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RKSK
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resource book

training manual for counsellors

Training Manual

for

Adolescent Health Counsellor

Resource Book

Contents

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Abbreviations

ADHD	Attention-Deficit/Hyperactivity Disorder
ACE	Adverse Child Events
AEP	Adolescent Education Programme
AFHS	Adolescent Friendly Health Services
AG	Adolescent Girls
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive Sexual Health
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BMI	Body Mass Index
BSY	Balika SamridhiYojana
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Diseases
ECP	Emergency Contraceptive Pills
EFA	Essential Fatty Acids
ELISA	Enzyme-linked Immunosorbent Assay
FAQs	Frequently Asked Questions
FLE	Family Life Education
FSH	Follicle-Stimulating Hormone
GoI	Government of India
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Training Center
ICMR	Indian Council of Medical Research
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IUCD	Intrauterine Contraceptive Devices
IUGR	Intrauterine Growth Restriction
KAP	Knowledge, Attitude and Practice
KSY	Kishori Shakti Yojana
LAM	Lactational Amenorrhea
LH	Luteinizing Hormone
LHV	Lady Health Visitor

MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MTCT	Mother-to-Child Transmission
MTP	Medical Termination of Pregnancy
NACO	National Aids Control Organization
NACP	National AIDS Control Programme
NCD	Non-Communicable Disease
NCERT	National Council of Educational Research and Training
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHE	Nutrition and Health Education
NNAPP	National Nutrition Anaemia Control Programme
NPAG	Nutrition Program for Adolescent Girls
NRHM	National Rural Health Mission
NSS	National Service Scheme
OCP	Oral Contraceptive Pills
ODD	Oppositional Defiant Disorder
PHC	Primary Health Center
PID	Pelvic Inflammatory Diseases
PLWHA	People Living with HIV/AIDS
PPT	Power Point Presentation
RCH	Reproductive Child Health
RHD	Rheumatic Heart Disease
RRC	Red Ribbon Club
RSH	Reproductive and Sexual Health
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
UNDOC	United Nations Office on Drugs and Crime
UT	Union Territory
VCTC	Voluntary Counseling And Testing Centers
WHO	World Health Organization
WIFS	Weekly Ironfolic Acid Supplementation
YUVA	Youth Unite for Victory on AIDS

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Chapter-1
Introduction

The percentage of adolescents (10-19 years) in India is increasing and comprises of one-fourth of the total population. Adolescence is recognized as a phase rather than a fixed time period in an individual's life. It is a phase of development and transformation from appearance of secondary sexual characteristics to sexual and reproductive maturity; the transition from total socioeconomic and emotional dependence to relative independence. During this phase of transition the adolescents face multi-complex issues such as gender discrimination, early marriage and child bearing complications during pregnancy and childbirth. High risk of RTI/STI and HIV/AIDS increases reproductive and sexual health complication which leads to higher maternal morbidity, mortality and infant mortality rate. In addition, these conditions lead to discontinuation of school, restricted exposure and reduced social interaction.

Adolescents are leaders in the making; their ambition, creativity, curiosity; drive and eagerness create a fertile ground for planting seeds for their bright future. However, at this stage adolescents struggle with self-identity, peer acceptance, parental approval and overall societal belonging. During this second decade of their life they begin to question the meaning of life, inherited family beliefs, values and norms. They are bothered by the set of rules and regulations that according to them stand in the way of fully enjoying life based on their own terms. They are extremely self-conscious of actions, behaviours and characteristics, continuously judging themselves through a critical lens. They are often torn between seeking their parent's approval and that of their peers, which are usually opposite sides, leading the adolescent to inner turmoil or with feelings of guilt and regret once a choice is made. The need for differential values, competencies and coping styles between parents and adolescents are a source of anxiety and stress for both adolescents as well as parents.

Both boys and girls have limited knowledge, skills and exposures to handle their problems and challenges within the existing environment. Broadly, on the basis of these issues, concerns and developmental changes adolescents constitute two major groups i.e. early adolescents of age group 10-14 and late adolescents of age group 15-19. Adolescents are not a homogeneous group as their situation varies by age, sex, marital status, class, region and cultural context. Based on their situation across the country they have diverse concerns, needs and expectations from their family members, community and health providers. Due to inadequacy or lack or inappropriate information regarding health services the health and well-being of adolescents is more vulnerable, complex and difficult.

Anaemia and malnutrition are also major factors which affect adolescent's physical development. In adolescent girls, it has been observed several times that nutritional deprivation among them reduces their school attendance, learning ability and overall performance. Adolescent boys in India face different sets of problems, their own inhibitions do not allow them to express their problems and needs easily. Sedentary life style, changing dietary patterns, increasing consumption of alcohol and smoking are key risk factors which increases the incidence of non-communicable conditions among adolescents in their later stages of life. Adolescents have to face lot of pressures which range from having interpersonal issues with friends and family to poverty, violence and adapting to cultural

norms. Adolescents may also be concerned about significant issues such as religion, gender roles, values or ethnicity. Some adolescents face difficulties in dealing with past traumas that they experienced such as sexual harassment, domestic violence and gender based violence. This often has an impact on their well being and behaviour which can lead to distress and if not addressed can lead to more complicated mental disorders such as depression and eating disorders. There is a sound evidence that adults can influence the environment of adolescents to enhance their health and well being. A positive relationship with parents and a school environment that is perceived as positive are strong protective factors against a variety of negative health outcomes. Conversely family conflict and negative peer role models are associated with increased risk behaviours and depression.

Lack of information, poor knowledge and unavailability of counseling services are the main underlying factors resulting in limited usage of health services by adolescents. The service provision for adolescents is influenced by many factors such as lack of adequate privacy, confidentiality and judgmental attitudes of service providers, who often lack counseling skills. Most of the time adolescents require socio-psychological support and motivation to deal with their personal and family relationships, physical and psychological changes in their body, peer pressure and emotions. Learning from various ongoing adolescent health programs suggest that providing effective, adequate and appropriate counseling can play significant role to ensure the quality delivery of adolescent friendly health interventions.

As per the National Adolescent Health Strategy, developed by Ministry of Health and Family Welfare, GoI has made a provision for two full time counsellors. One will provide regular counseling services at community health center and the other will deliver outreach counseling services in the vicinity of the health center once in a week or fortnightly, based on the number of health centers. The counsellors would act as an important link between the existing health system and adolescents. The provision of Health Counsellors will help adolescents seek counselling services more frequently and comfortably. Additional support in the form of skill building would help the Counsellors in performing the preliminary screening and conducting Counseling sessions. Their exposure on adolescent related issues would support them in making appropriate referrals to the Medical Officers, who would be able to do justice to the adolescent specifically seeking medical intervention.

These counsellors will not only promote healthy life styles, preventive measures, follow-up and referrals but would also strengthen outreach services, establish linkages with the community at large and generate demand for adolescent friendly health services. Counsellors will act as a facilitator and help adolescents to solve problems, create an enabling environment for adolescents. For counseling adolescents, the counsellor should have Master degree in Social Science or Psychology and at least two year experience in adolescent health program.

The key objective of formulating a training manual for Adolescent's Health Counsellors is to enhance the knowledge, skills and practices of counsellors to effectively deal with adolescents and to counsel with confidence. This would ensure that they have adequate communication skills to reach out to the adolescents. They would also be able to provide

effective, appropriate and adequate counseling services on various aspects of adolescent health and development. It also focuses on providing the front line workers training on teaching adolescents various life skill tools to handle peer pressure, manage their stress, fear, anxiety and psychological phobia during this phase. The training manual also provides the skills to deal with drug abuse, smoking and alcohol, life style diseases, importance of balance diet and food habits. This manual can also be used for improving the skills of counseling among ASHAs, AWWs, ANMs and ICTC workers.

The training manual is designed to be delivered in six days' residential workshop setting. It is based on participatory learning and teaching technique. The learning and teaching methods have been empirically selected to accomplish desired outcomes. The manual consists of two modules – Facilitator's Guide and Resource Book. The Facilitator's Guide provides key instructions and methodology for conducting the specific section. The manual is designed in a way that one can organize training of the whole manual or for any specific section based on the requirement. However, the Resource Book provides literature or reference material for counsellors which can help them to enhance their knowledge and gain a broader perspective of topic as well as overall subject. The training manual for adolescent health counsellor will enable the front line workers to understand what is essential for counsellor to know prior to their dealing with adolescents (10-19) and how can they enhance their understanding for responding better to the needs and problems of adolescents.

During the formulation of both Facilitator Guide and Resource Book, utmost care has been taken to incorporate diverse concerns and needs of adolescents from various perspectives. However, on the basis of feedback and inputs after implementation of the manual in different parts of the country, additional information can be incorporated in the Training Manual.

1.1 Facilitator's Note

The complete set of manual covers six days' training program, which may be adapted for longer or shorter period as per need. Any part of the manual could be edited and picked up according to the relevance and cultural sensitivity of trainee counsellor. “The Training Manual for Adolescent Health Counsellors” is based on theoretical approaches of counseling. The theory helps to explain what happens in the counseling relationship and assists counsellor in predicting, evaluating and improving the counseling results. Theory also helps counsellor to understand their clients and thus derive techniques that are most useful and effective in achieving the counseling objectives.

The Manual is intended for counsellors in the adolescents' health services and front line health providers working with adolescents across the country. This manual provides a unique opportunity to all health and non-health counsellors to understand the basics of communication with adolescents, reproductive and sexual health, nutritional aspects, non-communicable diseases, mental health, gender, violence and injuries among adolescents as well as aspects of parental counseling for adolescents. However, to use this manual, facilitators have to take care of the following key points :

1. The teaching and learning methods used throughout the training manual are participatory and appropriate for working with adults.
2. It is expected that the main group of participants already have some knowledge and experience of working with adolescents and adolescents' health issues.
3. The entire manual and sessions use range of methods and approaches such as group discussion, role plays, cards, case based learning activities and various brain storming exercises. Facilitators can use these exercise as per the prescribed guidelines or based on their own experiences.
4. Overall training manual includes Resource Book and Facilitator's Guide. Resource Book provides an opportunity for participants to understand the theory on specific topics which can help them to improve their knowledge on various issues of adolescents' health. The Facilitator Guide consists of eight core modules. It is necessary for all participants to go through all eight modules because they cover all essential topics that will equip the participants with the knowledge and understanding that they need to achieve the overall objectives.
5. It is necessary for all facilitators to go through both Resource Book and Facilitator Guide prior to the training. During the training, facilitator has to ensure the respect and confidentiality of participants, especially on sensitive issues.
6. The overall manual is based on fixed time schedule and requires respecting the allotted time for each session. The training can be organized for overall manual or it can be organized for specific required session.
7. Facilitators should ensure that everyone has the opportunity to share their knowledge and experiences. Facilitator should not have bias for any issue such as caste, religion, sex and age.
8. Facilitators have to recognize and appreciate the participants' knowledge and experience all the time. For specific efforts or work, facilitator can give prizes to individuals or the group for their encouragement.

1.2 Introduction of Facilitator Guide

The “Training Manual for Adolescent's Health Counsellors” attempts to look at various dimensions of adolescent health and growth. This offers relevant information, knowledge and skills which seem necessary for adolescent's counselling. The Manual has been divided into two parts comprising of Facilitator's Guide and Resource Book. The Facilitator's Guide has been drafted with purpose of a work book using relevant explanation and activities which have been methodologically divided into specific time frames and sequences. The Resource Book elaborately discusses each topic in congruence to the Facilitator's Guide.

The Facilitator's Guide has been conceptualized in a way wherein it can be used by both health and non-health personnel in counseling. The language, terminology and activities have been based on day-to-day incidences and have an appeal on issues of adolescents from rural or urban background. The delivery mechanism has been based on participatory

approach so that participants have an opportunity to share their knowledge, experiences and learning at each stage.

The Facilitator's Guide consists of eight core modules and each module has several sessions based on the extension of subjects. Each session includes introduction, objectives, time frame, required training material and detailed description of required activities.

Module	Name of Module	Sessions Description
Module – 1	Introductory	Session 1-2
Module – 2	Communication with the adolescents	Session 3-5
Module – 3	Reproductive and sexual health	Session 6-11
Module – 4	Nutritional aspects among adolescents	Session 12-14
Module – 5	Non communicable diseases and Health promotion	Session 15-18
Module – 6	Mental Health	Session 19-21
Module – 7	Gender, violence and injuries	Session 22-23
Module – 8	Parental counselling	Session 24

Module – 1 Introductory

The Introductory sessions provide the overview of "Training Manual for Adolescent's Health Counsellors" including objectives, patterns of delivery, basic roles and responsibilities of trainers and participants. It also creates an enabling environment between participants and trainers, which can help everyone to participate in the training and achieve the required skill and knowledge.

Module – 2 Communications with Adolescents

Basics of communication, its channels and barriers have been elaborated to establish a basic understanding on the concept of Communication. Further adding on to it, this chapter tries to explore the key characteristics of a counsellor. It is very important to establish here that the skills of a counsellor will enhance when supported by appropriate counseling skills. It is also important to understand that adolescents are normally not very keen to visit a counsellor, thus the counsellor should understand their role in grooming adolescent health.

Module – 3 Reproductive and Sexual Health

The module on Reproductive and Sexual Health focuses on adolescent growth and development, menstruation cycle and key disorders, sex and sexuality, Reproductive Tract Infection, contraceptives and safe abortion as well as adolescence pregnancy.

The developmental characteristics of an adolescent have been explained according to major stages of change. Stages of healthy development in adolescents have been discussed. The reproductive organs of male and female, their functions, hygiene and effects of puberty have been elaborated in detail for both adolescent boys and girls.

An elaborate understanding has been established on promoting sexual and reproductive health of adolescents by discussing conditions of premature ejaculation, masturbation, night fall and related myths and facts. Menstrual disorders, their key characteristics and support/ help required have been listed. Adequate information has been shared on sex and sexuality. Information about contraceptives, safe abortion and adolescence pregnancy has been shared. The module addresses issues that adolescent health counsellors should look at to improve access to sexual and reproductive health information and services.

Module – 4 Nutritional Aspects among Adolescents

Adolescence is a significant period for physical growth and sexual maturation. Nutrition being an important determinant of physical growth of adolescents, is an important area that needs attention. Growth retardation is one of the most important concerns for the adolescents and their parents as well as health care workers.

The module discusses the importance of nutrition among adolescents. It tries to explore their special needs irrespective of sex. Improper nutrition in the body may lead to malnutrition, over-nutrition or under-nutrition. The chapter discusses the causes and influential factors for Anaemia and Malnutrition.

Differences between Overweight and Obesity have been highlighted. Factors affecting healthy growth have been reviewed under psychological, personal and environmental factors. Height and weight relationship and concepts of BMI (Body Mass Index) have also been addressed.

Module – 5 Non–Communicable Diseases and Health Promotion

Broadly, diseases can be categorized into two types, Communicable Diseases and Non-Communicable Diseases. During the past century, the developed world has experienced a dramatic change in the pattern of diseases. There is a tremendous decline in infectious (communicable) diseases and a steady rise in so called lifestyle diseases or non-communicable diseases. So, the global burden of disease is shifting from infectious diseases to non-communicable diseases. The Module discusses what are Non-Communicable Diseases and their fact files of prevalence. As a result of industrialization, socio-economic development, urbanization, changing age-structure, changing lifestyles, India is facing a growing burden of non-communicable diseases.

An understanding has been made on disease pattern based on cycle approach, sensitization on adolescents and Non-Communicable Diseases. Risk factors, which can be further elaborated as modifiable and non-modifiable, have been discussed. Looking at the entire scenario, the role of health counsellor using the health promotion approach has been elaborated.

Module – 6 Mental Health

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Mental health from the perspective of adolescent age group includes coping, resilience, good judgment to achieve overall well being and set the stage for positive mental health in adulthood. There are a lot of pressures for adolescents to deal with among friends and family. For some youth, pressures include poverty, violence, parental problems and mobs. Adolescents may also be concerned about significant issues such as religion, gender roles, values or ethnicity. Some adolescents have difficulty in dealing with past traumas they have experienced, like abuse.

Establishing an understanding on the topic, the sessions are further drafted to understand the issues in perspective to adolescents, the common types and its prevalence. A discussion has been brought forward on what are “Protective Factors” and “Risk Factors”. The influencing factors, general issues and problem solving skills among adolescents. Concept of emotional resiliency has been shared discussing emotional fear and anxiety as well as steps for adolescent well-being has been discussed.

Module – 7 Gender, Violence and Injuries

Gender equality refers to equal access to social goods, services, resources and equal opportunities in all spheres of life for both men and women. Gender equity implies fairness in the way women and men are treated. Gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, physical and mental integrity.

The module tries to distinctly draw the line between sex and gender, their perception and how to deal with these differences. It hints at some of the gender based roles and responsibilities. It also elaborates on violence and injury, the fact that they could be intended or un-intended and be addressed to adolescent girls as well as boys. The topic also probes in identifying the cause and influencing factors of injury.

Module – 8 Parental Counseling

Being a parent to adolescents can be a challenging, worrying and sometimes distressing time. The adolescents, who are undergoing of growth and development, are mostly in a stage of inner conflict. They refuse to be submissive and are often in conflicts with their parents or siblings. At such times, it becomes very important for parents to understand how to help their adolescent child grow. They should understand that the lessons of life learnt by them have to now be experienced by their children. It also has to be understood that each individual's form of learning is unique, thus instead of posing their opinions the parents need to balance between being a good friend to a disciplinarian.

Chapter - 2
Communication with the Adolescents

2.1 Introduction

This chapter is developed to assist counsellors in understanding and effectively communicating with the adolescents (10-19 Years), to identify the factors that influence their decision – making. It also enables the counsellors to explore possible situations among adolescents that could put them at risk or forces them towards involvement in illicit activities. Adolescents often do not have the opportunity to freely discuss their concerns, problems and needs with their elders such as parents, teachers and health workers because of their relationships, age, sex and socio-cultural status. Most of the time they are prone to be misguided in this vulnerable period of their lives, leading to negative health outcomes, including malnutrition, substance abuses, early pregnancy, sexual abuse, RTI/STIs including HIV.

2.2 Need of Communication with Adolescents

Adolescents need support through communication and counselling because:

- Most of the adolescents are shy in nature and do not feel comfortable to disclose their doubt and confusion to anybody due to lack of privacy, faith and confidentiality issues.
- Often they have lot of worries and anxiety, fear of exploitation, discrimination on the basis of age, sex, gender, rural and urban, non-school going and school going, pregnant and non-pregnant etc.
- It is common among adolescents to have resistance for receiving help, feel embarrassed in seeking health services. They are over reactive and impulsive.
- They are curious to know more about their physical, physiological and emotional changes. They do not know where will they get appropriate and adequate information about their concerns, problems and needs.
- Counselling provides assistance and guidance in resolving personal social and psychological problems, difficulties and conditions. Counselling is an enabling process which empowers the counselee to analyze his or her problems and find out a better option to solve it. The counselling is an artful application of scientifically derived psychological knowledge and techniques for the purpose of changing human behaviour. The positive changes in the counselee may reflect in personal thinking, feeling and finally his/her behaviour or actions.

2.3 Counsellor's skills

Counsellor is a trained person who performs or facilitates the counselee deal with his/her problems within a structure and professional setting. A counsellor needs certain specific set of knowledge and skills to facilitate effective and efficient counselling processes especially for adolescents. Counsellors should have the following skills:

- **Subjective knowledge**

  The counsellors need to know the basics about adolescents such as their issues, concerns and needs. They should also be familiar with the various development requirements of the adolescents such as reproductive and sexual health, nutrition,

mental health, health promotion, non-communicable condition, gender and substances abuses.

❖ Communication skills

The counsellor should engage in active listening; maintain eye contact, understand the situation from adolescent's perspective and communicate this understanding. After listening carefully the counsellor should have the skills to summarize, relate, articulate and reflect his/her sharing. If the adolescent has any query then the counsellor should carefully consider and provide answer; he/she should respond to the emotional content of the encounter; use humor appropriately and be comfortable in talking about substance abuse, sexual and reproductive health issues.

❖ Intervening skills

The counsellor should conceptualize the problematic situations or challenges and help the adolescent identify changed opportunities. The counsellor should work closely with adolescents by motivating and encouraging them to develop options and realistic age-appropriate goals. The counsellor should challenge the adolescents on their views, role models, positive healthy behaviours, show flexibility while counselling, use critical and creative thinking in understanding the present situation, manage crises when they occur and have problem-solving attitude.

❖ Assessment skills

Counsellors should have ability to make sense of the data collected during the counselling. The counsellor understands the problems, opportunities for change from the counsellor and adolescent's perspective. The counsellor should share assessment of the situation with the client so he/she can understand his/her problems or challenge. Most important thing for counsellors is to have the skills to know their limitation and stage of referral.

❖ Abiding by professional code of ethics

Adolescent's counsellors should have knowledge of practice of ethical principles within the medical and counselling professions. Whenever confronted with ethical dilemmas, they should consult with supervisors or colleagues while maintaining the confidentiality of the adolescents and their issues.

❖ Self-awareness and self-knowledge

Counsellors should always be keen to develop their knowledge and awareness of self in terms of one's own limitations, biases, prejudices, beliefs and internal conflicts. They should know when to make an appropriate and comprehensive referral to a caring and sensitive professional who can work effectively with adolescents.

❖ Self-reflection and evaluation skills

The counsellors must be able to ask critical questions to their own-self in order to improve their knowledge, skills, attitudes and effectiveness as a youth-centered counsellor. Questions such as: “How am I doing? How do I know that what I am doing is

working? Where could I improve? Did I ask for help when I needed to? Do I ask for feedback from colleagues or supervisors? Do I include the young person in setting goals for himself? Was I sensitive to the person's gender and sexual orientation? What were my strengths? What were my weaknesses? Did I use non-sexist language? Did I check about the young person's feelings about their situation and decisions? Did I observe the client's non-verbal communication?" can be used for self-reflection and evaluation.

2.4 Qualities of a counsellor

- A good listener
- Being empathetic and non-judgmental
- Able to build trust/trustworthy
- Calm and patient
- Respective and easy for acceptance
- Open minded

2.5 Key abilities of counsellors

Table 2.1- Key messages for counsellor to develop their capabilities

1	Building relationship	❖ Inform professional ethics ❖ Build relationships as continued process ❖ Display warmth in welcome and show keen interest ❖ Clarify role and responsibilities ❖ Develop rapport and be friendly with professional maturity ❖ Ensure privacy and confidentiality
2	Empathy	❖ Empathy is an ability to put one self in place of the client ❖ Emphasize feeling and reflection ❖ Reduce defensiveness ❖ Respect adolescent's ability to cope with problems ❖ Provide emotional support ❖ Build rapport and encourage conversation
3	Active listening	❖ Be attentive during conversation ❖ Reflect interest while listening ❖ Be ready for nonverbal communication ❖ Show your concerns ❖ Give more time to your client for disclosing facts ❖ Do not rush and allow silence
4	Questioning	❖ Ask open ended questions – to begin an interview ❖ Wait for response ❖ Assess the link with main problem ❖ Channelize the information ❖ Ask close ended question – in the middle of conversation for specific information
5	Probing	❖ Get more information ❖ Clarify problem ❖ Maintain emotional resilience
6	Reflecting feeling	❖ Use emotional words ❖ Relate problem with natural situation ❖ Assure that they will get well soon

7	Positive assisting	❖ Raise self esteem ❖ Build confidence ❖ Give them alternative solutions
8	Summarizing	❖ Re-state main points ❖ Tell them your assessment ❖ Guide for follow up or referral ❖ Ensure them, they can contact anytime by phone or meet personally

2.6 Basic principle of adolescent centred counselling

- ❖ Adolescent centred issues, concerns and needs
- ❖ Acknowledge fundamental rights of adolescents
- ❖ Respect and accept their concerns
- ❖ Offer non-directive suggestions
- ❖ Non judgmental
- ❖ Provide them resources and problem solving skills
- ❖ Avoid any set discrimination

Counselling session

Individual comes with concerns, problems, difficulties and certain stage confusion

↓

All aspects of problem get discussed with due respect to the client

↓

Counsellors assess the strengths and weakness of the individual based on the discussion

↓

Counsellors can provide multiple alternative solution and help client to take the right decision or solution

↓

Counsellor facilitates the process as a neutral or non-judgmental person

2.7 Counselling techniques

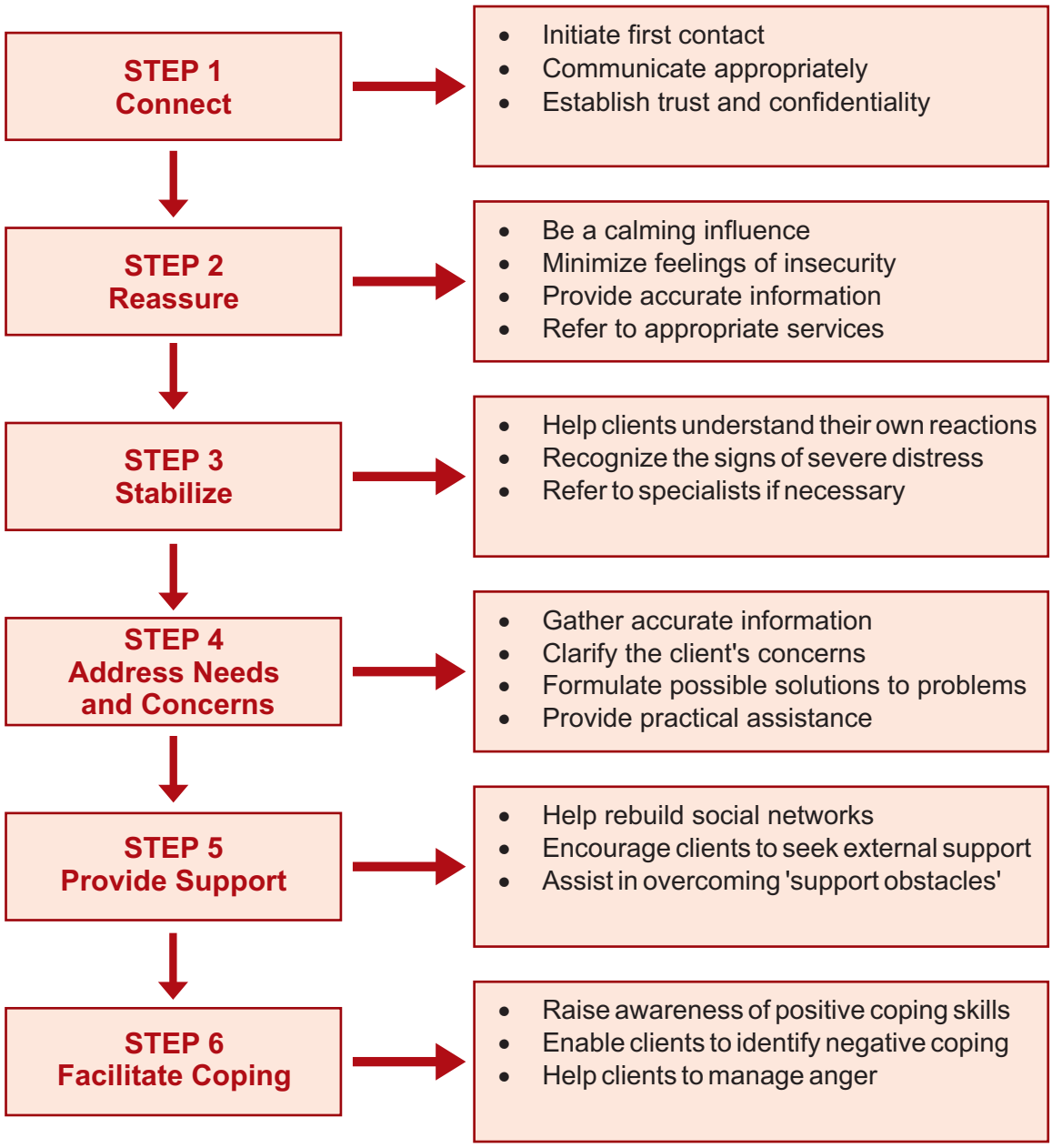
As mentioned previously, confidentiality is one of the top priorities for effective counselling. Adolescent must be assured that information exchanged during a counselling session will be kept confidential. Keeping confidentiality with adolescents is of primary importance to establish a safe place for youth to express their issues and concerns. Counsellors should

explain that the counselling profession requires that everything discussed will remain between the counsellor and the client, unless the adolescent wishes to disclose information to somebody else. It should also be mentioned that counselling records are kept in a locked file which can only be accessed by the counsellor or other professional staff directly involved in the adolescent care. The young person should know that he/she has the right to review his/her counselling record whenever the individual wishes. The client can grant access to others to see the counselling record as desired.

Table 2.2 – GATHER Approach

G - Greet the adolescents	❖ Put them at ease, show respect and trust ❖ Emphasize the confidence nature of the discussion
A - Ask how can I help you?	❖ Ask how can I help you? ❖ Encourage them to bring out their anxieties, worries and needs, determine their access to support and help in their family and community ❖ Find out what steps they have already taken to deal with the situation ❖ Encourage the person to express his/her feelings in their own words ❖ Show respect and tolerance to what they say and do not pass judgment ❖ Actively listen and show that you are paying attention through your body language ❖ Encourage them with helpful questions
T - Tell them any relevant information they need	❖ Provide accurate and specific information in reply to their questions ❖ Give information on what they can do to remain healthy. Explain any background information they need to know about the particular health issue ❖ Keep the language simple, repeat important points and ask questions to check if the important points are understood ❖ Provide important information in the form of a leaflet if possible that they can take away
H - Help them to make decisions	❖ Explore various alternatives ❖ Raise issues which they may not have thought of. Be careful of not letting your own views, values and prejudices influence the advice you give ❖ Ensure that it is their own decision and not the one you have imposed ❖ Help them make a plan of action
E - Explain any misunderstandings	❖ Ask questions to check their understanding on important points ❖ Ask the client to repeat the key points in their own words
R - Return for follow-up or Referral	❖ Make arrangements for a follow-up visit or referral to other agencies ❖ If a follow-up visit is not necessary, give the name of someone they can contact for any need in future

Figure 2.1 The Six Steps of counselling



2.8 Right sequence of conversation among the adolescents (HEADS)

- Home
- Education/ Employment
- Eating patterns/habit
- Activity /Leisure time
- Drugs / substance abuses
- Sexuality
- Safety
- Suicide/Depression

Table 2.3 –Right sequence of conversation among adolescents (HEADS)	
Home	❖ Where do they live? ❖ With whom do they live? ❖ Wheather there have been recent changes in their home situation? ❖ How they perceive their home situation?
Education/ Employment	❖ Wheather they study/work? ❖ How do they perceive their performance? ❖ How do they perceive their relations with their teachers and fellow students / employers and colleagues? ❖ Has there been any recent change in their situation? ❖ What do they do during their breaks?
Eating patterns/habit	❖ How many meals do they have on a normal day? ❖ What do they eat at each meal? ❖ What do they think and feel about their bodies?
Activity &Leisure time	❖ Which activities are they involved in outside study/work? ❖ What do they do in their free time-during week days and on holidays? ❖ Wheather they spend some time with family members and friends?
Drugs / substance abuses	❖ Do they use tobacco, alcohol or other substances? ❖ Wheather they inject any substances? ❖ If they use any substances, how much do they use: when, where and with whom do they use them?
Sexuality	❖ What do they know about sexual and reproductive health? ❖ What do they know about their menstrual periods? ❖ Any questions and concerns that they have about their menstrual periods? ❖ What are their thoughts and feelings about sexuality? ❖ Are they sexually active; if so, the nature and context of their sexual activity? ❖ Are they taking steps to avoid sexual and reproductive health problems? ❖ Have they encountered any of the problems such as (unwanted pregnancy, infection, sexual coercion) ? ❖ If so, have they received any treatment for it? ❖ What is their sexual orientation?
Safety	❖ Whether they feel safe at home, in community, in their place of study or work; on the road (as drivers and as pedestrians) etc. ? ❖ If they feel unsafe, what makes them feel so?
Suicide/Depression	❖ Whether their sleep is adequate? ❖ Whether they feel unduly tired? ❖ Whether they eat well? ❖ How do they feel emotionally? ❖ Whether they have had any mental health problems (especially depression)? ❖ If so, whether they have received any treatment for this? ❖ Whether they have had suicidal thoughts? ❖ Whether they have attempted suicide?

Key points for counsellors

- *Adolescent may be visiting you alone or with their family, friends or relatives. It is your responsibility to initiate the session and ask whether the client needs privacy from them for sharing facts. Ensure comfort of the client.*
- *Adolescents (10-19) comprise of complex and diverse group, by age, sex, gender, socio-cultural, geographical, economical aspect. Group may also differ by urban and rural, school and non-school going, pregnant and non-pregnant in which some may be friendly with you and some may not, depending upon their status and nature of the problem. With the help of your initial conversation and keen observations you should be able to identify their category and needs to ensure responses accordingly during the counselling.*
- *Counsellors should always start the conversation with the most non-threatening issues. Ask about the individual's name, residence, family, education or employment, leisure activities, substance abusage (smoking, alcohol and drugs), safety, sexuality and depression/suicide.*
- *Counsellors can go through, step by step or directly on the concerned issues based on their primary observations and understanding with the individual adolescent.*
- *Adolescents are shy about being a client (especially for Reproductive Health or RH) and about to discussing personal matters. Clients, especially girls, find it difficult to express their emotions and their problems.*
- *Most of the adolescents feel embarrassed that they are seeking RH care and worried that someone they know might see and tell their parents/guardians.*
- *Adolescents may get defensive about being the subject of the discussion or because he/she was referred against his/her will.*
- *Resistant to receiving help because of overall rebelliousness or other reasons fostering discomfort or fear.*

Case Study: 1

Reema is a young adolescent of 14 years. She goes to school regularly, and is often involved in extracurricular events. At home, she is able to manage her time in helping her mother and school work. Reema is gifted with embroidery work and cooking. Of late however, she seems to be spending time with herself and according to her mother, appears disoriented. However, she gets attentive when her brother's friends are around.

On meeting the counsellor, after initial inhibition she starts talking about her interest in one of her brother's friend Sushil. She shares that they had spent time together and been close but not had any sexual activity. However, one day Sushil asked her to undress herself. She did that although unwillingly. She is feeling guilty.

- What was the thought process when the adolescent visited the counselling session?
- What are the counselling tips that can be offered?
- Does this scenario need medical intervention?

Cue:

The Counsellor should patiently listen to the Client.

The Counsellor needs to help Reema come out of the guilty feeling by exploring why Reema is feeling guilty and ask if she needs help in overcoming her feelings.

The Counsellor should assess the intensity of Reema's inclination and carefully mention about the risks and how they can be avoided.

At no point in the entire conversation, the Counsellor should offer judgmental remarks.

Case Study: 2

Dilshaan is 16 years old, goes to school but has never been very good at studies. He enjoys playing out-field sports. He has shared that he likes a girl, who is of different community. His friends tease him about his feelings and say that he should do things that would prove his manliness. Falling to these remarks, he has started smoking. He is always very tensed and anxious. Even during the session, he gives very short answers saying that he knows what the elders have to say.

- What are the observations of the counsellor?
- What are the counselling tips that can be offered?
- Does this scenario need medical intervention?

Cue:

The Counsellor should patiently listen to the client.

The Counsellor should assess if the client has any tendencies of aggressive behaviour, like swearing, hinting any form of violence or abuse, or expressing a desire to force the girl in a relationship.

The Counsellor should ask politely what Dilshaan thinks about the situation and if he needs any sort of help.

The Counsellor should try to gain the Client's attention by offering soothing remarks and helping him explore possible ways to channelize his energies. For instance, here Dilshaan has a history of being good at sports; the Counsellor should motivate him to focus on his sports which would help him relax.

In case the client is inclined to leave his smoking habits, a rehabilitation plan for him can be devised.

The Counsellor should help Dilshaan devise an alternate plan to overcome the situation.

Case Study: 3

Divi and Sonu, both 16 years are twin brother and sister. Sonu was sent to hostel when he was young, he has recently come back to finish his schooling at home. Divi was excited initially, but is not happy anymore. She complains all the time and keeps to herself or prefers to stay with her friend. On suggestion of her friend, she visits the Counsellor.

Divi tells the Counsellor that even though she was fond of her twin brother, she doesn't like him anymore. She feels everyone in the house is always paying attention to him only. She feels very angry and wants to hurt her own brother. But stops her-self from doing so and admits missing her parents' attention.

- ❖ What are the observations of the counsellor
- ❖ What are the counselling tips that can be offered?
- ❖ Does this scenario need medical intervention?

Cue:

The Counsellor should listen patiently.

The Counsellor should offer support and polite remarks occasionally.

The Counsellor should try to help Divi share her true feelings.

The Counsellor should help Divi analyze whether it is really so that the parents only care for her brother or is it her own observation.

The Counsellor should help Divi frame alternate solutions that she could initiate at her level to accommodate in the family better.

Role of counsellor in RKSK program

The role of counsellor has been divided into two parts – counselling and programme management support. While it primarily focuses on providing counselling for adolescents at the block/CHC level Adolescent Friendly Health Clinic (AFHC), the block nodal officer would also support the district AH officer in planning, monitoring and reporting.

Key tasks
For the Block Nodal Officer/AFHC Counsellor, key task with would include but not be limited to the following :

Counselling

- Understand the social, cultural and economic factors that determine an adolescent's health and wellbeing
- Create an adolescent friendly environment, i.e. a safe non-judgmental space
- Inform, educate and counsel clients on issues such as :
  - Mental health i.e. depression/ low self esteem
  - Anxiety over puberty, stress etc.
  - Health and nutrition, i.e. anaemia, under/over nutrition
  - Sexual and reproductive health, including symptoms of RTIs. STIs, HIV/AIDS, early and unwanted pregnancy, menstrual problems etc.
  - Injury and violence i.e. sexual assault, rape, domestic violence, road traffic accidents, agricultural practices, drowning etc.
  - Use of tobacco, alcohol and other substances.
- If required, refer clients to tertiary level facilities, and/or other services such as ICTC, de-addiction centres, ICDS counselling services, school education, social workers and legal system.

Program management

- Support the District AH office to develop district AH plans by providing block level data/inputs
- Support implementation of block level activities
- Carry out outreach activities
- Ensure that block level data is collected, validated and sent to district in line with guidelines

Indicators of performance

- Client load at AFHC
- Number of outreach visits
- Data/ reports validated and sent to district on time
- Extent to which individual work plan has been met

Person specifications

- Master's/ Bachelor's degree in Social Work/ psychology
- 1-2 years' work experience in public health, preferably in counselling
- Good understanding of issues faced by young people/ adolescents
- Excellent interpersonal communication skills; capable of maintaining privacy and confidentiality; open compassionate and willing to listen and engage young people; and it is non-judgmental, with a progressive attitude

- Can demonstrate a clear understanding of laws, policies and procedures pertaining to informed consent and confidentiality, contraceptive services, abortion, STI/HIV testing and treatment , substance abuse treatment, management of mental health and sexual abuse/ domestic violence cases etc.
- Fluency in local languages- both writing and speaking
- Good data management skills
- Basic computer skills, especially those related to MS Office

Chapter - 3
Reproductive and Sexual Health

3.1 Introduction

Adolescence (10-19 years) is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. This period results in sexual, psychological and behavioural maturation. Adolescents are a diverse group and are in varying situations of risk status and environments. For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. Each of these groups has varying concerns and need to be appreciated as distinct segments of the population. During adolescence, hormonal changes lead to onset of puberty, sudden or rapid physical growth and development of secondary sexual characteristics. Psychological and emotional changes like assertion of self-identity and independence, sex drive and attraction towards the opposite sex take place simultaneously. Adolescents begin extending their relationships beyond the family. They feel an inclination for distancing themselves from parents and expanding their social circle to carve an important place amongst peers. If these young people are not well informed or guided, they are likely to make decisions that could harm them. Adolescents are particularly inclined to try out new ideas. While this is a positive trait, lack of abilities, particularly life skills to assimilate multiple stimuli from media and peers, could encourage them to experiment with risky behaviour. They could engage in smoking, substance abuse, consumption of alcohol, unprotected sex and while this behaviour may start on an exploratory note, many young people get trapped for a lifetime. They are not able to realize their potential.

The leading causes of adolescent mortality are accidents (death from unintentional injury), homicide and suicide. Additional morbidity is related to drug, tobacco, and alcohol use; risky sexual behaviours, poor nutrition and inadequate physical activity. One third of adolescents are engaged in at least one of these high-risk behaviours. All these adolescents require counselling from the trained counselors, although adolescents may be reluctant to initiate discussions about risky behaviours because of confidentiality concerns. The key is to provide relevant and useful preventive counselling. It is necessary to develop trust for discussing the specific issues that have a long lasting impact on this age group.

3.2 Development during adolescence

The adolescent age brings many changes with itself which are not just physical, but also mental and emotional. During these years, adolescents increase their ability to think abstractly, they make plans and set long-term goals. Each child may progress at a different rate and may have different views for the world. Profile of disease burden within the age group of 10-19 years is also significantly different for younger and older adolescents. For the age groups of 10-14, injuries and communicable diseases are prominent causes of disability adjusted life years (DALYs). For the 15-19 age group, the disease burden shifts to outcomes of sexual behaviour and mental health.

During the adolescence, parents will see the greatest amount of growth in height and weight in their child. Adolescence is a time for growth spurts and puberty changes. An adolescent may grow several inches in several months followed by a period of very slow growth and

then have another growth spurt. Puberty changes (sexual maturation) may occur gradually or several signs may become visible at the same time.

There is a great amount of variation in the rate of changes that may occur. Some adolescents may experience these signs of maturity sooner or later than others.

Table 3.1 – Changes in adolescents

Physical Changes	
Boys	**Girls**
❖ Beginning of puberty: 9.5 to 14 years old ❖ First pubertal change: enlargement of the testicles ❖ Penis enlargement begins approximately one year after the testicles begin enlarging ❖ Appearance of pubic hair: 13.5 years old ❖ Hair under the arms and on the face, voice change (deepening) and acne: 15 years old ❖ Nocturnal emissions (or "wet dreams"): 14 years old ❖ Muscle development, chest broadening	❖ Beginning of puberty: 8 to 13 years ❖ First pubertal change: breast development ❖ Pubic hair development shortly after breast development ❖ Hair under the arms and around genitals: 12 years old ❖ Acne ❖ Softening of voice ❖ Hips broadening ❖ Menstrual periods onset: 10 to 16.5 years old
Emotional Changes	
❖ Infatuation for someone ❖ Aggression ❖ Concern about body changes ❖ Mood Changes (swings)	❖ Infatuation for someone ❖ Shyness ❖ Independent identity crisis ❖ Concern about body changes ❖ Mood Changes (swings)
Social Changes	
❖ Searching for identity- influenced by gender, peer group, cultural background and family expectations ❖ Seeking more independence. Influenced by his/her relationships with family and friends ❖ Seeking more responsibility, both at home and at school ❖ Looking for new experiences. May engage in more risk-taking behaviour. ❖ Thinking more about 'right' and 'wrong'. Start developing a stronger individual set of values and morals. Adolescents also learn that they're responsible for their own actions, decisions and consequences. ❖ Influenced more by friends, especially when it comes to behaviour, sense of self and self-esteem ❖ Developing and exploring a sexual identity. They may start having romantic relationships or going on 'dates'. For some young people, intimate or sexual relationships don't occur until later in life ❖ Communicating in different ways. The internet, mobile phones and social media can significantly influence communication with peers and learning about the world.	

3.3 Sexual changes during puberty

Sexual and other physical maturation that occurs during puberty is a result of hormonal changes. When a child reaches puberty, a gland in the brain, called the Pituitary Gland, increases the secretion of a hormone called Follicle-Stimulating Hormone (FSH). This hormone then causes additional effects. In girls, FSH activates the ovaries to start producing estrogen. In boys, FSH causes sperm development.

In boys, it is difficult to know exactly when puberty is coming. As each male adolescent is different, these changes that occur differently, but gradually over a period of time, rather than as a single event.

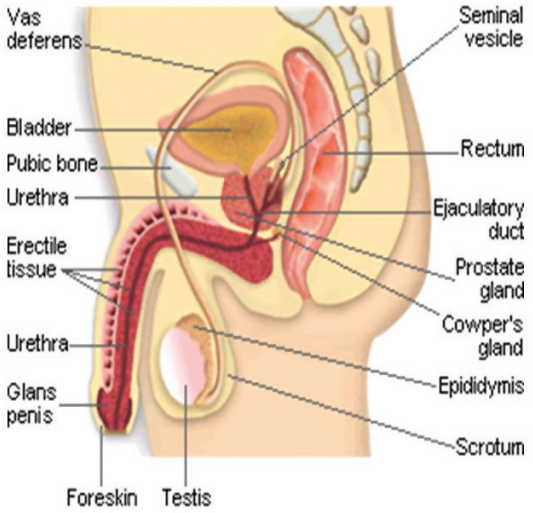
Girls also experience puberty as a sequence of events, but their pubertal changes usually begin before boys of the same age. Each girl is different and may progress through these changes differently.

There are specific stages of development that both boys and girls go through when developing secondary sexual characteristics (the physical characteristics of males and females that are not involved in reproduction are voice changes, body shape, pubic hair distribution and facial hair).

Generally, onset of puberty is on an average 2-3 years earlier in girls than in boys. Traditionally the onset of puberty, physical maturity and paralleled social-role maturity is the same however sometimes differs from individual to individual. The decreasing age of onset of puberty has changed the shape of adolescence. Most of the times adolescents tend to get preoccupied by personal attractiveness.

3.4 Reproductive Organs

Male



Female

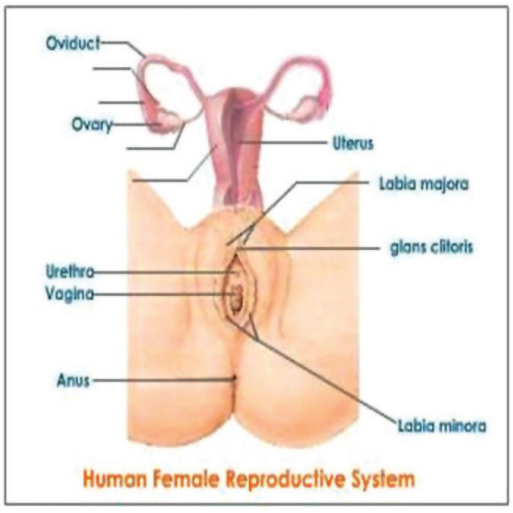


Table 3.2 - Male and Female reproductive organs		
	External	**Internal**
Male	Penis, Scrotum, Testes, Epididymis	Vas deferens, Ejaculatory ducts, Urethra, Seminal vesicles, Prostate gland, Bulbourethral glands
Female	Labia Majora, Labia Minora, Bartholin's glands, Clitoris	Vagina, Uterus (womb), Ovaries, Fallopian tubes

Table 3.3 - Characteristic Developmental Milestones	
Early adolescence (10-14 years)	**Late adolescence (15 – 19 years)**
Physical development	
❖ Puberty ❖ Growth of body hair ❖ Increased perspiration and oil production in hair and skin; acne ❖ Increased physical growth (height and weight) ❖ Girls: Breast and hip development and onset of menstruation) ❖ Boys: Growth in testicles and penis, wet dreams, deepening of voice	❖ Physical growth slows down for girls but continues for boys
Cognitive Development	
❖ Growth in capacity for abstract thought ❖ Mostly interested in present with little thought for future ❖ Expansion and increased importance placed on intellectual interests ❖ Deepening of moral thinking	❖ Continued growth in capacity for abstract thought – get adventurous and experimenting with new ideas ❖ Increased capacity for setting goals ❖ Interest in moral reasoning (thoughts about meaning of life) ❖ Establishes a balance between aspirations, fantasies and reality
Social and Emotional Development	
❖ Struggle with the sense of identity ❖ Feel awkward about themselves and their body ❖ Worry about being normal ❖ Heightened conflict with parents (realize that parents are not perfect) ❖ Increasingly influenced by peer group ❖ Raised desire for independence ❖ Mood swings and childish behaviour when stressed. ❖ Becomes more introvert ❖ Growing interest in sex	❖ Have intense self – involvement ❖ Alternating between high expectations and poor self-identity ❖ Continue to adjust to changing body ❖ Worry about being normal ❖ Tend to distant themselves from parents and have greater reliance on friends (popularity is an important issue) ❖ Continued drive for independence ❖ Heightened capacity for emotional regulation ❖ Experiences of love, passion and increasing interest in sex.

Key points for counsellors

- *Counsellors should share their own experiences about concerns, problems and needs during the adolescent's period.*
- *In the context of physical, social and emotional changes, counsellors have to remember that in case of any structural deformity in an organ or growth, they should refer the case to health providers.*
- *Counsellor may come across many concerns related to colour of skin, pimples, height and weight, counselors should remain focused on healthy life promotion practices while counselling.*
- *Counsellors should emphasize to the adolescent that these changes are temporary and most of the changes indicate their growth and development.*
- *Counsellors should not try to appear very inquisitive for the client family and their relatives as the adolescents may then hesitate to share.*

3.5 Normal sexual development and behaviours

3.5.1 Boys

❖ Premature Ejaculation and Night fall

Almost every healthy male experiences occasional situation of premature ejaculation or night fall at least once in his life time and both of these situations can frequently occur in the males who are indulged in over masturbation.

Premature ejaculation is an involuntary discharge of semen during lovemaking without satisfying his partner or before the person's desires.

In adolescent boys, once sperm formation starts and semen is formed, it sometimes gets ejaculated during sleep involuntarily even without sexual intercourse. This may occur at night and is commonly called a 'wet dream' or Night fall. The Hindi and Marathi word "Swapna dosh" indicates defect/fault. But it is a natural and normal phenomenon – not a fault and is a normal process of growth. In the absence of its knowledge, it is of great concern and worry for boys.

Both these conditions are normal if they occur within healthy limits but if they become frequent, they can be debilitating for one's self esteem and health.

❖ Erection of Penis

In response to thoughts, fantasies, temperature, touch or sexual stimulation, the penis fills with blood, becomes hard and erect for sexual intercourse. In young adolescents erections may take place even in the absence of sexual thoughts or stimulation.

❖ Ejaculation

Ejaculation is the release of semen from the penis after sexual excitement and is a normal process during sexual act.

❖ Masturbation

Masturbation is a way of satisfying sexual desires by self-stimulation, people use their hand or other objects to perform this, though this is not a natural way of reaching orgasm, it is not abnormal. Internally masturbation causes almost similar activities like the one's which happen during normal lovemaking, this includes mental, hormonal and physical activity.

There are a lot of myths and misconceptions related to sexual development.

❖ Myths and facts

Table 3.4 - Key Myths and Facts

SN	Myths	Facts
1	It is wrong to masturbate as it is a sin	Masturbation is a stimulation of genitals for sexual pleasure without penetrative sex. It is not a sin to satisfy ones sexual urge oneself. People feel guilty after masturbation as they do not have correct information and are surrounded by many myths related to it.
2	If an adolescent boy masturbates too much, his adult sex life will be affected.	Masturbation does not affect sex life.
3	Most boys masturbate, but very few girls masturbate.	This is not true. It is natural for both girls and boys to masturbate as both have sexual urge.
4	Most people stop masturbating after they get married	People may or may not continue to masturbate after marriage. It is quite normal. There may be situations when the partners are not together or one of them does not want to have sex. Then he/she can satisfy his/her sexual urge by masturbation.
5	Masturbation can cause pimples, acne, and other skin problems among adolescents	It has nothing to do with these changes. Acne and pimples are due to oily skin and go away after a few years spontaneously.
6	Loss of semen during night falls leads to weakness of body	This is normal among adolescent boys. It does not cause weakness or any other abnormality.
7	Those who masturbate a lot during young age develop their mental problems later on in life.	Masturbation does not cause mental problems. However, many people have guilt due to misconceptions about masturbation
8	Masturbation is a dangerous behaviour	Masturbation is a safe way to satisfy one's sexual urge as it does not cause pregnancy or STI/HIV/AIDS.

Genital hygiene in boys:

- ❖ Wash genitals daily.
- ❖ Gently retract (push) foreskin back and wash the tip of the penis. Secretions accumulate under the foreskin and could cause infection if not cleaned regularly.
- ❖ Change underwear daily.
- ❖ Use cotton undergarments only. Synthetic garments do not absorb moisture and also increase the temperature.
- ❖ Undergarments should be washed and sun-dried regularly.

3.5.2 Girls

❖ Menstruation cycle, processes, key disorders and importance of menstrual hygiene

Menstruation is a natural body function. This is one of the processes, which prepares a girl's body to conceive a baby in the future. Menstruation is a sign that her reproductive system is functioning healthy and well. The periods usually lasts 4- 5 days $\pm$ 2 days but may be longer or shorter in exceptional cases. A girl loses 50-80 ml blood on an average during a period. If she soaks more than 3-4 pads/day in the initial 2-3 days or passes lots of blood or if periods last more than 7 days then it may be considered as excessive bleeding.

It is usual that during the first few years after initiation of menstruation, the girl may skip a few cycles. This should not be of much concern unless the girl is sexually active when she may be at the risk of pregnancy.

It is important to talk about this normal body function since a significant number of adolescent girls have concerns related to the menstrual cycle, most of which require only reassurance or counselling. As mentioned earlier, today girls are experiencing menarche at a much younger age than their mothers but it is not pathological. Also a number of myths and misconceptions in the society have led to it being perceived as something, which is unclean or polluted. Many traditional cultural beliefs and practices, which are followed even today, are not very helpful infact sometimes harmful for the growing girl.

❖ Process of Menstruation

Menstruation or periods or menses or monthly cycle (occurring every month), marks the onset of sexual maturity in girls. Menstruation is a normal body function. It usually begins (menarche) as the pubertal process, when the physical growth spurt is at its peak and breasts are fairly developed. This is one of the processes, which prepares a girl's body to conceive a baby in the future.

Menstruation is the periodic 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. This travels through the fallopian tubes to the uterus. The uterine lining becomes thick as a preparation of the uterus for receiving the fertilized egg (which grows into a baby). This can happen if the egg meets a sperm. If the egg does not get fertilized by sperms, the inner lining of the uterus begins to break away. It is this lining which

flows out like menstrual blood. This cycle is repeated every month and has a duration of about 28 days.

Table 3.5 - The Menstrual Cycle

	Day	Description of events
Stage 1	1 - 5	**Menstruation.** The lining of the uterus is shed through the vagina. This happens when an egg was not fertilized (not pregnant).
Stage 2	6 -13	Egg ripens in one of the ovaries. Lining of uterus starts to thicken
Stage 3	13 -15	Ovulation. Ripe egg pop out of their ovary and moves into fallopian tubes. This is when a girl can get pregnant.
Stage 4	15 – 28	Lining of the uterus continues to build. The egg travels through the fallopian tube. If egg meets a sperm in the fallopian tube, fertilization takes place (pregnancy) and it moves through and attaches to the wall of uterus. If not fertilized, the egg cell leaves the uterus during the next menstrual cycle.

❖ Hygiene and cleanliness during menstruation

- To maintain menstrual hygiene, girls can either use soft cotton cloth or sanitary pads. Cotton has good absorbing capacity. A synthetic cloth should not be used as it may not absorb well and may cause skin reactions. If the girl can afford to buy pads, she can use them. Cloth /pads can be used along with the underwear.
- The cloth or pads should be changed 2 or 3 times a day. The cloth and panties should be properly washed with soap and water and dried in the sun. Sunlight kills all the bacteria. After every usage, the cloth should be washed, dried and stored in a clean bag.
- If pads are used, they should be wrapped in a paper bag and disposed. The girl should take a bath every day during menstruation. There is no need to clip/ wax pubic hair as routine just for the sake of hygiene. These days there is a lot of advertisement about perianal washes, antiseptic soaps, deodorants, etc. but remember the best way to maintain hygiene is regular cleaning and washing of the local parts with plain water without any antiseptics.

❖ Menstrual disorders

Table 3.6 - Key menstrual disorders, characteristics and required supports

SN	Name of disorder	Key characteristics	Support /Help
1	Excessive or scanty bleeding	It is possible that during adolescence, sometimes a girl may only bleed every few months, or have very little bleeding or too much bleeding. Their cycle usually becomes more regular with time.	❖ Reassure the girls or/and their mothers that menstrual pattern will normalize after initial few years. ❖ Scanty and infrequent menses need reassurance but if prolonged or heavy menses are continuing it needs to be evaluated by a doctor. ❖ If the problem continues after the initial few years, she should be referred to a lady doctor at the nearest health facility for investigation and treatment.
2	Pain during menstrual bleeding	During menstrual bleeding, the uterus squeezes to push out the lining. The squeezing can cause pain in the lower belly or lower back. The pain may begin before bleeding starts or just after it starts.	❖ Reassure the girl that the pain will be relieved spontaneously in a day or two. ❖ Counsel her to relax and take it easy. ❖ If pain is unbearable refer to a lady doctor who may give some pain killer. ❖ Intake of these pain killers during first few days of menses does not mean that the girl is having a disease.
3	Pre-menstrual Syndrome	Some girls feel uncomfortable a few days before their menstrual bleeding begins. They may have one or more of a group of symptoms known as pre-menstrual syndrome. Girls who suffer from pre-menstrual syndrome may notice: ❖ pain in breasts ❖ a full feeling in the lower belly ❖ constipation ❖ emotions that are especially strong or hard to control.	❖ Reassure the girl that there is nothing to worry as these symptoms are due to changes in the hormonal pattern every month and will go once her periods start. ❖ Counsel her to relax, take it easy and continue doing her regular work and exercise.
4	RTI/STI	Discharge from genital organs, pain, infections	❖ Preventive – use condom, if sexually active. ❖ Curative – both partners to take treatments per syndrome approach.

Key points for counsellors

- *Most of the changes in reproductive organs and body are generally normal and same across the adolescence. However, if adolescent find something structurally abnormal, they should be referred to a medical officer or get helped on phone by the health providers.*
- *In male, most of the adolescents will ask you about ejaculation and night dreams. You should be clear on this that it is absolutely normal and indicates that the reproductive growth is also good. Sometimes adolescent boys also complain about the size of the penis, you have to explain to them that reproductive and sexual enjoyment does not depends on the size of penis.*
- *You should also counsel and improve the skills of all girls about the importance of reproductive hygiene and basic physiological steps of menstrual cycle.*

3.6 Sexuality and Reproductive Health

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. Sexuality is a very broad term, which includes complete personality of an individual, thinking and behaviour towards sex. It includes identity, emotion, thoughts, actions, relationships, affection, intimacy, body image, feeling, caring, sharing and intimacy that a person has and displays. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

The negative aspects of sexuality also exist and include sexual coercion, eve teasing, sexual harassment, rape and prostitution. Sex is a basic drive upon which race preservation and personal happiness depends. If sexuality does not develop and evolve properly, the whole process of growth and development is affected adversely.

Reproductive health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships. It also requires the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual relationship needs/ requirement of sexual relationship

- Sharing interest and idea
- Mutual acceptance and responsibility
- Self-realization
- Love

Sexuality- Key facts

- Sexual and reproductive organs are related but not the same
- Sexual responsiveness exists throughout life
- Boys may be more responsive to physical stimuli
- Girls may be more responsive to emotional stimuli
- The sexual response system of males and females: female response is often slower to begin but lasts longer, male response tends to be quicker but of a shorter duration.

3.7 Sexuality and Adolescence

The adolescent does not understand that sex has physiological, psychological, emotional, moral, social and legal consequences. The sex drive in adolescence is usually manifested by sexual attraction, having crushes on people, dating and similar behaviour. Sexual changes in adolescents:-

- Increase in sexual desire
- Onset of masturbation
- Homosexual experiment
- Heterosexual relationships

Sexual and Reproductive Health concerns of adolescent boys and girls provide an introduction to the growing up process of adolescents and addresses issues that concern adolescents on the road to adulthood, which is marked by the onset of puberty. Menstruation and initiation of sperm production are important milestones that result in development of sexual and reproductive capacity of girls and boys respectively.

Therefore, Reproductive Health implies that people have a safer sex life, with free will. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. These rights are regulation of fertility which are not against the law and the right to access appropriate health-care services that will enable women to go through a safe pregnancy and childbirth.

3.8 Adolescent sexuality and consequences of risk behaviour

- The influence of western culture through the visual media has changed the social pattern in urban as well as semi urban areas of our country. In rural areas also the impact of these changes is slowly becoming evident. Due to various physiological

hormonal influences, sexual functions and sexuality become a very important part of adolescence.

- During this age, an adolescent has attained the physiological functioning of fully grown adult, but they are still a child and not ready to enter into sex life. In India an adolescent girl is forced to enter into sexuality when married below the age of 16 years. Many of them become mothers below the age of 18 years. This practice puts the health of young girls at a high risk.
- With permissiveness and premarital sex, the unmarried teenage pregnancies are also increasing in India. Since the subject of adolescent sexuality remains taboo in most societies, there is a widespread ignorance among young people about the risk associated with unprotected sexual activity. Sources of information and contraceptive advices are rarely available or accessible to them.
- There is a very high chance that such risky behaviour will lead to multiple reproductive health problems. In the short term the adolescent might pick up a sexually transmitted infection such as gonorrhea (which is curable if treated). However, they also carry the risk of getting infected by HIV and this is not curable, although it can be treated to slow the progression of the disease to full blown AIDS. If the girl also becomes pregnant there is a risk of transmitting the infection to the baby, which is likely to be born undernourished and prematurely. These are long-term problems which are likely to be passed on to the next generation.
- When premarital pregnancy is allowed to continue, it is likely to be concealed for as long as possible, jeopardizing the mother's health. There are inadequate social support systems for unmarried mothers, who may become social outcast. The health risks to the unmarried mother and her baby are therefore greater than for the married adolescent mothers.
- While sexual feelings can be expressed in many ways they are not in themselves harmful to health. However, the expression of sexual urges is, at times, accompanied by anxiety or anger by adults, and frequently with fear, guilt and shame by young people. Such responses from parents and young people make communication about the healthy sexuality development within affectionate and responsible relationship more difficult.
- Adolescents who have been subjected to sexual coercion and abuse will require special care and support. Emergency contraception is part of the services that should be made available in such circumstances. Health-care providers need to be sensitive to these issues. They must also be well aware of how to access the health and social services that these adolescents may need.

Key points for counsellors

- *Adolescent concerns tend to revolve around the immediate future, while the concerns of adults are for longer term. However, the concerns of different groups of adolescents may not be the same. For instance, boys and girls, married and unmarried adolescents, urban and rural adolescents may have different issues of interest and concern.*
- *Understanding what their interests, concerns and the underlying reasons are, may help adults to deal with them more effectively. Information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and corrects inaccuracies.*
- *Adolescents need social skills that will enable them to say no to sex with confidence and to negotiate safer sex, if they wish to. If they are sexually active, they also need physical skills such as how to use condoms. Counselling should help adolescents make informed choices; giving them confidence and helping them feel more in control with their lives.*
- *As adolescents undergo physical, psychological and social changes, a safe and supportive environment in their families and communities can enable them to undergo these changes in safety and confidence. Counsellor can inform that sex urges are perfectly normal at this age but one should stay in control of these feelings in view of possible risks of unprotected sex.*

3.9 Contraception in Adolescents

Adolescents are eligible to use any of the available contraceptive method and to avail these services they must have access to a variety of contraceptive choices. Age alone is not sufficient medical reason for denying any method to adolescents, though permanent methods like sterilization is rarely appropriate for this age group. While some concerns have been expressed regarding use of certain contraceptives among adolescents, these concerns must be balanced against the advantages of avoiding pregnancy. The existing guidelines that apply to older clients also apply to young people.

Social and behavioural issues are important consideration in the choice and the use of contraceptive method by adolescents. Adolescents married or unmarried , have also been shown to be less tolerant to the side effects and therefore have high discontinuation rates. Method choice and use may also be influenced by factors such as sporadic patterns of intercourse and the need to conceal sexual activity and contraceptive use. For instance, sexually active adolescents who are unmarried have very different needs from those who are married and want to either postpone space or limit pregnancy.

Counsellor's role: Providing wider choices on contraceptive method can lead to improved satisfaction, acceptance and prevalence of contraceptive use. Proper education and counselling both before and at the time of method selection can help adolescents address their specific problems so that they can make informed and voluntary decision.

3.9.1 Barriers of contraceptive use among adolescents

The barriers that adolescents face in accessing contraceptives are:

- The unexpected and unplanned nature of sexual activity.
- Lack of adequate information about conception and contraceptives.
- Fear of medical procedures.
- Fear of judgmental attitudes of providers.
- Inability to pay for services and transport.
- Fear of opposition from partner or parents.
- Pressure to have children.

In general, adolescents lack information about sexuality and specifically about contraception. Health-care providers are also sometimes unaware and insensitive to the special needs of adolescents. This latter group needs to overcome its own attitudes, moral and tradition-related biases. They respond to the special needs of adolescents by designing and reorienting health services to meet their needs.

Table 3.7 Birth Control Method Comparison Chart

SN	Effectiveness at preventing Pregnancy	Protects against STIS	Advantages	Disadvantages
Fertility Awareness Method	76%	X	❖ Requires no drugs or devices, but does require abstaining from sex during the entire cycle to chart mucus characteristics ❖ Inexpensive ❖ May be acceptable to members of religious groups	❖ Calendar: Requires good record keeping before and during use of method ❖ Mucus: Restricts sexual spontaneity during fertile period ❖ Requires extended periods of abstinence Unpredictability of cycle
Abstinence	100%	X	❖ Highly effective ❖ No side effects, as with methods ❖ No cost ❖ Can increase intimacy between partners	❖ May be difficult to abstain from all sexual activity for extended periods of time
Withdrawal (Pulling Out)	78%	X	❖ Free ❖ Can be used in combination with other birth control method	❖ May not withdraw in time ❖ Pre-ejaculate can still contain viable sperm ❖ Very ineffective in pregnancy prevention
Male condom	84%	✓	❖ Widely available over the counter ❖ Easy to carry ❖ Actively involves the male partner in contraception ❖ Helps prevent STIs	❖ Decreases spontaneity ❖ May break during use, especially if it is used improperly

Female Condom	79%	✓	❖ Female controlled ❖ More comfortable to men, less decrease in sensation than with the male condom ❖ Offers protection against STIs (covers both internal and external genitalia) ❖ Can be inserted before sex ❖ Stronger than latex	❖ Not aesthetically pleasing ❖ Can slip into vagina or anus during sex ❖ Difficulties in insertion/ removal ❖ Not easy to find in drugstores or other common sources of condoms ❖ Higher cost than male condoms
Oral contraceptives ("The Pill")	92.97%	X	❖ Very effective in preventing pregnancy if used correctly ❖ Makes menstrual periods more regular and lighter ❖ Decreases menstrual cramps and acne ❖ Does not interfere with spontaneity	❖ Must be taken every day at the same time ❖ Can't be used by women with certain medical problems or with certain medications ❖ Can occasionally cause side effects such as nausea, increased appetite, headaches and very rarely blood clots
IUD	Hormonal: 99.9% Non hormonal: 99.2%	X	❖ Nothing to put in place before intercourse ❖ Some do not change hormone levels. ❖ Some may reduce period cramps and make your period lighter. For some women, periods stop entirely ❖ Can be used while breast-feeding ❖ Can be used for an extended period of time (5 years and up) ❖ The ability to become pregnant returns quickly once IUD is removed	❖ Large initial cost ❖ Some IUDs can cause hormonal side effect similar to those caused by oral contraceptive, such as breast tenderness, mood swings, and headaches
Emergency contraception (Morning after pill" or Plan B)	89%	X	❖ Reduces the risk of pregnancy by 89% when started within 72 hours after unprotected intercourse ❖ Available over the counter to women of 15 years and older ❖ Special role for adolescent girls and women who are subjected to sexual violence, to prevent unwanted pregnancies	❖ Must be taken as soon as possible after unprotected intercourse ❖ Possible side effects including nausea, vomiting and irregular bleeding
Sterilization	99.5%	X	❖ Highly effective ❖ Long lasting contraceptive solution	❖ Usually permanent Reversal procedures are expensive and complicated

Key points for counsellors

- *Counselling of adolescents can enable them to take proper decisions to prevent pregnancies by adopting abstinence or use of contraceptives. Counselling can also help them to take decision for adopting safe abortion services in case of unplanned / unwanted pregnancy.*
- *The first step towards counselling adolescents is to develop a rapport with them and also speak in a language they understand. A supportive and non-judgmental environment, where confidentiality is ensured, is essential but is easier said than done. Health-care providers need special training on sexuality-counselling skills so that they can deal with the needs, concerns and problems of adolescents. They also need to overcome their own barriers about sexual behaviour, morality, etc. Service providers who are not comfortable discussing the issues of adolescents, should refer them to those who are.*
- *Counselling should cover responsible sexual behaviour and needs to be directed at both males and females. Male adolescents should be encouraged to share the responsibility for contraception and STI/HIV prevention with their female partners. While adolescents may choose to use any contraceptive method available to them, some may be more appropriate for a variety of social and behavioural reasons. Many of the needs and concerns of adolescents that affect their choice of a contraceptive method are similar to those of adults seeking contraception. For example, using a method that does not require a daily regimen, such as oral contraceptive pills do, may be a more appropriate choice for an individual.*
- *In helping an adolescent adequate make a choice of which method to use, health-care providers must provide them with information about the methods, and help them consider their merits and demerits. In this way, they could guide their adolescent clients to make well-informed and voluntary choices of the method that is most suitable to their needs and circumstances (taking eligibility, practicality and legality into consideration).*
- *It is important to remember that even if married, adolescents may have other special information needs. They may be particularly concerned about their return to fertility after discontinuing use of a method. Most women would be under considerable pressure to have children, and thus may want to keep their contraceptive use secretly from their spouse or in-laws.*
- *Unmarried adolescents will be less likely to seek contraceptive services due to lack of secrecy at health service centres and fear of being judged. For those who do seek contraceptive services, it is important to discuss abstinence or non-penetrative sexual activity as options, even with those who have already had sexual intercourse. With support, individuals can delay sexual activity until they are older, and thus be better able to deal with its social, psychological and physical implications. This requires commitment, high motivation, self-control and negotiation skills.*

3.10 Adolescent pregnancy and its health implication

❖ Factors leading to adolescent pregnancy and early child bearing:

- **Cultural and societal pressures -** Girls are often married early due to prevailing cultural norms around adolescent marriage & child bearing.
- **Disruption of education -** It also influences adolescent childbearing as women with little or no education are more likely to get married and become mothers early.
- **Sexual coercion and rape -** Pregnancies are not the only result of sexual coercion and rape but also serious physical and psychological consequences.
- **Socio-economic factors -** They often force young girls into sexual exploitation and prostitution and pre-compounded by lack of access to contraceptive services. Due to the inability to negotiate condom use, the young girl may soon become pregnant.
- **Lack of access to information -** It has a significant bearing on early pregnancy and childbirth.
- **Lack of access to services -** It leads to risky pregnancy and unsafe abortion etc.

Adolescent pregnancies tend to be highest in areas with the lowest contraceptive prevalence. Contraceptive prevalence has increased mostly among older, married women but not among adolescents.

❖ Pregnancy and childbirth in adolescence are risky for the health of both mother and baby

- **Biologically,** an adolescent's body is still developing and not yet physically ready to take on an added strain. Her body has special nutritional needs and when pregnancy occurs, it is a strain on already depleted reserves. **The young girl** may not be mentally prepared for motherhood with all its added responsibilities, etc. and this could give rise to mental health problems like depression and postpartum psychosis.
- **Socio-culturally,** pregnancy outside the marriage bears a terrible stigma and the above situation worsens when the girl is not married. In such case she does not get the emotional support she needs as well as support in terms of nutrition, rest, antenatal check-ups, etc.
- Shortcomings in **service delivery** deter adolescents from seeking timely medical help and intervention. At many health centres, pregnant adolescents who are unmarried are treated with none or very little respect by all staff, some of whom may not be aware of the risks associated with such pregnancies. So, even if the girl is able to access health services of some kind, she does not necessarily get the benefit of a sensitive and technically competent checkup. This is the reason unmarried adolescents hide their pregnancies for as long as they can and medical help is delayed at great risk to their lives.
- **Lack of awareness** about availability of services - This situation is not unique to unmarried adolescents, even the married ones may not be aware of the importance of antenatal care. For various reasons, the adolescent woman is more likely to deliver at home. The older women in the home feel that a traditional birth attendant is equipped to

carry out the delivery, her services are cheaper and she is easily accessible. A trained birth attendant or a hospital is usually thought of when things get out of hand and complications have already set in.

The risks are high, starting from the antenatal period, through labour and the postpartum period. Adolescent mothers are most likely to give birth to low weight babies and both the mother and child face higher mortality and morbidity. **(Annexure-1)**

Key points for counsellors

- *Those adolescents who are involved in sexual activity should be informed about contraceptives and early pregnancy test.*
- *Health providers and other adults like family members who are in regular contact with the adolescent, have the shared responsibility of creating an environment in which she feels comfortable that she is able to share information about her situation, especially if she is unmarried.*
- *Information and counselling support is the right of every pregnant woman who comes at a health centre. Pregnant adolescents have special needs, questions and concerns of their own. They must be given an opportunity to raise and discuss these issues.*
- *Their needs must be matched with competent and sensitive counselling support in terms of socio-cultural environment that has to be faced, the options available in terms of the pregnancy; the access to health services for routine antenatal care and in case of emergency; the danger signs that need to be aware of, etc.*
- *Counselling should also include care of the newborn and prevention of an early repeat pregnancy. Since adolescents are more at risk of STIs including HIV/AIDS, Integrated Counselling and Testing Centre (ICTC) services should be made available to them. Thus, it is appropriate to refer your clients for screening at these centres.*
- *Counsellor can help most sexually active adolescents in their late adolescence. Lack or inappropriate use of contraceptives characterizes the vast majority of sexual encounter among youth. Incidences of unintended adolescent pregnancies and abortions have shown a steady increase. Unsafe abortions are a major source of reproductive mortality and morbidity.*
- *The Medical Termination of Pregnancy (MTP) Act was intended to grant the women freedom from unwanted pregnancies, especially when there was social censure or medical risk involved. Apart from these benefits, it also ensures that abortion services are easily accessible. The aim of the Act is to allow for the termination of certain pregnancies by registered medical practitioners. If a pregnancy is terminated by someone who is not a registered medical practitioner, it would constitute an offence punishable under the Indian Penal Code. A pregnancy can be terminated only with the informed consent of the pregnant woman; no other person's consent needs to be obtained. MTPs can be performed only at the centres certified by the government. These centres could be located in public or private sector. **(Annexure-2)***

3.11 Reproductive Tract Infection (RTI) and Sexual Transmitted Infection (STI)

3.11.1 Reproductive Tract Infection

RTI is an infection of the genital tract. The infection can affect vulva, vagina, cervix, uterus, tubes & ovaries in the woman. Infection of uterus and the tube is known as Pelvic Inflammatory Diseases (PID). PID can result in infertility.

RTIs include all infections of the reproductive tract, whether transmitted sexually or not. On the other hand, pathogens which are commonly transmitted by sexual contact (Human Immune Deficiency Virus, Hepatitis -B, C, D, etc.) do not always or at all cause an infection of the reproductive tract.

3.11.2 Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) refer to infections transmitted from one person to another primarily by sexual contact. Some STIs can be transmitted by exposure to contaminated blood, or from a mother to her unborn child. This is a major public health problem for two reasons:

- ❖ STIs result in serious negative medical and psycho-social effects in the infected individual. In case of infected females, there is the added risk of infection and illness in the unborn child.
- ❖ STIs, especially those with genital ulcers, facilitate the transmission of HIV between sexually active partners. The prevention and treatment of STIs therefore needs to be a key component of the strategy to prevent transmission of HIV.

3.11.3 Symptoms in an adolescent

Table 3.8 - STI Symptoms in Adolescents

For both adolescent boys and girls

- ❖ Genital ulcers (sores)
- ❖ Burning sensation while passing urine
- ❖ Swelling in the groin
- ❖ Itching in the genital region
- ❖ Pain during sexual intercourse
- ❖ Genital swelling
- ❖ Pain in lower abdomen
- ❖ Painful vesicles on genitalia

For adolescent girls	For adolescent boys
❖ Unusual vaginal discharge ❖ Pain in lower abdomen ❖ Change in menstrual flow ❖ Vaginal/vulval itching	❖ Discharge from the penis ❖ Painful scrotal swelling

- If any adolescent reports with such a sign/ symptom, the counsellor should guide and refer them at STI /RTI clinics.

Factors that increase risk of RTIs

- Poor general health
- Poor genital hygiene
- Poor menstrual hygiene in girls
- Unhygienic practices by service providers during delivery, abortion or IUD insertion.

Factors that increase risk of STIs

- History of unprotected sexual activity in the recent past
- Having sex with partner having sore on the genital region or urethral or vaginal discharge
- Multiple sexual partners

Prevention of RTIs/STIs

- Maintaining proper genital hygiene is important. Girls should also maintain good menstrual hygiene.
- Practicing responsible sexual behaviour. Being faithful to one partner.
- Practicing safe sex – using condom during intercourse.
- Avoiding sexual contact, if either of the partner has an STI.
- By not neglecting any unusual discharge.
- Ensuring complete treatment of self and sexual partner (partner treatment).
- Opting for institutional delivery.
- Availing safe abortion services.

Main factors that hinder a prompt and correct diagnosis of STIs in adolescents includes-

- Adolescents often lack information about the services that are available. They are shy and do not want to discuss personal matters.
- Embarrassed to seek help.
- Worried about the news to leak.
- Anxious because of serious consequences.
- Defensive about being in unfamiliar atmosphere.
- Inadequate to describe the condition.

Goals of client education and counselling

Keeping in view above factors counsellor can help in alleviating fear and direct them for:

- Primary prevention or preventing infection in uninfected clients. This is the most effective strategy to reduce the spread of RTI/STI and can be easily integrated into all health care settings.

- ❖ Curing the current infection.
- ❖ Secondary prevention prevents further transmission and complications in the community.
- ❖ HIV testing for all STIs clients after pretest counselling and informed consent.

3.12 HIV/AIDS

HIV stands for Human Immunodeficiency Virus.

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AIDS stands for Acquired Immune Deficiency Syndrome**:** Inadequacy of the body's main defense mechanism to fight external disease producing organisms

Syndrome : A group of disease or symptoms

AIDS results from infection with HIV. HIV gradually destroys the body's capacity to fight off infections by destroying the immune system. As a result a routine infection can turn life threatening, as the body is not able to produce antibodies to protect against them. The HIV infected person becomes more susceptible to a variety of infections known as opportunistic infections like tuberculosis.

HIV can be transmitted through

- ❖ Different forms of sexual contact including unprotected anal, vaginal or oral sex.
- ❖ From an infected mother to her child (MTCT) during pregnancy, delivery or breastfeeding.
- ❖ Sharing of infected syringes and needles contaminated with infected blood and other body fluids, such as injectable drug users, use of contaminated skin-cutting tools, needle stick injuries in health care settings.
- ❖ Transfusion of infected/unsafe blood or blood products.

The most common route of transmission in our country is through the sexual route and about 85% of cases have acquired HIV through this mechanism. However, in north eastern India, the epidemic is mainly among intravenous drug users.

Diagnosing HIV infection

It is not possible to tell whether or not a person has HIV/AIDS by the way he or she looks and acts. Sometimes, it is possible to suspect this infection from the presence of certain symptoms either in isolation or in combination. However, these cannot be relied upon solely for the diagnosis, as they are usually nonspecific and common to other illnesses as well. Free diagnostic facilities are available at Integrated Counselling and Testing Centres (ICTC)

Signs and Symptoms of AIDS

Some of the salient features of AIDS besides signs and symptoms of infection:

- ❖ An unexplained loss of weight lasting at least one month
- ❖ Diarrhea lasting for more than 1 month
- ❖ Intermittent or constant fever for more than 1 month

- A cough that persists for more than one month
- Enlarged glands (lymph nodes) in the neck, armpits, or groin

Note : If any adolescent reports with such a sign/ symptoms, counsellor should guide and refer them at ICTC for Pre/Post counselling. **(Annexure-3)**

Prevention of HIV/ AIDS

- By being loyal to your partner.
- Avoiding the high risk activities like oral sex, anal sex, sex with sex workers.
- Avoid sharing of razors, needles, toothbrushes, syringes or any other sharp items.
- Always using blood from an authorized/ licensed blood bank.
- Using condoms correctly and consistently.
- Screen ANCs for HIV.

As per the National AIDS Prevention and Control Policy, all HIV tests are voluntary, based on the clients consent, accompanied by counselling and confidentiality of the results.

Key points for counsellors

- *"Sexuality counselling" refers to the counselling on issues related to one or more aspects of sexuality with the aim of understanding the underlying features of clients' sexual lives and how that affects their sexual and reproductive health. Such counselling requires the creation of a counselling environment where clients can express themselves and their concerns relating to sexual relationships and intimacy without fear of ridicule, discrimination, or other disrespectful treatment*
- *Sexuality counselling tends to occur in organized one-on-one sessions between a counsellor and a client, and is designed to solve a problem or give advice related to sexuality. Sexuality counselling also usually includes aspects of sexuality education.*
- *Sexuality is a sensitive issue and counsellor should handle it diligently to address the shallow and incorrect knowledge available through various available resources. It is important for counsellor to equip adolescents with the skills needed to make decisions on their own. An important skill in decision-making is informing about pros and cons. In helping adolescent do this, one should be honest in helping them examine the benefits and the costs of various behaviours. For instance, in talking about engaging in sexual behaviours, adolescent might consider the benefits (e.g., they feel close to someone and want to take the next step), but also consider the risks (e.g., STDs, emotional consequences). Counsellor has to counsel adolescent about the risks and its consequences if these sexual behaviours are not taken care of appropriately.*

Chapter 4
Nutritional Aspects during Adolescence

4.1 Introduction

Nutrition being an important determinant of physical growth of adolescents is an important area that needs attention. The onset of puberty has associated increased growth rate, changes in body composition and physical activity. There is onset of menstruation in girls and physical changes in boys which affects their nutritional needs. Growth in girls is accompanied by greater increase in the proportion of body fat than in boys. Boys on the other hand, have a greater increase in the proportion of lean body mass and blood volume than in girls. During adolescence, increase in the requirement for energy and such nutrients as calcium, iron and iodine are determined by increase in lean body mass rather than increase in body weight, with its variable fat contents. Inadequate diet and unfavourable environment may adversely affect health of boys and girls and also reproductive functions of girls.

Furthermore, with increasing age, their personal choices and preferences gain priority over eating habits acquired in the family and they have progressively more control over what they eat, when and where. Changes in lifestyle, including food habits, are often more obvious among urban adolescents. They are typically the 'early adopters' owing, among other things to their attraction for novelty and high exposure to commercial marketing in cities. Indeed, looking into adolescents' living and eating patterns may give an idea of the changes taking place in a society. They may act as role models for others in the community; in particular if they are from higher socio-economic status groups. In this sense, the patterns seen in urban well-off adolescents anticipate the patterns of the future. Since these privileged youth are a reference group for other adolescents, they should also be targeted by health and nutrition promotion activities.

4.2 Adolescence and Nutrition

- Adolescence is a period of rapid growth: up to 45% of skeletal growth takes place and 15% to 25% of adult height is achieved during adolescence. During the growth spurt of adolescence, up to 37% of total bone mass may be accumulated.
- There is a need for girls to preserve and enhance stores of iron for menstrual losses, illness and future pregnancy.
- Nutrition influences growth and development throughout infancy, childhood and adolescence. It is, however, during the period of adolescence that nutrient needs are the greatest. On the other hand the dramatic increase in energy and nutrient requirements coincides with other factors that may affect adolescents' food choices and nutrient intake and thus nutritional status. These factors, including the quest for independence and acceptance by peers, increased mobility and greater time spent at school and/or work activities and pre-occupation with self-image contribute to the erratic and unhealthy eating behaviours that are common during adolescence and may lead to malnutrition.
- Adolescence is the transitional period between childhood and adulthood. It provides an opportunity to prepare for a healthy productive and reproductive life to prevent the onset of nutrition-related chronic diseases in adult life.

- ❖ It is right investment for development of adolescent girls into future mothers.
- ❖ Nutritional intervention in adolescent may contribute to breaking the vicious cycle of malnutrition and diseases.
- ❖ Adolescents are exposed to under nutrition, micronutrient malnutrition as well as obesity. Their lifestyle and eating behaviour, along with underlying psychosocial factors, are particularly important threats to adequate nutrition.
- ❖ Addressing nutrition helps in achieving rapid and full growth potential and facilitates timely sexual maturation.
- ❖ Addressing adequate calcium deposition in the bones will help in achieving normal bone strength.
- ❖ It is a perfect stage to form good eating habits and set the tone for a lifetime of healthy eating. This prevents obesity, osteoporosis (weak bones due to deficiency of calcium) and diabetes in later life.

4.3 Key causes of malnutrition among adolescents

All the nutrients together with water form the main bulk of food. The human body is built up from all the six constituents. “Man is a mass of proteins (muscles), built upon minerals (bones), protected by fats (adipose tissue), energized by carbohydrates and activated by vitamins”. Malnutrition can occur due to imbalance in requirement and intake for maintenance of these body constituents.

Malnutrition can be classified as under-nutrition and over-nutrition. Under-nutrition is when someone isn't getting enough calories or nutrients; it can be due to either an insufficient diet or a problem in assimilating nutrients. Over-nutrition occurs when too many nutrients are ingested. Both types of malnutrition can lead to serious health problems which can be fatal.

Adolescents tend to eat differently than they did as children. With increased after-school activities and active social lives, adolescents are not always able to sit down for three meals a day. Busy schedules may lead to skipping meals, snacking throughout the day and increased interest in eating out from home. Many adolescents skip breakfast, for example, but this meal is particularly important for getting enough energy to make it through the day. When adolescents skip meals, they are more likely to eat junk food. These foods are high in fat and sugar and tend to provide little nutritional value. In addition, eating too many fast foods or unhealthy food can lead to weight gain.

1. Under-nutrition
2. Over-nutrition
3. Eating ailments

4.4 Hunger and under-nutrition

Hunger is the body's natural urge to replenish its food stores over the course of a day or two. Starvation occurs when a person cannot supply his or her body with adequate nutrition over a long time, usually weeks or months. Nutrients play integral roles in the development and functioning of the immune system. These nutrients are:

1) Macronutrients such as carbohydrates, proteins and fats

2) Micronutrients such as vitamines, iron, calcium, zinc, etc.

Insufficiency of one or more essential nutrients is potentially rate limiting in the development and maintenance of immune responses. Poor immune responses may lead to repeated infections, impaired absorption and nutrient loss leading to further undernutrition. One main difference between every day hunger and starvation is that the latter will eventually cause severe weight loss, first by burning the body's stores of fat, then moving the muscle. In extreme cases of starvation such as eating disorders, the body may directly consume muscle first in a phenomenon known as catabolism. Muscles have more energy than fat, so the body will use it to sustain its vital processes in the absence of food. Along with fat and muscle, the body's stores of electrolytes such as calcium, magnesium and sodium diminish. Without electrolytes, the nervous system cannot effectively transmit the electrochemical impulses and communicate with other parts of the body.

Malnutrition is a medical condition that can lead to a number of nutrition disorders, such as anaemia, beriberi, pellagra and rickets. In extreme cases, malnutrition can lead to starvation and death. The causes of malnutrition are most often related to the insufficient consumption of nutrients, although malnutrition may also be caused by excessive or imbalanced nutrient consumption. It may also be caused by poor dietary choices, by consuming foods that do not have the proper nutrient balance for the continuing function of the human body.

Acute malnutrition is a serious health problem that can lead to permanent metabolism issues, kidney and immune system breakdown and even death due to starvation. Acute malnutrition is a leading illness in some parts of the world, brought on by a lack of food or a sudden illness that prevents food intake. It will be reflected by loss of weight.

Chronic malnutrition is persistent lack of access to necessary proteins, carbohydrates, fats, vitamins and minerals over a period of time which leads to reduced gain in height.

The signs and symptoms of malnutrition depend on which nutritional deficiencies an adolescent has although they may include:

- ❖ Fatigue and low energy
- ❖ Problems with learning
- ❖ Bloated stomach
- ❖ Slowed reaction times and trouble paying attention
- ❖ Dizziness
- ❖ Poor immune function (which can cause the body to have trouble fighting off infections)
- ❖ Dry, scaly skin, swollen and bleeding gums
- ❖ Decaying teeth
- ❖ Underweight and poor growth
- ❖ Muscle weakness and
- ❖ Bones that break easily

4.5 Nutritional Anaemia

Hemoglobin present in our blood is necessary for oxygen transport and cell respiration. In nutritional anaemia due to the decrease in hemoglobin level below normal (Hb less than 12 gm %), every tissue cell suffers from lack of oxygen, resulting in dysfunction.

Table 4.1 - Various forms of under nutrition – causes and effects

Factors leading to under nutrition	Effects on Adolescents
Socio-economic Poverty Gender bias	❖ Imbalance diet ❖ Chronic hunger ❖ Inequality in food distribution within family
Psychosocial Body Image Dieting	❖ Delay in physical growth and maturity ❖ Decreased physical strength ❖ Headache and anxiety ❖ Inability to concentrate
Iron and other micronutrient deficiency	❖ School absenteeism ❖ Reduced bone density (calcium) ❖ Low birth weight and preterm delivery (iodine) ❖ Bleeding gums (Vitamin C)
Adolescent pregnancy	❖ Maternal morbidity ❖ Maternal and neonatal mortality ❖ Premature birth ❖ Low birth weight

Signs and symptoms of anaemia

- ❖ Tiredness, weakness
- ❖ Breathlessness
- ❖ Pale face, nails, tongue and conjunctiva of eyes
- ❖ Lack of concentration

Detrimental effects of Anaemia during adolescence

- ❖ Diminishes concentration in daily tasks
- ❖ Reduced capacity to work thus decreased productivity
- ❖ Limits learning ability
- ❖ Causes loss of appetite
- ❖ Affects the growth and development
- ❖ Increases vulnerability to infections due to decrease in immunity

Anaemia during adolescence influences women's entire life cycle since anaemic girls will have lower pre-pregnancy iron stores. Pregnancy is too short a period to build the iron stores required to meet the needs of the growing foetus. Women who enter pregnancy anaemic are at an increased risk of giving birth to children with a low birth weight (below 2,500 grams). Anaemic women may deliver pre-term newborns, and/or die while giving birth. Additionally, children born to anaemic women are more likely to die before the age of one year and be sick, undernourished and anaemic. Thus the intergenerational cycle of maternal and child under-nutrition is perpetuated.

Hence, investing in preventing anaemia during adolescence is critical for the current needs of adolescent girls as well as for the survival, growth and development of their children later in life.

Causes of nutritional anaemia

- Inadequate intake of the dietary iron
- Improper absorption of iron
- Loss of iron from the blood

Prevention & control of nutritional anaemia

There are two forms of iron: heme and non-heme. The iron in non-vegetarian food such as meat, fish and poultry has heme as well as non-heme. Non-heme iron is found in plant sources such as fruits, vegetables, grain products. Heme iron has greater bioavailability compared to non-heme iron. About 25 – 35% of heme iron is absorbed while only 5-10% of non-heme iron is absorbed. It is also important to know that presence of vitamin C and heme iron improves the bioavailability of non-heme iron. Presence of phytates and polyphenols present in grains and legumes reduces the absorption of iron.

Following points should be remembered with regard to nutritional anaemia

- Intake of iron rich food like green leafy vegetables, whole grains, jaggery, nuts etc.
- Intake of adequate and balanced nutrition will cover all the required nutrients to prevent nutritional anaemia
- Tannins in tea and coffee should be avoided with or immediately after meals as they can reduce iron absorption.
- Adding foods with vitamin C to regular diet can improve the absorption of iron.
- Nutrition education to improve dietary habits
- Weekly iron and folic acid supplementation (WIFS) with IFA tablets containing 100 mg of elemental iron and 500 µg of folic acid
- Bi-annual deworming prophylaxis (400 µg of Albendazole) six months apart for the prevention of helminthes infestations
- Food supplementation (under ICDS scheme)

4.6 Over-nutrition

Many factors may influence an individual's weight. Overweight and obesity are mainly due to an imbalance of energy intake from the diet and energy expenditure (through physical activities and bodily functions). Genetic and environmental factors play a role, but paying attention towards diet and physical activity is important not only for preventing weight gain, but also for weight loss and subsequent maintenance. There are three critical aspects in adolescence that have an impact on chronic diseases:

- The development of risk factors during adolescence.
- The tracking of risk factors throughout life in terms of prevention.
- The development of healthy or unhealthy habits that tend to stay throughout life, for example physical inactivity because of television viewing. In older adolescents habitual alcohol and tobacco use contribute to raised blood pressure and the development of other risk factors in early life, most of which continue during adulthood.

4.7 Assessment of Nutritional status

The easiest and commonest way nutrition of a person is measured is by his or her weight. But since adolescence is a rapidly growing stage, weight may vary according to height. For example weight of 55 kg may be fine for a boy who is five feet 4 inches tall but less if his height is 6 feet or more if his height is 4 feet. Body Mass Index is a tool that uses height as well as weight to assess the level of nutrition. It varies with age and gender. WHO reference

provides a range of percentiles: 15th to 85th percentile being the normal range. Charts are available for comparison after calculating the BMI as explained below

Manual BMI Calculation

For accurate BMI calculation using metric measurements (metres and kilograms)

BMI = weight (Kg) ÷ (height in meters)^2

Example:

Suppose, the height of an adolescent is 1.85 metres and weight is 92 kilograms; then:

- Work out the square of height, i.e., multiply the height by itself.
  Using the example,
  Step 1: Height 1.85 × 1.85 = 3.42 (rounded to two decimal places).
- Divide the weight by the resultant figure of Step 1
  Using the example weight and height squared 92 ÷ 3.42 = 26.9. In this example the BMI is 26.9.

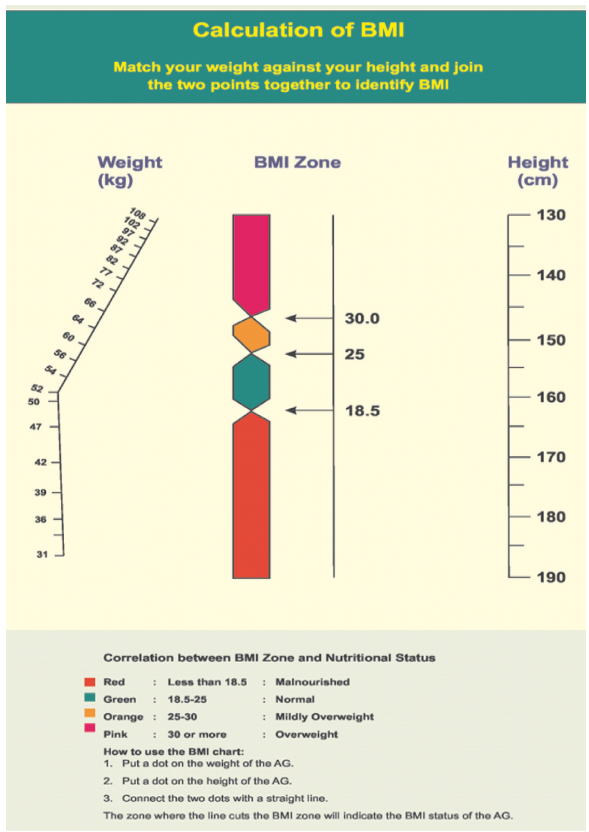
  If the adolescent is a girl who is 15 year old, then the normal range after referring to a chart is 17.7 to 23.7 kg/m2 . Thus she falls in the overweight category.

  There is no single value that is right for an individual, there is always a range between which it should fall. There are reference tables by WHO available for classification of nutritional status of the adolescent.

How to use the reference tables:

1) Ask for the age of the adolescent
2) Measure the weight in kilograms
3) Measure the height: if calculated in centimetres, convert it to meters by dividing it by hundred (because 1 meter is equal to 100 centimetres)
4) Using the formula mentioned above calculate the BMI
5) Now go to the reference charts: there are separate charts for boys and girls. Depending on the age of the adolescent (age in years and months, both are mentioned), find the normal range. The normal range of BMI is all that falls under the green and gold bands.
7) If it falls beyond these ranges and are in the red columns (3rd and 97th percentiles), then it is abnormal. Those ≤ 3rd percentile are considered thin, and those above 85th percentile are considered overweight. If the BMI falls beyond 97th percentile then the adolescent is considered obese.

Figure 4.1 – Calculation of BMI



4.8 Overweight

A person may be overweight due to extra muscle, bone, water, or too much fat. Both the terms mean that a person's weight is higher than what is thought to be healthy for his or her height.

Obesity

Obesity is a state in which there is a generalized accumulation of excessive fat in adipose tissue, in the body leading to weight gain more than 20% of the desirable weight. Obesity has several adverse health effects and can even lead to premature death. Obesity leads to high blood cholesterol, high blood pressure, heart disease, diabetes, gall bladder stone and certain types of cancer.

Table 4.2 - Overweight – causes and effects

Overweight and other nutrition related disorders	Obesity
	Cardiovascular disease
	Nutritional gout and gallbladder stone
	Diabetes

4.9 Eating habits and disorders

Eating disorders are conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake. This unbalanced intake is detrimental to an individual's physical and mental health. Bulimia nervosa and anorexia nervosa are the most common specific forms of eating disorders.

The psychopathology of eating disorders centres on body image disturbance, such as concerns with weight and shape. For adolescents the self-worth is too dependent on weight and shape. They fear gaining weight even when they are underweight; denial of how severe the symptoms are and a distortion in the way the body is experienced.

Factors influencing eating habit of adolescents

- Advertisement
- Commercialization of food and beverage
- Peer pressure
- Body image
- Media and role modal
- Lack of time

Key eating habit which require attention among adolescents

- Dieting
- Missing breakfast or any one meal every day
- Junk food and beverage

- ❖ Absence of vegetables and pulses in meal
- ❖ Lack of fat and protein in diet
- ❖ Carbohydrate rich diet

Some common eating disorders

- ❖ **Anorexia Nervosa-** Characterized by self-starvation and excessive weight loss.
- ❖ **Bulimia Nervosa-** Characterized by a secretive cycle of binge eating followed by purging.
- ❖ **Binge Eating Disorder-** Characterized by rapid consumption of food with a sense of loss of control, uncomfortable fullness after eating, and eating large amounts of food when not hungry.

4.10 Promotion of healthy diet

These are some dietary guidelines that provide a broad framework:

1) Eat variety of foods to ensure a balanced diet
2) Ensure provision of extra food for children, adolescents and pregnant women
3) Adoption of right cooking methods
4) Eat plenty of locally grown and available fruits and vegetables
5) Plenty of fluids and less of beverages
6) Restricted use of processed and pre-packed food rich in salt, sugar, fats and preservatives

Balanced Diet for Adolescents (according to portions, by NIN Hyderabad)

Food Group	Gms/propostion	Male			Female		
		10-12 Years	13-15 Years	16-18 Years	10-12 Years	13-15 Years	16-18 Years
Ceral and millets	30	10	14	15	8	11	11
Pulses	30	2	2.5	3	2	2	2.5
Milk and milk products	100	5	5	5	5	5	5
Roots and tubers	100	1	1.5	2	1	1	2
Green leafy vegetables	100	1	1	1	1	1	1
Other vegetables	100	2	2	2	2	2	2
Fruits	100	1	1	1	1	1	1
Sugar	5	6	4	6	6	5	5
Fats and Oils	5	7	9	10	7	8	7

One portion of pulse may be exchanged with one portion (50gm) of egg/meat/chicken/fish.

- ❖ Rice, wheat, pulses form the base of the pyramid. Eat these adequately as they provide natural fibres apart from energy
- ❖ Seasonal vegetable and fruits which are grown and available locally should be taken in adequate amount
- ❖ Milk and milk products such as curd, paneer and buttermilk along with meat, poultry, fish and eggs can be consumed in moderate amount
- ❖ Dietary fat should be limited to 15-30 percent of total daily intake
- ❖ Plenty of water; avoid alcohol and drinks rich in calories but devoid to other nutrients
- ❖ Salt should be restricted to about 5 grams per day.

Table 4.3 -Recommended Dietary Allowance of Nutrients for adolescents in 24 hours						
	Male			Female		
Components of food	10-12 Years	13-15 Years	16-18 Years	10-12 Years	13-15 Years	16-18 Years
Energy (Kcal)	2190	2750	3020	2010	2330	2440
Protein (gms)	39.9	54.3	61.5	40.4	51.9	55.5
Calcium (Mg)	800	800	800	800	800	800
Iron (Mg)	21	32	28	27	27	26

4.11 Basic Three step of healthy life style

Table 4.4 – Basic three steps of healthy life style		
Food	**Exercise**	**Sleep**
❖ Eat plenty of fresh fruits and vegetables, as they are important sources of vitamins and minerals. ❖ Milk and other dairy products like meat, fish, eggs etc. should be consumed only in moderate quantities. ❖ Fats should not be taken in large quantities. ❖ Food with high sugar value should be avoided.	❖ It is very essential to do some sort of physical activity. Pursuing sports is not only a great hobby, but also a healthy way to keep in shape.	❖ A sound sleep goes a long way in maintaining overall fitness. Lack of proper sleep is likely to cause irritability and the scope of mood swings increases.

Tips for counsellor:

- *Observe the adolescent's height and weight or Body Mass Index (BMI) to see whether it is in the healthy range.*
- *Check for diseases or conditions that might be the underlying cause of malnutrition.*
- *Use blood tests to check for nutritional deficiencies.*
- *Refer for additional tests based on history and physical exam.*
- *Suggest specific changes in the types and quantities of foods that a person eats are recommended. Other treatment may be necessary for people who are found to have a specific disease or condition causing their malnutrition.*

Simplified field tables

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
5: 1	61	12.9	13.8	15.2	16.9	18.6
5: 2	62	12.9	13.8	15.2	16.9	18.6
5: 3	63	12.9	13.8	15.2	17.0	18.7
5: 4	64	12.9	13.8	15.2	17.0	18.7
5: 5	65	12.9	13.8	15.2	17.0	18.7
5: 6	66	12.8	13.8	15.2	17.0	18.7
5: 7	67	12.8	13.8	15.2	17.0	18.8
5: 8	68	12.8	13.8	15.3	17.0	18.8
5: 9	69	12.8	13.8	15.3	17.0	18.8
5: 10	70	12.8	13.8	15.3	17.0	18.9
5: 11	71	12.8	13.8	15.3	17.1	18.9
6: 0	72	12.8	13.8	15.3	17.1	18.9
6: 1	73	12.8	13.8	15.3	17.1	19.0
6: 2	74	12.8	13.8	15.3	17.1	19.0
6: 3	75	12.8	13.8	15.3	17.1	19.0
6: 4	76	12.8	13.8	15.3	17.2	19.1
6: 5	77	12.8	13.8	15.3	17.2	19.1
6: 6	78	12.8	13.8	15.3	17.2	19.2
6: 7	79	12.8	13.8	15.3	17.2	19.2
6: 8	80	12.8	13.8	15.3	17.3	19.3
6: 9	81	12.8	13.9	15.4	17.3	19.3
6: 10	82	12.9	13.9	15.4	17.3	19.3
6: 11	83	12.9	13.9	15.4	17.3	19.4
7: 0	84	12.9	13.9	15.4	17.4	19.4
7: 1	85	12.9	13.9	15.4	17.4	19.5
7: 2	86	12.9	13.9	15.4	17.4	19.6
7: 3	87	12.9	13.9	15.5	17.5	19.6
7: 4	88	12.9	13.9	15.5	17.5	19.7
7: 5	89	12.9	13.9	15.5	17.5	19.7
7: 6	90	12.9	14.0	15.5	17.6	19.8

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
7: 7	91	12.9	14.0	15.5	17.6	19.8
7: 8	92	13.0	14.0	15.6	17.6	19.9
7: 9	93	13.0	14.0	15.6	17.7	20.0
7: 10	94	13.0	14.0	15.6	17.7	20.0
7: 11	95	13.0	14.0	15.7	17.8	20.1
8: 0	96	13.0	14.1	15.7	17.8	20.2
8: 1	97	13.0	14.1	15.7	17.9	20.2
8: 2	98	13.1	14.1	15.7	17.9	20.3
8: 3	99	13.1	14.1	15.8	18.0	20.4
8: 4	100	13.1	14.2	15.8	18.0	20.4
8: 5	101	13.1	14.2	15.8	18.1	20.5
8: 6	102	13.1	14.2	15.9	18.1	20.6
8: 7	103	13.2	14.2	15.9	18.2	20.7
8: 8	104	13.2	14.3	15.9	18.2	20.7
8: 9	105	13.2	14.3	16.0	18.3	20.8
8: 10	106	13.2	14.3	16.0	18.3	20.9
8: 11	107	13.3	14.4	16.1	18.4	21.0
9: 0	108	13.3	14.4	16.1	18.4	21.1
9: 1	109	13.3	14.4	16.1	18.5	21.1
9: 2	110	13.3	14.4	16.2	18.5	21.2
9: 3	111	13.4	14.5	16.2	18.6	21.3
9: 4	112	13.4	14.5	16.3	18.7	21.4
9: 5	113	13.4	14.5	16.3	18.7	21.5
9: 6	114	13.4	14.6	16.3	18.8	21.6
9: 7	115	13.5	14.6	16.4	18.8	21.6
9: 8	116	13.5	14.6	16.4	18.9	21.7
9: 9	117	13.5	14.7	16.5	18.9	21.8
9: 10	118	13.6	14.7	16.5	19.0	21.9
9: 11	119	13.6	14.7	16.6	19.1	22.0
10: 0	120	13.6	14.8	16.6	19.1	22.1

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
10: 1	121	13.6	14.8	16.7	19.2	22.2
10: 2	122	13.7	14.9	16.7	19.3	22.2
10: 3	123	13.7	14.9	16.8	19.3	22.3
10: 4	124	13.7	14.9	16.8	19.4	22.4
10: 5	125	13.8	15.0	16.9	19.5	22.5
10: 6	126	13.8	15.0	16.9	19.5	22.6
10: 7	127	13.9	15.1	17.0	19.6	22.7
10: 8	128	13.9	15.1	17.0	19.7	22.8
10: 9	129	13.9	15.1	17.1	19.8	22.9
10:10	130	14.0	15.2	17.1	19.8	23.0
10:11	131	14.0	15.2	17.2	19.9	23.1
11: 0	132	14.0	15.3	17.2	20.0	23.2
11: 1	133	14.1	15.3	17.3	20.0	23.3
11: 2	134	14.1	15.4	17.4	20.1	23.4
11: 3	135	14.2	15.4	17.4	20.2	23.5
11: 4	136	14.2	15.5	17.5	20.3	23.6
11: 5	137	14.2	15.5	17.5	20.4	23.7
11: 6	138	14.3	15.6	17.6	20.4	23.8
11: 7	139	14.3	15.6	17.7	20.5	23.9
11: 8	140	14.4	15.7	17.7	20.6	24.0
11: 9	141	14.4	15.7	17.8	20.7	24.1
11:10	142	14.5	15.8	17.9	20.8	24.2
11:11	143	14.5	15.8	17.9	20.8	24.3
12: 0	144	14.6	15.9	18.0	20.9	24.4
12: 1	145	14.6	15.9	18.1	21.0	24.5
12: 2	146	14.7	16.0	18.1	21.1	24.6
12: 3	147	14.7	16.1	18.2	21.2	24.7
12: 4	148	14.7	16.1	18.3	21.3	24.8
12: 5	149	14.8	16.2	18.3	21.3	24.9
12: 6	150	14.8	16.2	18.4	21.4	25.0

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
12: 7	151	14.9	16.3	18.5	21.5	25.1
12: 8	152	14.9	16.3	18.5	21.6	25.2
12: 9	153	15.0	16.4	18.6	21.7	25.3
12:10	154	15.0	16.4	18.7	21.8	25.4
12:11	155	15.1	16.5	18.7	21.8	25.5
13: 0	156	15.1	16.5	18.8	21.9	25.6
13: 1	157	15.2	16.6	18.9	22.0	25.7
13: 2	158	15.2	16.7	18.9	22.1	25.8
13: 3	159	15.3	16.7	19.0	22.2	25.9
13: 4	160	15.3	16.8	19.1	22.3	26.0
13: 5	161	15.3	16.8	19.1	22.3	26.1
13: 6	162	15.4	16.9	19.2	22.4	26.1
13: 7	163	15.4	16.9	19.3	22.5	26.2
13: 8	164	15.5	17.0	19.3	22.6	26.3
13: 9	165	15.5	17.0	19.4	22.6	26.4
13:10	166	15.6	17.1	19.4	22.7	26.5
13:11	167	15.6	17.1	19.5	22.8	26.6
14: 0	168	15.6	17.2	19.6	22.9	26.7
14: 1	169	15.7	17.2	19.6	22.9	26.8
14: 2	170	15.7	17.3	19.7	23.0	26.8
14: 3	171	15.8	17.3	19.7	23.1	26.9
14: 4	172	15.8	17.4	19.8	23.2	27.0
14: 5	173	15.8	17.4	19.9	23.2	27.1
14: 6	174	15.9	17.4	19.9	23.3	27.1
14: 7	175	15.9	17.5	20.0	23.4	27.2
14: 8	176	15.9	17.5	20.0	23.4	27.3
14: 9	177	16.0	17.6	20.1	23.5	27.4
14:10	178	16.0	17.6	20.1	23.5	27.4
14:11	179	16.0	17.6	20.2	23.6	27.5
15: 0	180	16.1	17.7	20.2	23.7	27.6

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
15: 1	181	16.1	17.7	20.3	23.7	27.6
15: 2	182	16.1	17.8	20.3	23.8	27.7
15: 3	183	16.2	17.8	20.4	23.8	27.7
15: 4	184	16.2	17.8	20.4	23.9	27.8
15: 5	185	16.2	17.9	20.4	23.9	27.9
15: 6	186	16.2	17.9	20.5	24.0	27.9
15: 7	187	16.3	17.9	20.5	24.0	28.0
15: 8	188	16.3	18.0	20.6	24.1	28.0
15: 9	189	16.3	18.0	20.6	24.1	28.1
15: 10	190	16.3	18.0	20.6	24.2	28.1
15: 11	191	16.4	18.0	20.7	24.2	28.2
16: 0	192	16.4	18.1	20.7	24.2	28.2
16: 1	193	16.4	18.1	20.7	24.3	28.2
16: 2	194	16.4	18.1	20.8	24.3	28.3
16: 3	195	16.4	18.1	20.8	24.4	28.3
16: 4	196	16.5	18.2	20.8	24.4	28.4
16: 5	197	16.5	18.2	20.9	24.4	28.4
16: 6	198	16.5	18.2	20.9	24.5	28.4
16: 7	199	16.5	18.2	20.9	24.5	28.5
16: 8	200	16.5	18.3	20.9	24.5	28.5
16: 9	201	16.5	18.3	21.0	24.6	28.5
16: 10	202	16.6	18.3	21.0	24.6	28.6
16: 11	203	16.6	18.3	21.0	24.6	28.6
17: 0	204	16.6	18.3	21.0	24.7	28.6
17: 1	205	16.6	18.3	21.1	24.7	28.6
17: 2	206	16.6	18.4	21.1	24.7	28.7
17: 3	207	16.6	18.4	21.1	24.7	28.7
17: 4	208	16.6	18.4	21.1	24.8	28.7
17: 5	209	16.6	18.4	21.1	24.8	28.7
17: 6	210	16.6	18.4	21.2	24.8	28.8

BMI-for-age GIRLS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
17: 7	211	16.6	18.4	21.2	24.8	28.8
17: 8	212	16.7	18.4	21.2	24.8	28.8
17: 9	213	16.7	18.5	21.2	24.9	28.8
17: 10	214	16.7	18.5	21.2	24.9	28.8
17: 11	215	16.7	18.5	21.2	24.9	28.9
18: 0	216	16.7	18.5	21.3	24.9	28.9
18: 1	217	16.7	18.5	21.3	24.9	28.9
18: 2	218	16.7	18.5	21.3	25.0	28.9
18: 3	219	16.7	18.5	21.3	25.0	28.9
18: 4	220	16.7	18.5	21.3	25.0	28.9
18: 5	221	16.7	18.5	21.3	25.0	28.9
18: 6	222	16.7	18.5	21.3	25.0	29.0
18: 7	223	16.7	18.6	21.4	25.0	29.0
18: 8	224	16.7	18.6	21.4	25.1	29.0
18: 9	225	16.7	18.6	21.4	25.1	29.0
18: 10	226	16.7	18.6	21.4	25.1	29.0
18: 11	227	16.7	18.6	21.4	25.1	29.0
19: 0	228	16.7	18.6	21.4	25.1	29.0

2007 WHO Reference

Simplified field tables

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
6: 1	81	13.1	14.0	16.3	18.7	19.1
6: 2	82	13.1	14.0	16.3	18.7	19.1
6: 3	83	13.1	14.0	16.3	18.7	19.1
6: 4	84	13.1	14.0	16.3	18.7	19.1
6: 6	86	13.1	14.0	16.3	18.7	19.1
6: 8	88	13.1	14.0	16.3	18.7	19.1
6: 7	87	13.1	14.0	16.3	18.7	19.2
6: 3	83	13.1	14.0	16.3	18.3	19.2
6: 9	89	13.1	14.0	16.3	18.3	19.2
6: 10	70	13.1	14.0	16.3	18.3	19.2
6: 11	71	13.2	14.0	16.3	18.3	19.3
9: 0	72	13.2	14.0	16.3	18.3	19.3
9: 1	73	13.2	14.0	16.3	18.3	19.3
9: 2	74	13.2	14.1	16.3	18.9	19.4
9: 3	76	13.2	14.1	16.3	18.9	19.4
9: 4	78	13.2	14.1	16.4	18.9	19.4
9: 6	77	13.2	14.1	16.4	18.9	19.6
9: 8	78	13.2	14.1	16.4	18.9	19.6
9: 7	79	13.2	14.1	16.4	17.0	19.6
9: 3	80	13.2	14.1	16.4	17.0	19.8
9: 9	81	13.2	14.1	16.4	17.0	19.8
9: 10	82	13.2	14.1	16.4	17.1	19.7
9: 11	83	13.3	14.2	16.6	17.1	19.7
7: 0	84	13.3	14.2	16.6	17.1	19.3
7: 1	86	13.3	14.2	16.6	17.1	19.3
7: 2	88	13.3	14.2	16.6	17.2	19.3
7: 3	87	13.3	14.2	16.6	17.2	19.9
7: 4	83	13.3	14.2	16.9	17.2	19.9
7: 6	89	13.3	14.2	16.9	17.3	19.0
7: 8	90	13.3	14.3	16.9	17.3	19.0

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
7 : 7	91	13.4	14.3	16.8	17.3	19.1
7 : 8	92	13.4	14.3	16.8	17.4	19.2
7 : 9	93	13.4	14.3	16.7	17.4	19.2
7 : 10	94	13.4	14.3	16.7	17.4	19.3
7 : 11	95	13.4	14.3	16.7	17.5	19.3
8 : 0	96	13.4	14.4	16.7	17.6	19.4
8 : 1	97	13.4	14.4	16.8	17.6	19.4
8 : 2	98	13.5	14.4	16.8	17.8	19.5
8 : 3	99	13.5	14.4	16.8	17.8	19.5
8 : 4	100	13.5	14.4	16.8	17.7	19.6
8 : 5	101	13.5	14.4	16.9	17.7	19.7
8 : 6	102	13.5	14.5	16.9	17.7	19.7
8 : 7	103	13.5	14.5	16.9	17.8	19.8
8 : 8	104	13.5	14.5	16.9	17.8	19.8
8 : 9	105	13.6	14.5	16.9	17.8	19.8
8 : 10	106	13.6	14.5	17.0	17.9	20.0
8 : 11	107	13.6	14.6	17.0	17.9	20.0
9 : 0	108	13.6	14.6	17.0	18.0	20.1
9 : 1	109	13.6	14.6	17.1	18.0	20.2
9 : 2	110	13.7	14.6	17.1	18.1	20.2
9 : 3	111	13.7	14.6	17.1	18.1	20.3
9 : 4	112	13.7	14.7	17.2	18.2	20.4
9 : 5	113	13.7	14.7	17.2	18.2	20.5
9 : 6	114	13.7	14.7	17.2	18.3	20.6
9 : 7	115	13.8	14.7	17.3	18.3	20.6
9 : 8	116	13.8	14.8	17.3	18.4	20.7
9 : 9	117	13.8	14.8	17.3	18.4	20.8
9 : 10	118	13.8	14.8	17.4	18.5	20.8
9 : 11	119	13.8	14.8	17.4	18.6	20.9
10 : 0	120	13.9	14.9	17.4	18.6	21.0

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
10: 1	121	13.9	14.9	16.6	18.8	21.1
10: 2	122	13.9	14.9	16.6	18.7	21.1
10: 3	123	13.9	15.0	16.8	18.7	21.2
10: 4	124	14.0	15.0	16.8	18.8	21.3
10: 6	126	14.0	15.0	16.8	18.8	21.4
10: 8	128	14.0	15.1	16.7	18.9	21.6
10: 7	127	14.0	15.1	16.7	19.0	21.8
10: 8	128	14.1	15.1	16.8	19.0	21.8
10: 9	129	14.1	15.2	16.8	19.1	21.7
10: 10	130	14.1	15.2	16.9	19.1	21.8
10: 11	131	14.2	15.2	16.9	19.2	21.9
11: 0	132	14.2	15.3	16.9	19.3	22.0
11: 1	133	14.2	15.3	17.0	19.3	22.1
11: 2	134	14.3	15.3	17.0	19.4	22.2
11: 3	135	14.3	15.4	17.1	19.4	22.2
11: 4	136	14.3	15.4	17.1	19.5	22.3
11: 5	137	14.4	15.4	17.2	19.6	22.4
11: 6	138	14.4	15.5	17.2	19.6	22.5
11: 7	139	14.4	15.5	17.3	19.7	22.6
11: 8	140	14.5	15.6	17.3	19.8	22.7
11: 9	141	14.5	15.6	17.4	19.8	22.8
11: 10	142	14.5	15.6	17.4	19.8	22.8
11: 11	143	14.6	15.7	17.5	20.0	23.0
12: 0	144	14.6	15.7	17.5	20.1	23.1
12: 1	145	14.6	15.8	17.6	20.1	23.1
12: 2	146	14.7	15.8	17.6	20.2	23.2
12: 3	147	14.7	15.9	17.7	20.3	23.3
12: 4	148	14.8	15.9	17.8	20.3	23.4
12: 5	149	14.8	16.0	17.8	20.4	23.5
12: 6	150	14.8	16.0	17.9	20.5	23.6

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
12 : 7	151	14.9	16.1	17.9	20.8	23.7
12 : 8	152	14.9	16.1	18.0	20.8	23.8
12 : 9	153	15.0	16.2	18.0	20.7	23.9
12 : 10	154	15.0	16.2	18.1	20.8	24.0
12 : 11	155	15.0	16.3	18.2	20.9	24.1
13 : 0	156	15.1	16.3	18.2	20.9	24.2
13 : 1	157	15.1	16.4	18.3	21.0	24.3
13 : 2	158	15.2	16.4	18.4	21.1	24.4
13 : 3	159	15.2	16.5	18.4	21.2	24.6
13 : 4	160	15.3	16.5	18.5	21.3	24.8
13 : 5	161	15.3	16.6	18.6	21.3	24.7
13 : 6	162	15.4	16.6	18.6	21.4	24.8
13 : 7	163	15.4	16.7	18.7	21.5	24.9
13 : 8	164	15.5	16.7	18.7	21.6	24.9
13 : 9	165	15.5	16.8	18.8	21.7	25.0
13 : 10	166	15.6	16.8	18.9	21.7	25.1
13 : 11	167	15.6	16.9	18.9	21.8	25.2
14 : 0	168	15.6	16.9	19.0	21.9	25.3
14 : 1	169	15.7	17.0	19.1	22.0	25.4
14 : 2	170	15.7	17.0	19.1	22.0	25.5
14 : 3	171	15.8	17.1	19.2	22.1	25.6
14 : 4	172	15.8	17.2	19.3	22.2	25.7
14 : 5	173	15.9	17.2	19.3	22.3	25.8
14 : 6	174	15.9	17.3	19.4	22.4	25.8
14 : 7	175	16.0	17.3	19.5	22.4	25.9
14 : 8	176	16.0	17.4	19.5	22.5	26.0
14 : 9	177	16.1	17.4	19.6	22.6	26.1
14 : 10	178	16.1	17.5	19.6	22.7	26.2
14 : 11	179	16.1	17.5	19.7	22.7	26.3
15 : 0	180	16.2	17.6	19.8	22.8	26.4

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
15: 1	181	18.2	17.8	18.3	22.9	26.4
15: 2	182	18.3	17.7	18.9	23.0	26.6
15: 3	183	18.3	17.7	20.0	23.0	26.8
15: 4	184	18.4	17.8	20.0	23.1	26.7
15: 5	185	18.4	17.8	20.1	23.2	26.7
15: 6	186	18.4	17.9	20.1	23.2	26.8
15: 7	187	18.5	17.9	20.2	23.3	26.9
15: 8	188	18.6	18.0	20.3	23.4	27.0
15: 9	189	18.6	18.0	20.3	23.5	27.0
15: 10	190	18.8	18.1	20.4	23.6	27.1
15: 11	191	18.7	18.1	20.4	23.6	27.2
16: 0	192	18.7	18.2	20.5	23.7	27.2
16: 1	193	18.7	18.2	20.6	23.7	27.2
16: 2	194	18.8	18.3	20.6	23.8	27.4
16: 3	195	18.8	18.3	20.7	23.8	27.5
16: 4	196	18.8	18.4	20.7	23.9	27.6
16: 5	197	18.9	18.4	20.8	24.0	27.8
16: 6	198	18.9	18.5	20.8	24.0	27.7
16: 7	199	17.0	18.5	20.9	24.1	27.7
16: 8	200	17.0	18.6	20.9	24.2	27.8
16: 9	201	17.0	18.6	21.0	24.2	27.8
16: 10	202	17.1	18.6	21.0	24.3	27.9
16: 11	203	17.1	18.7	21.1	24.3	28.0
17: 0	204	17.1	18.7	21.1	24.4	28.0
17: 1	205	17.2	18.7	21.2	24.5	28.1
17: 2	206	17.2	18.8	21.2	24.6	28.1
17: 3	207	17.2	18.8	21.3	24.6	28.2
17: 4	208	17.3	18.9	21.3	24.6	28.2
17: 5	209	17.3	18.9	21.4	24.7	28.3
17: 6	210	17.3	18.9	21.4	24.7	28.4

BMI-for-age BOYS
5 to 19 years (percentiles)

World Health Organization

Year: Month	Months	3rd	15th	Median	85th	97th
7 : 7	211	17.4	18.0	21.6	24.8	28.4
7 : 8	212	17.4	18.0	21.6	24.8	28.6
7 : 9	213	17.4	18.1	21.8	24.9	28.6
7 : 10	214	17.4	18.1	21.8	24.9	28.8
7 : 11	215	17.5	18.1	21.7	26.0	28.8
8 : 0	216	17.5	18.2	21.7	26.0	28.8
8 : 1	217	17.6	18.2	21.8	26.1	28.7
8 : 2	218	17.6	18.2	21.8	26.1	28.7
8 : 3	219	17.6	18.3	21.8	26.2	28.8
8 : 4	220	17.6	18.3	21.9	26.2	28.8
8 : 5	221	17.6	18.3	21.9	26.3	28.9
8 : 6	222	17.6	18.4	22.0	26.3	28.9
8 : 7	223	17.7	18.4	22.0	26.4	29.0
8 : 8	224	17.7	18.4	22.0	26.4	29.0
8 : 9	225	17.7	18.5	22.1	26.5	29.0
8 : 10	226	17.7	18.5	22.1	26.5	29.1
8 : 11	227	17.8	18.5	22.2	26.5	29.1
9 : 0	228	17.8	18.5	22.2	26.6	29.1

2007 WHO Reference

Chapter - 5
Non Communicable Diseases (NCD) & Health Promotion

5.1 Introduction

Across the country in the past two decades, people have experienced a dramatic change in the pattern of diseases. There is a declining trend in infectious (communicable) diseases and a steady rise in the so called lifestyle diseases or non-communicable diseases.

Diet and lifestyle are two major factors thought to influence susceptibility to many diseases. Drug abuse, tobacco use, smoking and alcohol drinking, as well as lack of exercise may increase the risk of developing certain diseases, especially in later half of life. People have also developed sedentary lifestyles and greater rate of obesity due to increased intake of meat, dairy products, sugar foods and alcoholic beverages. Cases of breast cancer, prostate cancer, endometrial cancer and lung cancer have started increasing after this dietary change.

5.2 Key issues

- Children and adolescents now constitute about a third of the world's total population and nearly half of the population of developing countries. Numbering over 1 billion worldwide, today's adolescents are the largest cohort ever to transition into adulthood.
- Unfortunately, there is a common misconception that NCDs do not affect adolescents, however, NCDs and their risk factors have an enormous impact on the health of adolescents.
- Adolescents are often targeted by companies advertising fast food, tobacco or alcohol, and many grow up today in environments that are not conducive to them adopting healthy lifestyles (e.g. parental use of tobacco and alcohol, peer pressure). Many health related behaviours that usually start in adolescence (tobacco and alcohol use, obesity, and physical inactivity) contribute to the epidemic of non-communicable diseases in adults.
- A life-course approach will be the cornerstone to effectively prevent NCDs in adults. There is strong emerging evidence on the importance of protecting and promoting the health of individuals as early in life as possible. Adolescence is also the time when vast majority of risk behaviours and addictions set in resulting in acquiring NCDs in later life.
- Adolescents have more sedentary lifestyles and greater rates of obesity due to the technological invasion. Adolescents also do not follow healthy dietary patterns, they focus more on junk food and other types of packed food.
- Adolescents are at increased risk of exposure to tobacco smoking, alcohol drinking and drugs. Majority of adolescents, interested in computer games and not doing outdoor exercises, have the increased risk of developing certain diseases, especially in the later part of life.
- Physical inactivity, over eating, excess use of sugar (chocolate and cold drink) and fat are responsible key factors for about 50 % of non-communicable diseases.

5.3 Key Non-Communicable Diseases (Annexure-4)

- Cancers
- Cardiovascular diseases (CVD) including hypertension
- Chronic respiratory diseases including asthma
- Diabetes
- Obesity
- Arthritis

5.4 Risk Factors for Non-Communicable Diseases

Figure 5.1 – Tackling Non-Communicable Diseases

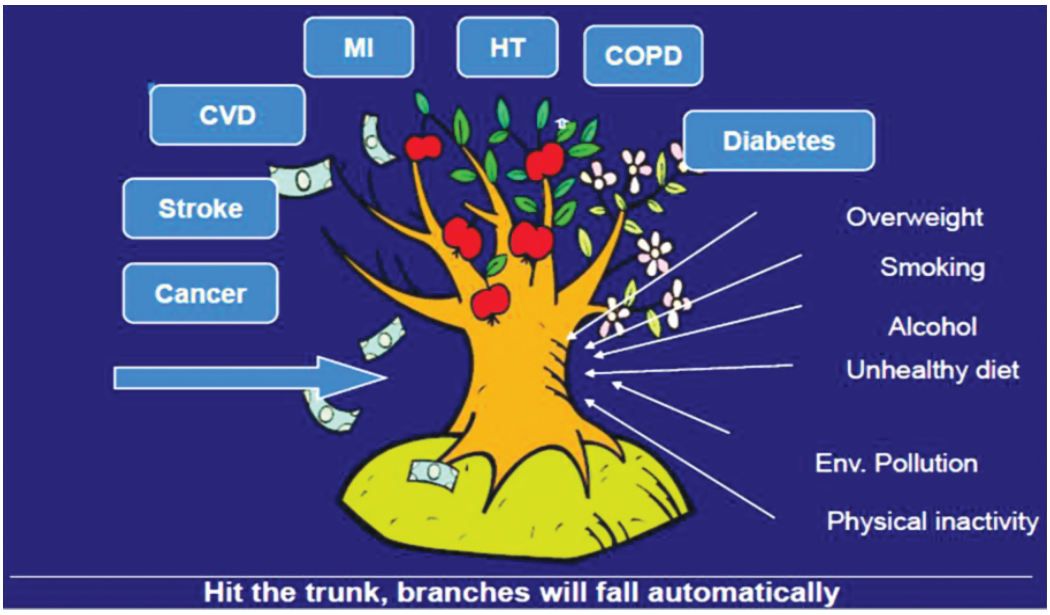


Table 5.1 - Risk factors for Non-Communicable Diseases

Modifiable Risk Factors	Non-Modifiable risk factors
Leading risk factors ❖ Tobacco use (in any form) ❖ Alcoholism ❖ Physical Inactivity or Sedentary lifestyle ❖ Overweight/Obesity ❖ High Blood Pressure ❖ High Cholesterol levels ❖ High blood glucose level Other risk factors ❖ Unhealthy diet, (lack of fruits and vegetables) ❖ Stress ❖ Certain infections that can lead to cancer ❖ Environmental pollution ❖ Occupational exposures to toxins	❖ Age ❖ Sex ❖ Family history ❖ Genetic factors and ❖ Type A (anxious) personality

5.4.1 Tobacco Use

- Nearly half of cancers among males and one-fourth of cancers among females are tobacco related. Smoking is responsible for almost 90% of all cancers, three-fourth of chronic respiratory illnesses and one fourth of cases of heart attacks incidences.
- Additionally, Second Hand Smoking (SHS) exposure during childhood and adolescents is a significant risk factor for the development of asthma in adulthood.
- Adolescent's smokers have 2-3 fold higher relative risk of Coronary Heart Disease (CHD), 1.5 times for stroke, 1.4 times for Chronic Obstructive Pulmonary Disease (COPD) and 12 fold risks for lung cancer.
- Tobacco use is linked with reduced fertility both male and female and a higher risk of miscarriage, early delivery (premature birth), and stillbirth in female. It's also a cause of low birth-weight in infants. It has been linked to a higher risk of birth defects and sudden infant death syndrome too.
- Smokers become addicted to nicotine, which is as habit-forming as the drugs heroine and cocaine. Nicotine makes individuals feel calm and satisfied and soon smoking becomes a habit; the more individuals smoke, the more nicotine they need to become satisfied.

5.4.2 Alcoholism

- During adolescence, many people begin to experiment with alcohol, yet relatively little is known about alcohol's effects on this critical stage of development.
- Results from national surveys of adolescents and young adults show that alcohol use is prevalent among both young men and women.
- Adolescent alcohol use is associated with a wide range of adverse short and long term outcomes, including increased likelihood of: accidents, risky sexual behaviour, sexually transmitted infections, pregnancy, sexual assault, violence and use of other substances.
- Higher levels of alcohol use or alcohol abuse/dependence in adolescents are associated with more unfavourable outcomes. Earlier onset of alcohol use is associated with increased risk of both short- and long-term adverse outcomes than later onset.
- It increases the risks of unprotected sex, increased numbers of sexual partners increased rates of self-reported and medically-verified STI and increased risks of pregnancy. In addition, higher frequency and greater levels of alcohol intake are also associated with increased risks of abortion amongst adolescent females. Alcohol has been identified as a leading risk factor for death and disability among adolescents.
- In terms of NCDs, alcohol has been particularly linked to cancer, cardiovascular diseases and liver disease. It has also been clearly linked to mental disorders and in some systems mental health is seen as part of NCDs.

5.4.3 Physical Inactivity

- ❖ Strong evidences show that physical inactivity increases the risk of many adverse health conditions, including major non-communicable diseases such as heart diseases, type 2 diabetes, breast and colon cancers. This results in shortened life expectancy.
- ❖ Adolescents should be encouraged to consider physical exercise as an integral part of their daily activities.
- ❖ Exercise increases life expectancy, reduces incidence of stroke, diabetes, breast cancer, colon cancer, depression, cardiovascular disease and many more.
- ❖ Physical activities should be in any form of exercise or movement like walking, playing outdoor games, household chores etc.

5.4.4 Food habits

- ❖ The main food eating disorders among adolescents are dieting, fasting and avoiding food for preoccupation with body shape or distorted body image.
- ❖ While there is no one cause of eating disorders, genetic vulnerabilities, psychological factors (low self-esteem, perfectionist's traits), cultural factors (a culture that promotes thinness and dieting) and stress (bereavement) all appear to play a role in the development of eating disorders.
- ❖ Food disorders among the adolescent may be manifested in following ways:

- **Physical changes:** weight gain and weight loss, disturbed menstruation in females, general lethargy, looking pale and gaunt, feelings of dizziness, dehydration, sleep difficulties and dental decay.
- **Behavioural changes**: frequent weighing of self and commenting on being 'fat', secretive eating habits, wearing baggy clothes to conceal weight loss, denying there is a problem, attempting to harm oneself, withdrawing from social and family life.
- **Psychological Signs**: expressing fear of gaining weight, foods and bodily changes, self-loathing, expressions of guilt, changes in mood and loss of motivation and enthusiasm for life.

- ❖ Dietary risk factors include high intake of fats/ saturated fats, sugars, salt, refined grains, foods of animal origin & alcohol intake.

- A diet high in bad fats (saturated or trans-fats often used in cakes, samosa, kachori and fast food) leads to high levels of cholesterol. Saturated fats are also more in animal products.
- Good fats (Unsaturated, polyunsaturated and monounsaturated) are beneficial for heart health. They are found in fish, nuts, seeds and vegetables.
- High blood pressure (hypertension) is a major risk factor for cardiovascular disease. High intake of sodium (salt) may increase the risk of hypertension.
- Low fruit and vegetable intake accounts for about 20% of cardiovascular disease worldwide.
- Missing meals, mostly breakfast.

- Excess intake of alcohol and fatty food coupled with salty and spicy diet are predisposing factors for Non-Communicable Diseases.

Table 5.2 - Risk factors and causes

Factors	Causes
Alcohol	❖ Peer pressure ❖ Imitating parents ○ boredom ❖ Self-expression ○ the urge to experiment
Smoking	
Food eating disorders	
Physical inactivities	❖ Pressure of study ❖ Technological interventions ❖ Indoor games ❖ Sedentary life

There are certain risk factors that increase the chances of developing non-communicable diseases as well as the severity.

Table 5.3 – Modifiable Risk Factors

Diseases	Modifiable risk factors
Heart Disease	Smoking, Hypertension, High fatty diet, Diabetes, Obesity, Sedentary habits, Stress
Cancers	Smoking, Alcohol, Solar radiation, Ionizing radiation, Environmental Pollution, Infectious agents, Dietary factors, Obesity
Stroke	High BP, Elevated Cholesterol, Smoking, Obesity/ Overweight
Diabetes	Obesity, Diet

Table 5.4 -Benefit of quitting risk factors

❖ Decreases risk of heart attacks, strokes and cancer
❖ Improves sense of taste and smell
❖ Decreases blood pressure
❖ More oxygen in blood i.e. feeling of less tiredness and more refreshed
❖ Economic benefits

A large proportion of NCDs are preventable through changes in these factors.

Key points for counsellor

- *Role of counsellor is increasing as more children and adolescents are adopting unhealthy lifestyle like excessive consumption of junk foods, aerated drinks leading to eating disorders, focussing on indoor games, computers instead of field games thus involving physical inactiveness, stress due to competition, substance abuse, thrill and experimental attitude.*
- *Counsellors also have to sensitize on economic relationships between adopting unhealthy practices and the cost of treatment.*

5.5 Health Promotion

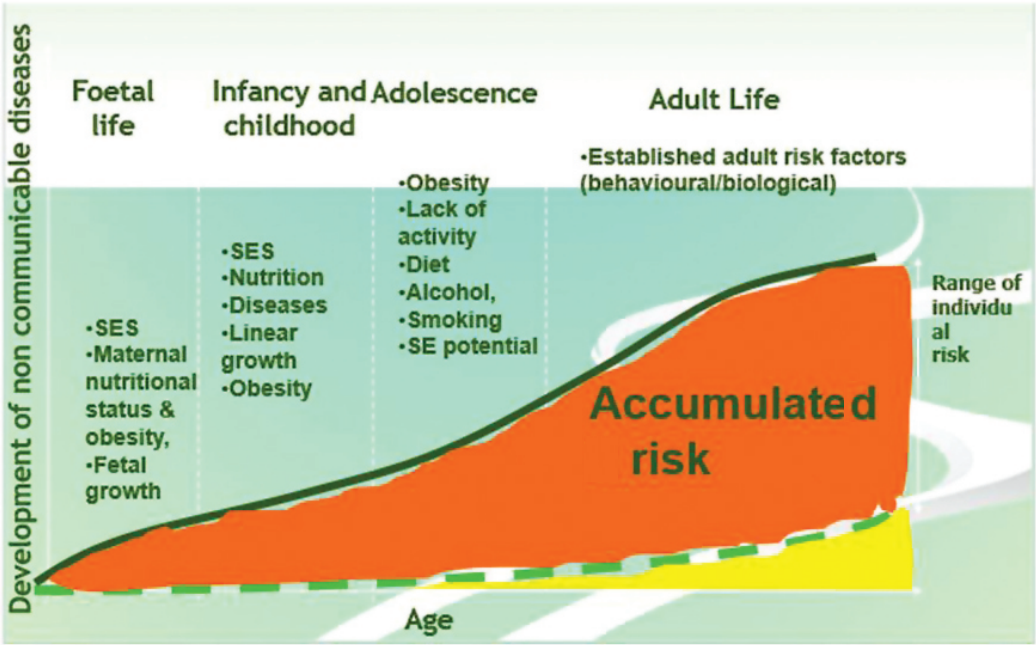
Health is a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity.

Health promotion is "the process of enabling people to increase control over and to improve health". It is not directed against any particular disease but is intended to strengthen the host through a variety of approaches (interventions).

- **Health education:** This is one of the most cost effective interventions. A large number of diseases can be prevented with little or no medical intervention if people are adequately informed about them. Adolescents should be encouraged to take necessary precautions in time.
- **Environmental modifications:** A comprehensive approach to health promotion requires environmental modifications, such as provision of safe water, installation of sanitary latrines; control of insects and rodents; improvement of housing etc. Environmental interventions are non–clinical and do not involve the physician.
- **Nutritional Interventions:** These comprise of food distribution and nutrition improvement of vulnerable groups, child feeding programmes, nutrition education etc.
- **Lifestyle and behavioural changes:** The conventional public health measures or intervention have not been successful in making in roads into lifestyle reforms. The action of prevention in this case, is one of individualsas well as community's responsibility for health.The physician and in fact each health worker should act as an educator than of a therapist. Health education is a basic element of all health activity. It is of paramount importance in changing the views, behaviour and habits of people.

Since health promotion comprise of a broad spectrum of activities, a well- conceived health promotion programme would first attempt to identify the "target groups" or at-risk individuals in a population and then direct more appropriate message to them.

Figure 5.2- Life course approach for the prevention of non- communicable diseases



5.5.1 Adopting a Healthy Lifestyle practices: Physical activities

Introduce the concept that all activities are beneficial and necessary but the time spent on them should differ. Engage in a regular exercise program. This might mean joining a team sport or enlisting some friends to take a daily walk. Exercising regularly is an important way of staying fit. It is an option if one wants to stay healthy throughout life.

- ❖ Regular physical activity can help in reducing the risk of developing diabetes, high blood pressure, heart disease and cancer.
- ❖ For children and young people being active helps reduce their risk of developing these diseases in later life too.
- ❖ Increased levels of physical activity will help reduce body fat and maintain a healthy weight.
- ❖ 30 minutes of physical activity of moderate intensity every day at least 5 times a week, with gradually increasing time, intensity and frequency will result in greater health benefits. In addition there should be a warm up and cool down period.
- ❖ Walking, cycling, jogging, swimming, dancing, playing games/sports, yogaasnas or gardening and household chores like washing, mopping etc. are also good exercises.

Increased Physical activity lowers the risk of NCDs by:

- ❖ Lowering blood sugar, blood pressure and blood fats
- ❖ Increasing oxygen levels in the body
- ❖ Losing weight
- ❖ Reducing stress
- ❖ Strengthening the heart, muscles and bones

5.5.2 Healthy Eating

- Eat regular meals and snacks and be aware of what is going inside the body. Eat low fat dairy products rather than their high fat counter parts. Have plenty of fruits and vegetables. Stay away from white sugar and flour filled foods and opt for complex carbohydrates and whole grains. Drink plenty of water and stay away from high sugar juices and sodas.
- Eating well is important for all of us. In the short-term, it can help us to feel good, look our best and stay at a healthy weight. In the long-term, a healthy, balanced diet can reduce our risk of heart disease, diabetes, osteoporosis and some cancers. In simple terms, to eat a balanced diet you need to combine different types of foods - from each of the main food groups - in the right amounts so your body gets all the nutrients it needs while maintaining a healthy weight.
- Dietary goals are formulated to achieve a goal on a daily basis. It deals with daily food intake and emphasizes the importance of having 5 regular meals per day while sitting in a relaxed atmosphere.

Table 5.5 -A healthy diet should contain

Low quantities	High quantities
❖ Energy-dense and nutrient-poor foods ❖ Salt ❖ Fat ❖ Junk food	❖ Nutrient-rich foods ❖ Plant foods (legumes, whole grains, fruit and vegetables) ❖ Dietary fibre (plant based diet) ❖ Fruits

Table 5.6 - Physical Exercise, Balanced Diet and Healthy Growth

10-14 years	15-19 years
❖ Be physically active every day ❖ Eat different coloured food (vegetables) ❖ Try to practice several types of sports : sport initiation games, basic sport training ❖ Don't forget breakfast. Take your morning snack to school ❖ Play inside and outside your house. Have fun with your friends. ❖ It is important to get into the habit of eating 5 meals a day ❖ Development of perceptive capabilities and physical fitness. Learning basic abilities (running, jumping, kicking, hitting, turning and throwing)	❖ Being physically active is good for body and mind ❖ Adapt the size of portions to the sport you practice and your growth rate ❖ Design your exercise regieme ❖ Jog without tiring (at least 20 min/day, at least 3 days/week) ❖ Run at high intensity interspersing less intense periods of active recovery (walking or jogging) ❖ Muscular conditioning: different type of exercise to make up one hour per work out ❖ Frequency: 3-6 days/week , alternating types of conditioning ❖ Strength endurance speed, flexibility and specific skills for your sport to keep you fit

5.5.3 Prevention of NCDs

Hypertension

- Get blood pressure checked regularly
- Eat healthy diet
- Maintain healthy weight
- Be physically active
- Limit alcohol use
- Do not smoke
- Prevent or treat diabetes

Diabetes

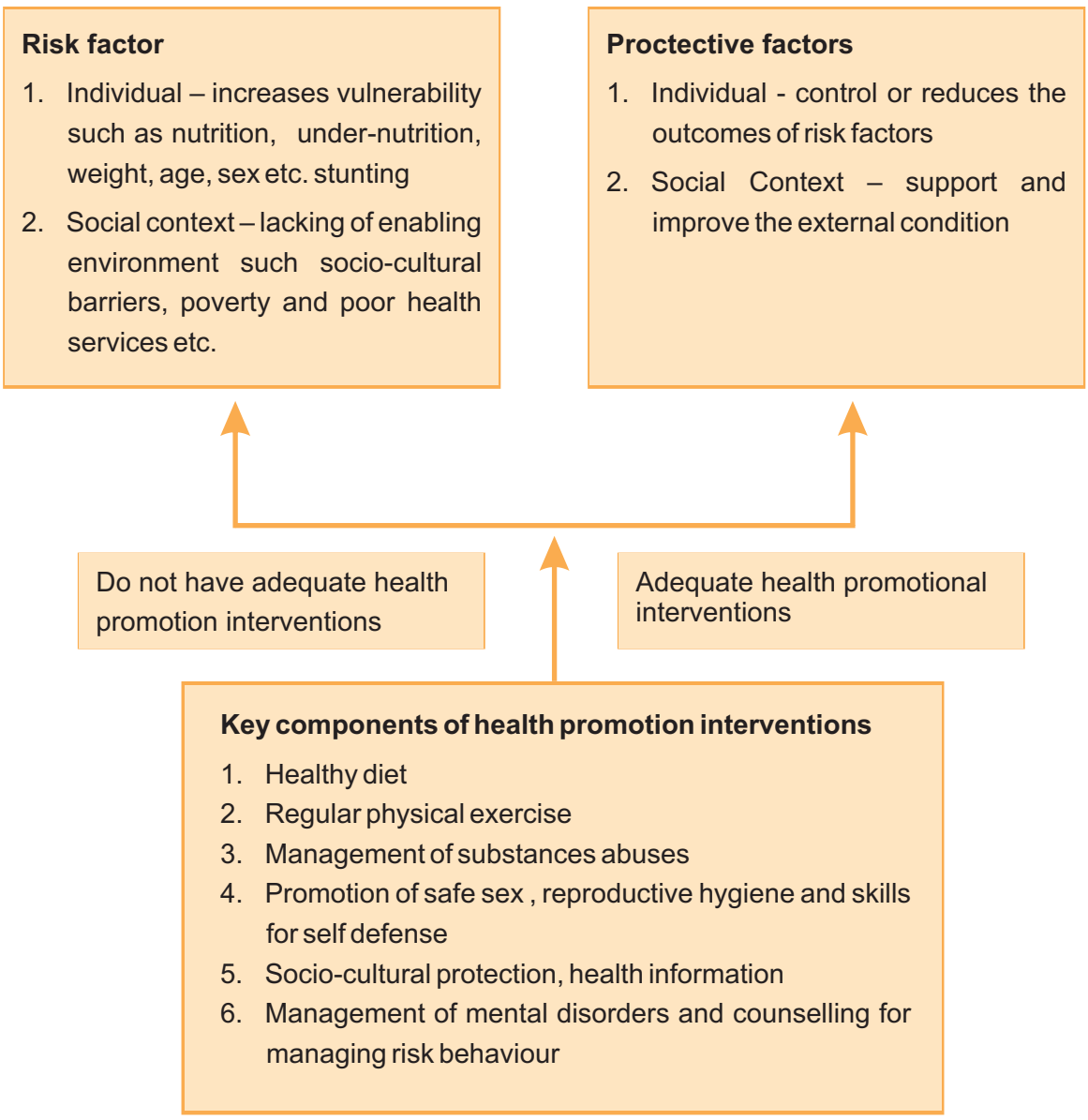
- Engaging in increased physical activities
- Eating food with plenty of fibre
- Eating whole grain food
- Getting screened if you have a family history of diabetes

Cancer

- Eating a healthy diet
- Exercising regularly
- Not drinking alcohol
- Maintaining a healthy weight
- Minimising your exposure to radiation and toxic chemicals
- Not smoking or chewing tobacco
- Reducing sun exposure

5.6 Role of Health Promotion

Figure 5.3 – Relationship between risk and protective factors

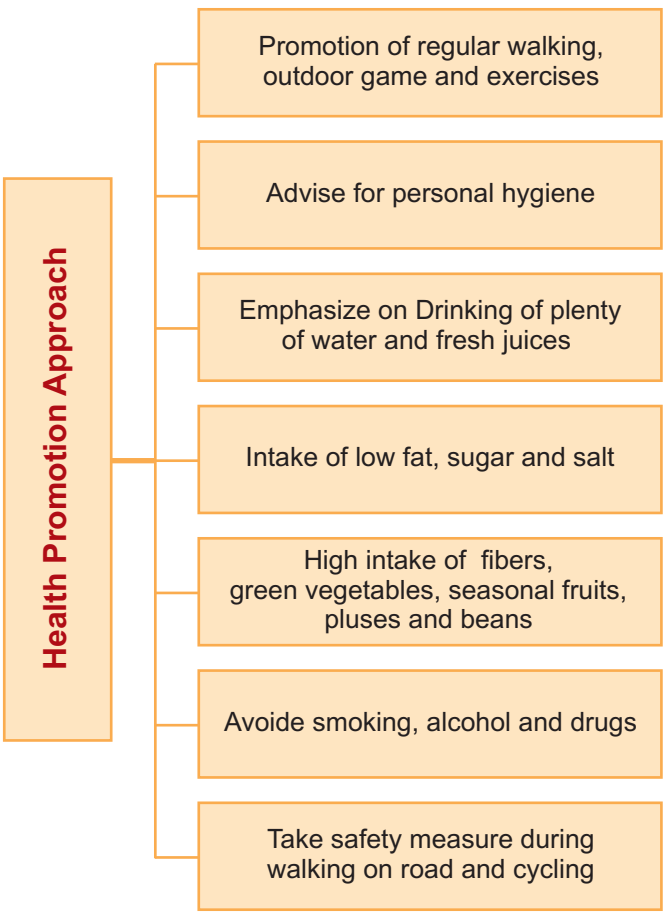


Key points for counsellors

- *Counsellors should promote healthy practices by suggesting easily available and doable activities. It motivates the clients to initiate healthy practices immediately without any external support.*
- *Counsellors have to focus on health promotion, preventive measure and referral. Refer the case for medical consultation. One of the important roles of the counsellors is that they not only have to refer but also help client to reach at appropriate service provider. (Counsellors can ensure the appointment by phone or provide brief background about client to the providers)*
- *In case of confusion and doubt counsellors can discuss the issue on phone with health provider before advising it to the clients.*
- *Counsellors should know the local language, culture and custom so that they can provide acceptable suggestions and advices.*

Counsellors should use the below mentioned health promotional approach to work with any adolescent in systematic way.

Figure 5.4 – Health Promotion Approach



Chapter- 6
Mental Health

6.1 Introduction

Adolescence is a distinct developmental period characterized by significant changes at physical mental, hormonal, emotional, cognitive and behavioural level. Even though each aspect attributes to a healthy development; poor mental health can have important effect on the health and development of adolescents. It can lead to adverse social outcomes among adolescents such as high consumption of alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout, conduct disorders and delinquent behaviours. There is a growing consensus that healthy development during childhood and adolescence contributes to good mental health and can help prevent problems.

Enhancing social skills, problem-solving skills and self-confidence can help prevent mental health problems. However, getting rid of the disorder is not enough. Counsellor need to have the competencies to relate to young people to detect mental health problems early. The counsellor should be able to provide treatments which include counselling and referral for cognitive-behavioural therapy and wherever appropriate for psychotropic medication. The aim should be to instill positive values and behaviours among adolescents so that they can flourish, contribute to society and lead a happy, healthy life. They should help adolescents explore their potential which inudes the identification, prevention and treatment of mood and mental disorders that influence the transition into a successful adult.

6. 2 Key concerns of adolescents

- Physical, physiological, emotional changes
- Emotional reactions and control
- Conflicts: relationships and social
- Identity issues
- Independence and responsibility
- Confusion about sex
- Their roles and responsibilities at social level
- Uncertainty about self-worth

Key points: To remember for counsellors

Seven psychological reactions of adolescents :

- *Logical Interpretations*
- *Argumentations*
- *Experimentations*
- *Hesitations*
- *Irritations*
- *Aggressions*
- *Frustration*

6.3 Key mental health issues of adolescents

- ❖ Stress and anxiety
- ❖ Depression
- ❖ Eating disorders
- ❖ Substance abuse
- ❖ Suicide

Warning Signs

- ❖ Warning signs aren't always obvious, but some common symptoms include:
- Persistent irritability
- Anger
- Social withdrawal
- Major changes in appetite or sleep
- ❖ Mental health disorders can disrupt school performance, harm relationships and may lead to suicide.
- ❖ Unfortunately, an ongoing stigma regarding mental health disorders or ignorance inhibits some adolescents and their families from seeking help.
- ❖ Timely identification and treatments for mental health disorders, especially if they begin soon after symptoms appear, can help reduce its impact on an adolescent's life.

Major categories

- ❖ Behavioural disorders (Attention deficit and Conduct disorder)
- ❖ Developmental disorders (Learning difficulties)
- ❖ Emotional disorders (Depression & Anxiety)
- ❖ Severe mental disorders (Schizophrenia)

6.3.1 Stress and anxiety

Stress is the body's reaction which is triggered by any event that tends to disturb our normal state of well-being. Following events can generally initiate or aggravate stress, such as frustration, conflicts and over burden.

Causes of stress

- ❖ Over burden of physical, mental or social pressures
- ❖ Short time and deadlines
- ❖ Frustrations
- ❖ Lack of required support
- ❖ Over or unclear expectations

- Unnatural shock – death of loved ones
- Examination pressure
- Relationship problems or understanding
- Guilt
- Conflicts

Symptoms

Different people express or explain their stress differently; some may show physical signs while some may have more emotional and behavioural reactions.

- Tiredness or fatigue
- Dry mouth, difficulty in swallowing
- Sleep disturbances (difficulty in sleeping or over sleeping) and nightmares
- Muscle tension/ body aches /headache
- Rapid heart rate and rapid breathing, pain in chest
- Sweating and trembling
- Bowel disturbances
- Frequent need to urinate
- Sexual problems
- Tendency to over eat under stress
- Become a victim of taste
- Eating becomes an unconscious act
- Nervousness
- Lack of appetite
- State of mind influences eating habits resulting in sudden weight loss or weight gain

Reactions due to emotional disturbance

- Irritability
- Mood swings- sad or anxiety
- Forgetfulness
- Difficulty in concentration

Behavioural disturbance

- Over reacting to situations- excessive crying, increased arguments, conflicts with near ones
- Avoidance of social activities
- Adoption of risky behaviours- rash driving, smoking, drinking, overeating

Tips for counsellor: Stress Management

- *Keep a positive attitude.*
- *Be assertive instead of aggressive. Assert your feelings, opinions, or beliefs instead of becoming angry or defensive.*
- *Learn and practice relaxation techniques; try meditation and yoga for stress management.*
- *Exercise regularly. Your body can fight stress better when it is fit.*
- *Eat healthy, well-balanced meals.*
- *Set limits appropriately and learn to say no to requests that would create excessive stress in your life.*
- *Make time for hobbies, interests and relaxation.*
- *Get enough rest and sleep. Your body needs time to recover from stressful events.*
- *Seek out social support.*
- *Seek treatment with a psychologist or other mental health professional trained in stress management or biofeedback techniques to learn healthy ways of dealing with the stress in your life.*

6.3.2 Depression

Depression is the outcome of prolonged stress and anxiety. Most of the time depression starts from the early adolescence and affects both late adolescence and adulthood. Due to this reason it creates confusion about the affected adults who feel that depression has nothing to do with their adolescent period.

Table 6.1 - Symptom of various depressive disorders

Categories	Symptoms
Emotional	Anxiety, depressed, sad and irritable mood
Motivational	Loss of interest in daily activities, feeling of hopelessness and helplessness, suicidal thoughts, suicidal acts or attempts
Mental	Difficulty in concentrating, feelings of worthlessness, sense of guilt, low self-esteem, negative self-image
Behavioural	Prefer to stay alone, easily angered, rebellious, repulsive or defiant
Vegetative or mild	Sleep disturbance, change in appetite, abnormal loss or gain in weight, lack of energy, decreased libido

Key points for counsellors

- *Encourage your client chose healthy food and drinks.*
- *Get your client to participate in regular physical activity. Staying physically active can help improve mental health. It might be as simple as taking a walk every day to start with.*
- *Advice your client to get enough sleep.*
- *Try to counsel parents about reducing family conflicts as much as possible.*
- *Counsel client and parents about avoiding alcohol and other drugs, as it can worsen the situation.*
- *Advice the client to engage in constructive things which entertains and relaxes him/her.*
- *If the client has trouble talking about feelings, suggest a diary/ journal writing. Sometimes it's easier to write down things than to say them aloud.*
- *Suggest some other people the client could talk to if he/she doesn't want to talk to his/her parents - for example, aunts or uncles, close family friends, a trusted teacher or religious leader, or a amily doctor.*
- *Encourage the client to let the Counselor or any adult know if he/she thinks things are getting worse.*
- *Accept that there will be good and bad days.*

6.3.3 Eating Disorders

Eating disorders are conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health. Bulimia nervosa and anorexia nervosa are the most common specific forms of eating disorders.

The psychopathology of eating disorders centres around body image disturbance, such as concerns with weight and shape; self-worth being too dependent on weight and shape; fear of gaining weight even when underweight; denial of how severe the symptoms are and a distortion in the way the body is experienced.

Key points for counsellors

- *Be honest and calm.*
- *Listen to the client. Give the client a chance to talk through what's going on, without trying to fix the situation.*
- *If the client wants your opinion, let him/her know how you see the situation rather than telling him what to do.*
- *Avoid being critical, judgmental or emotional.*
- *Refer if you consider that it would further help your client.*
- *Thank your client for coming to you.*

6.3.4 Substance abuse

Substance abuse, also known as drug abuse, is a regular use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others. The term "drug abuse" does not exclude dependency, but is otherwise used in a similar manner in non-medical contexts. This section will elaborate on substances like, alcohol, tobacco and drugs like can nabinoids and depressants.

6.3.4.1 Alcohol abuse

Alcohol abuse creates serious social, medical and behavioural problems among the adolescents.

Symptoms

- Physical dependency
- Loss of physical and mental control
- Reduced tolerance
- Weight gain
- Convulsion or tremors
- Physical and systematic problems
- Accidents, injury, homicide and suicide

Tips for counsellors

- *Build rapport and confidence with the client.*
- *Explain about ill effects of alcohol on health.*
- *Try to find out factors responsible for adopting such behaviour.*
- *Offer help and support if client wishes to give up the habit.*
- *Allow the client to make the choice of quitting alcohol/ drug abuse.*
- *Suggest options for rehabilitation centres /support groups that can help in overcoming the habit.*

6.3.4.2 Tobacco abuse

All tobacco contains nicotine in varying quantity that makes people addicted to it and thus leads to a habit formation. People consume tobacco in different forms such as smoking, chewing gum and patches. The amount absorbed by the body is dependent on various factors such as form of tobacco, quantity and frequency. The common health risk associated with tobacco use are cancers, cardiovascular diseases, stroke, stillbirth, complication in pregnancy, ulcers, COPD, increased frequency of asthma, common cold and cough.

Reason for adopting risk behaviour may include curiosity, peer pressure, family problems, depression, low self-esteem or easy accessibility.

Symptom

- ❖ Increased heart rate, respiratory rate and body temperature
- ❖ Reduced digestion, appetite, sleep and muscles tone
- ❖ Increased anxiety, irritability and nervousness

Table 6.2 – Effects of smoking

Short term effects	Long term effects
❖ Increased heart rate ❖ Increased blood pressure ❖ Dizziness ❖ Reduced skin temperature of fingers and toes ❖ Hand tremor ❖ Constriction of blood vessels ❖ Reduced flow of blood supply and Oxygen ❖ Increased fat and cholesterol deposition in blood vessels ❖ Increased chances of cough and cold ❖ Increase in acidity ❖ Decreased appetite, taste and smell ❖ Bad breath ❖ Increased Stress ❖ Adverse lipid profile	❖ Cancers (Smoking related cancers are: lung, mouth, throat, stomach, bladder, cervix and more) ❖ Lung diseases ❖ Heart disease ❖ Cardiovascular diseases ❖ Heart stroke ❖ Circulatory problems ❖ Ulcers ❖ Premature ageing ❖ Damage to the fetus ❖ Causing low sperm count and impotency ❖ Spontaneous abortion (miscarriage) ❖ Decreased lung function ❖ Infections ❖ Chronic Obstructive Pulmonary Disease

Tips for Counsellor to help Adolescents quit smoking

- ***Set a good example***
  Adolescents whose parents smoke are more prone to adopting the habit of smoking.
- ***Understand the attraction***
  Adolescent smoking can be a form of rebelliousness or a way to fit in with a particular group of friends or to feel cool or independent.
- ***Say no to adolescent's smoking***
  Tell the adolescent that smoking isn't allowed. Your disapproval will have more impact than you think.
- ***Appeal to the adolescent's vanity***
  Smoking isn't glamorous. Remind the adolescent that smoking is dirty and smelly. Smoking gives bad breath and wrinkles. Smoking makes your clothes and hair smell, and it turns your teeth yellow.
- ***Tell smoking is expensive***
  Help the adolescent calculate the weekly, monthly or yearly cost of smoking a pack a day.
- ***Expect peer pressure***
  Friends who smoke can be convincing, but you can give tools to adolescents (your disapproval) to refuse cigarettes.
- ***Take addiction seriously***
  Most adolescents believe occasional smoking won't cause them to become addicted and that, if they become regular smokers, they can stop smoking anytime they want.
- ***Predict the future***
  Most adolescents think cancer, heart attacks and strokes occur only to other people. Use loved ones, friends, neighbors or celebrities who've been ill as real-life examples.
- ***Think beyond cigarettes***
  Smokeless tobaccos are sometimes mistaken as less harmful or addictive than are traditional cigarettes. Nothing could be further from the truth. Don't let the adolescent be fooled.
- ***Get involved***
  Take an active stance against adolescent smoking. Participate in local and school-sponsored smoking prevention campaigns.

6.3.5 Suicide

Adolescent may commit suicide as an unusual act in conditions like sudden adverse events (academic failure, death of close relation), being a victim of bullying or abuse or sexual problems. The long-term anxiety or depressive disorders may trigger suicidal tendencies among adolescents.

The symptoms (warning signs) indicate that the individual might be going towards suicidal behaviour

- ❖ Feeling of hopelessness
- ❖ Withdrawal from family or friends
- ❖ Reduced sharing and discussion
- ❖ Absence of concentration
- ❖ Self-destructive behaviour
- ❖ Lack of aspiration and loss of will power.
- ❖ Sudden fluctuations of mood from happy to sad or vice-versa
- ❖ Talks about suicide or death

Tips for counsellors

On observing the symptoms, counsellor should talk to client's relatives/friends about

- ☛ Taking the client seriously.
- ☛ Not leaving the client alone.
- ☛ Listening to the client and allowing him/her to express himself and herself.
- ☛ Identifying the trigger event and helping the client overcome it.
- ☛ Ensuring that the client stays around with people he/she feels comfortable with.
- ☛ Referring to health professional.

6.4 Positive Mental Health

- ❖ "Resilient" adolescents are those who have managed to cope effectively, even in the face of stress or other difficult circumstances and are poised to enter adulthood with a good chance of positive mental health.
- ❖ A number of factors promote resilience in adolescents—among the most important are caring relationships with adults and an easy-going disposition.
- ❖ Adolescents themselves can use a number of strategies, including regular exercises, to reduce stress and promote resilience.
- ❖ It is important to recognize the importance of resilience and general "emotional intelligence" in adolescents' lives— directed towards adolescents' social-emotional, learning and coping skills.

Protective factors –

The factors which help adolescents to cope with adverse events of life by strengthening their ability to cope stress.

Factors facilitating resilience

- High self esteem
- Having good problem solving skills
- Good peer relationship
- Stable personality
- Past experience of facing stressors successfully
- Spiritual soundness

Tips for counsellors - Parental counselling

- *Studies show a strong link between the quality of parent-adolescent relationships and young people's mental health. Healthy family relationships might reduce the chances of adolescent to experience mental health problems. Counsellor can counsel parents to maintain a healthy environment within their family for good mental health for all.*

Parent's support can have a direct and positive impact on adolescent's mental health. Here are some ideas for parents to promote mental health and wellbeing of an adolescent:

- *Show love, affection and care towards all your children equally.*
- *Show that as a parent you are interested in what is happening in your child's life. Praise his strengths and achievements. Give value to his/her ideas.*
- *Deal with problems as they arise, rather than letting them build up.*
- *Talk to family members, friends, other parents or teachers if you have any concerns. If you feel you need more help, speak to your General Practitioner or another health professional.*
- *If parents notice any of the below warning sign amongst adolescents, they should seek advice counsellors or Health professional advice.*
- *Seeming down, feeling things are hopeless, being tearful or lacking motivation*
- *Having trouble coping with everyday activities*
- *Showing sudden changes in behaviour, often for no obvious reason*
- *Having trouble eating or sleeping*
- *Dropping school performance, or suddenly refusing to go to school*
- *Avoiding friends or social contact*
- *Making comments about physical pain (for example, headache, stomach ache or backache)*
- *Being aggressive or antisocial - for example, missing school or stealing*
- *Being very anxious about weight or physical appearance, weight loss, or failing to gain weight as he/she grows*
- *Be there for your child. Encourage your child to talk about his/her feelings with you. It's important for your child to feel he/she doesn't have to go through things on his/her own alone and that you can work together to find solutions to the problems.*

6.5 Holistic practicum for adolescent's physical and emotional health and well-being

Several applied skill practicum experiences will assist counsellors in working with adolescents. All of the following are useful in improving physical health, helping to balance emotions, and reducing depression and anxiety. They also reduce the tendency of risky behaviour. Research suggests that a behavioural skill set can help adolescents to learn better self-management of anger and greater self-control.

1. Progressive Muscle Relaxation and Body Scan

Adolescents' physical health is affected due to tension, anxiety and emotional distress. For example, adolescents with asthma may have more episodes of uncontrolled asthma when they undergo intense emotional phases. Diabetic or pre-diabetic adolescents may either engage in more uncontrolled eating or have trouble with uncontrolled blood sugars when their sympathetic nervous system is activated.

In progressive muscle relaxation, trainee counsellors will learn how to control their own physical tension so that they can teach these skills to adolescents. The physical practice is done reclining on a firm surface and bringing one's attention to every part of the body systematically. They begin with systematically bringing their attention to every muscle group of the body, starting with the head, neck and shoulders and continuing down through the body.

This intervention will benefit physical health, help adolescents deal with anxiety disorders in managing their anxiety more effectively. It will assist adolescents in reducing angry outbursts in their families, improve focus and attention.

2. Diaphragmatic Breathing

This practicum builds on the first and helps to deepen the ability to relax the body from the muscular system to the deeper levels of the nervous system. In this exercise, adolescents are taught to breathe slowly and naturally using the full capacity of the lungs. This exercise can help adolescents reduce anxiety and depression. It can improve overall health and can assist in reducing impulsive or angry behaviours. It may also help adolescents to improve the quality of sleep.

3. Mindful awareness

This practicum involves teaching counsellors a simple technique that can be used by anyone to calm their minds, focus their attention and learn to develop the ability to sooth themselves without resorting to negative behaviours such as using drugs or acting out. In this practicum, the counsellors learn how to help adolescents to sit in a comfortable posture while they learn to “watch” or observe their own thought process, including learning to observe and detach from emotions. (Prepare a reference sheet describing the process). This skill has been empirically shown to be effective in helping people manage distressing thoughts and feelings. Using this skill, adolescents can have a better control on their moods. Mood volatility is an important variable in working with adolescents. Their volatility is the

result of both biological factors and social pressures, as they experience intense physiological changes and also learn to cope with increasing societal expectations. This practicum involves training adolescents to monitor and witness their thinking and feeling processes.

4. Brisk walking to combat depression and promote overall health

To help adolescents learn the benefits of this form of activation, it is helpful if counsellors themselves experience the effect of brisk walking while breathing evenly. In this skill experience, adolescents learn to walk briskly breathing smoothly, with the mouth closed. This exercise is appropriate for adolescents at any ability level. The breathing is allowed to become smooth, even and comfortable. Sedentary adolescents that eat a diet high in sugars and carbohydrates are at an increased risk for depression in addition to the other medical effects of this lifestyle. Modern adolescents often spend great deal of time in passive activity such as school, on computers and watching entertainment. Brisk walking helps the adolescent to maintain a healthy weight and also helps the body to create better levels of the neurotransmitter serotonin, which is important in combating depression. Interestingly, adolescents who do brisk walking around 30 minutes daily perform better in their studies, are less irritable and restless, have better attention spans, have better self-image and are more assertive.

Chapter 7
Gender, Violence and Injury

7.1 Introduction

"Sex" refers to the biological and physiological characteristics that define men and women due to male and female reproductive organs."**Gender"** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women, such as distribution of works, responsibilities and rights. Women are the nurturers and caregivers in the society. However contrary to this they are still largely abused and tortured. Their human rights are often violated in varying intensity. This has translated into an increased incidence of women's mortality and morbidity. These acts of violence against women and girls are often invisible as they can occur behind closed doors and are often culturally acceptable in many societies.

Gender equality refers to equal access to social goods, services, resources and equal opportunities in all spheres of life for both men and women. Gender equity implies fairness in the way women and men are treated. Diversified experiences and needs of men and women are taken into consideration and compensation is made for women's historical and social disadvantages. Gender equity thus aims at empowering women. Therefore, we can say that equity is essential for achieving true equality. The adolescents are no exception to human race and are subject to these inequalities. The key areas of discrimination among adolescents are:

- ❖ Nutrition
- ❖ Schooling and education
- ❖ Activity and leisure time
- ❖ Professional course and employment
- ❖ Income and wages
- ❖ Social and cultural exposures
- ❖ Rights and responsibilities

7.2 Violence among Adolescents

Violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. Globally, more than 1.5 million people die annually due to some form of violence. Furthermore, violence often has lifelong consequences for victims' physical, mental health and social functioning which can slow economic and social development.

Typology of violence can be divided into three broad categories according to their characteristics:

Table 7.1 - Types of violence		
Self-directed violence	**Interpersonal violence**	**Collective violence**
Self-directed violence includes suicidal behaviour and self-abuse. Suicidal behaviour indicates act attempted to commit suicides by individuals. Self-abuse, in contrast, includes acts such as self-mutilation	It includes violence at family and community level. At family level, violence largely occurs between the members and intimate partners, it includes gender based violence. However community violence between individuals who may or may not know each other, generally takes place outside the home.	Collective violence includes social, political and economic violence. It suggests possible motives for violence committed by larger groups of individuals or by states.

Violence is the leading cause of disability and death among the adolescents too. It has direct negative impact on adolescent physical, psychological and emotional development. It hampers adolescent's growth and development, education and employment as well as their social image in the society. It is true that the percentage of violence among adolescents has been increasing for both sexes in rural and urban areas. However, female are being subjected to increased violence than male because of gender discrimination.

7.3 Different forms of violence

- Physical
- Psychological and emotional
- Sexual
- Racial and caste based
- Threats

7.4 Violence against Girls

Gender-based violence is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, physical and mental integrity. It reflects and reinforces inequalities between men and women. Gender-based violence and violence against women are often used interchangeably as mostly it is inflicted by men on women and girls. Women face gender based violence at every stage in their entire span of life.

Table 7.2 Gender based violence – Life stages of women	
Phase	**Type of Violence Present**
Pre-birth	Sex-selective abortion; battering during pregnancy; coerced pregnancy.
Infancy	Female infanticide; emotional and physical abuse; differential access to food and medical care.
Girlhood	Child marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food, medical care and education.
Adolescence	Violence during courtship; economically coerced sex (e.g. for school fees); sexual abuse in the workplace; rape; sexual harassment; arranged marriage; trafficking.
Reproductive age	Physical, psychological and sexual abuse by intimate male partners and relatives; forced pregnancies by partner; sexual abuse in the workplace; sexual harassment; rape; abuse of widows, including property grabbing and sexual cleansing practices.
Elderly	Abuse of widows, including property grabbing; accusations of witchcraft; physical and psychological violence by younger family members; differential access to food and medical care.

7.5 Violence against Boys

In recent years it has been found that male adolescents are also facing different forms of violence in the society. Most of the time there are contentious violence from parents, family members and peer group members. Male sexual assault has also increased in recent years. Generally invisibility of rape among boys is due to the widespread societal definition of masculinity and maleness. Sexual violence is perpetuated due to systems of dominance, homophobia and gender rigidity. These systems of power dominate the male survivors who may fear appearing powerless, weak and un-masculine and thus remain silent. Males who become targets of these assaults are perceived as powerless. Young boys, adolescent men, men in institutions and men with disabilities are particularly vulnerable to this form of violence. Sexual assault in interpersonal relationships is an extremely prevalent form of violence. Particularly when we consider that men involved in physically abusive relationships with other men can be extremely vulnerable to sexual assaults by their partners. Other forms of adolescent male violence includes:

- Domestic
- Workplace (working adolescents)
- Racial and caste based violence

Increased attention, awareness of sexual violence and the growing recognition of male victimization in particular have led to an increase in the number of studies being conducted on the prevalence of sexual assault of boys and men. The majority of perpetrators of sexual violence are men. Sexual assault against children and young adolescents report that more than 97% of perpetrators were male. Despite popular belief, most male perpetrators identify themselves as heterosexual and often have consensual sexual relationships with women.

Rape and sexual assault on boys occur in various male settings including military organizations, athletics, dormitories and fraternities. All-male environments cultivate the tendency for violence perpetrated by men against women and against other men. Different reasons for the existence of this violent culture could be attributed to factors like sense of competition, violence as a rite of passage, an expression of dominant status or power. Consequently, boys and men who are sexually assaulted may experience a wide range of post- traumatic symptoms including depression, Post-Traumatic Stress Disorder (PTSD), and other emotional and physical problems. Common reactions of men and boys after an assault can also include fear of appearing "non-masculine," societal, peer or self-questioning of their sexuality, homophobia, sense of shame and feelings of denial.

The sexual violence perpetrated against boys and men is severely under reported and this group of survivors is under served. Boys and men who are sexually assaulted rarely see their reality reflected in direct service program or outreach initiatives. Such practice further isolates them and reinforces the devastating myths surrounding male survivors of sexual assault. Awareness needs to be generated that resources are becoming increasingly more available for male survivors, their friends and families as well as for professionals who work with them.

7.6 Factors responsible for gender discrimination among adolescents

- Status - insecure, sexually active age
- Physical weakness- female are physically weaker than male
- Sociocultural status
- Male dominance in the society
- Sexual coercion and lack of empowerment
- Mass and systematic rape
- Media and advertisement
- Lack of access to information and health services
- Sociocultural barriers

7.7 Preventive measures for gender based violence

- Ensure early schooling
- Education and empowerment of girls

- ❖ Education on gender based violence for both boys and girls
- ❖ Special skills for young girls to prevent gender based violence
- ❖ Accessible information on their rights such as health education and safety
- ❖ Male involvement in gender sensitization program
- ❖ Rehabilitation and support mechanism
- ❖ Easy to access legal services
- ❖ Community based program

7.8 Specific types of violence

7.8.1 Cyber crimes

Cyber crimes are peculiar for another reason: very often, the perpetrators are not based in the same country as their victims and this raises the tricky issue of jurisdiction. There is yet no globally recognized legislation governing cyber crimes thus prosecution is often impossible. The same physical boundaries that are rendered invisible in virtual and cyber relationships become obstacles in achieving justice in the offline world.

Is more legislation the answer? Many feminist groups are not in favour of increased online policing and fear the infringement of privacy and freedom of communication. Finding the balance between public control and an individual's right is the real challenge for policy makers.

Cyber-crimes includes

- ❖ All crimes committed against women in or via cyberspace, usually with the intention to intimidate, coerce or humiliate, including:
- Hacking and tacking over existing profiles on social networking or micro blogging sites.
- Creating and maintaining fake profiles.
- Cyber-stalking and harassment (sending repeated messages via several medium).
- ❖ Including social networks, chartrooms, emails etc.

Vulnerability

- ❖ Internet users who do not delete their private data from shared computers at Cyber cafes, offices or educational institutions are particularly vulnerable to online violence.
- ❖ Several cyber cafes operate as fronts for pornography networks which can be used to gather and disseminate data.

7.8.2 SMS, MMS and phone stalking

- ❖ Harassment by making incessant calls and/or sending a stream of SMS or MMS often at odd times of the day and night. The content of these messages and images is often sexually explicit; the tone can be either flattering or threatening, depending on the context.

- In many cases, young women themselves share their numbers with young men they know casually.
- In other cases, men obtain contact details from social networking sites.

7.9 Types of Abuse

Abuse can be of many types – verbal, physical, sexual or emotional and none of them should be tolerated.

7.9.1 Sexual Abuse

- Sexual abuse is when someone forces you into unwanted sexual activity, especially through threats or coercion.
- In a healthy sexual relationship, partner doesn't feel threatened, pressured or uncomfortable.

7.9.2 Emotional and Verbal Abuse

- Emotional and verbal abuses are somewhat more difficult to define. These types of abuses often involve angry outbursts, withholding of emotional responses, manipulative coercion or unreasonable demands. Verbal abuse is often insulting and humiliating with the abuser making fun of or ridiculing the target.
- Emotional abuse often includes verbal abuse. It also involves the abuser taking complete control over the life of the person he/she is abusing, often by making threats or otherwise manipulating that person.

7.9.3 Physical Abuse

- Physical abuse occurs when someone physically hurts you, such as by hitting you or throwing something at you.

Coping with abuse

- Mild form of abuse can be taken lightly as humor (mildness or severity depends on person to person).
- If one exceeds the limits, then the other should have every right to STOP.
- Talking to someone with whom the person feels comfortable is advisable.
- Take appropriate step for your safety like contacting police or security (wherever available).

7.10 Injury among adolescents

In the last decade injuries are the leading cause of disability and death among the adolescents. Majority of adolescents die or seriously hurt as a result of road and traffic accident. Injuries are usually put into two main categories:

- Unintentional injuries (or “accidents”), of which road traffic crashes, drowning, burns and falls are the leading causes.

- ❖ Intentional injuries, which result from deliberate acts of violence or neglect. It is not always easy to classify some injuries as one or the other. For instance, it is sometimes hard to differentiate between a child who has fallen down the stairs and one who was pushed. It is also hard to draw the line between neglect and abuse. Nevertheless, it has been estimated that the large majority of all fatal child and adolescent injuries are unintentional (90%), with road traffic crashes and drowning alone accounting for around half of these fatalities.

Injury is a leading cause of death among adolescents. Mortality rate resulting from injury among young people reveal strong associations with risk taking behaviour, consistently involving transport and violence. One factor that is likely to contribute to the increased risk of injury during adolescence and particularly among young males is risk taking behaviour. Although risk taking is frequently considered to be a normal part of adolescent development, it can place them at a greater risk for injury. Males may experience more injuries than females as a result of their increased participation in risk taking behaviours that lead to injury. Some of the common activities and habits responsible for injuries during adolescence are:

- ❖ Alcohol use injury
- ❖ Transport related injury
- ❖ Sport injury
- ❖ Suicidal injury
- ❖ Burn
- ❖ Fighting or physical attacked
- ❖ Driving at high speed

Tips for counsellor

Always tell adolescents to :

- ☛ Follow traffic rules and regulation.
- ☛ Pay attention when they are walking on a footpath or on the roadside.
- ☛ Use helmet whenever driving two wheelers.
- ☛ Take proper training on mechanisms and safety measures of swimming.
- ➢ Take all preventive measures and precautions while playing sports.

Chapter 8
Parental Counselling

8.1 Introduction

Adolescents need proactive, positive and participatory support from their parents. Most of the parents do not have adequate skills to understand and guide diversified adolescent related issues either due to the generation gap or differences in cultural and social norms. Many adolescents are hesitant to share their issues with their parents due to fear. They think parents may feel sad or would take it very seriously or things may get out of control. Closeness between parent and adolescent is deeper in our society. However, this closeness can grow into attachment and the misery that accompanies attachment can create obstacle for both parents and adolescents. Counsellors have to understand these barriers and provide skills to all parents to come out from these situations.

8.2 Key issues where parents require help from counsellors

- To understand all the aspects of growth and development among adolescents.
- To understand psychological and emotional changes during the adolescence.
- Early recognition of adolescent's problems and challenges.
- Skills to teach adolescents about sexual development, sexual behaviour and precaution.
- Skills for listening and discussing adolescent's issues patiently and sportingly.
- Clarifying their doubts and giving them alternatives.

8.3 Parents need to understand their adolescents

- **Listen and reflect -** Many a times when adolescents share their problems with parents, they feel obliged to impart words of wisdom. Instead of being quick to share, make sure you are listening and really internalizing what they're saying. In order to ensure this, ask questions such as: "So what I hear you're saying is..."
- **Never judge -** The adolescents have very good receptivity for knowing if parents are looking down upon and judging them. To fight against this the parents should remind themselves, that their support should not be idealistic or irrational. They should understand that it is healthy for adolescents to go through emotional and mental maturity along with physical.
- **Don't over identify** - There is a danger of trying to match adolescents experience with their learnings in order to gain credibility. This is a common mistake as it takes the parent away from the counselling process. Don't feel like you have to compulsorily share a similar experience to help them. If you do happen to have one, avoid the temptation of telling the whole story. For instance, if you've struggled with an eating disorder, don't feel like you have to retell the whole story. Rather, say something like, "I might know what you're feeling like because I've been through a similar situation in life." This opens the door if they want to hear more, but if they don't ask, don't keep-on going.
- **Differentiating between danger and drama -** When you have adolescents, especially young adolescents, it is very important to know the difference between real danger and drama. Thus, until you know the difference always assume real, plausible danger.

Sometimes it is better to keep it low when the adolescents are sharing their problem. Sometimes you may also not be equipped to know the difference; in such situations call a professional that is trustworthy and can give you discernment advice.

- **Remember that adolescents are characterized by black and white thinking (Extreme thinking) -** When problems occur, adolescents may go to extreme thinking and automatically assume that this is the worst problem ever. How do we help black and white thinking? Ask questions like this: "Do you always think it will always be this way?" "Can you think of a time when it isn't this bad?" "Is it so bad?" In asking these questions, you are trying to help the adolescent move to the middle.
- **"What would you like to have happen?" "What would you like to see different?"** –These are magical questions in the counselling world. The second point is - "Can you tell me about a time lately when the problem was less of a problem?" All of these questions come out of a field of grief counselling. It reminds people that change is reachable and possible. It reduces the intensity of black and white thinking.

Role of counsellors in parental counselling

- *Counsellors have to encourage the adolescent parents to motivate adolescents for healthy food and diet.*
- *Parents should always motivate their adolescents to get involved in regular physical activity. For instance, ensure that the adolescents walk for 1 or 2 kilometers with them regularly.*
- *Parents should also plan proper sleep time for their adolescents and avoid late hours of sleeping.*
- *Try to reduce other family conflicts as much as possible and ensure that the adolescent avoids alcohol and other drugs. Using these to try and lessen sadness or pain worsen the problems.*
- *Accept that there will be good and bad days. Acknowledge adolescent's fear - don't dismiss or ignore it. It's important for adolescents to feel that you believe they can overcome their fears. They also need to know that you'll be there to support them.*
- *Let the adolescent know that anxiety is normal. Tell your adolescent about your own worries as an adolescent and remind him/her that lots of other young people feel anxious too. Gently encourage adolescent to do the things he/she is anxious about. But don't push him/her to face situations s/he doesn't want to face.*
- *Consider setting him/her small goals in relation to things that make him anxious. Provide plenty of support and encouragement. For example, adolescent might be anxious about performing in front of others. As a first step, you could suggest that the adolescent practice his/her lines in front of the family, or work as a stagehand for the school play.*
- *Support your child in facing his/her fears. Acknowledge all the steps that he/she takes, no matter how small those steps are. Avoid labeling adolescent as 'shy' or 'anxious'.If the adolescent avoids a situation because of anxiety, don't make a fuss. Let him/her know that you believe he/she will be able to manage anxieties in future.*

8.4 Understand threshold level of stress

Stress helps you to deal with life's challenges, to give your best performance and to overcome a tough situation with focus. The body's stress response is important and necessary. However, when too much stress builds up, one may encounter many physical and emotional health problems. If the individual doesn't deal with stress, the health problems can stay longer and worsen over the course of life.

Adolescents' stress is an important, yet often overlooked, health issue. We know that the early years of adolescence are marked by rapid changes. Most adolescents face stress due to puberty, changing relationships with peers, new demands of school, safety issues in their neighbourhoods and responsibilities of their families. The way in which adolescents cope with this stress can have significant impact on their future personal growth.

The key to help adolescents is to stay ALERT to their stress:

- **A**cknowledge that adolescents stress is often different from adult stress.
- **L**isten to the adolescents and be aware of how they respond to your level of involvement. Sometimes, just listening is enough.
- **E**ncourage adolescents to express how they're feeling when they are stressed.
- **R**ecognize that adolescents may have different experiences from each other.
- **T**ime, the parents should understand that there will be one moment when adolescents will experience things differently than them.

Everyone has to learn to say "No."

- Try to sort out what is most important in your life.

Everyone should listen to the wisdom of their body.

- Eat healthy, exercise and make sure you get enough sleep.

Always keep your sense of humor alive.

- Laughter can do wonders for your stress.

8.5 Steps for parents to deal with their adolescents

Praise

Parents should praise their adolescents always for their performance and success. Appreciate their efforts for any learning and accept as it is. This will increase the frequency of sharing between parents and adolescent.

Reflection

Parents should understand the reflection and activities of adolescent. Once the reasons are understood they should try to confirm their assumption through the friendly discussion.

❖ Limitation

Parents should always remember not to limit themselves, rather follow the instructions. Offer them alternatives so that the adolescents feel empowered to take their decisions after assessing the pros and cons carefully.

❖ Behavioural description

Adolescents have a very complex behaviour; it is parent's responsibility to provide them simple, clear and workable options. So that the adolescents feel comforted in sharing their issues in future too.

❖ Enjoyment

Parents should spend relaxing time with their adolescents and take interest their subjects such as cartons, favourite books, birthdays, school events and personal achievements.

8.6 Parents' Role

Parents' roles can be organized into five dimensions, each of which has specific influences on adolescent health outcomes:

- ❖ Connection- love
- ❖ Behavioral control-limit
- ❖ Respect for individuality- respect
- ❖ Modelling of appropriate behavior-model
- ❖ Provision and protection-provide

Connection:

A positive and stable bond between parents and adolescents is an important protective factor for adolescent health and development.

Behavior Control:

Behavior Control, otherwise referred to as regulation, monitoring, structure, limit-setting, encompasses parents' actions aimed at shaping or restricting adolescents' behavior. These actions supervise and monitor adolescents' activities, establishing behavioral rules and consequences for misbehavior. Thus conveying clear expectations for behavior.

Respect for individuality:

Respect for individuality involves allowing the adolescents to develop a healthy sense of self, apart from his or parents.

These are indicative parental behaviors to encourage or discourage in order to promote adolescent health and development.

Behavior to encourage	Behavior to discourage
Connection **Mother/Father:** ❖ Supports and encourages me ❖ Gives me attention and listens to me ❖ Shows me affection ❖ Praises me ❖ Comforts me ❖ Respects my sense of freedom ❖ Understands me ❖ Trusts me ❖ Gives me advice and guidance ❖ Provides for my necessities ❖ Gives me money ❖ Buys me things ❖ Has open communication with me ❖ Spends time with me ❖ Supports me in my school work **Behavioral control** Mother/Father tries to know/knows: ❖ who my friends are ❖ where I go at night ❖ how I spend my money ❖ what I do with my free time ❖ Where I am most afternoons after school	**Psychological control** **Mother/Father:** ❖ Ridicules me or puts me down (e.g., saying I am stupid, useless, etc.); ❖ Embarrasses me in public (e.g., in front of my friends); ❖ Doesn't respect me as a person (e.g., not letting me talk, favoring others over me, etc.); ❖ Violates my privacy (e.g., entering my room, going through my things, etc.); ❖ Tries to make me feel guilty for something I've done or something s/he thinks I should do; ❖ Expects too much of me (e.g., to do better in school, to be a better person, etc.); ❖ Often unfairly compares me to someone else (e.g., to my brother or sister, to her/himself); ❖ Often ignores me (e.g., walking away from me, not paying attention to me).

Modelling of appropriate behavior:

As individuals with enormous influence in all aspects of development, parents establish these norms within the household by their own behavior and attitudes as well as interpreting the norms of the larger society.

Provision and protection

Parents play an important role in assisting adolescents to access other resources in the community, outside the family unit.

9. Annexures

Annexure - 1

Pregnancy related complications that occur more commonly in adolescents than in adults

Common complications during adolescence pregnancy
During Antenatal Period
❖ Pregnancy-induced hypertension/ Pre-eclampsia/ Eclampsia ❖ Anaemia ❖ STI/HIV infection ❖ Higher severity of anaemia ❖ Intra Uterine Growth Retardation
During labor and delivery
❖ Pre-term birth ❖ Obstructed labour
During postpartum period
❖ Increased risk of maternal death ❖ Anaemia ❖ Postpartum depression ❖ Low birth weight baby ❖ Perinatal and neonatal mortality ❖ Inadequate child care and breastfeeding ❖ During antenatal period and postpartum period ❖ STIs/HIV
Problems affecting the baby
❖ Low birth weight ❖ Perinatal and neonatal mortality ❖ Inadequate childcare and breastfeeding practices

Care of adolescents during pregnancy, childbirth and postnatal period

Adolescent pregnancies and deliveries require much more care than adult pregnancies. All efforts must be made to reduce the occurrence of problems. This includes early diagnosis of pregnancy, effective antenatal care, effective care during labour and delivery and during the postpartum period.

❖ Postpartum care

This includes the prevention, early diagnosis and treatment of postnatal complications in the mother and her baby. It also includes information and counselling on breastfeeding, nutrition, contraception and care of the baby. The adolescent mother will require special support on how to care for herself and her baby.

❖ Contraception

It is very important to understand that too frequent and unplanned pregnancies should not occur due to lack of timely access to contraceptive services. The postpartum period presents a good opportunity for taking steps towards pregnancy prevention and for promoting dual protection by encouraging condom use.

❖ Nutrition for the adolescent mother

The lactating adolescent needs adequate nutrition to meet her own as well as the extra needs required for breast-milk production.

❖ Breastfeeding

Exclusive breast feeding is recommended for 6 months. A young adolescent, especially one who is single – would require extra support in achieving breastfeeding successfully.

Many adolescents need ongoing contact through home visits once they return with their babies, especially if they are unmarried. In the latter case, both the mother and her baby are at a higher risk of abuse and maltreatment. Family counselling is therefore vital and provides a lifeline to the adolescent and her baby.

Problems in the antenatal period

1. **Pregnancy-induced hypertension**: Studies report an increased incidence of the condition in young adolescents, when compared with women aged 30-34 years.

2. **Anaemia:** There is an increased risk of anaemia in adolescents because of nutritional deficiencies, especially of iron and folic acid, and by malaria and intestinal parasites.

3. **STIs/HIV:** Sexually active adolescents are at an increased risk of contracting STIs, including HIV infection, owing to their biological and social vulnerability. There is also the increased risk of mother-to child transmission of HIV in adolescents, because the HIV infection is more likely to be recent and therefore, associated with higher viral loads. The presence of other STIs (syphilis, gonorrhea and chlamydia) with local inflammation may increase viral shedding, thereby increasing the risk of transmission during labour.

4. **Higher severity of malaria** is often seen in first time pregnant women (which includes many adolescents) and is a common cause of anaemia in this group. This puts them and their unborn babies at the risk of intra-uterine death.

Problems during labour and delivery

- **Pre-term birth** is common in women under twenty years of age because of immaturity of the reproductive organs. Social factors such as poverty also play an important role in pre-term birth.
- **Obstructed labour** in young girls (below 15 years of age) occurs due to the small size of the birth canal leading to cephalo-pelvic disproportion. Lack of access to medical and surgical care can result in complications like vesico-vaginal and recto-vaginal fistulae.

Problems in the postpartum period

- **Anaemia:** It is common and further is aggravated by blood loss during delivery and increases the risk of infection.
- **Pre-eclampsia:** Several studies report that pre-eclampsia occurs more often in young adolescents. The symptoms may worsen and sometimes can be recognized only during the first postpartum days.
- **Postpartum depression:** The occurrence of postpartum depression and common mental health problems are frequent due to the reasons described above.
- **Too frequent pregnancies:** The frequency can increase especially in unmarried adolescents and can occur due to the difficulty in timely access of reliable contraception.

Problems affecting the baby

- **Low birth weight**: There is a higher incidence of low birth weight (weight<2500 grams) among infants of adolescent mothers.
- **Perinatal and neonatal mortality:** There is increase in perinatal and neonatal mortality in infants of adolescent mothers, compared to the infants of older mothers.
- **Inadequate childcare and breastfeeding practices**: Young mothers, especially those who are single and poor, may find it hard to provide their children with the adequate care. This is reflected in their poor child feeding and breastfeeding practices.

Annexure-2

Medical Termination of Pregnancy Act

Counsellor can help sexually active adolescents. Lack or inappropriate use of contraceptives characterizes the vast majority of sexual encounter among youth. Incidences of unintended adolescent pregnancies and abortions have shown a steady increase. Unsafe abortions are a major source of reproductive mortality and morbidity.

The Medical Termination of Pregnancy Act was passed in 1971. The Act was intended to grant women freedom from unwanted pregnancies, especially when there was social censure or medical risks involved. Apart from these benefits, it was also ensured that abortion services became easily accessible.

The aim of the Act is to allow for the termination of certain pregnancies by registered medical practitioners. If a pregnancy is terminated by someone who is not a registered medical practitioner, it would constitute an offence punishable under the Indian Penal Code.

Essential requisite for MTP

According to the Act, abortion may be permitted only in certain cases:

(a) Where the length of the pregnancy does not exceed twelve weeks or

(b) Where the length of the pregnancy exceeds twelve weeks but does not exceed twenty weeks, if not less than two registered medical practitioners are, of opinion, formed in good faith, that, -

- ❖ the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or
- ❖ there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or
- ❖ pregnancy resulting from rape or incest; or
- ❖ the continued pregnancy would significantly affect the social or economic circumstances of the woman; or

(c) After the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife who has completed the prescribed training course, is of the opinion that the continued pregnancy—

- ❖ Would endanger the woman's life;
- ❖ Would result in a severe malformation of the fetus; or
- ❖ Would pose a risk of injury to the fetus.

As long as the above conditions are fulfilled, a doctor can terminate a pregnancy without the fear of being prosecuted under the Indian Penal Code.

❖ Consent for MTP

A pregnancy can be terminated only with the informed consent of the pregnant woman; no other person's consent needs to be obtained.

In the case of a pregnant woman, less than eighteen years old, and in the case of a pregnant woman, more than eighteen years old but of unsound mind, the consent of her guardian must be obtained in writing.

❖ Place for MTP

MTPs can be performed only at the centres certified by the Government. These centres could be located in public or private sector.

❖ The rights of the pregnant woman

Whenever a woman requests that her pregnancy be terminated, she must be informed of her Rights under the Act.

Also, whenever a pregnancy has been terminated, the medical practitioner should record the prescribed information. However, the name and address of the woman, who has requested or obtained a termination of pregnancy, should be kept confidential, unless she herself chooses to disclose that information.

Annexure-3

Components of STI/RTI and HIV/AIDS

- History taking and Clinical examination – genital/oral and ano-rectal.
- Appropriate syndromic diagnosis.
- Early and effective treatment, preferably single dose and directly observed.
- Counselling for risk reduction, voluntary HIV and syphilis testing.
- Promotion and provision of condoms.
- Partner notification and management.
- Followup as per schedule.

National AIDS Control Organization advocates Pre and Post test counselling for help and support

Aims of Pretest counselling

- To ensure that any decision to take the test is fully informed and voluntary
- To prepare the client for any type of result, whether negative or positive or indeterminate.
- To provide client risk reduction information and strategies irrespective of whether testing proceeds
- The Clients are advised about preventive measures and use of condoms

The HIV tests are performed by using the rapid test kits. If the test is negative and the client has history of high risk factors, he/she is advised to repeat the test after 3 months as he/she may be in the window period. If the result is positive the test is repeated with kits using a different method of anti-body detection. Their result is considered positive if all three tests are positive. Before the results are revealed to the client, post counselling is done.

Aims of Post test counselling aims to:

- Help client understand and cope with the HIV test results.
- Provide the client with any further information required.
- Help Client decide what to do about disclosing their test result to partners and others.
- Help Client reduce his/her risk of getting HIV/AIDS and take action to prevent infection to others by using condom, avoiding multiple partners and other high risk behaviour (Positive prevention).
- Help Client access the medical and social care and support they need.
- Establish link with PLHA groups, if needed.

Annexure-4

Different types of Non Communicable Diseases

Cardiovascular Diseases

- Cardiovascular diseases (CVDs) including high blood pressure, heart attacks, strokes and Rheumatic heart diseases (in developing countries) are the most common contributor of morbidity and mortality worldwide.
- Eight risk factors (alcohol use, tobacco use, high blood pressure, high body mass index, high cholesterol, high blood glucose, low fruit and vegetable intake, and physical inactivity) together account for over three quarters of deaths.
- The effective control measures and health education programs along with targeted treatment of high risk individuals contributes to decline in deaths due to cardiovascular diseases.

ii. Diabetes Mellitus Type-2

- A group of metabolic diseases in which the person has high blood sugar (glucose), either because insulin (a hormone responsible for control of blood sugar) production is inadequate, or the body's cells do not respond properly to insulin, or both.
- Approximately 90% of all cases of diabetes worldwide are of this type.
- Patients with high blood sugar typically experience polyuria (frequent urination), increased thirst (polydipsia) and increased hunger (polyphagia).
- Being overweight, physically inactive and eating the wrong foods, all contribute to the risk of developing type-2 diabetes.
- Most children who develop type 2 diabetes have a family member with type 2 diabetes; 45–80% have a parent with type 2 diabetes and 74–90% report at least one affected first- or second-degree relative.

iii. Cancer

- Cancer is a leading cause of death all over the world.
- More than 70% of all cancer deaths occur in low- and middle-income countries.
- In India, the most prevalent forms of cancer among men are tobacco-related cancers including lung, oral, larynx, oesophagus and pharynx. These, like many other cancers are largely preventable.
- Amongst Indian women, in addition to tobacco-related cancers, cervix, breast and ovarian cancers are also prevalent.
- India currently has the highest prevalence of oral cancer cases in the world as a result of the popularity of chewing tobacco.
- Cancer is a major public health concern in India and has become one of the ten leading causes of death in the country.

- Environmental and behavioural risks (like overweight, low fruit and vegetable intake, physical inactivity, tobacco use, alcohol use, and unsafe sex, outdoor and indoor air pollution) have been estimated to be jointly responsible for 35% of cancer deaths.

iv. Stroke

A stroke is a medical emergency. Strokes happen when blood flow to the brain stops and within minutes, brain cells begin to die.

Symptoms of stroke are

- Sudden numbness or weakness of the face, arm or leg (especially on one side of the body).
- Sudden confusion, trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

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