
UNIT 1 INTRODUCTION TO ADOLESCENCE

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1.0 OBJECTIVES

After going through the unit you will be able to:

- define adolescence;
- describe the developmental stages of adolescence;
- orient to the profile of adolescents at global and national level; and
- narrate the need to invest in adolescents.

1.1 INTRODUCTION

You must be remembering the period of your life when you grew up and noticed the changes in your body and mind. You became so much concerned about your self and opposite gender started attracting you. Adults considered you children and children considered you adults! The world appeared full of evils and you wanted to make it heaven! The experiments were so elating but sometimes nothing

seemed to work. Nobody would agree to your ideas except your friends! You desired independence but some guidance from parents and elders too!

Surprisingly, the situation has not changed much. Rather, it has become more complex due to inflow of information in the era of information technology. The globalization and free accessibility to information while offers new challenges and remarkable opportunities for their well being but at the same time, if not channelized properly, it may become detrimental. You will come to know about its positive and negative effects as you go through this course.

To begin with, you will learn about adolescence, its definition and the various changes during this period. The importance of adolescence has been dealt in describing adolescents as a special group and need to invest in them to promote healthy and productive individuals for the development of the nation. The unit progresses with a description of adolescent profile at global and national level. Throughout the unit you will undertake various learning activities and case studies to grasp the concept, learn the process and complete your assignments.

1.2 ADOLESCENCE AND ITS IMPORTANCE

Adolescence is a phase of life of a person when he is no more a child and not yet adult. The life is full of tremendous energy. The curiosity and experimentation at one time paves the path to success and at other, may cause uncertainty. This is a critical time in life because the experiences, knowledge and skills acquired in adolescence have important implications in adulthood.

The period of adolescence has attracted philosophers, thinkers and sociologists since the early history of mankind. Aristotle (4th Century BC) commented that *adolescents think that they know everything and are quite sure of it!* The French philosopher Rousseau (16th Century) thought that *reasoning develops in adolescence*. Stanley Hall, the father of scientific research in adolescence, devised the concept that *adolescence is a turbulent time charged with conflict and mood swings*. Let us understand what we mean by adolescence.

1.2.1 Definition and Meaning of Adolescence

The word adolescence is derived from Latin word “*adolescere*” meaning “to grow up” or “to mature.”

It is a period of transition between childhood and adulthood that involves a number of changes in body and mind.

World Health Organization (WHO) defines **adolescence as a phase of life** between 10-19 years of age characterized by physical growth, emotional, psychosocial and behavioural changes, thus, bringing about transformation from childhood to adulthood. These changes usually occur a year or two earlier in girls than boys. Some of the changes are externally visible and some are internal. These changes are normal and natural and are due to release of various hormones in both boys and girls.

The term *puberty* is sometimes equated with adolescence. However, both the terms are not the same. Puberty is only a small part of the larger process of adolescence. It is the time when a boy and a girl become physically capable of

having children. In girls, it starts with onset of menstruation and in boys with enlargement of testes followed by appearance of secondary sexual characters. While puberty refers to physical and sexual maturation of both boys and girls, the term adolescence also includes cognitive, social and behavioural characteristics of this period.

You must have come across various words related to different phases of life, like *childhood, youth, young people and teenage*. You must have wondered what these words mean. Let us learn about the difference amongst them.

Child is a term usually applied for the age group below 14 years (Census of India).

Youth - The United Nations' definition of youth is those between the ages of 15-24 year age. The National Youth Policy of India defines youth as the 13-35 year age group.

Young people are those who belong to the age group between 10-24 years.

The word *teenage* is synonymous with adolescence.

Adolescence has recently gained recognition as a distinct phase of life with its own specialized needs.

It is recognized as a phase rather than a fixed time period in the life of an individual. Apart from changes in the body and mind, this period also involves changes in social perceptions and expectations. You will subsequently learn more about them as you read other units.

Activity 1

“Puberty is only a small part of the process of adolescence.” Discuss with your peers

1.2.2 Adolescence : A period of change

You must have noticed some differences among adolescents who are of the same age. Do some adolescents look different from their friends? Have some boys grown moustaches or do some girls have breasts? As you know, all these are pubertal changes. These changes are accompanied by those in behaviour and social relations also. Let us learn more about these changes.

I. Physical Changes in Adolescent Boys

Physical changes in adolescent boys include the following:

- Growth spurt occurs
- Shoulders broaden
- Muscles develop
- Skin becomes oily
- Voice deepens

- Growth of moustaches and beard
- Growth of underarm, chest and genital hair
- Penis and testes enlarge
- Sperm production begins in the testes and ejaculation occurs

II. Physical Changes in Adolescent Girls

There are different changes in girls which are listed below:

- Growth spurt occurs
- Breasts develop
- Skin becomes oily
- Hips widen
- Waistline narrows
- Growth of underarm and genital hair
- External genitals enlarge
- Uterus and ovaries enlarge
- Ovulation occurs and menstruation begins.

The adolescent growth spurt normally begins about the age of 10 in girls and about 13 years in boys (although variations are possible). In both sexes it lasts for two to two and a half years. In this period, a teenager's weight doubles and height increases by 15-20%. During the spurt the boys add nearly 20 cms to their height and girls gain about 16 cms, in girls most of the height increases by the onset of menstruation. Later, the growth continues but slowly and the girls reach 98% of their final height by the average age of 15, whereas boys reach it by 18.

Genetic factors are most important in the growth - tall parents tend to have tall children and short ones tend to have short children. Nutrition and enabling environment are also important contributors. Adolescent girls and boys, who are better nourished and have adequate amount of calories and proteins, show a better overall growth (weight and height). Poverty, poorly balanced diet and starvation lead to poor growth. Chronic diseases like tuberculosis, if not properly treated, can adversely affect the growth.

Vigorous exercise does not result in height gain but moderate exercise is helpful in muscular development and physical fitness. Adequate protein intake (1-1.5 gm protein per kg body wt) can make significant increment in height, both in boys and girls. Medicines or indigenous drugs do not help in achieving faster or higher growth in height and consumption of some drugs can be harmful.

III. Sexual changes in the boys

During adolescence the adolescents become sexually active. So it is very important to know the sexual changes. The sexual changes in boys are as follows:

- Penis, testes and scrotum enlarge
- Pubic, axillary and bodily hair appears
- The voice of the young boys breaks and attains a deeper tone

- The body itself becomes more distinctly muscular
- Sexual urge begins
- Sperm production begins in the testes and ejaculation occurs.

At about this time, the young man begins to experience a distinct sexual urge or drive. The sexual forces awakened in him make him suddenly conscious of the strong sensual pleasure that can be associated with his genitals. This may give rise to pleasure, confusion and guilt feelings. There is an increased sexual excitability, which leads to touching of the genitals and their stimulation (masturbation). This is particularly true of the male because his sexual urges and drives are more distinctly genital. He also becomes more conscious of and attracted to the other gender and may fantasize about them or imagine being in love with one of them. Nocturnal emissions or wet dreams may begin and become a source of anxiety.

IV. Sexual changes in the girls

The sexual changes in girls are as follows:

- Menarche, the appearance of the first menstruation is a dramatic event in the life of a female. The menstrual cycle, initially, may be irregular but becomes regular over a period of time.
- Budding of the breasts takes place, which becomes progressively bigger and fuller
- Auxiliary and pubic hairs start appearing
- The hips become wider and the body shape changes
- Sexual urge begins.

In the adolescent female, the sexual urges are more diffused, and more associated with emotion and daydreams of romantic situations. They, initially, may be shy in seeking friendship with the other gender but may soon look forward and want to be friends with boys rather than girls. Many young women also may have erotic dreams and may find pleasure in stimulating their own genitals.

V. Emotional and Social Changes during Adolescence

These are the changes which are not observable as physical but definitely the behaviour of adolescents changes due to emotional and social changes happening in their body and mind. These changes are as follows:

- Emotional instability
- Preoccupied with body image
- Frequent mood changes
- Curiosity and experimentation
- Self-exploration and evaluation
- Concerns and worries about the body changes
- Conflicts with family/elders over control
- Development of abstract thinking but confusion at times

- Attraction towards opposite sex
- Day dreaming and fantasizing
- Relationships tend to be oriented from parents to peers.

The changes in body, mind and relationships transform an adolescent mentally and emotionally. The shape of body especially that of the girls, changes. These newer events leave adolescents bewildered, confused, scared and sometimes guilty. They start experiencing romantic feelings, sexual arousal, anger or mood swings. They may feel attracted to the opposite sex, “fall in love”, hate someone intensely and want to talk to persons of the other gender. Sometimes, intense curiosity gives rise to the desire to explore their own bodies and experiment with sex.

These changes occur at *different times* and *uneven pace* among adolescents. They do not proceed at an even pace but moves with fits and starts i.e., rapid spurts followed by relatively quiet times. There is also difference between growths in a pair of organs like breasts. It is almost a rule that one breast outgrows the other. A serious anxiety arises among the adolescents concerning marked differences in height, weight and other changes. In fact, many teenagers have a feeling that they are no longer in control of their body or mind. They fear that they are abnormal since they may look different in comparison to their friends who may be growing at a different pace.

Adolescents have difficult times coping with these changes. Lack of knowledge about the normal body changes and expecting the changes to happen in a rigid, fixed time schedule gives rise to anxiety and fears. They not only hesitate to ask questions about these changes but also do not know as whom to approach.

The parents and family respond according to their own values and traditions to the changes in adolescents. Restrictions in mobility like going out alone or staying out till late night is common, especially for girls.

They are expected to share responsibility. There are imposed rules on dress and interactions with opposite sex are restricted. This gives rise to communication gaps, aggression in behaviour and conflicts with the parents. An empathetic attitude to adolescents can avoid this and create an understanding and harmonious atmosphere.

Activity 2

Identify and compare various changes in the adolescents in your families and neighbourhood.

1.2.3 Developmental Stages in Adolescence

Adolescence may be divided into early, middle and late periods, which are respectively the 10-14, 15-17 and 18-19-year age groups. These periods roughly correspond with the phases in physical, social and psychological development in the transition from childhood to adulthood (Table 2.1).

Table 2.1: Developmental Stages in Adolescence

Category of Change	Early adolescence (10-14 years)	Middle adolescence (15-17 Years)	Late adolescence (18-19 years)
Growth	<p>Secondary sexual characters appear</p> <p>Growth accelerates and reaches peak</p>	<p>Secondary sexual characters advance</p> <p>Growth slows down. Approximately 95% of adult stature gained</p>	<p>Physically matures</p>
Cognition	<p>Concrete thinking</p> <p>Long term implications of actions not perceived</p>	<p>Thinking is more abstract</p> <p>Capable of long range thinking</p> <p>Reverts to concrete thinking when under stress</p> <p>Interest in moral reasoning</p>	<p>Established abstract thinking</p> <p>Future oriented</p> <p>Perceives long range options</p> <p>Acceptance of social institutions and cultural traditions</p>
Psychosocial	<p>Preoccupied with:</p> <p>Rapid physical growth Body image</p> <p>Defining boundaries of dependence / independence</p> <p>Occasional experimentation with cigarettes, marijuana etc</p> <p>Seeks affiliation to counter instability</p>	<p>Re-establishes body image</p> <p>Preoccupied with fantasy and idealism</p> <p>Conflicts over control</p> <p>Peer group defines behavioural code (clothings, personal interests etc.)</p> <p>Examines inner experiences (e.g. Diary writing)</p>	<p>Intellectual and functional identity established</p> <p>Moves from child - parent relationship (I am not Ok- You are OK) to adult- adult relationship (You are OK- I am OK)</p> <p>Individual friendship becomes more important Self-reliant</p> <p>Greater concern for others.</p>
Sexuality	<p>Self-exploration and evaluation (Masturbation, worrying about being normal)</p>	<p>Clearly defined sexual orientation</p> <p>Preoccupied with romantic fantasy</p> <p>Feelings of love and passion</p> <p>Testing ability to attract opposite sex</p>	<p>Clear sexual identity</p> <p>Forms stable relationships</p> <p>Mutuality and reciprocity</p> <p>Plans for future</p>

While the classification of above stages is not universally accepted, and varies as above, it provides a basic framework to understand the Developmental Stages of Adolescence.

Activity 3

Identify three stages of adolescence amongst the adolescents around you.

1.2.4 Characteristics of adolescence

Adolescence is a difficult journey of self-exploration and interaction with the world. It is characterized by contradictions, fantasies, surprises and uncertainties while posing immense possibilities and threats. The self-description given below by one of the adolescents will help us understand various characteristics of this beautiful period.

“What am I like a person?” I am sensitive, friendly, outgoing, popular and tolerant, though, I can be shy, self-conscious.....I would like to be friendly and tolerant all the time....and I am disappointed when I am not. I am responsible, even studious now and then..... I don't usually do that well at school. I am a pretty and cheerful person, especially, with my friends... At home I am more likely to be anxious around my parents. They expect me to get all “A”s. This is not fair..... So I am usually pretty stressed out at home, or sarcastic, since my parents are always on my case. But I really don't understand how I can switch so fast! I mean, how I can be cheerful one minute and anxious the next, and then be sarcastic? Which one is the real me? Sometimes I feel that some guy will be interested in asking me out. I try to act different like Madonna. I will be flirtious and fun loving.....And then everybody else is looking at me like they think I'm totally weird! Then I get self-conscious and embarrassed and become radically introverted, and I don't know who really I am! But I don't really care what they think any way. I don't want to care.... I can be true self with my close friends. I can't be my real self with my parents. They don't understand me.....They still treat me like I am still a kid. At least at school people treat you more like you are an adult... That gets confusing, though, I mean. Which am I, a kid or an adult? It is scary too, because I don't have an idea what I want to be when I grow up.....I know I don't want to be a waitress or a secretary. But HOW do you decide all of this? I think about it a lot but I can't resolve it. There are days when I wish I could just become immune to myself.”

As you see, this is an honest description depicting how an adolescent feels. From this description, you can learn about the various characteristics which generalize adolescence. Let us talk about them.

Growth spurt

Adolescents mature at varying rates of speed and are highly disturbed by body changes. They are physically vulnerable because of poor health habits or risky experimentation with drugs and sex.

Physical appearance decides self-image

“I doesn't like my breasts. They are too small and look funny. I am afraid, guys won't like me if they don't get bigger” or “My nose is too big, my lips

are too small.....My body is a disaster” are the usual comments we hear from the adolescents.

The rapid physical growth leave teenagers often feel awkward, self-conscious, uncoordinated, embarrassed and even confused. They frequently attempt to hide or constantly complain about whatever part of their body makes them most uncomfortable. Teasing and bullying further makes their life miserable.

Self discovery

The adolescent is in the process of discovering self and it fluctuates across situations and times. In the quoted description by the girl above she remarks she could not understand how she can switch so fast! I mean, how I can be cheerful one minute and anxious the next, and then be sarcastic? The multiple roles played by adolescent in different relationship contexts are contradictory. The adolescent finds herself moody and understanding, ugly and attractive, introverted and fun loving.

Desire for independence and prove their identity

Adolescents have a great desire for independence and want to be treated like adults. Anxiously searching for identity, adolescents attach great importance to status symbols, as reflected by their possessions and clothing. Rebellion seems to be inevitable, so they can be different from their parents and defy them.

Egocentrism

This is the heightened self-consciousness of adolescents, which is reflected in their belief that others are as interested in them as they are themselves. They have attention seeking behaviour- the attempt to be noticed, visible and “onstage” and consider them unique. This, according to some writers, is responsible for drug use, suicides and failure to use contraceptives during sex (Dolcini & others, 1989).

Emotionally unstable

Their emotions outpace their rational thinking, they are so intertwined that adolescents have difficulty distinguishing between feeling and thinking. They experience mood swings often with peaks of intensity and unpredictability and are self-conscious. Hormones put them on a vulnerable emotional roller coaster ride overflowing with exaggerated and uncontrollable feelings. This causes conflicts and stress.

Curiosity and experimentation

Adolescents are curious, innovative, exploring and experimenting. Fascinated by “adult” behaviours; they are motivated to try out forbidden activities like rash driving, sex and experiments with drugs.

Peer influence outweighs parental affection

Adolescents need frequent validation by others and they desperately seek peer affiliation and acceptance. They are fiercely loyal to peer group values and peers’ opinions become most influential and guide the flow of their life.

Changing focus of relationships

Parents no longer are the major focus of the teenagers' world. Adolescents shift from same-sex best-friend relationships to having close interactions and increasing interest in both sexes. They are often aggressive and argumentative.

Idealism and confrontation with religion, traditions and moral value

Adolescents are idealistic and have strong sense of fairness. They criticize, challenge and confront moral values and ask frequent, ambiguous questions about the meaning of life.

Absence of long-term thinking about life and the world

The absence of abstract thinking makes the present most precious and self – the most important. The future seems far away and immediate gratification becomes more important.

Desire to be considered as an asset rather than a problem

The moral and spiritual development leads the adolescent to find a bigger role for himself while questioning the behaviour of elders. It is beautifully described by an adolescent below:

Many times teenagers are thought of as a problem that no one really wants to deal with. People are sometimes intimidated and become hostile when teenagers are willing to change their authority. It is looked at as being disrespectful. Teenagers are, many a times, not treated like an asset and as innovative thinkers. (Zula, Age 16, Brooklyn, New York, Quoted in Adolescence, John W. Santrock 11th Ed. Tata Mc Graw Hill, 2007, pp 9)

Thus, adolescence is characterized by turbulent changes in self and complex interaction with the environment. This shapes their personality and enables them to form relationships. On the other hand it makes them vulnerable and often leads to conflicts and undesirable and socially unacceptable behaviour. The society needs to be empathetic and understand adolescents to harness their potential and energy.

Activity 4

“Parents and Society often see the characteristics of adolescence as problems”.
Discuss with your peers.

1.2.5 Challenges of Adolescence

The period of adolescence usually is an eventful one. However, it poses various challenges for the adolescents and society. Let us understand these challenges.

i) Challenges related to Physical Development

Physical changes are an essential part of adolescence. While these changes are part of a normal process of maturation, it is a challenging process for the individual especially when these changes are early or late compared to their peers. The process of physical maturation often creates problems for adolescents.

- The changes in height, weight and development of secondary sexual characteristics happen at different ages and variable rates. These pose a dilemma of normality.

- Bullying by peers and comparison with the peers who are developing at a different rate makes them anxious about their appearance. The adolescent may be stressed and there may be a lowering of self-esteem.
- Taking poor nutrition may cause poor growth in height and anaemia is a common problem in adolescents. This may have bad effects on health and even in future generations in the form of low birth weight babies.
- The adolescents and their parents may not be aware of the variability in the developmental changes. The adolescents may take harmful drugs like steroids for increasing their height and muscles and suffer from their bad effects.

ii) Challenges related to Cognitive Development

The adolescents develop a capacity for abstract thinking, discover how to think about relationship issues, discerns new ways of processing information and learns to think creatively and critically.

- The adolescents move from concrete thinking to dealing with ideas, concepts and abstract theories. They become passionately interested in abstract concepts and notions and are able to discern what is real from what is ideal. They understand information and act on that understanding to solve problems passing through phases of success and failure.
- Egocentricity or self-interest is the hall mark of adolescents. They may have the idea that everyone is watching them as though they were on stage and tend to draw other's attention by their particular behaviour. They feel unique and think that no one is capable of understanding them and their feelings. This has important implications for counselors.
- The ability to think creatively on one hand helps adolescents to make innovations, getting away from difficult situations and, on the other hand invites troubles due to innovative and potentially risky experiments like rash driving, unsafe sex, taking alcohol and drugs etc.

iii) Challenges related to Psychosexual Development

The adolescent is no longer a child. He is a new person emerging into an adult. This process of understanding self and seeking meaning and direction leads to identity formation. The adolescent constructs concepts of self within the context of relations with others, yet he is also seeking to establish an independent entity. This journey of self-discovery is both stressful and anxiety-provoking for them.

- The formation of personal identity and integration with society gives rise to conflicts.
- Emotional reactivity and instability makes it difficult for adolescents to control their behavioural responses, which at times may be inappropriately extreme viz., excitement, anger, sadness, depression and embarrassment. This often gives rise to feelings of ridicule, humiliation and embarrassment and adolescents feel disgusted and ashamed of themselves.
- The adolescents who belong to underprivileged and minority groups have difficulty in establishing personal identity. The prejudice leads to emotions such as anger and outrage may be directed towards the majority society.
- Exploration of personal sexuality and sexual identity lead them into serious relationships, heart breaks and resulting stress.

- Sexual hormones during puberty trigger an increase in sexual arousal, desire and urge in both males and females. These are managed through fantasy and masturbation but often lead to sexual experimentation with their friends.
- Unsafe sex may lead to unwanted pregnancies, sexually transmitted diseases and HIV/AIDS.

iv) Challenges related to Social Development

Adolescents need to find their place in society and gain a sense of fitting in it. This is a process of socialization involving an adolescent's integration with society. This process socialization enhances the sense of personal identity, and the development of personal identity helps the adolescent to deal with society's expectations and standards and norms. This challenges the adolescent to make changes in social behaviour.

- Society's expectations pose a challenge for adolescents and are valuable in helping them to progress along the path to adulthood. The fulfilment of these expectations helps to develop a positive sense of self.
- Adolescents who are over-whelmed by society's expectations may revert to anti-social behaviour ranging from low-level delinquency to serious crimes.
- Parental expectations to perform and conform to their standards are abnormally high or unrealistic. They may generate negative feelings, communication gap and anti-social behaviour.
- Adolescent expectations in relationships with peers, parents and society are often not fulfilled and cause conflicts.
- Moving away from dependence on parents and family and having close relationships with friends is a major social change. Parental control leads to conflicts and communication gap. Peers determine the flow of an adolescent's life and develop their personality too. However, negative peer pressure leads to high risk behaviours.

v) Moral and spiritual challenges

The processes of social development and the formation of a personal identity go hand in hand with moral and spiritual development. The adolescent finds it difficult to choose between self-sacrifice and social conformity. The process of identity formation, peer pressure, desire to form relationships and exploration of their sexuality pose difficult challenges.

- The motives for doing well or avoiding wrong depend on the approval of elders and society in general. Lack of clear direction confuses adolescents.
- Decision making is difficult based upon the moral teaching and therefore adolescents often come in confrontation with law and order.
- Formation of personal identity goes hand in hand in adolescents with finding meaning in their lives. They look within themselves to examine thoughts and feelings and to reason about them. This leads them to seek answers to questions of a spiritual nature. Those adolescents who are struggling with identity formation and are striving to find their place in society, may come into conflicts with the social norms and need direction, understanding and empathy.

Thus, adolescence by virtue of its nature of change, pose innumerable challenges both for adolescents as well as society. Awareness generation, providing correct and scientific information may help to face these challenges up to a great extent. An understanding of the world of adolescents will help the adolescents to pass through this turbulent phase of life and will also help them to make a positive and constructive contribution to make a healthy and harmonious social environment.

Activity 4

Talk to the adolescents around you and ask them about various challenges they are facing.

Check Your Progress 1

a) Write the meaning of adolescence.

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b) “Adolescence is a period of changes.” Discuss various changes during adolescence.

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c) Do the changes in the three Developmental Stages of adolescence overlap with each other? Highlight the main points in the three stages of Adolescence.

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d) List out the characteristics of adolescence.

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e) “Adolescence poses challenges to adolescents as well as society.” Discuss various challenges during Adolescence.

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1.3 ADOLESCENTS: A SPECIAL GROUP

The transitional nature of adolescence not only makes them vulnerable but also prompts them for various high risk behaviours. It poses a threat not only to the health and well being of the society but also may have intergenerational effects. They face a number of challenges and so does the society. However, lack of understanding of adolescent issues, enabling environment and a definitive framework prevents the harnessing of full potential and energy in adolescents. In the present section you will be learning about the characteristics of adolescents as a special group and need for investing in them.

Let us understand why the adolescents have to be seen as a special group.

Adolescents constitute a sizable population

Adolescents comprise about 1.2 billion of the total population in the world. This is going to grow steadily and expected to reach to 1.23 billion by 2040. As you can see in Table 2.2 given below, in Asia 19.1 % population is of adolescents while in India they constitute about 21% of the total population. This large population can not be ignored and the need and concerns have to be addressed.

Table 2.2: Distribution of global population (2005)

Region	Total population(000)	Adolescent population(000)	Percentage (%)
World	6414752	1221020	18.7
Asia	3938020	754577	19.1
India	1134402	236881	20.8

Adolescence is not recognized as a distinct age group in policy frameworks of India

In India, adolescents do not appear as a distinct and well defined group in policies and programmes. They are categorized with youth. The National Youth Policy includes the age group of 13-35 years. National AIDS Policy refers to youth between the ages of 15-25 years. Similarly, National Health Policy 2002 talks only of children!

The world of adolescents is different than that of adults

The world of adolescents is entirely different from us. Hormonal influence causing emotional instability, curiosity, experimentation like unsafe sex, slowly developing abstract thinking and peer led behaviour are some of the factors which determine the flow of adolescent life. Society needs to understand the world of adolescence to avoid conflicts with them, nurture them and harness their energy and potential.

Adolescents are vulnerable

Adolescents are vulnerable to:

- Nutritional disorders and anemia
- Sexually transmitted Infections

- HIV/AIDS
- Unwanted pregnancies and unsafe abortions
- Trafficking
- Sexual abuse
- Stress and related consequences

The vulnerability of adolescents is affected by a number of factors like:

- Physical, psychosocial and sexual changes
- Absence of abstract thinking
- Lack of knowledge and skills
- Media influence
- Adolescents with special needs (physically and mentally challenged adolescents, orphans, street children)
- Environmental factors and circumstances (viz. working adolescents, adolescent victims of natural disasters, terrorism and wars)
- Accessibility and availability of health services.

Society has to address these factors and provide a safe, supportive environment for adolescents to ensure respect, health, protection and enable them realize their full potentials.

Adolescence is a time of opportunity

The journey of adult life depends largely on a healthy adolescent period. WHO estimates that 70% of premature deaths among adults are largely due to behaviour initiated during adolescence.

(The Second Decade. Improving Adolescent Health and Development, WHO/FRH/ADH/98. 1998; 18)

Policy makers have to deal with adolescent issues and problems holistically

Adolescent issues and problems are interrelated and require a holistic view and integrated approach to deal with them. For example, addressing health problems and problem behaviours requires not only specific treatment but also enhancing protective factors (such as positive relationships with parents and teachers and a positive school environment) and reducing the risk factors (such as early initiation of unprotected sex and the use of tobacco, alcohol and other drugs).

Adolescents need a safe and supportive environment

A safe (free from danger of disease and injury) and supportive (nurturing) environment is critical for an individual to develop to his/her full potential, and for him/her to be healthy. Adolescents who have positive relationships with parents and with other adults in the community are less likely to experience depression. *(Action for adolescent health: Towards a common agenda. Recommendations from a Joint Study group. WHO/UNFPA/UNICEF. Geneva, 1997 (document WHO /FRH/ ADH/ 97.9)*

Activity 5

“Adolescents need to be an essential part of a nation’s policies and developmental programmes.” Discuss.

1.3.1 Profile: Global and Indian Perspective

Let us now read about the Global and Indian Perspective as given below:

a) The Global Perspective

The rapid global change poses new opportunities and challenges to the health and well being of a population of around 1.2 billion adolescents. While advances in transportation and telecommunication like internet have led to a global adolescent culture, characterized by similar type of clothing, music, hairstyles and slang, cultural difference play an important role. Let us consider some of the variations around the world:

- Two thirds of Asian adolescents accept their parents’ choice of a marital partner for them
- In Middle East, many adolescents are not allowed to interact with opposite gender
- In Philippines, many female adolescents sacrifice their own future by migrating to city to earn money for their families.

The above differences and experiences in adolescents depend upon their gender, families, schools, and peers. However, some adolescent traditions remain the same in various cultures. Brad Brown and Reed Larson (2002) have summarized some of these changes and traditions as below:

Health and well being

There is a wide variation in the health status and well being of adolescents. Overall, fewer adolescents around the world die from infectious diseases and malnutrition. (Call & others: WHO, 2002). However, a number of a risk taking behaviours like illicit drug use and unsafe sex are increasing in frequency. There is extensive increase in prevalence of HIV in adolescents in sub-Saharan countries.

Gender

Except in few areas like Japan, Philippines and Western countries, males have greater access to educational opportunities than females. In most of the courtiers, adolescent females have less freedom to pursue the career of their choice and engage in leisure acts. Gender differences in sexual expression are widespread (though narrowing with time) in India, South East Asia, Latin America and Arabian countries. In some countries, due to expanding educational opportunities and career choices, the control over adolescent girl’s romantic and sexual relationships is weakening.

Family

The parenting in West is less authoritarian than Asian and Arabian countries where close nit families impose strict codes of conduct and traditions. Single parent families (divorced and step families) on one hand give more liberty to adolescents and on the other, creates stressful situations too. Factors like migration to urban areas, both parents working and smaller families provide less time and resources for adolescents.

School

While education for all adolescents is a dream in many countries, the number of school going adolescents is increasing.

Peers

The role of peers varies from culture to culture. In Arabian countries, peers have a very restrictive role especially for girls (Booth, 2002). In most Western countries, peer influence is far more and sometimes assumes the role of parents.

Thus, the adolescents' lives are characterized by a combination of socio cultural change and traditions across the globe.

Activity 6

Find out about adolescents of various countries on internet and learn diversity in their life.

b) The Indian Perspective

Adolescents comprise a sizeable population in India. There are 225 million adolescents comprising approximately one-fifth (22 per cent) of the total population (Census 2001). There is a wide variation in rural vs. urban adolescents. Let us learn about the profile of adolescents in the country and various development initiatives for them.

There is a wide variation in age and sex parameters: Of the total adolescent population, female adolescents comprise 47 per cent and male adolescents 53 per cent of the total population. 12 per cent belong to 10-14 years age group and nearly ten per cent are in the 15-19 years age group. The sex ratio is 880 females for 1000 males, lower than the overall sex ratio of 933. It is 902 for younger adolescents aged 10-14 years and 858 for older adolescents aged 15-19 years (Census 2001).

There is wide variation in educational status: 25 per cent of adolescents in the 15-19 years age group in rural areas and ten per cent in urban areas are illiterate. The male female differences grow with each level of education (NSSO 55th Round, 2001). Enrolment figures in schools have improved, but gender disparities persist. Girls account for less than 50 per cent enrolment at all stages of schooling. The condition is still worse in rural areas. The challenge is to keep students in schools. The dropout rate from class 1 to X is around 68 per cent.

Adolescents contribute significantly to workforce: Nearly one out of three adolescents in the 15-19 years age group is working – 21 per cent as main workers and 12 per cent as marginal workers (Census 2001). Economic conditions of family force adolescents to work resulting in a high dropout rate for education. Despite adult unemployment, employers like to engage children and adolescents because of cheap labour.

Early marriage is common: Mean age at marriage for females is 18 years and males 22.6 years. However, 47.4 per cent of currently married females of age group 20-24 years were married below the legal age at marriage. 12 % of women age 15-19 years have become mothers and 4 % are currently pregnant with their first child (NFHS-III). Early pregnancy causes high death of mothers, newborns and children.

Female mortality in adolescence is high: Gender greatly affects mortality rate during adolescence. Female mortality rates are higher as compared to males in the 15-24 years age group. Mortality in female adolescents between 15-19 years is higher than in adolescents between 10-14 years. The pervasiveness of discrimination, lower nutritional status, early marriage and complications during pregnancy and child birth among adolescents contribute to female mortality. (CSO 2002, SRS 1999)

Sex before marriage is common: 43% of women and 11.2% men aged 20-24 years have their sexual experience by 18 years of age. Most sexually active adolescents are in their late adolescence. Increase in age at marriage, increased mobility and peer pressure makes the young people vulnerable to indulging in unsafe sexual behaviour. This leads to unwanted pregnancy, Sexually Transmitted Diseases, HIV and AIDS.

Use of contraceptives is low: Amongst currently married women, the unmet need of contraception is the highest in the age group 15-19 years. Nearly 27.1 per cent of married female adolescents have reported unmet need for contraception (NFHS-3). This is due to non-availability and access to contraceptive services.

Malnutrition is a serious problem: Intake of nutrients is less than the recommended daily allowances for adolescents below the age of 18 years both for boys and girls in rural India (NNMB 2001). 55.8% women and 30.2% men in the age group of 10-19 years are suffering from anemia. (NFHS III).

Adolescent mothers are at a higher risk of miscarriages, maternal mortality and are more prone to giving birth to stillborn and underweight babies. Iodine Deficiency Disorders can lead to growth retardation and retard mental development. Only half of the households are using Iodized salt for cooking in India (MICS 2000).

Drug abuse is emerging as a major health problem: 24 per cent of the drug users were in the age group of 12-18 years. The subjects in the treatment centers reported that about 11 per cent were introduced to cannabis before the age of 15 years, and about 26 per cent between the age of 16 and 20 years. (UNODC and Ministry of Social Justice & Empowerment, 2004). Social factors such as illiteracy, economic background, unemployment, and family disharmony increase vulnerability to drug abuse. Among 13-15 years old school going children, current use of any tobacco product varies from 3.3% in Goa to 62.8% in Nagaland (The Global Youth Tobacco Survey Collaborative Group. Tobacco Use amongst Youth: A cross country comparison. Tobacco Control 2002;11:252-70).

Sexually transmitted infections & HIV and AIDS are on the rise – Sexually transmitted infections & HIV and AIDS are increasing in the age group 15-19 years. About 10.5% women and 10.8% men aged 15-19 years had self reported symptoms of sexually transmitted infections (NFHS 3). The prevalence (number of cases) of HIV and AIDS was found to be 0.04 % in the age group 15-19 years and 0.18 % in 20-24 years (NFHS 3). These health risks are related to factors like early marriage, gender disparities, unsafe sexual behaviour, access to education and socioeconomic environment.

Crimes against adolescents are prevalent: Crimes against adolescents are increasing. In girls they range from eve-teasing to abduction, rape, prostitution and violence to sexual harassment. Most rape victims are in the age group of 14-18 years and a significant number are under 14 years. In 84 per cent of rape

cases, the victims knew the offenders and 32 per cent of rapists were neighbours (NCRB 2001). Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place. The boy's between 12-17 years, they are mainly victims of homosexual abuse.

Delinquent behaviour is alarmingly increasing: There has been a sharp increase in the last few years in incidences of delinquency, alcoholism, drug addiction, truancy, and crime amongst adolescents. These are more in boys and most of them (29 per cent) are illiterate or have studied up to the primary stage (41 per cent). A large number of them are school dropouts (NCRB 2003).

Trafficking and sex work has increased: Extreme poverty, low status of women and complacency of law enforcing agencies has led to an increase in sex work. Expansion of trafficking and clandestine movement of young girls has also increased across national and international borders.

Disability in adolescents is being recognized: In the 10-19 years age group disability was reported among 1.99 per cent of the adolescents. Among the disabled adolescents, 40 per cent reported visual disability and nearly one-third (33 per cent) reported movement disability. Males generally reported a higher percentage of the disability than females (Census 2001).

1.3.2 Need to invest in adolescents

The behaviours and lifestyles learned or adopted during adolescence influence health both in the present and in the future. Tobacco use is a good example of how a behaviour, almost always adopted during adolescence, leads to a number of diseases and death later in life. Thus, the benefits of adolescent health and development accrue not only to the adults that emerge from the process, but also to future generations. Let us learn why the investment in adolescent health and development is necessary and how it benefits the society. The three main reasons for investing in the health and well-being of adolescents are:

Health benefits for the adolescent and society

It is estimated that every year about 1.4 million adolescents die – mostly from accidents, violence, pregnancy-related problems and illnesses that are either preventable or treatable. Many more develop behaviours that could destroy their chances for personal fulfillment and also their ability to contribute to society (Senderowitz J. Adolescent health: reassessing the passage to adulthood. Washington, DC, World Bank, 1995 (*World Bank Discussion Paper N272*)). Investing in adolescent health and development will reduce the morbidity and mortality in this age group. It will maximize their opportunity to develop to their full potential and to contribute the best they can to society.

Economic benefits

Investing in adolescent health and development will reduce the burden of diseases and deaths in later life because healthy behaviours and practices adopted during adolescence tend to last a lifetime. Some of the diseases like obesity, heart diseases etc. once developed also tend to run in families. Today's adolescents are tomorrow's parents, teachers and leaders. What they learn today, they will teach to their own children and to other children tomorrow.

Investing in Adolescent Health and Development makes economical sense: better-

prepared and healthy adolescents will result in productivity gains when they enter the workforce. Thus, there will be a better return on investments made in early childhood and adolescence. When adolescents develop sub-optimally or die prematurely this means a waste of earlier investments. Investing in prevention and promotion during adolescence also averts future health costs. The prevention of habits like smoking, lack of exercises and overeating causing obesity averts health costs on non communicable diseases like cancers, hypertension and heart diseases much later in life.

Adolescents have a human right to achieve the highest attainable level of health

Promoting and safeguarding adolescent health is not only an investment but also a basic human right. The UN Convention on the Rights of the Child (CRC), ratified by nearly every government in the world, declares that young people have a right to life, development, and (in Article 24) *“The highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”*.

The CRC also gives young people the right to preventive health care and requires specific protection for those living in exceptionally difficult conditions or with disabilities. This means that Governments have the responsibility to ensure that health and other basic services essential for good health are provided.

Activity 7

“Investment in adolescents is essential for a better future of the nation.” Discuss with your peers.

Check Your Progress 2

a) “Adolescents are a diverse group.” Discuss the Indian Profile of adolescents

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b) Why adolescents are considered as a special group?

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c) Why do we need to investment in adolescents?

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Adolescents constitute a large but diverse group. There is a wide variation in adolescence across the globe and it is affected by socio cultural factors as well as technological advancement.

1.4 ROLE OF TEACHERS

India has a long tradition of *Guru Shishya Parampara* wherein the sons or daughters of kings and paupers were treated alike. The students were sent in *Ashrams* in their adolescence and it was the duty of the teachers to identify and nurture the talents in them. Teachers still play a vital role in the life of an adolescent as in olden times. Let us understand various roles of teachers for a healthy and happy adolescence:-

- Adolescents are often bewildered by the rapidity of changes and are anxious by comparing them with those in their peers. Teachers can act as a friend by sharing correct information with adolescents and reassuring them that the changes are normal and expected and they are normal even though they may be short or long as compared to other girls and boys. Teachers can remove myths and misconceptions by sharing correct and scientific information about developmental characteristics and related issues like sexual matters.
- They can be empathetic and talk and share the feelings and thoughts about the hurt which sarcastic remarks of peers cause to the adolescents. They can suggest strategies that will help them to hold their own when someone tries to ridicule about their height, physical growth or behaviour.
- Like the teachers of *Helen Keller*, teachers can help adolescents increase their self-esteem by making them realize that physical appearance alone does not determine the personality of an individual. More important is the 'inner beauty' – how one conducts oneself, behaves with others, helps others and respects others etc.
- As a mentor like *Lord Buddha*, they can help the adolescents to be self-aware or being aware of the qualities and weaknesses to work upon. They can nurture what adolescents can do best – play games, draw pictures, or sing well. In this way, they can realize their potential.
- Like *Dronacharya* helped *Arjuna* to focus on the eye of sparrow, teachers can help adolescents to set realistic goals for them and work to achieve them and get excellence and ultimate success.
- As a counselor teachers can help adolescents to analyze a situation objectively considering the pros and cons and take decisions that help them to handle difficult situations like choice of career or heart breaks etc. This can prevent them being involved in high risk behaviours. They can identify the adolescents under stress, help them to come out of it and refer to professional counselors.
- Like *Chanakya*, teachers can act as a role model for adolescents. The adolescents can be sure of the ideas, values and qualities they see in their teachers and nurture them in their life.
- Teachers, as a guide, can help adolescents to develop life skills, i.e., the qualities for positive and adaptive behaviour to face the opportunities and challenges of life in adolescents and make them successful. This is what *Acharya Vishnusharman* did through animal stories of *Panchtantra*.
- Thus, an empathetic, supportive and helping teacher can not only equip the adolescents to pass through difficult situations but also identify and develop

the inherent potential in them. They can recognize and provide the nation with many talents like Sabeer Bhatia, Kiran Bedi, B.R.Ambedkar and APJ Abdul Kalam etc.

Activity 8

Ask your peers to recall the incidences wherein the teacher influenced their life in adolescence.

Check Your Progress 3

a) What are different roles a teacher can play for a happy and healthy adolescence?

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1.5 KEY WORDS

Child : Child is a term usually applied for the age group below 14 years.

Youth : Youth is described within the group of 15-24 year (United Nations) and 13-35 year (India).

Young people : Young people refer to the age group between 10-24 years.

Teenage : Teenage is synonymous with adolescence.

1.6 LET US SUM UP

In this unit you have read that: Adolescence is a phase of transition between childhood and adulthood. This phase of adolescence extends from 10-19 years of age and is characterized by rapid physical, psycho sexual and social changes. It poses various opportunities and challenges. You have also learnt that curiosity, exploration and experimentation are hall marks of adolescence. These, coupled with poor information and skills lead to high risk taking behaviour like substance abuse, unsafe sex causing unwanted pregnancies HIV and sexually transmitted infections. You have also read that adolescence is divided into Early adolescence (10-14 years), Middle adolescence (15-17 Years) and Late adolescence (18-19 years). However, there is no clear cut demarcation between these stages and changes in these stages often overlap with each other. Now you have got an idea that adolescents constitute around 1.2 billion of the total population in the world and one-fifth of India's population. The diversity of adolescents needs to be considered in various policies and programmes. And we need to invest in adolescents not only for long term health and economic benefits to the nation but also as an obligation to human rights. You as a teachers can play an important role to identify the talents and realize the full potential of adolescents. For your further reference adolescent development initiative in India is given in Appendix A and Laws imparting Adolescents in India is given in Appendix B at the end of this unit.

1.7 ANSWER TO CHECK YOUR PROGRESS

Check Your Progress 1

a) Adolescence is derived from a Latin word *adolescere*, which means “to grow” or “to mature.” It is a Period of 10-19 years age group characterized by rapid physical, sexual, emotional and social changes. These changes appear at different times and at variable rates. The changes pertaining to physical and Sexual maturation of both boys and girls are called puberty while the term adolescence also includes cognitive, social and behavioural characteristics.

b) Adolescence is a period of changes. Various changes in adolescence are:

i) *Physical Changes in Adolescent Boys*

Growth spurt occurs	Shoulders broaden
Muscles develop	Skin becomes oily
Voice deepens	Growth of moustaches and beard
Growth of underarm, chest And genital hair	Penis and testes enlarge

Sperm production begins in the testes and ejaculation occurs.

ii) *Physical Changes in Adolescent Girls*

Growth spurt occurs	Breasts develop
Skin becomes oily	Hips widen
Waistline narrows	Growth of underarm and genital hair
External genitals enlarge	Uterus and ovaries enlarge

Ovulation occurs and menstruation begins.

iii) *Sexual changes in the male*

Penis, testes and scrotum enlarge	Pubic, maxillary and bodily hair appears.
The voice of the young boy's breaks attains a deeper tone.	The body itself becomes more and distinctly muscular.
Sexual urge begins	Sperm production begins in the testes and ejaculation occurs

iv) *Sexual changes in the female*

- Menarche, the appearance of the first menstruation is a dramatic event in the life of a female. The menstrual cycle, initially, may be irregular but becomes regular over a period of time.
- Budding of the breasts takes place, which becomes progressively bigger and fuller.

Adolescence - An Overview

- Axillary and pubic hairs start appearing.
- The hips become wider and the body shape changes.
- Sexual urge begins

v) *Emotional and Social Changes during Adolescence*

Emotional instability	Preoccupied with body image
Frequent mood changes	Curiosity and experimentation
Self-exploration and evaluation	Concerns and worries about the body changes
Conflicts with family/ elders over control.	Development of abstract thinking but confusion at times
Attraction towards opposite sex	Day dreaming and fantasizing
Relationships oriented from parents to peers.	

c) Adolescence is often divided into following three stages:

- Early adolescence (10-14 years)
- Middle adolescence (15-17 years)
- Late adolescence (18-19 years)

The above classification is not acceptable to all and has more of academic importance. However, the classification provides a basic framework to understand the developmental process in adolescence. The changes in each stage are continuous in nature and overlap with those in other stages.

d) Various characteristics of adolescence are:

- Growth spurt
- Physical appearance decides self-image self-discovery
- Desire for independence and prove their identity
- Egocentrism
- Emotionally unstable
- Curiosity and experimentation
- Peer influence outweighs parental affection
- Changing focus of relationships
- Idealism and confrontation with religion, traditions and moral value
- Absence of long-term thinking about life and the world
- Desire to be considered as an asset rather a problem

e) Adolescence is a phase of rapid changes. These changes pose challenges to adolescents as well as society. These challenges can be categorized as:

- Challenges related to physical development
- Challenges related to cognitive development
- Challenges related to psychosexual development
- Challenges related to social development
- Moral and spiritual challenges

Check your progress 2

a) Adolescents are a diverse group in India

- There is a wide variation in age and sex parameters
- There is wide variation in educational status
- Adolescents contribute significantly to :
 - Early marriage is common
 - Female mortality in adolescence is high
 - Sex before marriage is common
 - Use of contraceptives is less
 - Malnutrition is a serious problem
 - Drug abuse is emerging as a major health
 - Sexually transmitted infections & HIV and AIDS are on the rise
 - Crimes against adolescents are delinquent behaviour is alarmingly
 - Trafficking and sex work has increased
 - Disability in adolescents is being recognized.

b) Adolescents are considered as a special group because:

- Adolescents constitute a sizable population
- The world of adolescents is different than that of adults
- Adolescence is not recognized as a distinct age group in policy frameworks of India
- The world of adolescents is different than that of adults
- Adolescents are vulnerable
- Adolescence is a time of opportunity
- Policy makers have to deal with adolescent issues and problems holistically
- Adolescents need a safe and supportive environment

c) We need to investment in adolescents because of the following three reasons:

- Health benefits for the adolescents and society

- Economic benefits
- Adolescents have a human right to achieve the highest attainable level of health.

Check Your Progress 3

- a) Various roles which a teacher can play for a happy and healthy adolescence are:
- A friend
 - A counsellor
 - A guide
 - A mentor
 - A role model.

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Adolescent Development Initiatives in India

Adolescents have been identified as a national resource in India. Various ministries and departments have incorporated and integrated adolescent welfare, health and development schemes in their policies and programmes. Let us discuss various schemes and policies to empower adolescents. You will find details.

A) Ministry of Youth Affairs and Sports

The Ministry of Youth Affairs and Sports (MoYAS) has been designated as the nodal Ministry by the Planning Commission for adolescent-related interventions in the Tenth Five Year Plan Period.

i) National Youth Policy, 2003

The key areas of focus related to adolescents are:

- Youth in the age group of 13-35 years covered with sub-groups 13-19 years (adolescents) and 20-35 years.
- State-sponsored and free counselling services for youth, particularly adolescents recommended. Establishment of adolescent clinics in large hospitals proposed.
- Peer education strategy proposed for promoting health services. Role of young people as “Health Promoters” has been envisioned.

ii) Adolescent and Youth bodies

Nehru Yuva Kendra Sangathan

Nehru Yuva Kendra Sangathan (NYKS) is an autonomous organization of the Ministry of Youth Affairs and Sports, with offices in nearly all the districts of India. NYKS is the largest grassroot level a political organization in the world, catering to the needs of more than 8 million non-student rural youth from nearly 500 districts from across the country. NYKS works in the areas of community mobilization of adolescents and youth for the overall development and active participation in nation building.

Rajiv Gandhi National Institute of Youth Development (RGNIYD)

RGNIYD is an autonomous organization of the Ministry of Youth Affairs & Sports, located at Sriperumbudur, Tamilnadu. It functions as a vital resource centre coordinating Training, Orientation, Research, Extension and Outreach initiatives for the Central and State Governments and national level youth organizations. The institution has a Deemed University Status and running innovative career oriented professional courses.

iii) Adolescent and Youth Development Schemes

Adolescent Health and Development Project

RGNIYD is running “Adolescent Health and Development Project” under the MoYAS. The project is supported by UNFPA as a part of the UNFPA’s Sixth Country Programme (CP6). The project has three main outputs:

- Strengthening capacity of the Ministry for implementing the Adolescent Development and Empowerment Programmes

- Advocacy on adolescent issues, with a focus on health/sexual and reproductive health
- Capacity building of RGNIYD, NYKS, NSS and NGOs for implementing adolescent programmes, with a focus on adolescent health and development issues and life skills education.

Scheme for Promoting National Integration

The scheme seeks to provide a common platform to youth from different parts of the country and from diverse religious and cultural backgrounds to interact with each other and become aware of the underlying unity amidst diversity.

Sports Schemes

There are about 21 schemes under Sports. Some of the schemes are designed to select physically fit children and adolescents and groom them to excel in sports.

National Service Scheme

Popularly known as NSS, the National Service Scheme has over 2.5 million student volunteers spread over 198 universities and 39 + 2 Councils and Directorate of Vocational Institutions. NSS has two types of programmes: regular activities and special camping programmes undertaken by its volunteers. Under regular activities, students are expected to work as volunteers for a continuous period of two years, rendering community service for a minimum of 120 hours per annum. Under the Special Camping Programme, a 10-day camp is conducted every year in the adopted villages/areas on specific themes like Youth for afforestation and Tree Plantation, Youth for Mass Literacy and Youth for Rural Reconstruction.

Scheme of Financial Assistance for Development and Empowerment of Adolescents

Started in 2004, the scheme aims at providing financial assistance to organizations for the development and empowerment of adolescents. It hopes to stimulate action for adolescents from the economically and socially neglected sections of society. Main elements of the scheme comprise of environment building, life skills education, counselling, career guidance and melas, research and technical resource development.

Other schemes for promoting youth activities and training are:

- Youth clubs
- Teen clubs
- Scouting and Guiding
- Youth hostels Youth Development Centers.
- National Service Volunteer Scheme
- Assistance to rural youth and sports clubs
- Awards to outstanding clubs
- Indira Gandhi NSS awards

B) Ministry of Health and Family Welfare

i) National Health Policy 2002

The salient features are:

- Female adolescents are not identified separately but grouped with children and pregnant women within
- Maternal and Child Health services
- Nutritional needs of adolescent girls recognized
- Need for health and population education recognized
- Priority to school health programmes aimed at preventive health education, health check-ups and promotion of health seeking behaviour.
- Efforts to bring about behavioural changes to prevent HIV/AIDS and other lifestyle diseases.

ii) National Population Policy 2000

The policy identifies adolescents as an underserved population group with special sexual and reproductive health needs while recognizing their critical role in population stabilization. The points of emphasis are:

- Mention of adolescents in information, nutrition, contraceptive use, STIs and other population-related issues.
- Problem of early marriage, teenage pregnancy and spacing addressed. Recommendations for enforcing the Child Marriage Restraint Act.
- Need for higher retention of girls in schools emphasized.
- Marginalized adolescent groups prioritized in terms of geographical location and reach of services.

iii) National AIDS Prevention and Control Policy 2000

The goal is to prevent the epidemic from spreading and reduce the impact of the epidemic not only upon the infected persons but also upon the health and socio-economic status of the general population at all levels

- Street children and sex workers identified as vulnerable groups
- Risks to adolescents identified and harm minimization approach involving education and services recommended
- Peer education advocated as a strategy.

National AIDS Control Programme

A number of initiatives have been taken up by the National AIDS Control Organization (NACO) to provide information on HIV/AIDS transmission and prevention to in-school and out-of-school adolescents

- A toll free National AIDS Telephone Helpline to provide access to information and counseling on HIV/AIDS related issues.

- School AIDS Education Programme for raising awareness and developing life skills, to resist peer pressure and developing a safe and responsible lifestyle
- Universities Talk AIDS (UTA) Project is a collaborative partnership between the National Service Scheme, (NSS), Ministry of Youth Affairs & Sports and NACO. The project involves creating awareness among students and the youth on issues related to HIV/AIDS through workshops, seminars and written material especially designed for them. Apart from “Youth to Youth” approach, the Programme has a component called “Campus to Community”.
- Villagers Talk AIDS (VTA) Programme for out-of-school youth is conducted by NYKS network under the auspices of the Ministry of Youth Affairs & Sports. NACO supports 700 NYK units spread over 410 districts in the country.

iv) **Reproductive Child Health (RCH) Programme**

This programme in its second phase (2005-2012), is an integrated programme that combines family welfare, women and child health services. The aim would be to reorganize existing services in order to increase the user-friendliness of services for young people, and to improve access and utilization. Department of Family Welfare has to undertake special efforts to reorganize services at the primary health centers on dedicated days and dedicated timings for adolescents.

C) **Ministry of Human Resource Development**

i) **National Policy on Education, 1986 (as modified in 1992)**

The goal is to equalize education opportunities in the age group of 15-35 years, free and compulsory elementary education for all children up to 14 years of age, and functional literacy to adult illiterates.

ii) **National Policy for the Empowerment of Women, 2001**

The key features are:

- Adolescent girls identified as a vulnerable group
- Adolescent girl within the ambit of ICDS proposed for a safe motherhood status
- Early marriage recognized as a problem of infant and maternal mortality
- Removal of gender stereotypes encouraged through media.

iii) **Various schemes and programmes**

There are various programs concerning adolescents under Ministry of Human Resource Development. Some of them are:

Sarva Shiksha Abhiyan

This movement aims to provide useful and relevant elementary education to all children in the 6 to 14 years age group by 2010. Another goal is to bridge social, regional and gender gaps, with the active participation of the community in the management of schools.

National Programme for the Education of Girls at the Elementary Level (NPEGEL) and Kasturba Gandhi Swatantra Vidyalaya (KGSV) builds special schools for girls in areas with low female literacy.

Mahila Samakhya Programme

This is a women's and girls' empowerment project in ten states which helps to create an environment to seek knowledge and information in order to make informed choices and create circumstances in which they learn at their own pace and rhythm

Adolescence Education Programme (AEP)

The Government of India took a major step forward in 2005 with the launch of the Adolescence Education Programme. The in-school programme was implemented by various Departments of Education in the States/UTs with technical support from the State AIDS Control Societies. UN agencies (UNFPA and UNICEF) provided support to the programme. The focus of the programme has been on process of growing up, substance abuse, HIV/AIDS and Life Skills Education. The programme is currently under review as per recommendations of Joint Parliamentary Committee.

Integrated Voice Recording System (IVRS) under National School of Open Schooling

National Institute of Open Schooling is the largest educational body in the country for out of school adolescents. *Interactive Voice Recording System (IVRS)* is a helpline cum guide wherein the adolescents can get the solutions for their day-to-day problems.

D) Ministry of Women and Child Development

Kishori Shakti Yojana

This scheme is implemented as a part of the Integrated Child Development Services (ICDS) programme. The scheme extends the coverage of the existing Adolescent Girls' Scheme by enriching the content and strengthening the training content, especially in skill development aspects. Convergence with other sectoral programmes is envisaged

Swa-shakti

This rural women's development and empowerment project of the Ministry of Women & Child Development works through Self-Help Groups. The target group also covers adolescent girls in the age group of 15-19 years.

Swadhar Scheme

This scheme addresses specific vulnerability of women in difficult circumstances through home-based and integrated approach that helps girls caught in trafficking to find alternative sources of livelihood.

E) Ministry of Social Justice and Empowerment

Scheme for Providing Coaching to Students Belonging to Schedule Castes and Schedule Tribes

This scheme provides coaching to students belonging to Schedule Castes and Schedule Tribes to enable them compete with socially and economically advantaged sections of society.

Scheme for Educational Complex

Scheme for Educational Complex for 136 districts in the country with less than ten percent literacy rate among Schedule Tribe women.

Scheme for Child Help lines

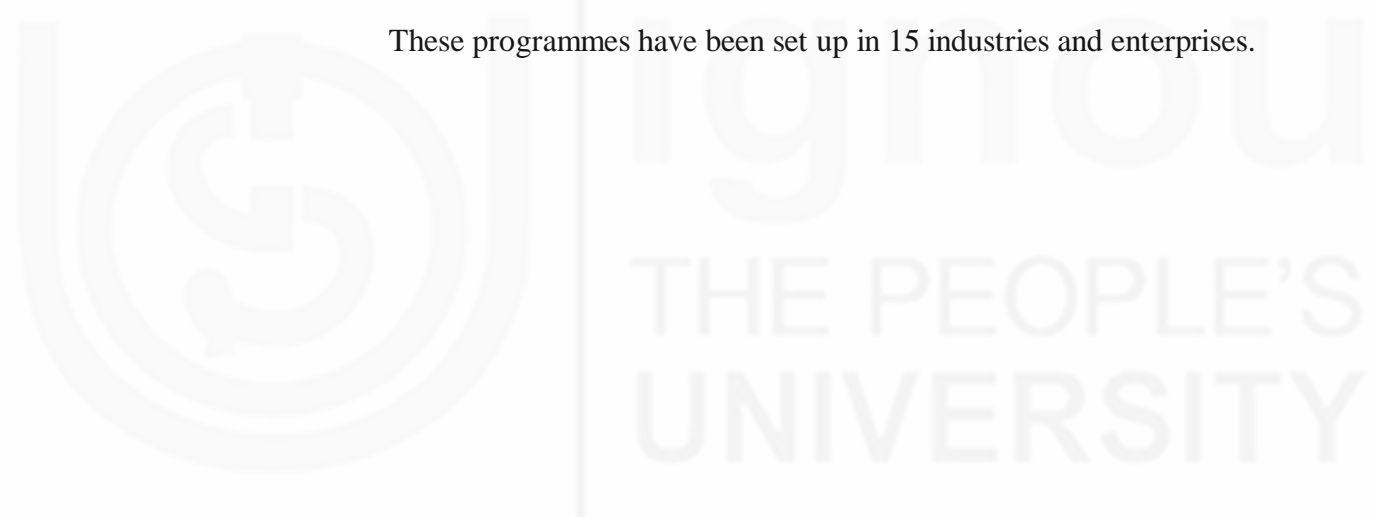
Child Help lines in major cities of the country to provide emergency assistance to children and adolescents.

Services for Treatment of Drug Addicts

Scheme for prevention of Alcoholism and Substance (drugs) abuse, treatment and rehabilitation services for the addicts through NGOs. Around 393 treatment-cum rehabilitation centers and 53 counselling awareness centers are working all over the country.

Workplace Prevention Programmes

These programmes have been set up in 15 industries and enterprises.



Laws impacting Adolescents in India

The following laws in India affect and /or impact adolescents:

- **The Child Marriage Restraint Act, 1978**
The act prescribes the minimum age for marriage as 18 years for girls and 21 years for boys.
- **Medical Termination of Pregnancy Act, 1972**
Permits termination of pregnancy on socioeconomic and health grounds upto 20 weeks of pregnancy with restrictions such as spousal/ parental consent.
- **The Juvenile Justice (Care and Protection of children) Act, 2000**
For special treatment, care, protection and rehabilitation of juvenile delinquents and rejected children (male below 16 years and females below 18 years)
- **The Child Labour (Prohibition and Regulation) Act, 1986**
Regulates minimum legal age limit (14 years) for employment of children and prohibits the engagement of children in certain employments.
- **Immoral Traffic Prevention Act (ITPA), 1986**
Prohibits trafficking in human beings, including children.
- **The Narcotic Drug and Psychotropic Substances (NDPS) Act, 1985**
Mainly deals with drug supply reduction activities.