something that is unclean and polluting. Many traditional cultural beliefs and practices, which are followed even today, are not very helpful, and sometimes are actually harmful to young girls growing into womanhood.

Menstrual Hygiene

All young girls should know the fundamentals of Menstrual Hygiene.

- Daily bathing and regular or daily washing of the genital area is essential.
- Sanitary pads and cloths used should be changed at least twice a day, if not more often. If one uses more than 2–4 heavily soaked pads per day, it means there is excessive bleeding or menorrhagia, and one should consult a doctor immediately.
- Home-made sanitary towels should be washed thoroughly with warm water and soap and dried in a sunny and airy place.
- Moderate exercise, normal diet, and sufficient rest are also important.

Vaginal Discharge

It is normal to have small amounts of discharge or wetness in the vagina. The vagina keeps itself clean in this way. During the monthly cycle, the discharge changes in both quantity and quality.

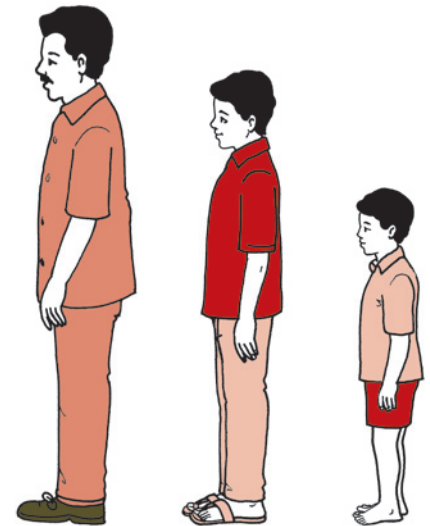
A change in the amount, colour, consistency or smell of the vaginal discharge means an infection. The discharge can be white, lumpy, curd-like, green, yellow, or reddish-brown, and may emit a foul smell. Itchiness in and around the vagina or the insides of the thighs may be experienced, as well as a burning feeling while passing urine. One should consult a doctor in case of abnormal vaginal discharge or if any other symptoms as described above persist. Abnormal white discharge can be due to a sexually transmitted infection or indiscriminate use of antibiotics.

Physical Changes in Boys

- **First Change—Growth of Testes and Scrotum:** By the time a boy is between 10–16 years old, the scrotum increases in size, as the testes it contains grow and mature.
- **Second Change—Growth of Pubic Hair:** This change occurs between the ages of 10–15 years. The hair becomes darker and coarser, and spreads over the scrotum and higher up the stomach.
- **Third Change—Seminal Ejaculation:** A boy may have his first ejaculation about a year following the growth of the testes. Due to the effect of testosterone (male hormone) the testes start producing spermatozoa.
- **Semen Production:** Just as the girl starts producing a mature ovum every month when she attains puberty, the boy starts producing semen. Semen is the male ejaculate, which contains
 - a. Sperm;
 - b. Secretions from the seminal vesicles; and
 - c. Secretions from the prostate gland.

Sperms are the male reproductive cells. They are microscopic structures, each consisting of a head, a middle piece, and a tail. Each sperm contains either a Y or an X chromosome in addition to the other 22 chromosomes. If the Y sperm fertilises the ovum, the baby becomes a boy. If the X sperm fertilises the ovum, the baby becomes a girl.

The sex of a baby is determined by chance, i.e. it depends upon the type of sperm that fertilises the egg, that is, whether it contains the X chromosome or the Y chromosome. Blaming or crediting a woman for giving birth to a baby of a particular sex has no physiological basis, and hence should be avoided.



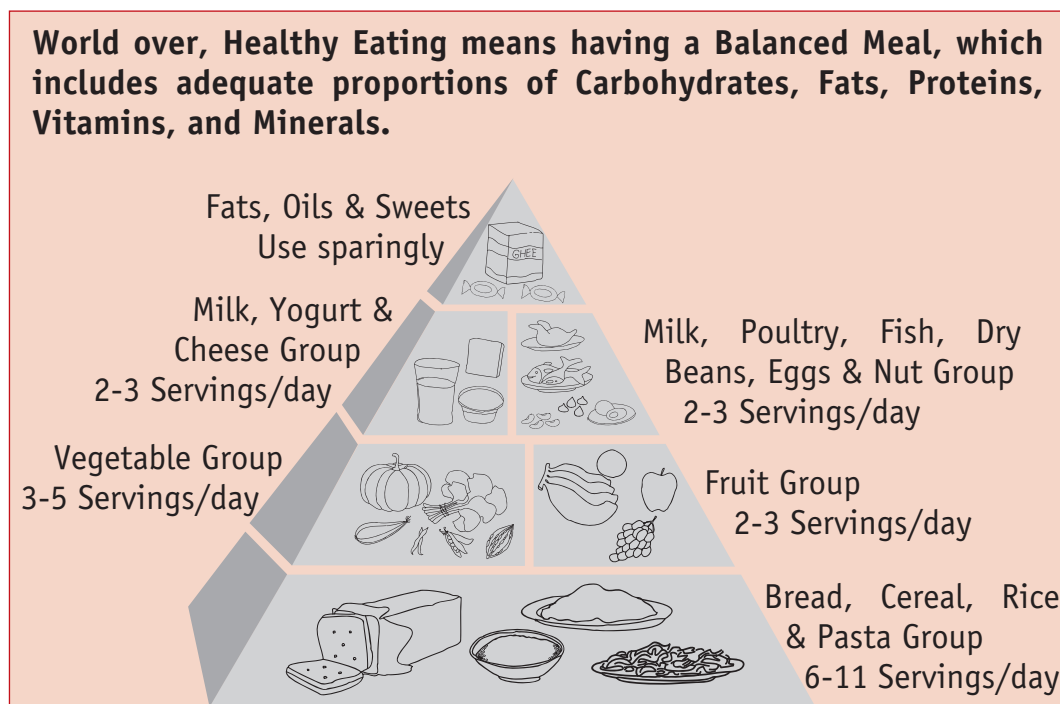
Usually only one ovum matures during every cycle. A girl produces only one ovum per month, but sperms are produced at the rate of 1,000/sec from each testicle, and this is a continuous process until death. Semen is produced continuously, and is stored in the seminal vesicles. The unused sperm disintegrates in the body naturally.

Other Physical Changes

- **Nocturnal Emission:** Adolescent boys may experience involuntary ejaculation during sleep stimulated by dreams or even the cold weather. This is known as nocturnal emission or a wet dream. This is normal and should not be a cause of any embarrassment or shame.
- **Voice Change:** The Adam's apple becomes more prominent as the larynx (voice box) grows. Due to the enlargement of the larynx, the high-pitched voice of the child changes to the deeper, low-pitched voice of the adult. Delay in voice deepening and the varied pace of deepening may cause a squeaky note at times. This should not be a cause for worry or teasing.
- **Activation of Oil and Sweat Glands:** Body odour manifests itself. Pimples appear and the skin becomes oily. These are associated with physical changes during puberty and adolescence, and will gradually pass. The sweat glands grow more rapidly than the ducts that carry the secretion (sweat). As a result, the pores can get clogged. If not kept clean, inflammation and infections can occur, resulting in blackheads and pimples.
- **Appearance of Facial Hair (Moustache and Beard):** This is an important event because of its social implications in the life of male Adolescents. Although it does not truly mark the beginning of adulthood, it is often used as a marker for manhood. The appearance of facial hair occurs at different times for different boys, and the extent may also vary, which is perfectly normal. Facial hair first appears at the corners of the upper lip.

Nutritional Needs during Adolescence

During Adolescence, the relatively uniform growth of childhood is suddenly replaced by an increase in the velocity of growth. Growth is faster than at any other time in the individual's life except the first year. Over 80 percent of Adolescent Growth (attained weight and height) is completed in early Adolescence (10–15 years), with a marked deceleration in weight and height velocity in the post-pubertal phase. This Adolescent growth spurt is also associated with cognitive, emotional, and hormonal changes. The growth spurt and the 'tasks' of Adolescence have an impact on nutritional needs during Adolescence. Optimal nutrition during the brief period of the pre-pubertal growth spurt, some 18 to 24 months immediately preceding menarche, may result in catch-up growth to make up for nutritional deficits suffered earlier in life.



All these changes create special nutritional needs. The requirement of some nutrients is as high as or higher in Adolescents than in any other age group, and therefore many micronutrients, including vitamin A, thiamine, riboflavin, niacin, folic acid, vitamin B-12, vitamin C, and iodine, are required in the same quantity as by adults.

Effect of Poor Nutrition on Adolescents

In India, a large number of Adolescents suffer from chronic malnutrition and anaemia, thus compromising their general health and performance. Inadequate nutrition during adolescence can potentially retard growth and sexual maturation. Inadequate nutrition can also affect Adolescents' current health and put them at high risk for chronic diseases, particularly when combined with other adverse lifestyle behaviour. The high rate of malnutrition among girls contributes to increased morbidity and mortality rates associated with pregnancy and delivery (increased MMR). It also has an intergenerational effect in the sense that these girls give birth to low-birth weight (LBW) babies,

who in turn grow up to be physically weak females further compromised by undernutrition, thus completing the vicious circle, leading to increased risk of producing LBW babies. In this way, poor nutritional status is passed on from generation to generation. This may also lead to enhanced neonatal and infant mortality rates (increased MMR and IMR). Poor Self-Esteem and body image are consistently associated with undernourishment, obesity, and eating disorders in Adolescents. Thus, there are complex links between nutrition and mental health.

Harmful Effects of Malnutrition

- **Malnutrition delays physical growth and maturation:** A relationship between nutritional intake and the onset of puberty has been observed in many populations, with better nourished girls reaching menarche at an earlier age than undernourished girls. In undernourished populations, the growth rate during adolescence is slower.
- **Malnutrition reduces physical capacity:** Early malnutrition affects physical work capacity through an adverse effect on height, body mass, and more specifically, muscle mass. The weakened physical endurance will limit the contribution of adolescents to agricultural labour and domestic chores which is critical in many populations. Malnutrition also reduces the mental capacity to learn. These changes are seen in both boys and girls.

Impact of Adolescent Anaemia

- Anaemia has a serious negative impact on Growth and Development during Adolescence; it impairs Cognitive Processes and Decreases the ability to concentrate and learn.
- Iron deficiency decreases energy and physical strength, resulting in reduced physical capacity and work performance. It may also impair the immune system, thus making Adolescents more prone to infections. Infants born to iron-deficient mothers also have higher rates of Anaemia in the first 6 months of life. Maternal mortality is increasingly found in women whose Haemoglobin levels fall below 6–7. Severe Anaemia increases the risk of bleeding and other complications during birth which further increases the risk of maternal death during delivery.

Emotional Changes and Social Development

All periods of an individual's life tend to be characterised by developments that are physical, emotional, psychological, and social in origin. But the period of adolescence more than any other is characterised by an upsurge of these changes and behavioural contradictions.

It should be noted that these changes are normal and universal. The following developmental tasks during adolescence make this phase of life distinct from all other phases.

Developmental Tasks During Adolescence

- Establishing new and more mature relationships with Peers, Age–Mates of both sexes
- Assuming a masculine or feminine social role
- Accepting one's physique
- Desiring, Accepting, and Achieving Socially Responsible Behaviour
- Achieving Emotional Independence from Parents and other adults
- Preparing for a viable career
- Preparing for Marriage and Family Life
- Acquiring a Set of Values and an Ethical System as a Guide to Behaviour—Developing an Ideology

Source: Elizabeth Hurlock, Developmental Psychology.

Traditionally, Adolescence has been thought of as a period of **Storm and Stress**, a Time of Heightened Emotional Tension resulting from the Physical and Hormonal Changes taking place.

These Physical Changes are accompanied by marked Psychological Changes. Though Bodily Changes Occur Rapidly, Emotional Development takes time to stabilise, i.e. though Adolescents are Physically Capable of Fulfilling Adult Roles, their Emotions may not be completely free from the patterns and reactions Set of Childhood.

Adolescent Emotionality can also be attributed to the fact that boys and girls come under considerable Social Pressure at this age, and face New Conditions and Challenges for which they receive little, if any, preparation during Childhood.

By no means do all Adolescents go through a period of such intense storm and stress. True, most Teenagers do experience emotional instability from time to time, which is a logical consequence of having to make adjustments to new patterns of behaviour and to new social roles and expectations. For example, problems related to romance are very real at this time. As long as the romance is moving along smoothly, Adolescents are happy, but they become despondent when things go wrong. Similarly, with the end of their schooling in sight, Adolescents begin to worry about their future.

Adolescents want to be treated as adults, and become upset and rebellious if authority figures such as parents and teachers do not treat them so. Instead of having temper tantrums, however, they may express their anger by sulking, refusing to speak, or loudly criticising those who have angered them.

Adolescence is also marked by the development of abstract thinking, which enables Teenagers to think critically, to evaluate situations rationally and systematically, and to detect and question inconsistencies between rules and

behaviour. Parents as well as service providers often overlook this development, which is one of the basic reasons for the so-called **Generation Gap**.

Socially, Adolescence is marked by shifts from dependency to autonomy. It also involves learning social responses to physical maturity, the management of sexuality, the acquisition of skills, and changes in peer groups. The desire to be part of a gang or a large group is replaced by a preference for maintaining fewer, steadier, long lasting, and more meaningful relationships.

Society generally does not define a distinct role for Adolescents. Hence Adolescents are caught in the ambiguous overlap between the categorically defined roles of childhood and those of adulthood. Society and parents do not understand the different psychological needs and normal developmental behaviour of early , middle and late adolescence and this often leads to understanding of normal adolescent behaviour as deviant / problematic / abnormal.

At times, this generates among them aggressive and reactionary behaviour, which often evokes social disapproval. Adolescents often experience anxiety and emotional stress to an unusual degree compared with people belonging to other age groups.

The following are some of the Psychological Changes that take place during Adolescence:

Increased Risk-Taking Behaviour

Adolescence is the time when youngsters start to learn about the outside world and search to find their own place in it. This involves experimenting with new things, some of which may be risky and even dangerous. Adolescents crave for excitement, and most adults find it difficult to understand them. Very often, Adolescents urge each other to do things such as smoking, drinking, gambling, stealing, and engaging in sexual behaviour. They do this for various reasons such as:

- To satisfy their curiosity
- To imitate adults
- To give in to peer pressure and 'be part of the gang'
- To experiment and find out things for themselves
- To seek 'thrills' and 'excitement'

Search for Identity

Adolescents struggle to define themselves, and in the process they assert their individuality and independence.

They begin distancing themselves from the adult world. They begin to shift their focus and allegiance from parents to peers, and from existing to new belief systems.

In societies where Adolescence is prolonged, Adolescents tend to form subcultures to support their striving for independence. These subcultures gradually come to influence the existing dominant culture of the society.

Adolescents seek answers to various questions related to their identity and purpose in life such as:

- Who am I?
- What is my role in society supposed to be?
- Am I a child or an adult?
- Do I have it in me to accept the different roles and responsibilities of adulthood?
- How do I deal with the fact that some people may look down on me because of my Race or Religion or National Background?
- Overall, will I be a successful or a failure?

One of the ways in which Adolescents try to establish themselves as individuals is by the use of status symbols in the form of motor cycles, scooters, clothes, and other readily observable material possessions. They hope, in this way, they would attract attention to themselves and be recognised as unique individuals while at the same time maintain their identity with the Peer-Group.



Increased Influence of the Peer-Group

In an effort to assert their identity and independence, Adolescents tend to pull away from the close emotional ties that they share with their parents and prefer the company of their friends.

Wherever the sociocultural milieu does not permit interaction between boys and girls, Adolescents of each gender group develop a 'homo-social' orientation and form gender-specific peer groups.

While at home, Adolescents often prefer being alone and demand their privacy. This desire to be left alone by family members promotes their dependence on the peer group, from which they derive approval and support for their changed behavioural patterns.

Some Adolescents may spend most of their time outside the home with members of their peer group. It is understandable that peers would have a greater influence on Adolescent Attitudes, Speech, Interests, Appearance, and Behaviour than Family Members. Most Adolescents, for example, discover that if they wear the same types of clothes as favoured by popular members of the Peer-Group, their chances of acceptance are enhanced.

As Adolescence progresses, peer-group influence begins to wane. There are two reasons for this. First, most Adolescents want to become individuals

in their own right and to be recognised as such. The search for individual identity weakens the influence of the Peer-Group on the Adolescent. Second, Peer-Group influence wanes because of the Adolescent's choice of Peers as Companions. In Adolescence, there is a tendency to narrow one's friendships to a smaller number of people though most Adolescents also want to belong to large Social-Groups for social activities. Because these social activities are less meaningful to Adolescents than close personal friendships, the influence of the larger social group becomes less pronounced than the influence of close friends.

New Social Groupings

Groups of childhood friends gradually break up at puberty and early Adolescence as the individual's interests shift from the strenuous play activities of childhood to the less strenuous and more formal social activities of Adolescence. Childhood friends are replaced by new social groupings. The social groupings of boys, as a rule, are larger and more loosely knit while those of girls are smaller and more sharply defined. The most common social groupings during Adolescence are described below.

New Social Groupings

Close friends: The Adolescent usually has two or three close friends or confidants. They are often of the same sex, and they share similar interests and abilities. Close friends have a marked influence on each other, although they may quarrel occasionally.

Cliques: Cliques are usually made up of groups of close friends. At first they consist of members of the same sex, but later they include both boys and girls.

Crowds: Crowds are made up of cliques and groups of friends as they begin to attend parties and social gatherings. Because crowds are larger and more impersonal, the members often do not share many common interests, leading to a greater social distance between them.

Organised groups: Adult-directed youth groups are established by schools and community organisations to meet the social needs of Adolescents who do not belong to any cliques or crowds.

Gangs: Adolescents who belong to neither cliques nor crowds and who gain little satisfaction from joining organised groups may join a gang. Gang members are usually of the same sex, and their main aim is to compensate for peer rejection through antisocial behaviour.

CHANGES IN INTERESTS

Concern about their Bodies (Body Image Concerns)

Most Adolescents are concerned about their bodies. They may need considerable reassurance, especially if they are not growing or maturing as quickly as their friends and peers. Body image is the way that an individual picturises his/her body. It deeply influences an individual's self-esteem and self-image, and determines whether he/she accepts or rejects himself/herself. It determines whether one feels attractive and confident in social situations.

Many external factors influence the way that a person views his/her body. These may be current fashions, fads, role models, the media, popular culture, and peer pressure. Many girls are deeply influenced by the constant parade of slim models on television and in the print media; they then believe that 'thin is in' and try to lose weight by dieting and/or excessive exercising. Similarly, the many advertisements for fairness creams often engender tremendous self-consciousness and inferiority among dark-complexioned girls (and even boys), leading them to have a poor body image. Boys may dream of developing muscular bodies like those of their favourite film stars or sportsmen. These concerns do not stem from any real deficiency in their own bodies, but from the perceived difference between their bodies and those of their role models.

A person is said to suffer from a poor body image when he/she focuses on the negative (real or imaginary) aspects of his/her body to the total or partial exclusion of the positive aspects. He/she thus develops low self-esteem.

A poor or negative body image can produce a deep inferiority complex in the minds of Adolescents. It can lead to anxiety, depression, withdrawal, and, to extreme social consciousness. Adolescents spend a great deal of time, effort, and money on attempts to change their bodies. Poor body image sometimes also leads to high-risk behaviour, particularly when the aim is to appear attractive to members of the opposite sex or when the desire is to look older and more sophisticated. This high-risk behaviour may include smoking cigarettes, drinking alcohol, engaging in substance abuse, and indulging in sexual activities. Poor body image also leads to many eating disorders such as anorexia nervosa and bulimia, often seen in Adolescents.

Some of the body image concerns among both sexes may be similar but the priorities may be different. For example, body weight is a common concern among both sexes. A girl may be bothered by excessive body hair, but boys may worry about too little body hair.

We should take a healthy interest in our body as we need to groom it, keep it clean and maintain it. However, physical appearance should not be the only factor on the basis of which we judge ourselves (and others). Adolescents can develop a positive body image by improving their self-esteem, by

concentrating on their positive aspects, and by employing life skills such as critical thinking and self-awareness, and thus prevent themselves from becoming anxious about their bodies.

Interest in Clothes: One of the primary requirements of clothing for Adolescents is that their clothes should meet with the approval of the peer group. Boys often claim not to be interested in clothes, personal grooming, or appearance, but their behaviour often indicates otherwise. Like girls, adolescent boys recognise that appearance and grooming play important roles in social acceptance. This interest is heightened when they reach the end of their schooling and prepare to enter the world of work. Clothes are a major area of parent-child conflict. Some teenagers tend to dress like their peers as a way of showing solidarity. Often teenagers dress in a peculiar manner to establish their independence and assert their own identity.

Interest in Sexuality

Now that they are sexually mature, both boys and girls begin to adopt new attitudes towards members of the opposite sex. They develop an interest not only in members of the opposite sex but also in those activities in which they are involved. This new interest, which begins to develop when sexual maturation is complete, is romantic in nature; it is accompanied by a strong desire to win the approval of members of the opposite sex.

Invariably, Adolescents find it difficult to distinguish between infatuation and love.

Curiosity about Sexual Matters: Curiosity about sex is not only a natural part of growing up but it is also an essential part of preparing for adulthood. Boys like to plaster their bedroom walls with posters of women while girls similarly cover their bedroom walls with pictures of movie stars and other pop cultural icons.

Teenagers should be helped in realising that sex is not merely a physical adventure but is truly fulfilling only in the context of a mature emotional relationship. The sexual behaviour of Adolescents may include fantasy, exchanging 'love letters', or expressing 'love' in various other ways such as by touching, holding hands etc.

Sometimes it becomes difficult for teenagers to divert their minds from sexual thoughts. In such cases, it is helpful to acknowledge that these thoughts are natural but they can channelise their energy into other pursuits.



Changes in Morality

In adolescence, students must exercise control over their behaviour, a responsibility that was formerly assumed by parents and teachers.

The major changes in morality during adolescence consist of replacing specific moral concepts with generalised moral concepts of right and wrong; the building of a moral code based on individual moral principles; and the control of behaviour through the development of a conscience. Most Adolescents attain these three major tasks, however, some may fail to make the shift to adult morality during adolescence, and they may achieve this goal only in early adulthood.

Changes in Family Relationships

When the relationships of young people with family members deteriorates, the fault usually lies on both sides. Parents far too often refuse to modify their ideas about their children's abilities as they grow older. As a result, they treat their adolescent sons and daughters much as they did when they were younger. In spite of this, they expect them to 'act their age', especially when it comes to assuming responsibilities.

Even more important is the so-called 'generation gap' between Adolescents and their parents. This gap is partly the result of radical changes in values and standards of behaviour that normally occur in any rapidly changing culture, and partly the result of the fact that many young people now have greater educational, social, and cultural opportunities than were available to their parents when they were Adolescents. Thus, it is more correctly a 'cultural gap', not entirely due to differences in chronological age.

Parents cannot be blamed for all the friction that develops between them and their adolescent children. At times, Adolescents can be difficult to live with, particularly when they are irresponsible, unpredictable, uncommunicative, or otherwise exasperating. Their inability or unwillingness to communicate widens the gap between them and their parents.

Parents likewise find it difficult to accept their adolescent children's objections to the restraints they regard as necessary. Parents may become impatient with their teenager's failure to assume responsibilities that they feel are appropriate for their age.

Equally important, many Adolescents feel that their parents do not 'understand' them. They often rebel against their parents' standards of behaviour, which they regard as old-fashioned, unrealistic, or unreasonable. The tension and conflict that characterise parent-child relations generally reach their peak when the teenager is 14–15 years old, after which there is generally an improvement.

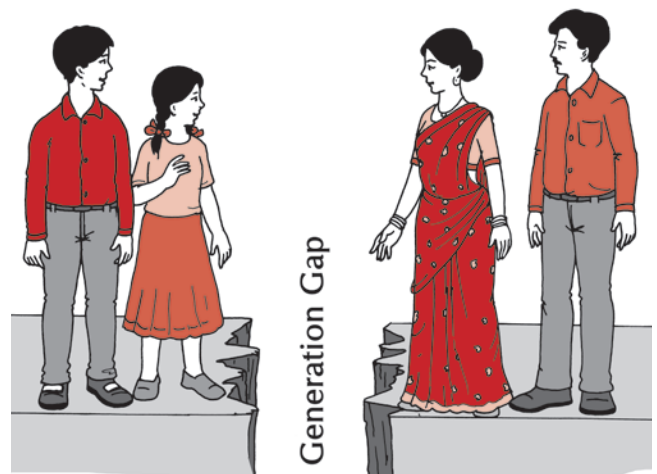
Adolescents and Emotional Maturity

If Adolescents can deal successfully with these various physical, social, and emotional changes, then they will develop into emotionally mature and stable individuals.

Emotional maturity means that the Adolescent has the ability to assess a situation critically before responding to it emotionally or reacting unthinkingly. Another important sign of emotional maturity is when the adolescent doesn't 'blow up' or lose control over his/her emotions when others are present, but waits for a convenient time and place to let off emotional steam in a socially acceptable manner. Finally, emotionally mature Adolescents are stable in their emotional responses; they do not swing from one emotion or mood to another, as they did when they were children.

In addition, if Adolescents want to achieve emotional maturity, they must learn to release their pent-up emotional energy in constructive and meaningful ways in order to attain emotional catharsis. This they can do by strenuous physical exercise, in both play and work, by laughing or by crying.

To achieve emotional maturity, Adolescents must learn to gain a wider perspective on situations that would otherwise lead to emotional reactions. They can do this best by discussing their problems with others. Their willingness to disclose their attitudes, feelings, and personal problems is influenced partly by how secure they feel in their social relationships, partly by how much they like the 'target person' (the person to whom they are willing to make the disclosure), and partly by how much the target person in turn is willing to disclose to them.



Self-Concept and Self-Image are very important for the Development and Growth of Adolescents. These are determined by several factors. The following are some of them:

- **Age of Maturing:** Early maturers who are treated as near-adults develop favourable self-concepts, and thus adjust well to changing circumstances and conditions. Late maturers who are treated like children often feel misunderstood and alienated, and thus are predisposed to maladjusted behaviour.
- **Appearance:** Rapid changes in physical appearance make the adolescent intensely self-conscious, even if the changes increase physical attractiveness. Any physical defect (whether real or imagined) is a source of embarrassment, which leads to feelings of inferiority. Physical attractiveness, by contrast, leads to favourable judgements about personality characteristics, and this aids social acceptance by peers and community.
- **Sex-Appropriateness:** Sex-appropriate appearance, interests, and behaviour help adolescents achieve favourable self-concepts. Sex-inappropriateness makes them self-conscious, and this influences their behaviour unfavourably.
- **Names and Nicknames:** Adolescents are acutely sensitive, and are embarrassed easily if members of the peer group judge their names unfavourably or if they have nicknames that imply ridicule or scorn.
- **Family Relationships:** An adolescent who has a very close relationship with a family member will identify with that person and will want to develop a similar personality pattern. If this person is of the same sex, the adolescent will be helped in developing a sex-appropriate self-concept.
- **Peers:** Peers influence the adolescent's personality pattern in two ways. First, the self-concepts of adolescents are reflections of what they believe their peers' concepts of them to be, and, second, they come under peer pressure to develop personality traits approved of by the group.
- **Creativity:** Adolescents who have been encouraged to be creative in their play and academic work as children, develop feelings of individuality and self-identity that have a favourable effect on their self-concepts. By contrast, adolescents who have been forced to conform to an approved pattern of behaviour since early childhood often lack feelings of self-identity and individuality.

Self-Concept and Self-Image (Contd.)

- **Levels of Aspiration:** If Adolescents have unrealistically high levels of aspiration, they will experience failure. This will lead to feelings of inadequacy and defensiveness, and to a tendency to blame others for their failures. Adolescents who are realistic about their abilities will experience more successes than failures. This will lead to greater self-confidence and self-satisfaction, both of which contribute to better self-concepts.

Milestones of Early Adolescence (Age 11 To 14)

Milestone	Consequence For Child	Effect On Family
Worries about appearance of developing body	Self-consciousness.	Parents may see this as self-centredness.
Hormonal changes	General moodiness. Boys who were previously gentle and easy-going may become much more aggressive. Acne may develop in boys and girls.	Parents may find surliness hard to live with.
Asserts independence and may feel an individual, no longer "just one of the family"	Experiments with dress, speech, manners, etc. in an attempt to find a separate identity of his or her own.	Parents feel rejected and have difficulty accepting the child's wish to be different from them.
Rebellious, defiant behaviour	Rudeness, demands more freedom.	Parents find that striking a balance between licence and over-protection is not easy.
Friends become more important	Wants to identify as closely as possible with friends by having the "right" clothes, hairstyle, listening to the same music etc.	Parents may be irritated by what they see as conformity and financial demands.
Needs to feel a sense of belonging to a peer group: boys form gangs, girls have one or two best friends.	Holds friends (and friends' parents) up as a yardstick for their own treatment.	Parents are suddenly criticized by their own children.
Has a strong sense of justice, but tends to see issues in black and white and from his or her own point of view.	May seem intolerant. Finds it hard to compromise. May be jealous of siblings and fight with them.	Sometimes leads to clashes with school authorities. Parents must cope with child's common feeling that "it's not fair".

Milestones of Middle Adolescence (Age 15 To 16)

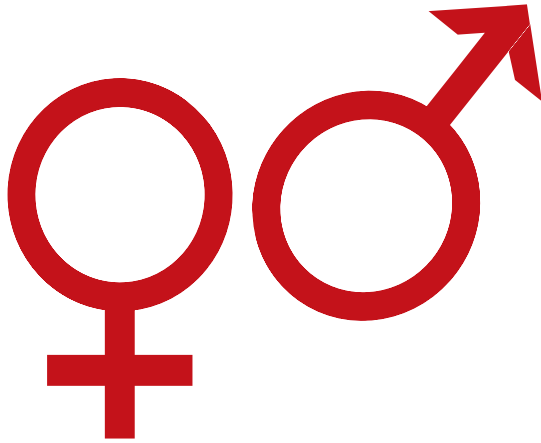
Milestone	Consequence For Child	Effect On Family
Becomes less self-absorbed and develops greater ability to compromise	More composed, equable, and tolerant. Can accept that others' opinions even if they are different from their own, may be equally valid.	Parents gradually find that the child is becoming easier to live with.
Learns to think independently and makes his or her own decisions	Reluctant to let parents interfere or control his or her life. Less suggestible and less eager to conform. More discriminating. Friends are less likely to have a strong influence.	Parents have to learn to give up control and to trust the child.
Experiments continually to find self-image he or she feels comfortable with.	Clothes, hairstyles, attitudes, and opinions may change frequently.	Parents may take these frequent and often bizarre changes of image too seriously and worry that they may be permanent.
Self-consciousness recedes	More sociable, less shy.	Parents may find a child is prepared to meet their friends.
Starts to build up a set of values, develops a personal sense of morality	Questioning ideas and values absorbed from the family.	Can lead to problems if the child seems to reject attitudes which the parents value highly.
Starts to make lasting and more intimate friendships.	Wants to spend less time with the family and more time with friends.	Parents worry about influence of friends and resent being taken for granted.
Intellectual broadening out, with wider interests and greater awareness of and curiosity about the world. Able to think in abstract terms, deal with hypothetical questions.	Starts to question things previously taken for granted. Wants to discuss and debate issues.	Parents have a fresh chance to get to know their offspring.

Milestones of Late Adolescence (Age 17 to 18)

Milestone	Consequence For Child	Effect On Family
Idealistic	Attempts to find a social or political cause to be committed to.	Parents may be distressed at the child's rejection of their own beliefs.
Involvement with life, work, and relationships outside the family.	Must learn to cope with the stresses this inevitably brings. Will probably want to go away with friends instead of joining in the family holiday.	Parents' natural wish to protect their child may cause friction.
Has to set him or herself on a course to achieve financial or emotional independence.	Anxieties or uncertainty about the future can wreak havoc with temper, confidence, and self esteem.	Parents would may still be financially supporting an adolescent who is not emotionally dependent on them. This can make for an uneasy and unequal relationship.
Feels an adult on equal terms with the family	Tends to feel he or she has insights into and experience of the world which parents may lack.	Parents may find themselves being condescended to and resent this role reversal.

Understanding Gender

The term gender is used to describe the sociocultural differences established in social life between men and women. It is now being increasingly accepted that gender issues influence all aspects of human life—the way children grow up within the family, the education they receive, the health care services they use, the social roles they play, and the way they participate in the decision-making process in the family and in the community. The power and authority that individuals command in different contexts is also influenced by gender norms.



What is Gender?

Gender is defined as socially learned behaviour based on societal expectations from men and women. Whereas maleness and femaleness are biological facts, masculinity and femininity are culturally constructed attributes. As cultures vary across the world, the attributes attached to masculinity and femininity also differ widely. The term sex refers to the physical make-up of an individual as determined

by his/her biological characteristics. It signifies that one is either male or female.

There are many similarities between men and women. In terms of differences, there are biological differences, also called sex differences. For example, men have moustache and beard, women have breasts. Socially created differences are called gender differences, which are learned from society—from family, from peer groups, from literature, from the media. These are often manifested as biases and stereotypes, for example, the belief that men go out to work and women stay at home.

From the discussion above, the differences between sex and gender should be clear.

Sex	Gender
Sex is natural.	Gender is a socio-cultural construct, and hence is a man-made idea.
Sex is a biological construct. It refers to the visible differences in genitalia and to related differences in the procreative function.	Gender is a socio-cultural construct. It refers to masculine and feminine qualities, behaviour patterns, roles and responsibilities, etc.
Sex is constant. It remains the same everywhere.	Gender is variable. It changes from time to time, from culture to culture, and from family to family.

Formation of Gender

Gender is a social construct. This means that it is the product of socialisation, or our upbringing, of the values and beliefs that we are taught as we grow up in society. Every community, society, and civilisation has a system of social beliefs and values. Social beliefs are embedded in the social, economic, and political systems of the community and society. Every society creates institutions for maintaining these social beliefs. Many social beliefs discriminate against girls and women. For example, girls and women are expected to be submissive, obedient, and silent; they are expected to perform gender-defined tasks such as housework, domestic chores, and child rearing. Because of these social beliefs, girls and women are denied many opportunities to improve their positions, such as attending school and working outside the home to earn an independent income.

Our health-seeking behaviour is governed by social beliefs. These beliefs prevent adolescents from seeking health services in a timely manner. A gender-sensitive teacher tries to understand social beliefs and gender norms, and seeks to help adolescents free themselves from these beliefs through counselling.

The important thing to remember is that all these roles are constructed through the process of socialisation and thus are changeable.

Gender Equity and Equality

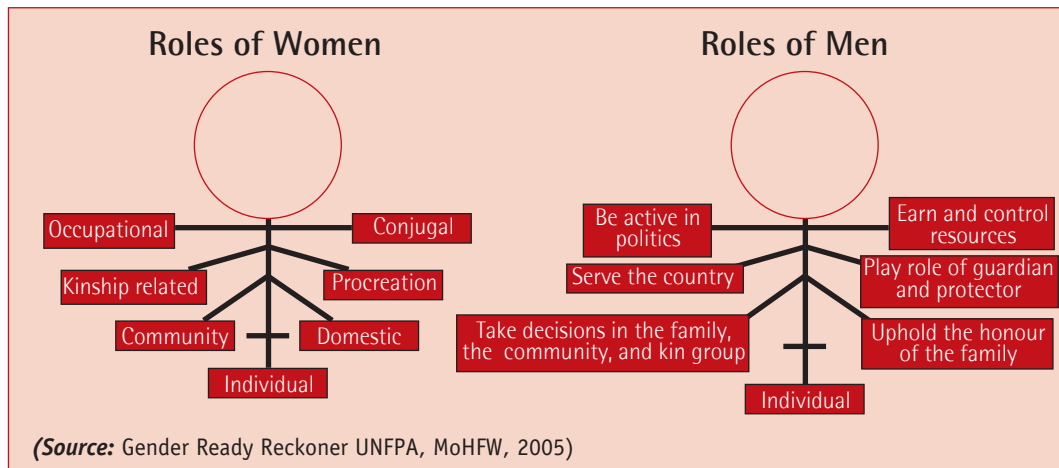
Gender bias is the preference for or favouring of one sex over the other. Gender equality or *samanta* is when being male or female is neither an advantage nor a disadvantage. **Equity** means fairness and justice in the distribution of benefits and responsibilities. Equity also means 'having a stake in' or 'having a share of'. It is, therefore, an important component of equality. An approach based on gender equity recognises the disadvantages that women suffer and tries to ensure that women receive a fair share of social benefits as well as social responsibilities, such as equal treatment before the law, equal access to social provisions, and equal pay for performing work of the same value.

Equity implies that students receive the right education, that is, one that offers equal opportunities to both girls and boys. This differs from equality in that under equality, students receive the exact same education. As all learners—male or female, middle class or upper class, rich or poor, urban based or rural based—differ in academic and emotional needs, gender equity more appropriately meets the goal that educators are striving to reach.

Gender-Based Discrimination

The aim of gender-based discrimination is to accord differential treatment to individuals on the basis of their gender, resulting in discriminatory access to opportunities for the full realisation of their potential as human beings.

Biological differences exist between men and women. However, gender differences, unlike biological differences, are the product of socialisation.



Socialisation or upbringing prepares and trains male and female children to perform different roles in society. The assignment of roles to men and women depends on the notions of masculinity and femininity in the community. Because men and women are expected to perform specific and different roles, they are provided different opportunities for learning specific skills that will allow them to perform these roles. This leads to the creation of an enabling environment. A boy is given an opportunity to learn how to plough a field, and the girl is taught how to cook.

Denial of access to and control over resources, both physical and financial, results in a number of discriminatory practices that become part of our culture and way of thinking. Thus, it is regarded as 'natural' for a girl to eat a small quantity of food as compared to the amount of food eaten by her brother. Similarly, it is regarded as 'normal' for a girl child to have incomplete immunization against various childhood diseases. It is regarded as part of the 'culture' to not send girls to school after Class V. Gender-based discrimination like other forms of discrimination is unjust and is a violation of human rights, because the basis for discrimination depends on whether one is a 'man' or a 'woman'.

Gender Stereotypes and Adolescence

Girls and boys adopt gender roles in order to conform to the expectations of family members on whom they depend and later in life they conform to the expectations of their peer group in order to gain social acceptance. Deviation from socially prescribed gender roles is treated as delinquent behaviour and is met with harsh punishment, verbal and sometimes even physical. Socially prescribed gender roles are communicated to boys and girls through proverbs, folksongs and other cultural forms. Many folksongs praise the bravery of men and extol the sacrifices of women. Children learn their roles while listening to these songs. The dress code influences body language so that it conforms to socially accepted gender roles. For instance, women's clothes tend to hamper their mobility far more than men's clothes.