



**Rashtriya Kishor
Swasthya Karyakram**
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम

resource book

training module for
ANMs and LHV's



ORIENTATION PROGRAMME

for ANMs/LHVs

to provide

Adolescent-Friendly Health Services

HANDOUTS

Acknowledgement

The Training Manual for ANMs/LHVs under Rashtriya Kishor Swasthya Karyakram was developed following extensive discussion with expert. The revised manual is an extension of the Orientation Program for ANMs/LHVs developed under RCH-II in 2006, and enhances skills to ANMs/LHVs to provide Adolescent Friendly Health Services.

Additional Secretary & Mission Director (NHM), Ms. Anuradha Gupta's incisive guidance steered development of this manual.

Joint Secretary (RCH), Dr. Rakesh Kumar provided strategic directions and technical insight which were vital in development of this manual.

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Adolescent Health - Technical Resource Group

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Introductory Module

CONTENTS:

1. Adolescence
2. National Adolescent Health Strategy
3. Operational framework – Rashtriya Kishore Swasthya Karyakram (RKSK)
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Handout 1

1. Introduction

This handout provides information to complement the material covered in the Introductory Module to the Orientation Program on adolescent-friendly health services. .

Taking cognizance of the need to respond to health and development requirements of adolescents in a comprehensive manner, the Ministry of Health and Family Welfare has developed a national strategy based on principles of participation, human rights, inclusive, gender sensitive issues, and intersectoral partnerships. The strategy envisions that ***all adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being.***

2. National Adolescent Health Strategy

The approach proposed in the strategy is based on a **continuum of care for adolescent health and development** needs through provision of information, commodities and services at the community level with mapped out referral linkages through the three tier public health system. Most importantly, it proposes service delivery which will actively engage adolescents and first level service providers 1) teachers in schools 2)ASHA and 3)ANMs in the community,4) AWW under the5) ICDS and Youth volunteers of the civil society to secure and strengthen mechanisms for access and relevance.

To implement this Adolescent Health strategy the critical components to be included are as follows

The Vision

All adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being.

Objectives

- Increase the availability and access to information about adolescent health;
- Increase accessibility and utilization of quality adolescents counseling and health services; and
- Forge multi-sectoral partnerships to create safe and supportive environments for adolescents.

7Cs

1. Coverage

The new adolescent health and development strategy brings in

Handout 1

dedicated programming for 10 to 19 years with universal coverage i.e. urban and rural; in school and out of school; married and un-married including the vulnerable and underserved subgroups.

2. Content

The revised Strategy identifies six strategic priorities based on 'at risk' analyses. The enhanced scope of the program will now incorporate the following areas: Nutrition, Sexual and Reproductive Health, Mental Health, Preventing Injuries and Violence (including Gender Based Violence), Substance Misuse and Non-Communicable Diseases. Life-skills education is identified as a key and cross cutting intervention.

3. Communities

The mainstay of this approach will be peer educators / mentors (both girls and boys) - selected, trained and mentored by the teachers in an institutional setting and jointly by ASHAs and AWWs in community based settings.

Field level functionaries will be providers of Adolescent Friendly Health Service and enabling environment at the community level for adolescent health and development activities will be done through existing platforms like Aanganwadi Centres (AWCs), Sabla-Kishori Samooch, Teen Clubs and VHNSC and creating new spaces like organizing the quarterly Adolescent Health Day.

4. Clinics (Health Facilities)

- 1) Trained staff sensitized with Adolescent issues.
- 2) Walk in services at Sub-Centre level
- 3) Dedicated weekly Adolescent Clinic at the Primary Health Centre.
- 4) A dedicated counselor will be available from block/CHC onwards.
- 5) Specialty clinics are planned at District and Medical colleges.

5. Counseling

Channels of information provision at every level of adolescent universe, for instance: peers, nodal/school teachers, ground level health service providers.

6. Communication

Effective communication is an integral part of this strategy and will be a catalyst in successful implementation. .

7. Convergence

The Adolescent Health Strategy envisages all intra-departmental activities with existing programs of the Ministry of Health and Family Welfare and relevant inter-ministerial convergence. .

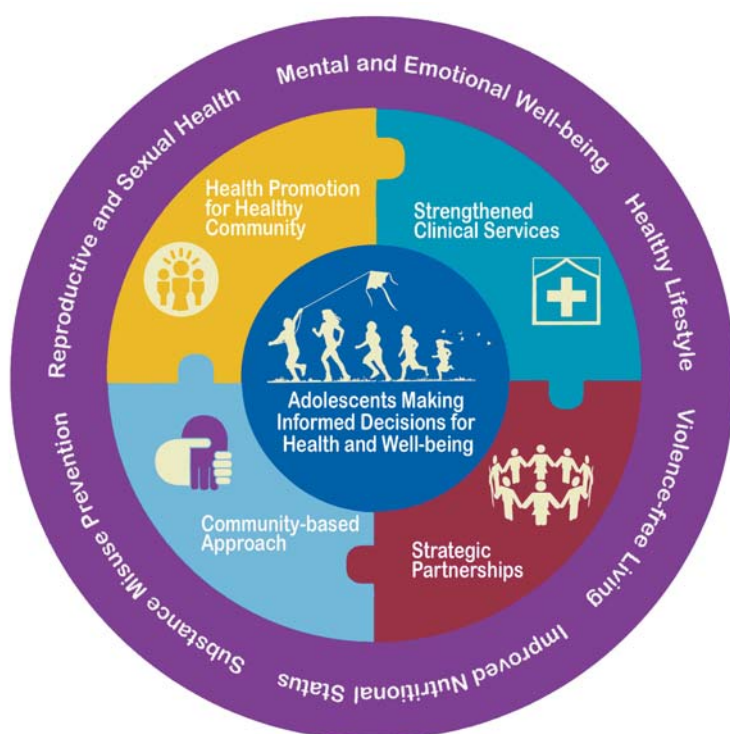


Fig 1

4.4 Strategic Priorities

- IMPROVE NUTRITION
 - To reduce the prevalence of malnutrition among adolescent girls and boys
 - To reduce the prevalence of iron deficiency anemia among adolescent girls and boys
- ENABLE SEXUAL AND REPRODUCTIVE HEALTH AND
 - To improve knowledge, attitudes and behaviors in relation to sexual and reproductive health
 - To reduce teenage pregnancies

Handout 1

- To improve birth preparedness, complication readiness and; provide early parenting support for adolescent parents
- ENHANCE MENTAL HEALTH
 - To address mental health concerns of adolescents
- PREVENT INJURIES AND VIOLENCE (INCLUDING GENDER BASED VIOLENCE)
 - To promote favorable attitudes for preventing injuries and violence (including gender-based violence) among adolescents
- PREVENT SUBSTANCE MISUSE
 - To increase adolescents' awareness of the adverse effects and consequences of substance misuse
- ADDRESS NON COMMUNICABLE DISEASE
 - To promote behavior change in adolescents for prevention of non-communicable diseases hypertension, stroke, cardiovascular diseases and diabetes

3 Brief overview of Operational Framework – Rashtriya Kishor Swasthaya Karyakaram (RKSK)

The goal of **adolescents making informed decisions for health and well-being** will be achieved through the following as shown in the (fig 1):

- Health Promotion for Healthy Community
- Strengthened Clinical Services
- Community-based Approach
- Strategic Partnership

Key Interventions for Operationalising for RKSK

Community based interventions:

- Peer Education (PE)
- Quarterly Adolescent Health Day (AHD)
- Weekly Iron and Folic Acid Supplementation Programme (WIFS)
- Menstrual Hygiene Scheme (MHS)

Facility based interventions

- Strengthening of Adolescent Friendly Health Clinics (AFHC)

Convergence

- **within Health & Family Welfare** - FP, MH (incl VHND), RBSK, NACP, National Tobacco Control Programme, National Mental Health Programme, NCDs, IEC
- **with other departments/ schemes** - WCD (ICDS,KSY, BSY, SABLA), HRD (AEP, MDM), Youth Affairs and Sports (Adolescent Empowerment Scheme, National Service Scheme, NYKS, NPYAD)

The overall aim of the Orientation Programme is:

- To better equip ANMs/LHVs with the knowledge and problems associated with adolescence.
- To make them more sensitive to the needs of adolescents.
- To enable to provide adolescent-friendly health services.

The Programme will help the participants to answer two questions:

- What do I, as a ANMs/LHVs, need to know and do differently if the person who walks into my clinic is aged 10-19 years, rather than 6 or 36?
- How could I help? In the health centre? during field visits. Are there other influential people in my community who understand and respond better to the needs and problems of adolescents?

Specific Objectives of the Orientation Programme

Specific objectives of the Orientation Programme are to make the participants:

- More knowledgeable about the characteristics of adolescent development
- More sensitive to their needs
- Better equipped with information and resources, thereby be able to provide adolescent-friendly health services
- Able to make a plan to indicate the changes in their work to deliver adolescent-friendly health services.

References

- 1) *Strategy Handbook - Adolescent Health Strategy(Draft)*
- 2) *WHO Adolescent JobAid*
- 3) *Operational Framework for Rashtriya Kishor Swasthaya Karyakaram*
- 4) *Websites*

Handout 1

Annexure 1: Pre-test

Session 3, Activity 1

Orientation Workshop for ANMs/LHVs on Adolescent-Friendly Health Services

Pre/Post- Test

Name of State _____ Name of District _____

Name of Block _____ Designation _____

Name of Participant _____

Dates of Programme _____ Date of Test _____

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question and the multiple choices carefully and put a ' ' mark on correct answer. You may provide some information wherever asked.

1. Adolescents come under which age group?
 - a) 8 -10 years
 - b) 8 -15 years
 - c) 10-19 years
 - d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above
3. What are health related concerns of adolescents?
 - a) Menstrual problems in girls and night fall in boys
 - b) RTIs/STIs - Hygiene
 - c) Teenage pregnancy

- d) Anaemia
 - e) Unsafe abortions
 - f) Drug/substance abuse/smoking
 - g) All of the above
 - h) Any other (Please write)_____
4. We should invest in adolescents health because:
- a) a healthy adolescent grows into a healthy adult.
 - b) health benefits for the adolescent's present and future.
 - c) economic benefits to avert future health cost.
 - d) Good health is adolescents' right
 - e) all of the above
 - f) none of the above
 - g) Any other (Please write)_____
5. How do you think an adolescent feels when he/she walks into your health centre?
- a) shy, embarrassed, worried, confused
 - b) happy and confident
6. How would you strike a rapport with an adolescent client?
- a) By not asking too many questions and not making eye contact
 - b) By friendly, warm and non-judgmental behaviour with positive non-verba cues.
 - c) Frowning and stern behaviour.
 - d) None of the above.
7. Adolescents do not utilise available health services because:
- a) they fear the health providers will inform their parents.
 - b) they are not interested.
 - c) they do not recognise illness.
 - d) they do not know where to go.

Handout

1

- e) All of the above.
 - f) None of the above.
8. What are the barriers to good communication?
- a) Service provider use simple words and language
 - b) Client feels comfortable
 - c) Lack of privacy
 - d) Adolescents are unable to talk because of fear
 - e) Insufficient time to explain
 - f) (a) and (b)
 - g) (c, d and e)
9. What problems are caused by lack of menstrual hygiene?
- a) Anaemia, weakness, diarrhoea
 - b) Malaria, worm infestation
 - c) Vaginal discharge, burning during urination and genital itching
10. According to you, how will you rate masturbation for adolescent boys and girls.
- a) Normal behaviour
 - b) Abnormal behaviour
 - c) Shameful behaviour
11. Lack of nutrition in adolescence can cause-
- a) Protein - energy malnutrition
 - b) Stunting of growth
 - c) Anaemia
 - d) All of the above
 - e) None of the above
12. Nightfall in boys is
- a) Abnormal

Handout 1

- b) Normal
 - c) Sign of serious illness
13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?
- a) Lower
 - b) Higher
 - c) Equal
14. What can an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?
- a) Counsel and refer to appropriate facility for termination of pregnancy
 - b) Conduct termination of pregnancy yourself
 - c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery
15. Which contraceptive methods are appropriate for adolescents?
- a) Abstinence, condoms and oral pills
 - b) Sterilisation, Fertility-awareness based methods and IUCDs
16. What can ANMs/LHVs do to prevent STIs among adolescents?
- a) Cannot do anything
 - b) Counsel them that abstinence, being faithful to one's partner and use of condoms protect from STIs
 - e) Criticise unmarried sexually active and inform the parents of sexually active unmarried adolescents of their shameful behaviour
17. After unprotected sex, emergency contraceptive pills can be given to:
- a) Married adolescents
 - b) Unmarried adolescents
 - c) Both
 - d) None of the above

Handout 1

18. Which services can you as ANM provide to adolescents?
 - a)
 - b)
 - c)
 - d)
19. What are the most important characteristics of adolescent-friendly health facilities?
 - a)
 - b)
 - c)
 - d)
20. Which contraceptive methods are protective against pregnancy and STIs/HIV (dual protection)?
 - a)
 - b)

Adolescent Growth and Development and Its Implications on Health

CONTENTS:

- 1. What is “Adolescence”?**
- 2. Developmental characteristics of adolescents**
- 3. Why invest in adolescent health and development?**
- 4. Annexures – Group exercise**

Handout 2

What is adolescence?

Adolescence (10-19 years) is a phase of life which has recently gained recognition as a distinct phase of life with its own special needs. This phase is characterized by acceleration of physical growth and, psychological and behavioural changes thus bringing about transformation from childhood to adulthood.

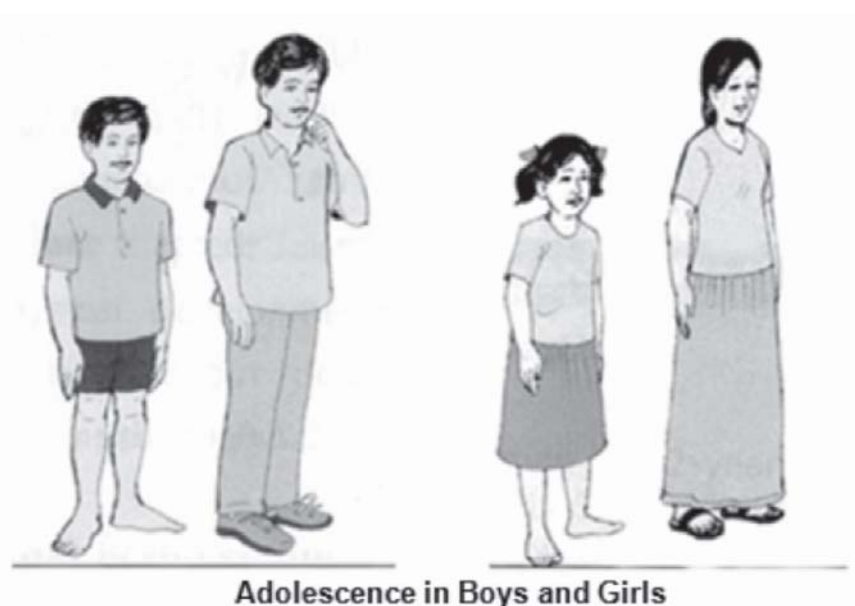
Adolescence has been described as the transition period in life when an individual is no longer a child, but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. In addition, the adolescent experiences changes in social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity.

Age Groups

Adolescents are defined as individuals in the 10-19 year age group, "youth" as the 15-24 year age group. The Government of India, however, in the National Youth Policy defines youth as the 15-35 age group and adolescents as 13-19 years.

"Adolescence" is recognised as a phase rather than a fixed time period in an individual's life.

It is important to note that adolescents are not a homogenous group. Their needs vary with their sex, stage of development, life circumstances and the socio-economic conditions of their environment.



Handout

2

Developmental Characteristics of Adolescents

Adolescence, the transition between childhood and adulthood, is a stressful period of life characterised by discernible physical, mental, emotional, social and behavioural changes.

Physical development: Rapid and dramatic physical development and growth mark adolescence, including development of sexual characteristics. Marked morphological changes in almost all organs and systems of the body are responsible for the accelerated growth and the changes in contours and sexual organs. In case of boys, active acceleration in growth of coarse pubic hair and facial hair usually precede

other signs of puberty such as voice changes. In girls, development of breasts, broadening of hips and rapid growth in height usually begins about two and a half years before menarche.

Emotional development: Adolescents have to cope, not only with changes in their physical appearance, but also with associated emotional changes and emerging and compelling sex urges. Bodily changes cause emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group.

Hormonal changes are likely to result in thoughts pertaining to sex, irritability, restlessness, anger and tension. Attraction to the opposite sex leads to a desire to mix freely and interact with each other. However, in reality, this may not always be possible, partly due to societal restraints on pre-marital sexual expressions and also because of other priority needs in this period, viz. education, employment, etc. Hence, it becomes almost necessary for adolescents to learn how to face and deal patiently with the turbulence they face. It requires development of a sense of balance and self-imposition of limits on expression of one's needs and desires. An inability to express their needs often leads adolescents to fantasize and daydream that helps them to at least partially fulfil their desires.

Adolescence is also marked by development of the faculty of abstract thinking that enables them to think and evaluate systematically and detect and question inconsistencies between rules and behaviour. Parents as well as service providers often overlook this development, one of the basic reasons for the popularly known 'generation gap'.

Socially, adolescence consists in shifts from dependency to autonomy, social responses to physical maturity, the management of sexuality, the acquisition of skills and changes in peer groupings. The need to be a part of a gang or a large group is replaced by a preference for maintaining fewer, more steady and binding relationships. The main changes that occur during adolescence are listed below

Handout 2

Physical events/changes during Adolescence	
BOYS <ul style="list-style-type: none"> • Growth spurt occurs • Muscles develop • Skin becomes oily • Shoulders broaden • Voice cracks • Underarm and chest hair appears • Pubic hair appears • Facial hair appears • Penis and testes enlarge 	GIRLS <ul style="list-style-type: none"> • Growth spurt occurs • Breasts develop • Skin becomes oily • Hips widen • Waistline narrows • Underarm hair appears • Pubic hair appears • External genitals enlarge • Uterus and ovaries enlarge

Emotional and Social changes in	
adolescent boys and girls: <ul style="list-style-type: none"> • Preoccupied with body image • Want to establish own identity • Fantasy / daydreaming • Rapid mood changes, Emotional instability • Attention seeking behaviour • Sexual attraction • Curious, Inquisitive • Full of energy, Restless • Concrete thinking • Self exploration and evaluation • Conflicts with family over control • Seek affiliation to counter instability • Peer group defines behavioural code • Formation of new relationships 	Sexual Development <ul style="list-style-type: none"> • Sexual organs enlarge and mature • Erections in boys • Sexual desire • Sexual attraction • Menarche, Ovulation • Sperm Production, Ejaculation • Initiation of sexual behaviours • Capability to reproduce

Handout

2

Pubertal development starts 1-2 years earlier in girls as compared to boys. There is a wide variation in age and velocity with which growth and development proceeds. In a group of adolescents who are growing together this wide variation leads to development of anxiety - "Am I normal?" and needs a lot of reassurance. Appearance of secondary sexual characters before the age of 8 years in girls and 9 years in boys, and non-appearance of secondary sexual characters by the age of 13 years in girls and 14 years in boys is considered abnormal. Such cases should be referred to higher center for management. A girl who does not start menstruation by 16 years age should also be referred.

Problems during adolescence

Adolescents today are more vulnerable to health implications due to their nature of experimenting and exposure to limited information regarding issues affecting their health and development. Problems in this age are related to their physical and emotional development and search for identity and risky behaviour.

Profile of Adolescents in India

- Adolescents comprise a sizeable population - there are 243 million adolescents comprising nearly one-fifth of the total population (21.4%).
- Composition varies by age and sex - Of the total population, 12.1% belong to 10-14 age group and 9.7 % are in the 15-19 age group. Female adolescents comprise 46.9% and male adolescents 53.1 % of the total population.
- At national level 27% of 15-19 year old girls (33% rural and 15% urban) are already married as compared to only 4% rural and 1% urban men in same age group According to NFHS-3, 47% of currently married women aged 20-24 were married before 18 years of age..
- Maternal mortality rate due to teenage pregnancy is 9% (2007-2009) – A high risk of pregnancy and childbirth results in a high level of female mortality in the reproductive age group. Maternal mortality of teenage mothers is a grave cause for concern. TFR amongst 15-19 yrs old is 14% in urban and 18% in rural of the total fertility (NFHS 3)
- There are marked inequalities in education among adolescents in India. 53% dropout during class 1 - 10, only 2.35% adolescent continue higher secondary education with high dropout rate for both girls and boys.
- Economic compulsions force many to work - Nearly one out of three adolescents in 15-19 years is working - 20.6 % as main workers and 11.7 % as marginal workers. Economic compulsions force adolescents to participate in the workforce. Despite adult unemployment, employers like to engage children and adolescents because of cheap labour.
- Findings from (NFHS 3) indicate that as many as 56% of females and 30% of males in the 15 - 19 age group are anemic. In 15 - 19 yrs age group 47% females and 58% males are thin and 2.4% females and 2%

males suffer from obesity.

- More than 33% of the diseases burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that began or occurred during adolescence for e.g. Tobacco, alcohol use, poor eating habits, sexual abuse and risky sex (WHO 2002).
- Crimes against adolescents are prevalent - Sexual abuse of both boys and girls cuts across economic and social classes. According to a survey, in 84 % cases, the victims knew the offenders and 32 % of the offenders were neighbours. Crimes against girls range from eve teasing to abduction, rape, prostitution and violence to sexual harassment. Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place.
- Unmet need for contraceptives - The contraceptive knowledge is quite high among adolescents but there are high gaps between knowledge and usage. Only 23% of married girls reported use of any contraceptive method.
- Trafficking and Prostitution has increased - Extreme poverty, low status of women, lax border checks and the collusion of law enforcement officials has led to increase in prostitution. Expansion of trafficking and clandestine movement of young girls has also increased across national and international borders. Misconceptions about HIV/AIDS are widespread - There is a high level of awareness about HIV among young people especially among those who are more literate. As per (NFHS 3) awareness of STIs' and HIV/AIDS was limited in 15-24 yrs age group. Just 19% of young men and 15% of young women reported awareness of STI.

Priority health problems of Adolescents and role of health workers

- Nutritional problems
- Psychosocial problems
- Acute and chronic diseases
- Substance abuse

Role of Health workers to attaining maintaining the optimum health

- Provide necessary and adequate information to adolescents parents and public
- Collaboration with teachers, parents, institutions to help adolescents
- Use of IEC (Information, edu, Communication)

Handout 2

Annexure 1: Group Exercise

1. What age group comes under the term adolescent?

2. What are various growth and developmental changes in adolescents?

3. Who are vulnerable adolescents?

4. Priority Health problems of Adolescents

5. Role of Health workers in helping adolescents to maintain optimum health.

Dealing with the Adolescent Client

CONTENTS

1. What is Communication?
2. Establishing Trust with the Adolescent Client
3. How to deal with difficult situations when communicating with the Adolescent Client?
4. Verbal/Non verbal communication
5. What is Counselling?
6. What is the importance of counselling Adolescents on Sexual/RH issues?
7. Six steps of Counselling
8. Tips for effective communication with Adolescent clients
9. How to counsel on Sexuality?
10. Counselling in cases of Sexual Abuse and/or Violence
11. Annexures
 - Clinical Skills
 - Role Play Situations
 - Observer Role Play Checklist

Handout 3

Introduction

Communication plays a vital role in everybody's life. Communication is a process through which we convey our thoughts and feelings to other people. One of the major components of communication is to listen and to understand others' points of view and feelings. Communication is more effective if it is two-way rather than one-way. The exercises in this module involve discussion, behavior change and positive and negative role-plays. It will help Service Providers to understand the realities and the mindset of their adolescent client and will foster better communication and responsiveness to their needs.

What is Communication?

Communication is the art of expressing and exchanging ideas, feelings and thoughts through gestures, speech or writing.

Feelings of the Adolescent

Understanding the realities and mind-set of the adolescent client will foster better communication and responsiveness to her/his needs.

When an adolescent is face-to-face with a provider (or an adult staff member) s/he may feel:

- Shy about being in a clinic (especially for RH) and about needing to discuss personal matters.
- Embarrassed that s/he is seeking RH care.
- Worried that someone s/he knows might see her/him and tell the parents.
- Inadequate to describe what is concerning her/him and ill-informed about RH matters in general.
- Anxious that s/he has a serious condition that has significant consequences (e.g. STI, pregnancy).
- Intimidated by the medical facility and/or the many "authority figures" in the facility.
- Defensive about being the subject of the discussion or because s/he was referred against her/his will.
- Resistant to receiving help because of overall rebelliousness or other reasons fostering discomfort or fear.

Establishing Trust with Adolescent Client

The adolescent is going through dramatic biological and psychological changes in general. Seeking health care may be challenging and difficult for her/him.

Handout

3

Each staff person who may interact with adolescents must understand these circumstances and feelings and must be prepared to assist in a helpful, nonjudgmental way.

Winning an adolescent's trust and establishing rapport with the adolescent client will facilitate discussion and enhance the likelihood that needs will be revealed and addressed.

The following are tips for good communication:

- Allow sufficient time for the adolescent client to become comfortable enough to ask questions and express concerns.
- Express non-judgmental views about the client's needs and concerns.
- Show an understanding of and empathy with the client's situation and concerns.
- Exhibit confidence and professional competence in addressing ARH issues
- Be genuinely open to an adolescent's question or need for information (ranging from "where is the toilet?" to "Should I use birth control?")
- Do not be judgmental in words or in body language that suggest disapproval of her/him being at the clinic, of her/his behavior, or of her/his questions or needs.
- Understand that the young person has various feelings of discomfort and uncertainty.
- Be reassuring in responding to the adolescent, making him or her feel more comfortable and confident.
- If sensitive issues are being discussed, help ensure that conversations are not overheard.

Barriers to communication

Even if the adolescent client and the service provider want to communicate there can be some situations which prevent an easy communication process.

Barriers to communication are:

- Too much noise and distraction
- Lack of privacy
- Inability to make the adolescent feel comfortable
- Use of medical terms-complicated, unfamiliar words for the adolescent

- Too much information given
- Own perception, beliefs and values clash with the adolescent's needs
- Not enough time devoted with the adolescent client to elicit complete history and provide services
- No follow up services

How to deal with difficult situations when communicating with the Adolescent Client

The following are some situations that require appropriate handling:

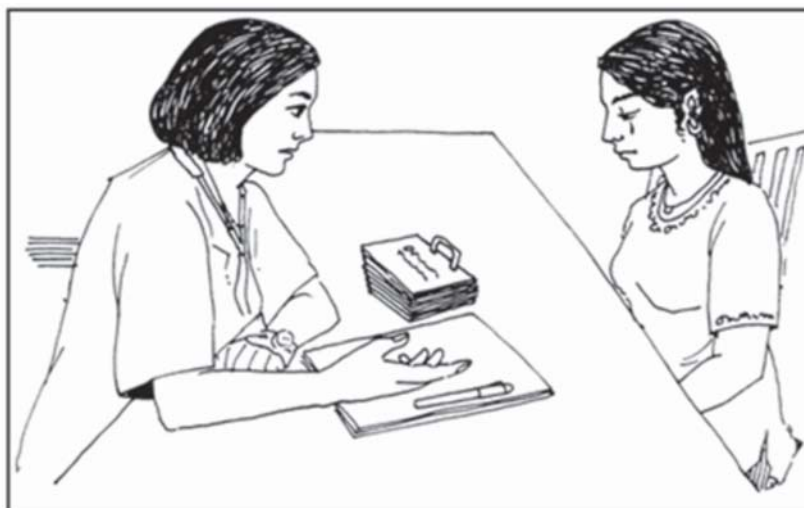
- If the adolescent is silent: Silence can be a sign of shyness or may signify anger or anxiety.
 - ☐ "If it occurs at the beginning of a session, the provider can say, "I realize it's hard for you to talk. This often happens to people who come for the first time."
 - ☐ "If s/he seems angry, the counsellor can say, "Sometimes when someone comes to see me against her/his will and doesn't want to be here, it is difficult to speak."

Is that what is going on?"

- ☐ "If the client is shy, the provider can legitimize the feeling by saying, "I'd feel the same way in your place. I understand that it's not easy to talk to a person you've just met."
- ☐ "If the adolescent has difficulty expressing her/his feelings or ideas, the counsellor can use some brochures or posters to encourage discussion or refer to a story or anecdote so the adolescent can talk about others rather than her/himself."
- ☐ "If the adolescent cannot or will not talk, the counsellor should propose another meeting."
- Crying: The counsellor should try to evaluate what provoked the tears and assess if it makes sense in the given situation.
 - ☐ "If the client is crying to relieve tension, the counsellor can give the adolescent permission to express her/his feelings by saying, "It's okay to cry since it's the normal thing to do when you're sad."
 - ☐ "If the client is using crying as manipulation, the counsellor can say, "Although I'm sorry you feel sad, it's good to express your feelings."

Handout

3



Communicating with Adolescent

- ☐ “If the crying is consistent with the situation, the counsellor should allow her/him to freely express emotions and not try to stop the feeling or belittle its importance.
- Threat of suicide: All suicide threats or attempts must be taken seriously. It is essential to determine if attempts were made in the past, if s/he is really considering suicide, and the reasons for doing so-or if it's something said without thinking.
 - ☐ “It is best to refer the adolescent to a psychiatrist or psychologist and accompany her/him to the appointment.
- Refusal of help: The counsellor should discreetly try to find out why the adolescent feels this way.
 - ☐ “If the client has been sent against her/his will, the counsellor can say, “I understand how you feel. I’m not sure I can help you, but maybe we could talk for a minute and see what happens.”
- Need to talk: Challenges in counselling may also include a situation where the client is very vocal and wants an outlet to express other concerns that may not be directly related to the immediate counselling need as perceived by the service provider.
 - ☐ Give the client the opportunity to express her/his needs and concerns. If you cannot help the client, show that you are listening to the concerns that s/he is trying to express. When possible, direct the client to someone who can help with the problem.
 - ☐ “The counsellor may say, “I can see that you are very concerned about this problem. I wish that I could do something to help you. Have you discussed this with . . .”
 - ☐ “If you cannot help the client or direct her/him to someone who can

provide assistance, then demonstrate care and concern about the client's problem.

Verbal/Non-verbal Communication

Health care providers need to explore the many different nonverbal and verbal behaviours they use when communicating with adolescents.

Sometimes, without realizing it, providers communicate one message verbally, while communicating the opposite message nonverbally.

Nonverbal communication is a complex and often unconscious mixture of actions, behaviours, and feelings, which reveal the way we really feel about something. Nonverbal communication is especially important because it communicates to clients the level of interest, attention, warmth, and understanding we feel towards them.

Positive nonverbal cues include:

- Leaning toward the client.
- Smiling without showing tension.
- Facial expressions which show interest and concern.
- Maintaining eye contact with the client.
- Encouraging supportive gestures such as nodding one's head.

Negative nonverbal cues include:

- Not making or maintaining eye contact.
- Glancing at one's watch obviously and more than once.
- Flipping through papers or documents.
- Frowning.
- Fidgeting.
- Sitting with the arms crossed.
- Leaning away from the client.

What is Counselling?

It is face to face communication between two or more people in which one person helps the other to make a decision and then act upon it. :

- It is two way communication and the counsellor listens patiently to the clients' thoughts / fears / misconceptions / problems without being judgmental.
- Takes into account psycho-social, emotional and spiritual needs of the client

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- Is strictly confidential
- Information given to the client is full and accurate
- Helps the client to make decisions for himself or herself

The purpose of counselling the adolescent on Sexual and Reproductive Health issues are to help the adolescent to:

- Exercise control over her/his life.
- Make decisions using a rational model for decision-making.
- Cope with her/his existing situation.

Achieving control over behaviour, understanding oneself, anticipating consequences of actions, and making long-term plans are characteristics of maturity-one of the goals of adolescent counselling.

The GATHER approach for counseling

Greet the adolescents

- put them at ease, show respect and trust
- emphasize the confidential nature of the discussion

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 own words
- show respect and tolerance to what they say and do not pass judgement
- actively listen and show that you are paying attention through your looking
- encourage them through helpful questions

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 your language simple, repeat important points and ask questions to check if the important points are understood
- provide the important information in the form of a leaflet if possible that they can take away

Help them to make decisions

- explore the various alternatives
- raise issues they may not have thought of
- be careful of letting your own views, values and prejudices influence the advice you give
- ensure that it is their own decision and not one that you have imposed
- help them make a plan of action

Explain any misunderstandings

- ask questions to check understanding of important points
- ask the person to repeat back in their own words and key points

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 if they need help

Tips for Effective Communication with the Adolescents

Several techniques help assure good communication with adolescents: Create a good, friendly first impression

- Start on time; don't make the client wait.
- Smile and warmly greet the adolescent client.
- Introduce yourself and what you do.
- Ask her/his name and what s/he likes to be called.

Establish rapport during the first session

- Face the adolescent, sitting in similar chairs.
- Use the adolescent's name during the session.

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- Demonstrate a frank and honest willingness to understand and help.
- Begin the session by allowing the adolescent to talk freely before asking directive questions.
- Congratulate the adolescent for seeking help.

Eliminate barriers to good communication

- Avoid judgmental responses of body or spoken language.
- Respond with impartiality, respecting the adolescent's beliefs, opinions, and diversity or expression regarding her/his sexuality.

Use "active listening" with the client

- Show your sincere interest and understanding and give your full attention to the client.
- Sit comfortably; avoid movements that might distract the adolescent.
- Put yourself in the place of the adolescent while s/he speaks.
- Assist the client to be more aware of the problem without being intrusive or taking away her/his control over the issue.
- Observe the tone of voice, words used, and body language expressed and reflect verbally to underscore and confirm observed feelings.
- Give the adolescent some time to think, ask questions, and speak. Be silent when necessary and follow the rhythm of the conversation.
- Periodically repeat what you've heard, confirming that both you and the adolescent have understood.
- Clarify terms that are not clear or need more interpretation.
- Summarize the most relevant information communicated by the adolescent, usually at the end of a topic.

Provide information simply

- Use an appropriate tone of voice.
- Speak in an understandable way, avoiding technical terms or difficult words.
- Understand and use where appropriate the terms/expressions adolescents use to talk about their bodies, dating, and sex.
- Use short sentences.
- Do not overload the adolescent with information

- Provide information based on what the adolescent knows or has heard.
- Gently correct misconceptions.
- Use audiovisual materials to help the adolescent understand the information and to demonstrate information in more concrete terms.

Ask appropriate and effective questions

- Use a tone that shows interest, attention, and friendliness.
- Begin sessions with easy questions, gradually moving up to more difficult questions.
- Try not to take notes except in a structured interview that has an established order for special cases.
- Ask a single question and wait for the response.
- Ask open-ended questions that permit varied responses and require thought. Allow for explanations of feelings or concerns.

Examples: “How can I help you?”, “What’s your family like?”

- Ask in-depth questions in response to a previous question and to solicit more information.

Example: “Can you explain that better?”

- Ask the same question in different ways if you think the adolescent has not understood.

How to Counsel on Sexuality?

Sexuality means different things to different people. Many people equate mating, being able to reproduce and common sexual behaviour (romance, kissing, physical relations, provocative behaviour, marriage) with sexuality.

Sexuality is a very broad term, which includes the sum total of a person’s personality, thinking and behaviour towards sex. It includes the identity, emotions, thoughts, actions, relationships, affection, feelings that a person has and displays. The negative aspects of sexuality also exist and include sexual coercion, eve teasing, sexual harassment, rape and prostitution.

Communicating and counselling with adolescents about sexuality can be challenging because it is a sensitive topic about which adolescents often feel emotional, defensive, and insecure.



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Good communication and counselling about sexuality requires:

- Considering the adolescent's age and sexual experience.
- Demonstrating patience and understanding of the difficulty adolescents have in talking about sex.
- Assuring privacy and confidentiality.
- Respecting the adolescent and her/his feelings, choices, and decisions.
- Ensuring a comfort level for the adolescent to ask questions and communicate concerns and needs.
- Responding to expressed needs for information in understandable and honest ways.
- Exploring feelings as well as facts.
- Encouraging the adolescent to identify possible alternatives.
- Leading an analytical discussion of consequences, advantages, and disadvantages of options.
- Assisting the client to make an informed decision.
- Helping the adolescent plan how to implement her/his choice.

Adolescents must often make significant decisions on the following sexual and/or reproductive health matters:

- How to discourage and prevent unwanted sexual advances?
- Whether to engage in sexual relations or not. If yes, when?
- How to prevent pregnancy and STI/HIV.
- Whether to conceive a child or not? If yes, when?
- Whether to continue or terminate a pregnancy?
- What kind of antenatal care to seek and where to go?
- How to deal with sexual abuse and/or violence?

Most of these decisions can be worked through during counselling sessions that follow the described approaches. Sexual abuse and violence are more difficult and require additional help.

Counselling in Cases of Sexual Abuse and/or Violence

Sexual abuse is any sexual activity carried out against a person's will.

Often, sexual abuse is perpetrated by an adult, whether by deceit, black mail, or force, against a child or someone not mentally or physically mature enough to understand or prevent what is happening. Sexual abuse has a significant impact on an adolescent's health, mental state and life in general. It can cause serious future sexual and reproductive health problems.

If violence is associated with the abuse, even more severe physical and emotional problems can result. Refer such cases to PHC/CHC.

The objectives of the counselling session addressing sexual abuse are:

- Provide psychological and emotional support.
 - ☐ "Be understanding but not pitying.
- Help the adolescent to not feel guilty.
 - ☐ "Explore feelings of guilt.
 - ☐ "Tell the adolescent s/he is not responsible for what happened.
- Help the adolescent recover her/his sense of self-esteem.
 - ☐ "To regain self-confidence.
 - ☐ "To trust others.
- Counteract anxiety or depression.
- Refer her/him to a doctor.
 - ☐ "Explain why it is necessary to do so.
 - ☐ "If possible, accompany the adolescent to the referral appointment.



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Annexure - 1 Clinical Skills

Adolescents are different individuals so when they are dealt with in a clinic the methods have to be different than what we use for a 6 year old child or a 36 year old adult.

WHO has developed an easy method of dealing with an adolescent client. This includes some initial steps to make rapport and elicit history using a well established method. Several common clinical conditions have been described in the form of clinical algorithms. This section describes these methods of history taking and introduces the patterns used in algorithms.

The following paragraphs describe the important issues in first clinical interactions with an adolescent client.

1 Development of your adolescent clients/patients

What you should be aware of:

1. Adolescence is a phase in life during which major physical, psychological and social changes occur. As they encounter these

c h a n g e s , adolescents have many questions and concerns about what is happening to their bodies. In many p l a c e s , adolescents are unable to share their questions and concerns, and to seek answers from competent and caring adults.



2. While adolescence is generally considered as a healthy time of life, it is also a period when many behaviours that negatively affect health both during adolescence and later in life, start. Furthermore, many adolescents die every year – mostly from unintentional injuries (e.g. car crashes), intentional injuries (suicide and interpersonal violence) and pregnancy-related causes.
3. Health workers like you have important contributions to make in helping those adolescents who are well to stay well, and those adolescents who develop health problems get back to good health. You can do this through:
 - providing them with information, advice, counselling and clinical services aimed at helping them maintain safe behaviours and


modify unsafe ones (i.e. those that put them at risk of negative health outcomes);

- diagnosing/detecting and managing health problems and behaviours that put them at risk of negative health outcomes; and referring them to other health and social service providers, when necessary.

Health workers like you have another important role to play – that of change agents in your communities. You could help community leaders and members understand the needs of adolescents, and the importance of working together to respond these needs.

2 Establishing rapport with your adolescent clients/patients

What you should be aware of:

1. Some adolescents may come to you of their own accord, alone or with friends or relatives. Other adolescents may be brought to see you by a parent or another adult. Depending on the circumstances, the adolescent could be friendly or unfriendly with you. Also, depending on the nature of the problem or concern, the adolescent could be anxious or afraid.
2. Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouses are also present.

What you should do:

1. Greet the adolescent in a cordial manner.
2. Explain to the adolescent that:
 - you are there to help them, and that you will do your best to understand and respond to their needs and problems;
 - you would like them to communicate with you freely and without hesitation;
 - they should feel at ease and not be afraid because you will not say or do anything that negatively affects them;

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- you want them to decide how much they would like to involve their parents or others;
 - you will not share with their parents or anyone else any information that they have entrusted you with, unless they give you the permission to do so.
3. If the adolescent is accompanied by an adult, in their presence, explain to the accompanying adult that:
- you want to develop a good working relationship with the adolescent. At some stage you may need some time to speak to the adolescent alone.

3 Taking a history of the presenting problem or concern

What you should be aware of:

1. Many adolescent health issues are sensitive in nature.
2. When asked by health workers about sensitive matters such as sexual activity or substance use, adolescents may be reluctant to disclose information because of fears that health workers may scold or mock them.

What you should do:

1. *Start with non-threatening issues:* Start the clinical interview with issues that are the least sensitive and threatening. The *Adolescent job aid* algorithms contain many direct questions that health workers need to ask to determine classification and subsequent management. However, if you were to ask an adolescent, “Are you sexually active?” without first establishing rapport, the likelihood of obtaining any answer, let alone a true answer will be low. It is usually best to start with some introductory questions (e.g. about the adolescent’s home situation) before proceeding to more sensitive topics such as sexual and reproductive health. Then when one is ready to commence questioning about sexual and reproductive health, it is best again to start with the most non-threatening questions before proceeding to the more sensitive ones.
2. *Use the third person (indirect questions)* where possible: It is often best to ask first about activities of their peers and friends rather than directly about their own activities. For example, rather than ask an adolescent directly, “Do you smoke cigarettes?” you could ask, “Do any of your friends smoke?” If the adolescent replies, “Yes”, you could then ask, “Have you ever joined them?” This can lead to other questions such as, “How often do you smoke?” etc.
3. *Reduce the stigma around the issue by normalising the issue:* An adolescent who has an unwanted pregnancy or a sexually transmitted infection may feel embarrassed or even ashamed. You can reduce the stigma around the issue by saying to the adolescent that, “I have treated a number of young people with the same problem you have”.

What you should be aware of:

Even with adequate training, many health workers are uncomfortable discussing sensitive matters with anyone, whether adults or adolescents.

Handout for ANMs/LHVs Orientation

What you should do:

1. The first step in dealing with this is being aware of the issue, and then trying to overcome it. It may be useful to reflect that your discussions with the adolescents, although uncomfortable, will help you identify their needs and address their problems. It may also be useful to discuss your thoughts and feelings with a colleague.

2. Learn as you go along. In the beginning, you may use the questions listed in the *Adolescent job aid* as they are written. With time you may choose to modify them, using words and phrases that you are more comfortable with and a more relaxed conversational style. You will also find that you



will get faster with practice, and will learn which issues to spend time on, and which other issues you can address quickly.

4 Going beyond the presenting problem or concern

What you should be aware of:

1. When adolescents seek help from a health worker, they tend to volunteer information about the health problem that seems most important to them (i.e. the presenting complaint). They may have other health problems and concerns but may not say anything about them unless directly asked to do so. In such a situation, the health worker is likely to deal with the presenting complaint only (e.g. fever and cough) and go no further thereby missing other existing problems.
2. Further, adolescents may not volunteer information about a health problem or concern because they may be embarrassed or scared to do so, or because they may not be comfortable either with the health worker or the situation they are in.

What you should do:

You could consider using the HEADS assessment which could assist you to:

- detect health and development problems that the adolescent has not presented with;
- detect whether the adolescent engages in behaviours that could put one at risk of negative health outcome (such as injecting drugs or having unprotected sex);
- detect important factors in their environment that increase the likelihood of their engaging in these behaviours.

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In this way, you would get a full picture of the adolescent as an individual and not just a case of this or that condition. It would also identify the behaviours and the factors in the adolescent's environment to address – yourself and in conjunction with other health and social service providers.

The HEADS assessment is structured so that you can start the discussion with the most non-threatening issues. It starts by examining the home and the educational/employment setting. It then goes on to eating, and then to activities. Only then does it deal with more sensitive issues such as drugs, sexuality, safety and suicide/depression. See the listing of “Information that can be obtained from a HEADS assessment” towards the end of this part of the *Adolescent job aid*.

HEADS is an acronym for

- **H**ome
- **E**ducation/**E**mployment
- **E**ating
- **A**ctivity
- **D**rugs
- **S**exuality
- **S**afety
- **S**uicide/**D**epression

If time does not permit you to do a full HEADS assessment, you will need to prioritize which sections of the HEADS assessment to do. You may choose to prioritize the sections which are most related to:

- Presenting complaint:

If an adolescent presents with an injury after a fall while drinking alcohol, you may prioritize the “Drugs” section of the HEADS assessment. and/or

- Important health issues in your local area:

If you are working in an area of high HIV prevalence you may prioritize the “Sexuality” section of the HEADS assessment.



5 Doing a physical examination:

What you should be aware of:

1. Provide privacy if you need to examine an adolescent.
2. Some items in a physical examination are unlikely to cause embarrassment (e.g. checking the conjunctivae for anaemia); however, some other items are likely to do so (e.g. checking the vagina for the presence of abnormal discharge).
3. If adolescent looks seriously ill or has an intention to harm himself/herself or others or has done so in past refer to a doctor.

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Information that can be obtained from a HEADS Assessment	
Home	Where they live With whom they live Whether there have been recent changes in their home situation How they perceive their home situation
Education/Employment	Whether they study/work How they perceive how they are doing How they perceive their relation with their teachers and fellow students / employers and colleagues Whether there have been any recent changes in their situation What they do during their breaks
Eating	How many meals they have on a normal day What they eat at each meal What they think and feel about their bodies
Activity	What activities they are involved in outside study/work What they do in their free time – during week days and on holidays Whether they spend some time with family members and friends
Drugs	Whether they use tobacco, alcohol, or other substances Whether they inject any substances If they use any substances, how much do they use; when, where and with whom do they use them
Sexuality	Their knowledge about sexual and reproductive health Their knowledge about their menstrual periods Any questions and concerns that they have about their menstrual periods Their thoughts and feelings about sexuality Whether they are sexually active; if so, the nature and context of their sexual activity Whether they are taking steps to avoid sexual and reproductive health problems Whether they have in fact encountered such problems (unwanted pregnancy, infection, sexual coercion) If so, whether they have received any treatment for this Their sexual orientation
Safety	Whether they feel safe at home, in the 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 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

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Sexual and reproductive health assessment

Here is an example of how a health worker may do a sexual and reproductive health assessment.

Menstrual history

- Have your periods started yet? If so, how old were you when your periods started?

Pain during the periods

- Do you have pain with your periods?
- Does the pain prevent you from carrying out your daily activities?
- What do you do to ease the pain?

Excessive bleeding during the periods

- How many days do your periods last when they come?
- How many pads (or equivalent) do you use a day?

Regularity of the periods

- Are your periods regular? Do your periods come at the same time every month?
- How many days are there normally between your periods?

Knowledge about sexuality

- Have you learned about sexuality at school, at home or elsewhere?

Note: Probe to find out whether the adolescent is knowledgeable about basic anatomy and functioning, menstruation, pregnancy and contraception, and sexually transmitted infections. Do this using questions tailored to the age, level of development and circumstances of the adolescent.

Sexual activity

- Depending on the context, ask whether their friends have boyfriends/girlfriends, and then whether they do so themselves.
- Again depending on the context, ask whether their friends have had sex, and then whether they have done so themselves. (Be aware that the word “sex” may mean different things to different adolescents. Probe about penetrative sex, e.g. “Does he touch your genitals only?” and “Does he put his penis in your vagina/mouth?”)

Pregnancy and contraception

- Do you know how one could get pregnant?
- Do you know how one could avoid getting pregnant?
- Are you currently trying to get pregnant?
- Are you currently trying to avoid getting pregnant?
- If so, what do you do to avoid getting pregnant?
- Do you know about contraceptive methods?
- If so, do you use any contraceptive method?
- Have you had sex in the last month?
- Is your period delayed? Have you missed a period?
- Do you have any of the following symptoms of pregnancy: nausea or vomiting in the morning, and swollen and sore breasts?
- When was the last time you had sex?

If sexually active... Sexually transmitted infections

- Do you know what a sexually transmitted infection is?
- Do you do anything to avoid getting a sexually transmitted infection?
- Do you know about condoms? Do you use them when you have sex? If so, do you use them always? If not, why not? Where do you get condoms?
- How many sexual partners have you had in last three months?
- Have you ever had an infection: genital sore, ulcer, swelling or discharge?
- If so, have you received any treatment for this?

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Annexure 2: Role Play

Scenario 1
<p>A 13-year-old girl comes to your health centre with her mother because she feels some white discharge come out of her private parts which stains her salwar. She also has a lot of pain during her periods.</p> <p>How will you counsel the client?</p>
Scenario 2
<p>A 16-year-old married adolescent girl, with a three month-old baby wants to postpone her next pregnancy. Her sister uses oral contraceptive pills and likes that method very much. She says she wants to use it.</p> <p>How will you counsel the client?</p>
Scenario 3
<p>A young couple accompanied by the husband's mother, comes to see you. They have been married for 3 months. The wife is 17 years old. The mother-in-law insists that they should have a child as soon as possible as she wants a grandson. The couple wants to postpone pregnancy for at least 2 years.</p> <p>How will you counsel the client?</p>
Scenario 4
<p>A 16-year-old adolescent boy comes to the clinic because sometimes he has felt and seen some thick fluid come out of his penis at night while sleeping.</p> <p>How will you counsel the client?</p>

Annexure 3: Observer Roleplay Checklist

TASK	PERFORMED	
	YES	NO
Nonverbal Communication		
Friendly/ welcoming/ smiling?		
Non-judgemental/ empathetic?		
Listens/attentive/ nods head to encourage and acknowledge client's responses?		
Allows client enough time to talk?		
Verbal Communication		
Greets client		
Asks clients about themselves <ul style="list-style-type: none"> Obtaining history <ul style="list-style-type: none"> <input type="checkbox"/> name, age, address, married/unmarried <input type="checkbox"/> basic medical information <input type="checkbox"/> family history <input type="checkbox"/> menstrual history (for girls) <input type="checkbox"/> social habits (smoking, alcohol, tobacco, gutka) <input type="checkbox"/> number of children, if married <input type="checkbox"/> contraceptive use (now and/or in the past) <input type="checkbox"/> asks client about her/his problem 		
Tells clients about their choices/options.		
Helps clients choose		
Explains what to do		
Counsels to return for follow-up		
Language was simple and brief		
<p>What did you learn from observing this role play?</p> <p>Please record your comments/observations for feedback to participants (both positive and negative):</p>		

Adolescent-Friendly Health Services

CONTENTS

1. What health services do adolescents need?
2. Characteristics of adolescent-friendly health services
3. How are services best delivered to adolescents?
4. Adolescent Immunization Schedule
5. Life Skills
6. Gender Issues

Handout 4

What health services do adolescents need?

Adolescents have in many surveys expressed their views about what they want from health services. They want a welcoming facility, where they can “drop in” and be attended to quickly. They insist on privacy and confidentiality, and do not want to have to seek parental permission to attend. They want a service in a convenient place at a convenient time that is free or at least affordable. They want staff to treat them with respect, not judge them. They want a range of services, and not to be asked to come back or referred elsewhere. Of course, those who plan and provide services cannot only think about the wishes of adolescents - services must be appropriate and effective, and they must be affordable and acceptable for the community.

However, services for this age group must demonstrate relevance to the needs and wishes of young people. Health services play a critical role in the development of adolescents when they:

- Treat conditions that give rise to ill health or cause adolescents concern;
- Prevent and respond to health problems that can end young lives or result in chronic ill health or disability;
- Support young people who are looking for a route to good health, by monitoring progress and addressing concerns;
- Interact with adolescents at times of concern or crisis, when they are looking for a way out of their problems;
- Make links with other services, such as counselling services, which can support adolescents.

Young people in crisis need counselling and community support beyond what health services alone can offer. This support comes from parents, families, teachers, trained counsellors, religious or youth leaders and other adults and from their own peers. However, if these links break down, early signs of crisis may become apparent during contact with health services.

Health-care staff needs to be sensitive to signs of anxiety, and know how to deal with young people in crisis, or where to refer them. Services also need to include information and education to help adolescents to become active participants in their own health.

Programmes monitoring growth and development should provide a golden opportunity for adolescents to request help and for health-care staff to give them information. However, such programmes are rarely provided at school and even when health checks do take place, they seldom give young people this kind of opening.

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1. Health services can help to meet adolescent needs, only if they are part of a comprehensive programme. Adolescents need:
 - A safe and supportive environment that offers protection and opportunities for development;
 - Information and skills to understand and interact with the world;
 - Health services and counselling
 - to address the health problems and deal with personal difficulties.
2. Health service providers cannot meet all these needs alone. They can join or create networks that act together and maximise resources.
3. There is no single “fixed menu” suitable for every region. Each district/ state must develop its own package, according to economic, epidemiological and social circumstances.
 - A package of basic health services must be tailored to local needs.
 - Reproductive health services and counselling are a high priority in most places.
 - Information and counselling are important elements to support adolescents.

Principles of adolescent Health care services

1. Availability
2. Accessibility
3. Approachability
4. Acceptability
5. Appropriateness
6. Affordability

Characteristics of adolescent-friendly health services

Adolescent-friendly programmes/policies

- Adolescents are involved in programme design.
- Both boys and girls are welcomed and served.

- Married/unmarried clients are welcomed and served.
- Parental involvement is encouraged.
- Services are well promoted in areas where adolescents gather.
- Linkages are made with schools, youth clubs and other adolescent-friendly institutions.
- Alternative ways to access information, counselling and services are provided.

Adolescent-Friendly Health Services Providers(s)

- Trained staff on adolescent issues.
- Respectful and empathetic staff.
- Maintains privacy and confidentiality.
- Non-judgemental, considerate, easy to relate and trustworthy staff.
- Good interpersonal and communication skills.
- Provides information and support to enable each adolescent to make free choices for his or her needs.
- Adequate time is given for client-provider interaction.

Adolescent-friendly health centre

- Easy and confidential registration of clients.
- Convenient hours.
- Convenient location.
- Adequate space.
- Sufficient privacy.
- Short waiting time.
- Comfortable surroundings.
- Affordable fees are available.
- Wide range of services is offered or necessary referrals are available.
- Adequate supply of medicines, equipment are available for basic services and necessary procedures.

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- Drop-in clients are welcome and appointments are arranged rapidly.
- Waiting time is short.
- Educational material is available on site.

How are services best delivered to adolescents?

Adolescent-friendly health services can be delivered in hospitals, at health centres, in schools, or in community settings. They may be planned from above or started by groups of dedicated healthcare professionals who see that the needs of adolescents are not being met, and who believe that services can be more effective. This section gives examples in a range of different settings. This will also help ANMs/LHVs know the kind of services that can be provided by other providers or people away from her PHC or Sub-centre.

Services at health centres or hospitals

Basic health services are usually delivered at ordinary health centers and there is no reason why this should not also meet the needs for many adolescents. One important task is to train and support staff in this setting, to improve skills and to develop an empathetic approach, so that young people are willing to attend. These skills can be sustained through regular post-qualification training, and through a system of clinical protocols and guidelines, together with peer assessment and good quality supervision and management. Privacy may be improved by holding special sessions outside normal opening hours, by creating a separate entrance for young people or by improving confidentiality once inside. A number of hospitals have developed specialist adolescent services or clinics in outhouses or as part of the main building. Hospital based services have skilled specialists on site and can offer a full range of medical services. However, they are limited to centres of population, and may be constrained by competing demands for funds.

Services located at other kinds of centre

Because some adolescents are reluctant to visit health facilities, services can also be taken to places where young people already go. In youth or community centres, a nurse or doctor may hold special clinics, and peer educators can put young people in touch with relevant health or social support services. One advantage is that such centres are already used by adolescents so that they do not have to make a special effort to go there. One drawback is that a particular centre may only attract part of the adolescent population, being used mainly by boys or by girls or by one age group.

Outreach services

In both urban and rural areas there is a need to provide services away from hospitals and health centres, to reach out to young people who are unlikely to attend. Increasingly in towns and cities services are being provided in shopping malls, as well as in community or youth centres.

Some countries have promoted services on the Internet to catch the attention of young people who have access to computers. Adolescents in remote rural areas are often excluded from routine health services. Health-care workers from local centres can take mobile services to visit villages to reach adolescents over a wide area. Services provided in village halls can include screening and immunization with a discrete follow-up appointment service for those who need further treatment or counselling. Visiting health-care providers can also provide health education talks and materials aimed at young people.

Outreach services are also needed for adolescents who slip through the net although they may be geographically close to an existing health facility. Young people living on the streets find it difficult to access mainstream services but will respond to services targeted on this vulnerable client group. Such outreach services may be run from health clinics or provided by NGOs. Once contact is made with young people who are outside the system it is important to find a way to create links between the outreach team and mainstream services.

Health services linked to schools

Schools provide a natural entry point for reaching young people with health education and services. Schools are ideal places to screen for or treat a range of common illnesses, to provide vaccines such as booster tetanus shots, and for health and hygiene education. However, in practice this potential is seldom realized. Schools are short of resources and teachers have neither the training nor the equipment to deliver health education on top of their existing workload. To turn this around requires effective training to build the motivation and skills of staff, and may require outside support for sex education lessons. Some successful schemes train young people as peer educators in schools. As with outreach work, it is important to link school health services to local health services, so that students who need follow-up care receive it, and so that efforts are not duplicated.

It is also important to ensure that services provided at school have community support. Many head teachers are concerned that they will open themselves to criticism if they provide services for young people. Efforts among the school and community are required to ensure that such moves are supported. There is much evidence that parents welcome other responsible adults talking to their children about sensitive issues, as they often feel unable to deal with these issues at home.

School also play an important role in building life skills of adolescent through creating an enabling and supportive environments.

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Life Skills: Role of Health Sector

Background

Adolescents have numerous concerns and problems. Numerous such issues (Tobacco and Alcohol use, Early initiation of Sexual activity, Depression) are linked and may have common origins and driven by common “Risk Factors” (WHO). Most of these problems and concerns not only impact the adolescents as individuals but also have a significant Public Health Impact. It is increasingly being recognized that, since the problems may have common origins, we need to address the identified risk factors and holistically address the needs of the adolescents to make a dent on these and other public health indicators. It is important to recognize that many of the identified risk factors can be understood and their impact reduced or even neutralized by the skillful and well-informed adolescents.

Adolescents require Information and Skills

There is growing evidence that access to age and sex appropriate information and health and counseling services is necessary, but information alone is not sufficient to prevent the problems. In addition to these they need skills to use this information in order to remain healthy.

Safe and supportive learning environments, community support and opportunities for community service, values and a spiritual element to their lives. The adolescents and the communities should learn and practice life skills like Self Awareness, Critical thinking, Empathy, Coping with stress and emotions and practice improved Inter-personal relationship and Effective Communication among others.

Core life skills (WHO Model)

1. Self awareness is recognition of ‘self’, our character, our strengths and weaknesses, and desires and dislikes.

e.g: I get angry very soon/ I feel nervous when I have to talk to any authority/ I curse a lot/ I am always confident/ I must win in every game or I get upset etc.

Self –awareness is critical for developing a positive attitude towards life. Being aware of their weaknesses will make adolescents build a sense of self-esteem and self-confidence and be willing to learn more. This also helps them utilize the opportunities available to them in relation to their abilities.

2. Empathy is the ability to be sensitive to another person’s situation, to understand his/her concerns, worries, fears and needs and how they feel.
3. Critical thinking is the ability to analyze information and experiences in an objective manner. It can help us recognize and assess the factors

that influence our attitude and behaviour, such as media and peer pressure influences. e.g: When your friends ask you to try a drug, you think of the consequences objectively and make a decision to refuse the offer.

4. Creative thinking is the ability to generate new ideas by combining, changing, or reapplying existing ideas. It helps us to look beyond our direct experience, and to respond adaptively and with flexibility to situations in our daily lives. It helps us to look beyond our direct experience, and to respond adaptively and with flexibility to situations in our daily lives e.g: when your boy friend insists on intimacy, more than you are ready for, you think of a creative answer to get out of the situation. 'my mother will be here any minute', 'I have periods' etc.
5. Problem solving enables us to deal with constructively with problems that arise in our lives. e.g: When your friend demands sex, you think of the consequences of the various choices you have and consequences of each of the choice and arrive at a decision.
6. Decision making is choosing the best one out of the available choices and must or when one is trying to make up his/her mind as to what one wants and what is best. e.g: When you face peer pressure for risky behaviour, (to smoke/use drugs/alcohol/unsafe sex) you think of the consequence and make the best choice that can help you to be safe.
7. Inter personal relationship means being able to make and maintain friendly relationships, which can be of great importance to our mental and social well being. It may also mean being able to end relationships constructively. e.g: You like to go to the same shop/restaurant or any other due to personal service and friendly environment.
8. Effective communication is the ability to express the views, thoughts and feelings, both verbally and non verbally, in ways that are culturally acceptable. e.g: When you your friend insists on your going to a movie without informing your mother, you can assertively communicate that you do not want to do that.
9. Coping with Emotions is being aware of of the predominant emotion that preoccupies the mind at any point of time, how emotions influence behaviour and being able to respond to emotions appropriately e.g: some people have heart attack when they hear a very happy or sad news.
10. Coping with Stress means recognizing the sources of stress in our lives, recognizing how this affects us and acting in ways that help us control our levels of stress, by changing our environment or life style and learning how to relax. e.g: you are stressed because you do not like the way your father decides all the issues for you, without consulting you.

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Principles of life skills

- Life skills are inherently present in all of us. They need only to be sharpened/ polished regularly.
- Life skills are for 'self' and not for others.

This is because it is 'I' who, not being able to be positive & adaptive, can not face the opportunities and challenges of life effectively ! Others are not experiencing the same misery.

It does not mean that life skills do not benefit others. Whosoever acquires them, is going to benefit from them

- Self awareness is the mother of all life skills

If one acquires self awareness, all other life skills follow.

- Life skills work in pairs

That is why they are usually written in pairs

- Life skills are always used in combination
- Life skills are interdependent .They assist each other
- Life skills can be used positively as well as negatively. A thief also uses life skills to befool the people and steal the things! Often other people use life skills to take advantage of us while we do not use them at all or do not use them effectively.
- Different set of life skills is chosen to address the same situation by different people. That is why we find variations in decisions and diversity in outcomes
- One need to practice the life skills to acquire them
- Life skills are not the solution for all problems. It is only one of the ways. One needs to be educated, take care of his/ her need through livelihood options

How one develops Life Skills

Skills are learned best when students have the opportunity to observe and actively practice them. Teachers need to employ methods in the classroom that let young people observe the skills being practiced and then use the skills themselves.

Methods for building skills and influencing attitudes include the following

- Class Discussions

- Brainstorming
- Demonstration and Guided Practice
- Role play
- Small Groups
- Educational Games and Simulations
- Case studies
- Story Telling
- Debates
- Practicing Life Skills Specific to a Particular Context with Others
- Audio and Visual Activities, E.G., Arts, Musing, Theatre, Dance
- Decision Mapping or Problem Trees

Gender Issues

Gender issues should always be kept in mind while extending services to adolescents

Why does gender matter in adolescent health services?

Does gender really matter in adolescent health? Isn't questioning gender norms and roles against our culture? Isn't paying attention to gender issues the responsibility of others rather than the responsibility of health care providers? Aren't we doing enough by providing services to both girls and boys? Aren't there more pressing priorities than paying attention to gender issues? These kinds of misconceptions and expressions of resistance are commonplace among many health care providers. The fact is that if health care providers lack the skills to pay attention to gender issues while delivering health information and services to adolescents, the adolescent health programme will continue to fall short of serving the health needs of adolescents meaningfully and holistically.

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Box 1: Violence against girls in India

1 in 5 girls aged 15 - 19 who experienced sex before marriage were forced to engage in sex

1 in 3 married girls aged 15-19 had ever experienced emotional, physical or sexual violence perpetrated by their husband.

1 in 5 15-19 year-old girls had ever experienced physical violence since age 15, perpetrated by a family member or an acquaintance

2 in 5 women who were commercially sexually exploited were minor girls

Sources: IIPS and Macro International, 2007; Government of India, 2008; IIPS and Population Council 2010

Box 2: Gender norms, roles and relations

Gender norms refer to expectations or beliefs within a community about how people should act or think as females or males

Gender roles refer to social roles assigned to females or males

Gender relations refer to social relations between and among women and men

Box 3: Gender and access to health information

Awareness of sexual and reproductive matters differs widely between adolescent girls and boys

Gender norms and roles affect girls' and boys' access to health information differently because:

Girls have fewer chances than boys of completing secondary education and therefore, less likely to benefit from school-based life-skills education.

Girls are not as exposed as boys to any media

Delivery of health information through frontline health workers reaches more girls than boys currently

Many parents don't discuss SRH matters with their children

SUMMARY

- Adolescent-Friendly Reproductive and Sexual Health Services can be delivered in health centres, in the community, through outreach services or at school;
- Hospital or clinic based services can become more adolescent-friendly;
- Community settings include services provided at community or youth centres, in shopping malls or even over the Internet;
- Outreach services are needed in cities to contact adolescents who do not attend clinics and those, like street children, who are marginalized;
- Outreach services in rural areas can be devised to reach young people living in isolated communities
- Schools offer a critical entry point to bring services to young people who are in school;
- Young workers, including adolescents, can be reached with health education or screening services targeted on the workplace;
- Services can be located anywhere where young people go - no single setting should become the only model.

Sexual and Reproductive Health Concerns of Adolescent Boys & Girls

CONTENTS

1. What is Sexual and Reproductive Health?
2. Promoting sexual and reproductive health of adolescents
3. Menstruation
4. Male Reproductive System and its functions
5. Myths and truth about sexuality
6. How can health-care providers improve adolescents' access to sexual and reproductive health information and services?
7. Annexures
 - Case Studies
 - Surekha's Case Study
 - How to solve common problems related to menstruation & vaginal discharge

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Introduction

This module on Sexual and Reproductive Health concerns of adolescent boys and girls. It provides 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.

This module addresses the socio-cultural issues related to menstruation and masturbation while dealing with the myths and misconceptions related to them. It also explores the barriers that diminish the access of adolescents to sexual and reproductive health care information and services. This module is the backdrop in which adolescent-friendly health services in the next module are to be contextualized.

What is the meaning of of Sexual and Reproductive Health?

Sexual health

The term sexual health is used to describe the absence of illness and injury associated with sexual behaviour, and a sense of sexual well-being.

Sexuality influences thoughts, feelings, interactions and actions among individuals, and motivates people to find love, contact, warmth and intimacy. It can be expressed in many different ways and is closely linked to the environment in which people live.

Reproductive health

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

Therefore Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so. 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, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to access appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Promoting the Sexual and Reproductive Health of Adolescents

Adolescent concerns tend to revolve around the immediate future, while the concerns of adults are for the longer term.

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- 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 and concerns are, and the underlying reasons for this, may help adults 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 correct 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 can help adolescents make informed choices, giving them more confidence and helping them feel in more control of their lives.
- Health services can help healthy adolescents stay healthy, and ill adolescents get back to good health.
- As adolescents undergo physical, psychological and social change and development, a safe and supportive environment in their families and communities can enable them to undergo these changes in safety, with confidence and with the best prospects for health and productive adulthood.

It is worth stressing that adolescents are a diverse group. For example, a boy of 12 is at a very different stage of personal development than a boy of 18. Similarly, he is different in psychological and social terms from a girl of 12, in addition to obvious physical differences. Social circumstances can influence personal development; for example, the health and development of a boy of 12 who is part of a caring family is likely to be very different from those of a boy of the same age who is working and earning for himself and his family. Finally, even two boys of the same age, growing up in very similar circumstances, may proceed through adolescence in different ways, and at different “speeds”. The sexual and reproductive health service needs of adolescents are correspondingly heterogeneous. Adolescents who are not yet sexually active have different needs from those who are; sexually active adolescents in stable, monogamous relationships may have different needs from those in more casual relationships. Quite different needs characterise those faced with unwanted pregnancies or infection, or those who have been coerced into sex. It is important therefore to be aware of the diversity of sexual and reproductive health needs of adolescents, and to tailor our responses to their specific needs.

What is Menstruation?

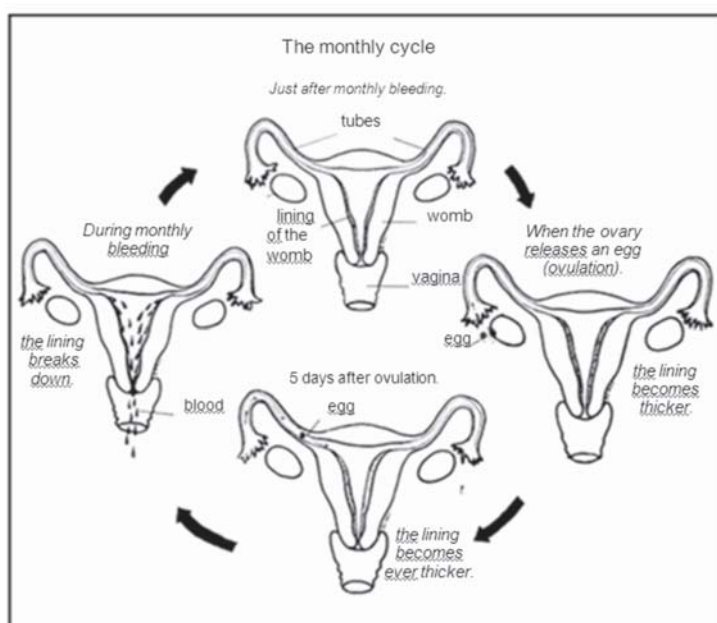
Menstruation is a natural body function. This is one of the processes, which prepares a girl's body to conceive a baby in the future. Menstruation is a sign that her reproductive system is functioning healthy and well.

The periods usually last 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 passes lots of blood or if periods last more than 7 days it may be considered 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 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. 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 or sometimes harmful for the growing girl.

Menstrual Cycle



Process of Menstruation

Menstruation (also called periods or monthly cycle because they occur every month), marks the onset of sexual maturity in girls. Menstruation is a normal body function. It usually begins (menarche) in 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 fertilised egg (which grows into a baby). This can

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happen if the egg meets a sperm. If the egg does not get fertilised 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. Average duration of bleeding is 4 to 5 days and estimated blood loss is between 50-80 ml in each cycle.

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.

What can the service provider do?

- Reassure the girls or/and their mothers that menstrual pattern will normalize after initial few years..
- If the problem continues after the initial few years, she should be referred to a lady doctor at the district women's hospital for investigation and treatment.

Pain with 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.

What can the service provider do?

- Reassure the girl that the pain will be relieved spontaneously in a day or two.
- Counsel her to keep doing her daily work, exercise and walk.
- If pain is unbearable refer to lady doctor who may give some pain killer.

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.

What can the service provider do?

- 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 continue doing her regular work and exercise.

Hygiene and cleanliness during menstruation

To maintain menstrual hygiene, girls can use cloth or sanitary pads. If using cloth, clean cotton cloth should be used to soak the menstrual blood. Cotton has a good absorbing capacity. A synthetic cloth should not be used as it may not absorb well and may cause skin reactions. If she 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 bacteria. After every period the washed and dried cloth should be stored in a clean bag in a clean place till the next period.

If pads are used, they should be wrapped in a paper bag and disposed. The girl should take a bath every day during menstruation.



Frequently Asked Questions (FAQs) about Menstruation

Ques 1 My periods are not regular. Why?

Ans Periods in the first few years after menarche may be irregular. This does not indicate any abnormality. The adolescent girl needs reassurance to be able

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to adjust to the periodicity. She needs to be told that it will normalise in the course of a few years. Emotional stress because of the cycles itself or otherwise needs to be addressed. The cycles are more likely to be longer than a month but in a few cases they may even be shorter or with no fixed pattern.

Ques 2 What if there is excessive or prolonged bleeding?

Ans Sometimes adolescent girls may experience heavy bleeding or it may last for a longer duration than the normal 3-5 days. This is likely to normalise as the cycles become regular and are accompanied by maturation of the egg. Excessive loss of blood may lead to anaemia which can be prevented or treated by dietary counselling and if required, iron supplementation. Treating worm infestation (if a common problem in the area) can help in preventing aggravation of anaemia.

Ques 3 Is scanty menstruation a matter of concern?

Ans The Amount of bleeding varies and is different from girl to girl. Even a lesser menstrual flow is normal especially if it is regular in occurrence and is not associated with any other problem. Reassuring the girl about her fertility is important.

Ques 4 How do I handle discomfort during periods?

Ans Young adolescent girls may face a few discomforts during menstruation.

The usual discomforts are:

- Severe/incapacitating pain or cramps in lower abdomen
- Swelling of feet, breast, face
- Weakness and exhausted feeling
- Backache
- Breast Discomfort
- Itching in genital area

Weakness, feeling of exertion, tiredness and headache may be due to lack of proper nutrition. Since adolescent girls are growing they need a nourishing diet, especially rich in iron, to make up for blood loss during menstruation. Lack of iron intake/absorption leads to anaemia. Itching may be due to lack of cleanliness. Daily bath and maintaining hygiene and use of clean cloth should be encouraged. Explanation of menstrual process, physical exercise and reassurance are important aspects of management.

If the pain interferes with the daily routine of the girl and is not improving with the above mentioned measures she should be referred to a doctor who may prescribe some pain killers initially.

Ques 5 Why do I feel so low few days before my periods begin?

Ans Seven to ten days before menstruation girls may experience:

- Irritability, restlessness
- Gastro intestinal tract upset - constipation, colon spasm
- Feeling of fullness in breasts, abdomen, face and feet
- Some weight gain of 1 to 1.5 kg

Most girls will benefit by reduction of salt intake, regular exercise and emotional support. Severe cases may need treatment and should be referred to a doctor.

Ques 6 Can I become pregnant?

Ans An adolescent girl can become pregnant any time after she starts having her periods. As a fully mature egg is not released in the first few years after menarche the likelihood of her conceiving is very less. However, adolescent girls must know that even a single act of sexual intercourse can lead to pregnancy. It is important for all adolescents to know that sexual activity without the use of a contraceptive carries with it the risk of getting pregnant.

In some parts of our country, girls are married before menarche and as soon as they attain menarche, the marriage is consummated and they are expected to bear a child. This may not happen, as the earlier cycles are not producing a mature egg. The family of the married adolescent and she herself will need reassurance and counselling to tackle the related social pressures of proving her fertility. Girls should not be married before 18 years of age in the first place.

Ques 7 Is it normal to have discharge from the vagina?

Ans A certain amount of discharge is normal during the middle of the cycle at the time of the release of the egg and a few days before the beginning of the periods. This discharge is clear and not foul smelling. It could be profuse and accompanied by itching if it is due to poor personal or menstrual hygiene. Care should be taken to exclude sexually transmitted infections, if there is history of sexual activity.

The Male Reproductive System and its functions

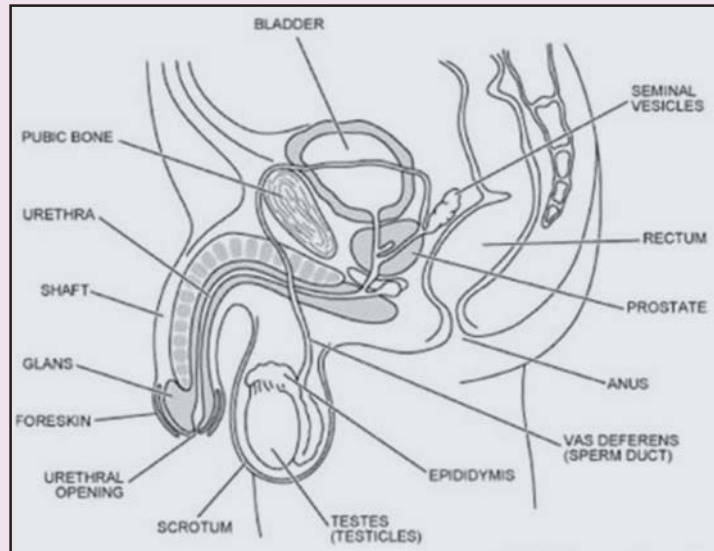
The male genital tract is designed to

- Produce sperm
- Store sperm
- Release sperm as required

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- Add regulatory components to sperm
- Add fluid (seminal fluid)

Male Reproductive Organs



- **Penis:** The male organ for sexual intercourse. Deposits sperm and semen in the female body through urethra, a thin, long tube passing through penis.
- **Scrotum:** The pouch located behind the penis which contains the testes, provides protection to the testes, controls temperature necessary for sperm production and survival.
- **Two Testes :** Two round glands lying in the scrotum which produce and store sperms from puberty onwards. They also produce the male sex hormone responsible for male characteristics and sexual performance.
- **Two Vas Deferens :** From each testis, a thin and long tube arises and is called vas deferens. Sperm are carried from each testis to the urethra by vas deferens.
- **Seminal Vesicles:** Two sac-like structures lying behind the urinary bladder, secrete a thick milky fluid that forms part of the semen.
- **Prostate gland:** A gland located in the male pelvis which secretes a thick milky fluid that forms part of semen.

The sequence of Events in Sperm Formation

Sperms spend their life in the male body in a continuous series of tubes. Certain secretions are released in the epididymus that alter the sperms environment and its surface characteristics, among other things. In preparation for ejaculation, the sperm leaving the epididymus enter the vasa efferentia. The sperm move

along each vas deferens and enter the vas deferens. As the sperm move along the vas deferens material are added to the sperm and to the extracellular fluid (forming semen) that surrounds them. The prostate gland and seminal vesicles add fluid and nutrients at the time of sperm ejaculation providing most of the volume of the ejaculate. This complex of fluid and sperm cells travels up the urethra to be released externally.

Glands and Secretions

Epididymus: stores sperm from somniferous tubules; adds secretions; adds surface glycoprotein to sperm.

Prostate gland & seminal vesicles: add fluid, nutrients, etc. at time of ejaculation of the semen.

Erection of Penis

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

Ejaculation

The release of semen from the penis after sexual excitement is called ejaculation. This may occur at night and is commonly called a 'wet dream'. The Hindi and Marathi word "Swapna dosh", indicates defect/fault. But it is a natural and normal phenomenon - not a fault.

During ejaculation, the urethra is closed to urination.

Night Falls (Wet dreams)

In adolescent boys, once sperm formation starts and semen is formed, it sometimes gets ejaculated during sleep even without sexual intercourse. This is called night fall and is a normal growing up process. In absence of its knowledge, it is of great concern and worry for boys.

There are a lot of myths and misconceptions related to night fall.

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.
- Wash undergarments everyday and dry in the sun.

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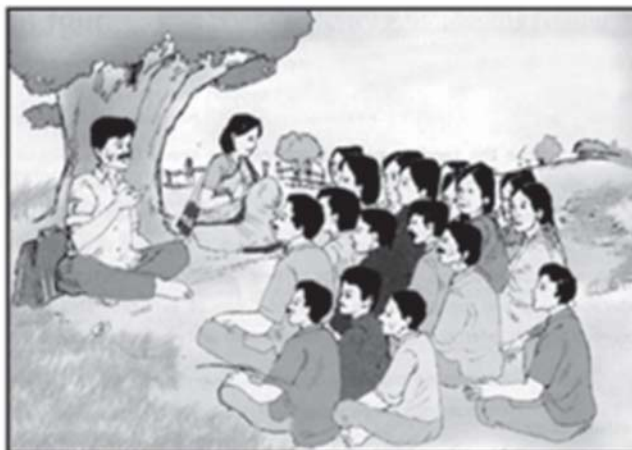
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What can health-care providers do to improve adolescents' access to sexual and reproductive health information and services?

Adolescents seek information and clues about sexual life from a variety of sources -parents, siblings, peers, magazines, books, the mass media, etc. Whilst they receive a great deal of information from diverse sources, not all of it is correct and complete. Many adolescents lack information concerning the physical changes that occur during adolescence, their implications, and how to take care of themselves. This is often because the subject of sexuality is a sensitive one in many societies. As a healthcare provider, you can be a valuable source of accurate information and support to the adolescents you serve. You can present them with facts, respond to their questions, and provide reassurance.

In many societies, parents and other community members are concerned that the provision of information on sexuality can do more harm than good. As a health-care provider, it is important that you are very well aware that this is not true. Failure to provide adolescents with appropriate and timely information represents a missed opportunity for reducing the incidence of unwanted pregnancy and STIs, HIV and their negative consequences.

Involving gatekeepers, teachers, AWW and peers for counselling adolescents



Handout 5



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Annexure 1: Case Studies

Case Study 1

Pain during Periods

Rupa is a 15-year-old girl. For the last three years, She has been having her periods every month. They come with a lot of pain and heavy bleeding which scares Rupa very much. Bimla, her friend, says she does not have pain and heavy bleeding. Rupa is very worried about her condition and has spoken to her mother about it. She gave Rupa a concoction to drink but it did not help her. Rupa thinks she has a deadly disease.

Discuss: What is Rupa's problem?
What can an ANM/LHV do for her?

Case Study 2

Missed Period

Meera is a 17-year-old girl. She has not been getting her periods for the last two months. She is scared that she might be pregnant. Meera does not have the courage to tell her mother as she thinks that her mother will kill her if she comes to know that Meera may be pregnant.

Discuss: What is the problem in this case?
What more information is required to understand Meera's problem better?

Case Study 3

Young Couple with FP needs

Baldev is an 18-year-old boy. He got married to Sudha, a 16-year-old girl, due to a lot of family pressure. They do not want a baby for three years or so but Baldev's mother is keen that they become parents at the earliest and 'settle down'. Baldev and Sudha are frustrated and are scared to have sex. They wish somebody would listen to them and understand their needs and tell them how they could postpone having their first baby.

Discuss: What is good about this case?
What are the problems in this case?
What can an ANM/LHV do to help Baldev and Sudha?

Case Study 4

Size of Breasts

Preeti is an 18 year old girl living in a small town in Punjab. She is thin and small built. Two weeks ago, preeti went with her friends to see the mela. Preeti wore a ghagra-choli. That day all the girls made fun of her and said that she did not look like a girl, as Preeti is flat chested, and that no boy would ever look at her. Preeti felt very bad and has been crying a lot since then. Preeti does not want to talk to her mother or her sister-in-law about it as she feels they will think she is a bad girl. Preeti keeps wondering why she is so abnormal and what will her future be like?

Discuss: What is Preeti suffering from?
What kind of a problem is this? What is the problem in this case?
How can it be addressed?

Case Study 5

Drug Addiction

Mohan is a 16 year old boy living in an urban slum in Delhi and feels very happy that he has met a friend, Sohan, whom he likes very much. They play football and go to the cinema together. Days ago, Mohan discovered that Sohan was smoking a bidi. Mohan is terrified about this, because he has heard that this drug could have serious consequences on one's health. Mohan is not easily led to do things he does not approve of. Mohan certainly knows that he would never use bidi or cigarette. His worry is that if his parents find out about what Mohan's friend is involved in, they will not permit him to be friends with Sohan any more. Mohan really does not want to lose Sohan as a friend. Mohan does not know if he can help Sohan stop using tobacco.

Discuss: What is the problem in this case?
What adolescent characteristic is reflected in this case?
What is good in this case?
What can be done in this case to help the two boys?

Case Study 6

Unsafe Abortion

Madhu is an 15 year old girl married to Hari, an 17 year old boy from a village in Uttar Pradesh. Six months after their marriage, Madhu became pregnant. Her husband and Madhu didn't want a child so soon, so she went to a village woman who does abortions. The village woman put in some kind of stick inside Madhu. Madhu bled a lot and since then she is not feeling well. Madhu has not told this to anyone in her family. When her mother-in-law gets to know of this she will get very angry. Now Madhu wants to know what to do?

Discuss: What is/are the problems in this case?
What can be done to help Madhu?

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Annexure 2: Case Study

Case Study - Surekha's case

Surekha, a 12-year-old girl, lived with two younger brothers and her parents in a small village. Hers was a middle-class family, and her parents cared for and loved their children very much. Surekha was a happy child.

One day, Surekha noticed that her underpants were feeling wet and uncomfortable. When she looked down at her dress, she noticed that it was splotted with blood. She was scared and did not know what was happening to her. She started crying.

Her mother asked her the reason for crying and when she told her condition, her mother signalled her to be quiet, sent her brothers to play outside the room and gave her a piece of cloth to use. She told Surekha that now you are a grown up girl so this will happen to you every month. Don't tell your condition to anyone. She said that now onwards she should not mix up with boys and behave properly.

That night Surekha went to bed with her mind in a whirl. She had many, many fears and questions about her condition but did not know whom to ask.

Next day the ANM came to the village. Surekha wanted to ask ANM about her problem but as other women were also standing nearby, she felt shy and was not sure how the ANM would react to her question.

Question 1

Why was Surekha so unprepared for this important event in her life?

What are the communication barriers in this case?

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Annexure 3: Problem Cards

Problem Cards	Diagnosis	Would you deal with it if such a case comes to you?
Kajal is a 14-year-old girl. She is worried since she has not started having her periods.	It is not a problem and most probably she will begin having periods soon.	Re-assure her, give iron supplement, if needed. Tell her to report if no periods by age 16.
Lakshmi is 16-year-old and has not started having her periods. She is very worried.	It is a case of primary amenorrhoea.	Refer her to a lady medical officer for investigation and treatment
Babita is 13 year old and has a lot of thin white discharge from her vagina	It is not a case of infection of reproductive tract and is a case of normal white discharge	Re-assure her that it is not an infection/disease normal at this age. Give some supplements like multi-vitamin, calcium, iron.
Saroj is 15-years-old unmarried girl who complains of foul smelling dirty discharge from the vagina, accompanied by itching in the genital region.	It is a case of RTI	Refer her to PHC for treatment of RTI, counsel her about menstrual/genital hygiene
Fatima is 12-year-old and has a lot of bleeding and pain abdomen during periods every month. She feels very weak.	It is a menstrual disorder which is common in girls esp when periods begin.	Re-assure her that it is not a disease, give symptomatic treatment for bleeding and pain, give iron supplement
Kamla is 16-years-old and she started her periods 4 years ago. She is anxious as she has not had her periods for last two months.	It is a case of amenorrhoea. It could be secondary amenorrhoea or pregnancy.	Counsel that girls of her age do miss their periods. Also explain and discuss if there is history of sexual contact, it could be pregnancy which can be detected by simple urine test. If not pregnant, refer her to a lady doctor for treatment of secondary amenorrhoea.

Nutritional Needs of Adolescents and Anaemia

CONTENTS:

1. Nutritional Needs of Adolescents
2. Nutritional Anaemia
3. Annexures
 - Case Studies for Healthy Eating
 - BMI Tabulations
 - Height for age charts

Handout 6

Growth and Development in Adolescence

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 health concerns for adolescents and their parents as well as health care workers.

Inadequate nutritional intake during adolescence can have serious consequences throughout the reproductive years and beyond. Poor nutrition during adolescence can impair the work capacity and productivity of adolescent boys and girls in their later years. Further, an undernourished girl is at the risk of developing complications during pregnancy and the chances of her giving birth to a low birth weight baby increases, thus perpetuating a vicious cycle of malnutrition and ill-health.

Major components of food

Major components of food include protein, fats, carbohydrates, minerals and vitamins which perform different functions.

Function of various food components

- Proteins are of greatest importance in nutrition. Proteins are required for bodybuilding and help in repair and maintenance of body tissues.
- Fats are high-energy foods and a source of energy. They also make the food more palatable and provide fat-soluble vitamins.
- Carbohydrates form the major component of most diets and are the main source of energy.
- Vitamins and minerals are required in small quantities. They do not yield energy but enable the body to use other nutrients and also play an important role in growth, repair and regulation of vital body functions.
- Requirements for iron and calcium are particularly increased in adolescence, due to rapid physical growth during adolescence.
- Calcium needs during adolescence are greater than they are in either childhood or adulthood because of rapid increase in lean body mass and skeletal growth
- Zinc is especially important in adolescence because of its role in growth and sexual maturation. Some sources of zinc are grains, nuts, meat, cheese and milk.

Balanced Diet

A balanced diet is one that provides all nutrients (carbohydrates, proteins, fats, vitamins and minerals) in required amounts and proportions for maintaining

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health and general well being and also makes a small provision for extra nutrients to withstand short duration of leanness. It can be achieved through a blend of four basic food groups, i.e. carbohydrates, proteins, fats, vitamins and minerals. As these are present in different types of food items like dals, chapati or rice, green vegetables, easily available fruits and milk it is important to eat these food items in the right mix everyday.

Recommended Dietary Allowance of Nutrients for adolescents in 24 hours						
	MALE			FEMALE		
	10-12 Yr	13-15 Yr	16-18 Yr	10-12 Yr	13-15 Yr	16-18 Yr
Energy (Kcal)	2200	2500	2700	2000	2100	2100
Protein (gms)	54	70	78	57	65	63
Calcium (Mg)	600	600	500	600	600	500
Iron (Mg)	34	41	50	19	28	30

Source: ICMR (1998)

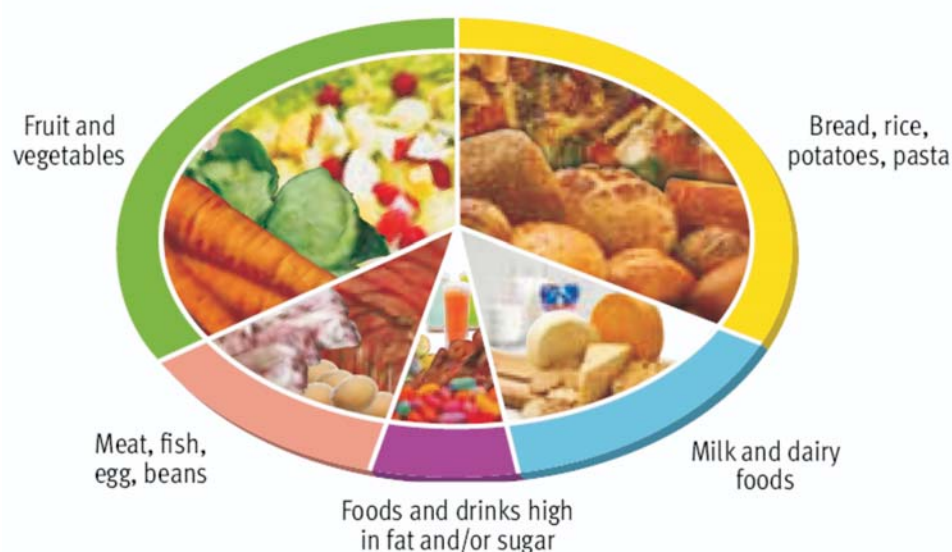
Eating right and nutritious food during adolescence

- Helps in achieving rapid growth and full growth potential
- Helps in timely sexual maturation
- Ensures adequate calcium deposition in the bones and helps in achieving normal bone strength
- Establishes good eating habits and sets the tone for a lifetime of healthy eating. This prevents obesity, osteoporosis (weak bones due to deficiency of calcium), and diabetes in later life.

Young girls who have inadequate nutrition do not grow well and become stunted women. Adolescent girls often suffer from anaemia because of poor consumption of iron rich foods and also due to worm infestation and frequent infections. Because of severe malnutrition and repeated illness, the growth spurt in early adolescence does not occur and a slower and prolonged pubertal growth period is seen in adolescents from lower socio-economic status. Hence, any damage to the body physiology during adolescence, which places extra nutritional demand on the body, like early pregnancy, is detrimental as growth this still to be attained. Adolescent mothers are more likely to deliver low birth babies. Due to poor milk production the infant may not be able to gain enough weight and remain malnourished. If these babies are girls, they are likely to continue the cycle by being stunted in adulthood, and so on, if something is not done to break this cycle. Support is needed for nutrition at all stages - infancy, childhood, adolescence and adulthood.

Balanced Diet

Balanced food intake across food groups



Nutritional Anaemia

The need for iron increases with rapid growth and expansion of blood volume and muscle mass. As boys gain lean body mass at a faster rate than girls, they require more iron than girls. The onset of menstruation imposes additional needs for girls. Adolescents should be encouraged to consume iron rich foods (green leafy vegetables, jaggery, meat) complemented with a Vitamin C source like Citrus fruits (oranges, lemon) and Indian gooseberry (Amla). Adolescent girls need additional requirement of Iron to compensate for menstrual blood loss.

Iron deficiency in diet leads to nutritional anaemia.

What is anaemia?

Our blood contains a red pigment called haemoglobin, which carries oxygen and is rich in iron. Anaemia is the loss of oxygen carrying capacity of the blood due to deficiency of haemoglobin in the red blood cells.

Iron deficiency anaemia is a major nutritional problem in adolescent boys and girls in India. The ill effects of anaemia can be seen as:

- Reduced capacity to work and thus decreased productivity
- Increased risk to pregnant girls/women. (In India, 20-40% of maternal deaths are due to anaemia).

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- Anaemia may increase susceptibility to infections by impairing the immune functions.

How can anaemia be prevented?

Anaemia can be managed through proper diet and iron supplementation. To prevent anaemia, increase the intake of green leafy vegetables and fruits. If an adolescent looks pale, fatigued or listless and anaemia is suspected, refer to the nearest PHC. Anaemia is treated by giving iron and folic acid tablets on a daily basis till 2-3 months after haemoglobin levels have returned to normal.

Other deficiency states

- Inadequate nutrition during adolescence can potentially retard growth so that the adolescent remains short and thin. The full height potential may not be reached and the adolescent may remain stunted. The sexual maturation may be delayed with late onset of puberty. Poor nutrition impairs work capacity and the boy/girl may feel tired all the time.
- Zinc deficient diet results in growth failure and delayed sexual maturation.
- Iodine deficiency leads to a much wider spectrum of disorders commencing with intrauterine life and extending through childhood to adulthood with serious health and social implications. Iodine deficiency disorders include mental deficiency impaired mental functions, neurological defects, increased stillbirths, and perinatal and infant mortality.

Table: IFA supplementation programme and service delivery

Age Group	Intervention / Dose	Regime	Service delivery
6-60 months	1 ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid	Biweekly throughout the period 6-60 months of age and de-worming for children 12 months and above.	Through ASHA Inclusion in MCP card
5-10 years	Tablets of 45 mg elemental iron and 400 mcg of folic acid	Weekly throughout the period 5-10 years of age and biannual de-worming	In school through teachers and for out-of-school children through Anganwadi centre (AWC) Mobilization by ASHA
10-19 years	100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the period 10-19 years of age and biannual de worming	In school through teachers and for those out-of-school through AWC Mobilization by ASHA
Pregnant and lactating women	100 mg elemental iron and 500 mcg of folic acid	1 tablet daily for 100 days, starting after the first trimester, at 14-16 weeks of gestation. To be repeatedly for 100 days post-partum	ANC / ANM / ASHA Inclusion in MCP card
Women in reproductive age (WRA) group	100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the reproductive period	Through ASHA during house visit for contraceptive distribution

Annexure 1

Healthy eating

Adolescents need a healthy diet to grow and develop, and to function optimally. A healthy diet consists of:

- a variety of foods balanced across the major food groups;
- a sufficient amount of food to meet an adolescent's needs.

There are five basic food groups:

- starchy foods such as rice and other cereals, potatoes, noodles and pasta
- fruit and vegetables
- milk and dairy products such as yogurt and cheese
- meat, fish, poultry, eggs, nuts and legumes
- foods and drinks high in fat and/or sugar.

Balanced food intake

A young person should eat a diet balanced across the five food groups. They should eat:

- plenty of fruit and vegetables
- adequate quantities of rice and other cereals, potatoes, noodles and pasta
- some milk and dairy products such as yoghurt and cheese and
- some meat, fish, poultry, eggs and/or nuts and legumes.
- The relative proportion of the five groups is depicted in the diagram 1.
- In addition, they should:
 - choose foods that are low in salt and
 - limit foods that contain a lot of fat or sugar.

Adequate food intake:

If adolescents do not have enough to eat, they will be underweight. Being undernourished will affect their physical growth and development as well as their ability to learn and to work. Young women who are underweight tend to have babies who are smaller and more liable to health problems. If

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adolescents have too much to eat, particularly foods high in fat and sugar, this can lead to them becoming overweight. Being overweight can lead to health and social problems during adolescence and later in life.

Messages for adolescents

1. Eating a sufficient amount and a wide variety of healthy foods is important for you to grow and develop normally.
2. While it is important that you eat enough food for your body to grow and develop normally, it is important to remember that eating too much food can make you overweight; this is not good for your health.
3. Eating healthily means having regular meals and avoiding unhealthy snacks (especially those that contain a lot of fat or sugar).

Messages for parents

What you should know:

1. Your son or daughter needs to eat a wide variety and a sufficient amount of healthy foods to grow and develop normally.
2. If your son or daughter develops healthy eating habits during their adolescent years, these habits are likely to continue for the rest of their lives.

What you should do:

1. Talk to your son or daughter about healthy foods and healthy eating.
2. Support your son or daughter to develop healthy eating habits.
3. Provide your son or daughter with a good role model by eating healthily yourself.

Annexure 2: Case Study

Session 3, Activity 1

Case Study 1	Sheela
<p>Sheela is a 15-year-old girl. Her family comprises of her parents, two brothers and a younger sister. Sheela goes to school and also helps her mother with all the household work. Her normal diet is made up of rice and watery dal twice a day. Vegetables are cooked once a while. As per the social custom in her family, Sheela and her sister eat after her father and brothers have eaten. Two months back, she suffered from malaria and since then has been feeling very weak and is always exhausted. She was brought to the PHC after she fainted on her way to school one day.</p> <p>Discuss:</p> <ol style="list-style-type: none"> 1. What do you think has happened to Sheela? 2. How can her condition affect her future? 3. How can you help Sheela? 	

Case Study 2	Raju
<p>Raju is 14 year old and lives in a village. Every morning he goes barefoot to the fields to defaecate. He has upset stomach most of the times and passes loose motions. He dislikes vegetables, dal etc. and eats only rice with sugar everyday. He also likes to eat chat/pakori sold in the market. He is feeling very weak and low since last 15 days. His mother brings Raju to you.</p> <p>Discuss:</p> <ol style="list-style-type: none"> 1. What do you think has happened to Raju? 2. What investigations are required? 3. How will you counsel/treat him? 	

BMI tabulations chart

	Body Mass Index (BMI)																																						
H	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	H									
95	90	99	108	117	126	135	144	153	162	171	181	190	199	208	217	226	235	244	253	262	271	280	289	298	307	316	325	334	343	95									
96	92	101	111	120	129	138	147	157	166	175	184	194	203	212	221	230	240	249	258	267	276	286	295	304	313	323	332	341	350	96									
97	94	103	113	122	132	141	151	160	169	179	188	198	207	216	226	235	245	254	263	273	282	292	301	310	320	329	339	348	358	97									
98	96	106	115	125	134	144	154	163	173	182	192	202	211	221	230	240	250	259	269	279	288	298	307	317	327	336	346	355	365	98									
99	98	108	118	127	137	147	157	167	176	186	196	206	216	226	235	245	255	265	274	284	294	304	314	323	333	343	353	363	372	99									
100	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	100									
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103	106	117	127	138	149	159	170	180	191	202	212	223	233	244	255	265	276	286	297	308	318	329	339	350	361	371	382	393	403	103									
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142	202	222	242	262	282	302	323	343	363	383	403	423	444	464	484	504	524	544	565	585	605	625	645	665	685	706	726	746	766	142									
143	204	225	245	266	286	307																																	

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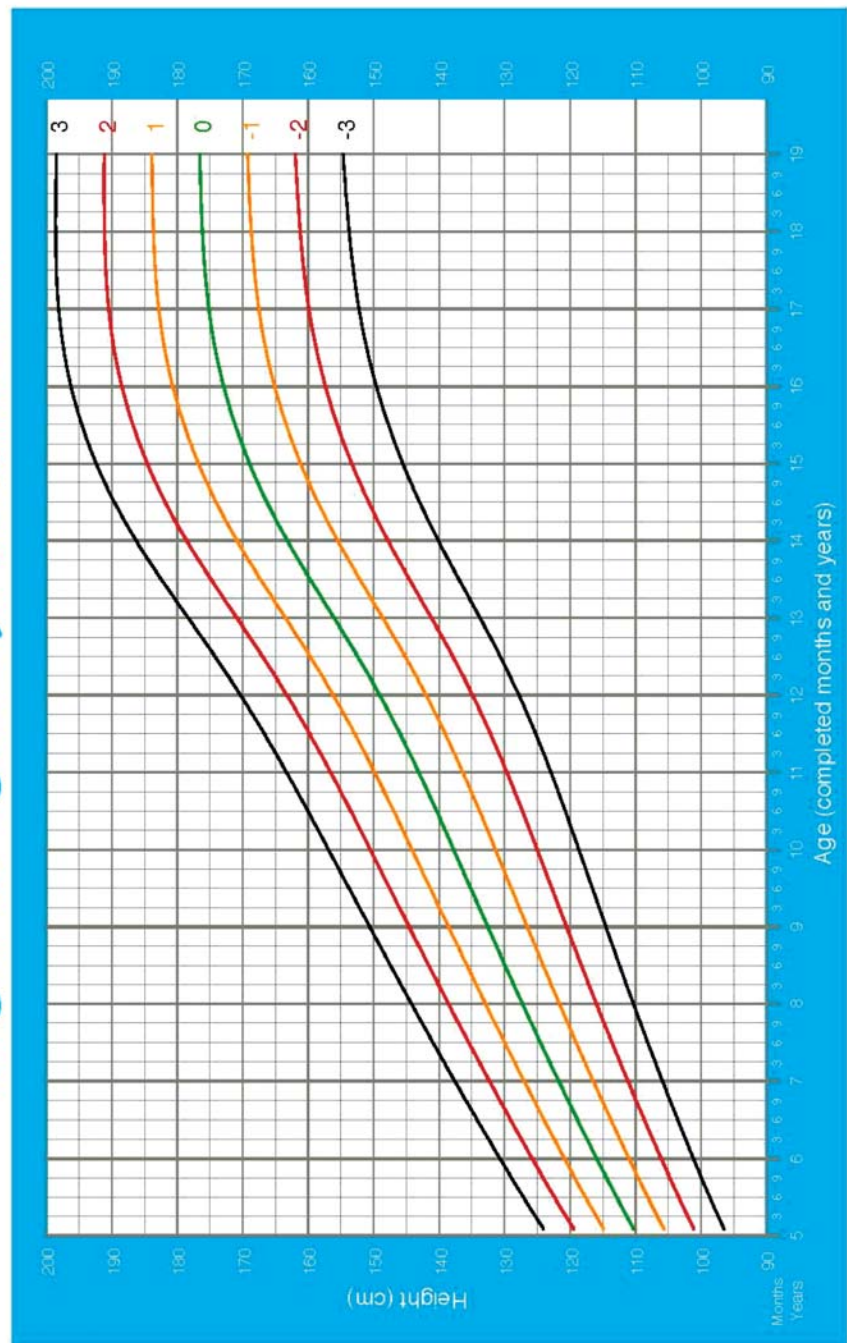
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	Body Mass Index (BMI)																																						
H	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	H									
148	21.9	24.1	26.3	28.5	30.7	32.9	35.0	37.2	39.4	41.6	43.8	46.0	48.2	50.4	52.6	54.8	57.0	59.1	61.3	63.5	65.7	67.9	70.1	72.3	74.5	76.7	78.9	81.0	83.2	148									
149	22.2	24.4	26.6	28.9	31.1	33.3	35.5	37.7	40.0	42.2	44.4	46.6	48.8	51.1	53.3	55.5	57.7	59.9	62.2	64.4	66.6	68.8	71.0	73.3	75.5	77.7	79.9	82.1	84.4	149									
150	22.5	24.8	27.0	29.3	31.5	33.8	36.0	38.3	40.5	42.8	45.0	47.3	49.5	51.8	54.0	56.3	58.5	60.8	63.0	65.3	67.5	69.8	72.0	74.3	76.5	78.8	81.0	83.3	85.5	150									
151	22.8	25.1	27.4	29.6	31.9	34.2	36.5	38.8	41.0	43.3	45.6	47.9	50.2	52.4	54.7	57.0	59.3	61.6	63.8	66.1	68.4	70.7	73.0	75.2	77.5	79.8	82.1	84.4	86.6	151									
152	23.1	25.4	27.7	30.0	32.3	34.7	37.0	39.3	41.6	43.9	46.2	48.5	50.8	53.1	55.4	57.8	60.1	62.4	64.7	67.0	69.3	71.6	73.9	76.2	78.6	80.9	83.2	85.5	87.8	152									
153	23.4	25.7	28.1	30.4	32.8	35.1	37.5	39.8	42.1	44.5	46.8	49.2	51.5	53.9	56.2	58.5	60.9	63.2	65.5	67.9	70.2	72.6	74.9	77.2	79.6	81.9	84.3	86.6	89.0	153									
154	23.7	26.1	28.5	30.8	33.2	35.6	37.9	40.3	42.7	45.1	47.4	49.8	52.2	54.5	56.9	59.3	61.7	64.0	66.4	68.8	71.1	73.5	75.9	78.3	80.6	83.0	85.4	87.7	90.1	154									
155	24.0	26.4	28.8	31.2	33.6	36.0	38.4	40.8	43.2	45.6	48.1	50.5	52.9	55.3	57.7	60.1	62.5	64.9	67.3	69.7	72.1	74.5	76.9	79.3	81.7	84.1	86.5	88.9	91.3	155									
156	24.3	26.8	29.2	31.6	34.1	36.5	38.9	41.4	43.8	46.2	48.7	51.1	53.5	56.0	58.4	60.8	63.3	65.7	68.1	70.6	73.0	75.4	77.9	80.3	82.7	85.2	87.6	90.0	92.5	156									
157	24.6	27.1	29.6	32.0	34.5	37.0	39.4	41.9	44.4	46.8	49.3	51.8	54.2	56.7	59.2	61.6	64.1	66.6	69.0	71.5	73.9	76.4	78.9	81.3	83.8	86.3	88.7	91.2	93.7	157									
158	25.0	27.5	30.0	32.5	34.9	37.4	39.9	42.4	44.9	47.4	49.9	52.4	54.9	57.4	59.9	62.4	64.9	67.4	69.9	72.4	74.9	77.4	79.9	82.4	84.9	87.4	89.9	92.4	94.9	158									
159	25.3	27.8	30.3	32.8	35.3	37.8	40.3	42.8	45.3	47.8	50.3	52.8	55.3	57.8	60.3	62.8	65.3	67.8	70.3	72.8	75.3	77.8	80.3	82.8	85.3	87.8	90.3	92.8	95.3	159									
160	25.6	28.2	30.7	33.3	35.8	38.4	41.0	43.5	46.1	48.6	51.2	53.8	56.3	58.9	61.4	64.0	66.6	69.1	71.7	74.2	76.8	79.4	81.9	84.5	87.0	89.6	92.2	94.7	97.3	160									
161	25.9	28.5	31.1	33.7	36.3	38.9	41.5	44.1	46.7	49.2	51.8	54.4	57.0	59.6	62.2	64.8	67.4	70.0	72.6	75.2	77.8	80.4	82.9	85.5	88.1	90.7	93.3	95.9	98.5	161									
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163	26.6	29.2	31.9	34.5	37.2	39.9	42.5	45.2	47.8	50.5	53.1	55.8	58.5	61.1	63.8	66.4	69.1	71.7	74.4	77.1	79.7	82.4	85.0	87.7	90.3	93.0	95.6	98.3	101	163									
164	26.9	29.6	32.3	35.0	37.7	40.3	43.0	45.7	48.4	51.1	53.8	56.5	59.2	61.9	64.6	67.2	69.9	72.6	75.3	78.0	80.7	83.4	86.1	88.8	91.4	94.1	96.8	99.5	102	164									
165	27.2	29.9	32.7	35.4	38.1	40.8	43.6	46.3	49.0	51.7	54.5	57.2	59.9	62.6	65.3	68.1	70.8	73.5	76.2	79.0	81.7	84.4	87.1	89.8	92.6	95.3	98.0	101	104	165									
166	27.6	30.3	33.1	35.8	38.6	41.3	44.1	46.8	49.6	52.4	55.1	57.9	60.6	63.4	66.1	68.9	71.6	74.4	77.2	79.9	82.7	85.4	88.2	90.9	93.7	96.4	99.2	102	105	166									
167	27.9	30.7	33.5	36.3	39.0	41.8	44.6	47.4	50.2	53.0	55.8	58.6	61.4	64.1	66.9	69.7	72.5	75.3	78.1	80.9	83.7	86.5	89.2	92.0	94.8	97.6	100	103	106	167									
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170	28.9	31.8	34.7	37.6	40.5	43.3	46.2	49.1	52.0	54.9	57.8	60.7	63.6	66.5	69.4	72.2	75.1	78.0	80.9	83.8	86.7	89.6	92.5	95.4	98.3	101	104	107	110	170									
171	29.2	32.2	35.1	38.0	40.9	43.8	46.7	49.6	52.5	55.4	58.3	61.2	64.1	67.0	70.0	72.9	75.8	78.7	81.6	84.5	87.4	90.3	93.2	96.1	99.0	102	105	108	111	171									
172	29.6	32.5	35.5	38.5	41.4	44.4	47.3	50.3	53.3	56.2	59.2	62.1	65.1	68.0	71.0	74.0	76.9	79.9	82.8	85.8	88.8	91.7	94.7	97.6	101	104	107	110	112	172									
173	29.9	32.9	35.9	38.9	41.9	44.9	47.9	50.9	53.9	56.9	59.9	62.9	65.8	68.8	71.8	74.8	77.8	80.8	83.8	86.8	89.8	92.8	95.8	98.8	102	105	108	111	114	173									
174	30.3	33.3	36.3	39.4	42.4	45.4	48.4	51.5	54.5	57.5	60.6	63.6	66.6	69.6	72.7	75.7	78.7	81.7	84.8	87.8	90.8	93.9	96.9	99.9	103	106	109	112	115	174									
175	30.6	33.7	36.8	39.8	42.9	45.9	49.0	52.1	55.1	58.2	61.3	64.3	67.4	70.4	73.5	76.6	79.6	82.7	85.8	88.8	91.9	94.9	98.0	101	104	107	110	113	116	175									
176	31.0	34.1	37.2	40.3	43.4	46.5	49.6	52.7	55.8	58.9	62.0	65.0	68.1	71.2	74.3	77.4	80.5	83.6	86.7	89.8	92.9	96.0	99.1	102	105	108	112	115	118	176									
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178	31.7	34.9	38.0	41.2	44.4	47.5	50.7	53.9	57.0	60.2	63.4	66.5	69.7	72.9	76.0	79.2	82.4	85.5	88.7	91.9	95.1	98.2	101	105	108	111	114	117	120	178									
179	32.0	35.2	38.4	41.7	44.9	48.1	51.3	54.5	57.7	60.9	64.1	67.3	70.5	73.7	76.9	80.1	83.3	86.5	89.7	92.9	96.1	99.3	103	106	109	112	115	119	122	179									
180	32.4	35.6	38.9	42.1	45.4	48.6	51.8	55.1	58.3	61.6	64.8	68.0	71.3	74.5	77.8	81.0	84.2	87.5	90.7	94.0	97.2	100	104	107	110	113	117	120	123	180									
181	32.8	36.0	39.3	42.6	45.9	49.1	52.4	55.7	59.0	62.2	65.5	68.8	72.1	75.4	78.6	81.9	85.2	88.5	91.7	95.0	98.3	102	105	108	111	115	118	121	125	181									
182	33.1	36.4	39.7	43.1	46.4	49.7	53.0	56.3	59.6	62.9	66.2	69.6	72.9	76.2	79.5	82.8	86.1	89.4	92.7	96.1	99.4	103	106	109	113	116	119	123	126	182									
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186	34.6	38.1	41.5	45.0	48.4	51.9	55.4	58.8	62.3	65.7	69.2	72.7	76.1	79.6	83.0	86.5	89.9	93.4	96.9	100	104	107	111	114	118	121	125	128	132	186									
187	35.0	38.5	42.0	45.5	49.0	52.5	56.0	59.4	62.9	66.4	69.9	73.4	76.9	80.4	83.9	87.4	90.9	94.4	97.9	101	105	108	112	115	119	122	126	129	133	187									

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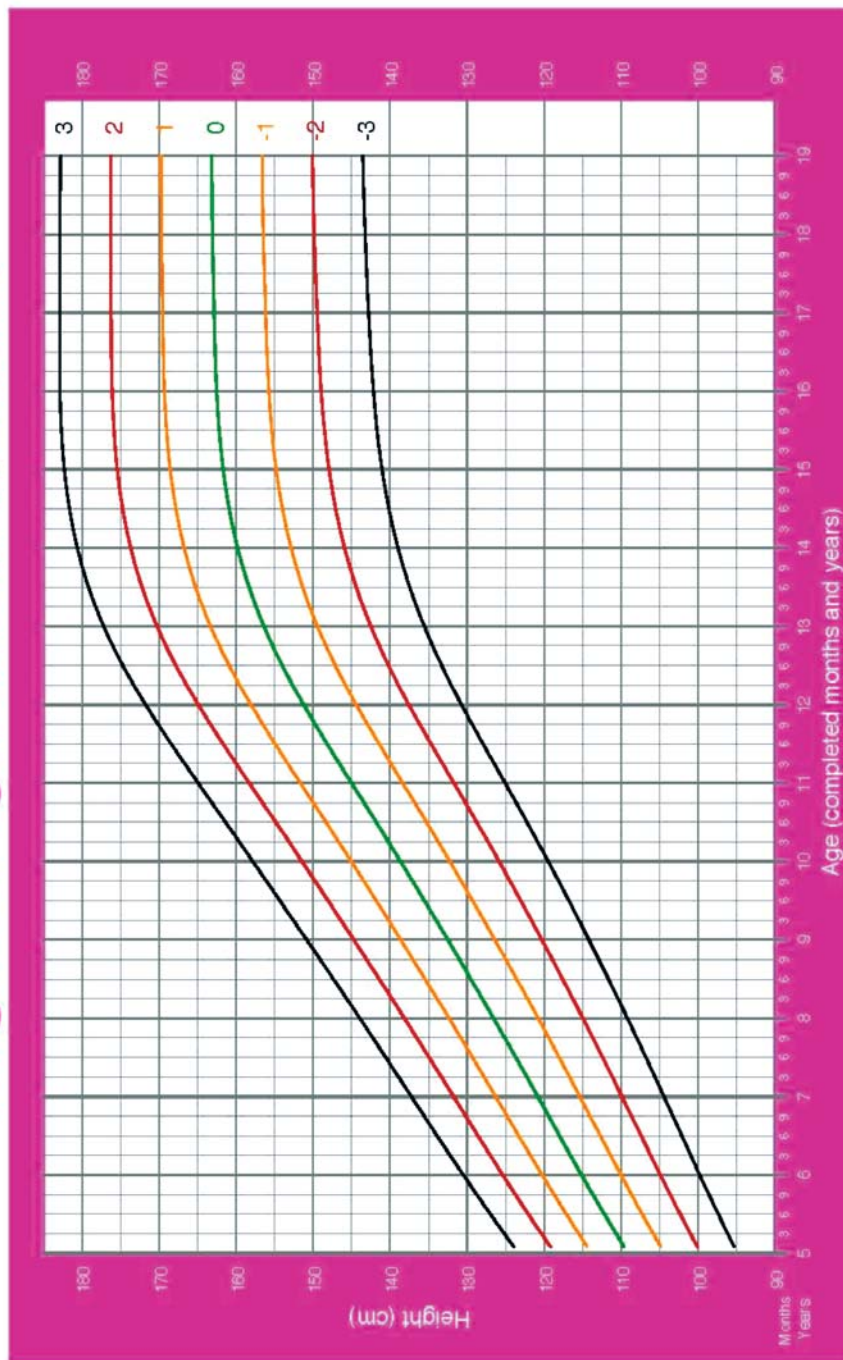
Height-for-age charts

Height-for-age: Boys (5 to 19 years, z-scores)



For further information on the growth charts, please refer to: <http://www.who.int/growthref/en/>

Height-for-age: Girls (5 to 19 years, z-scores)



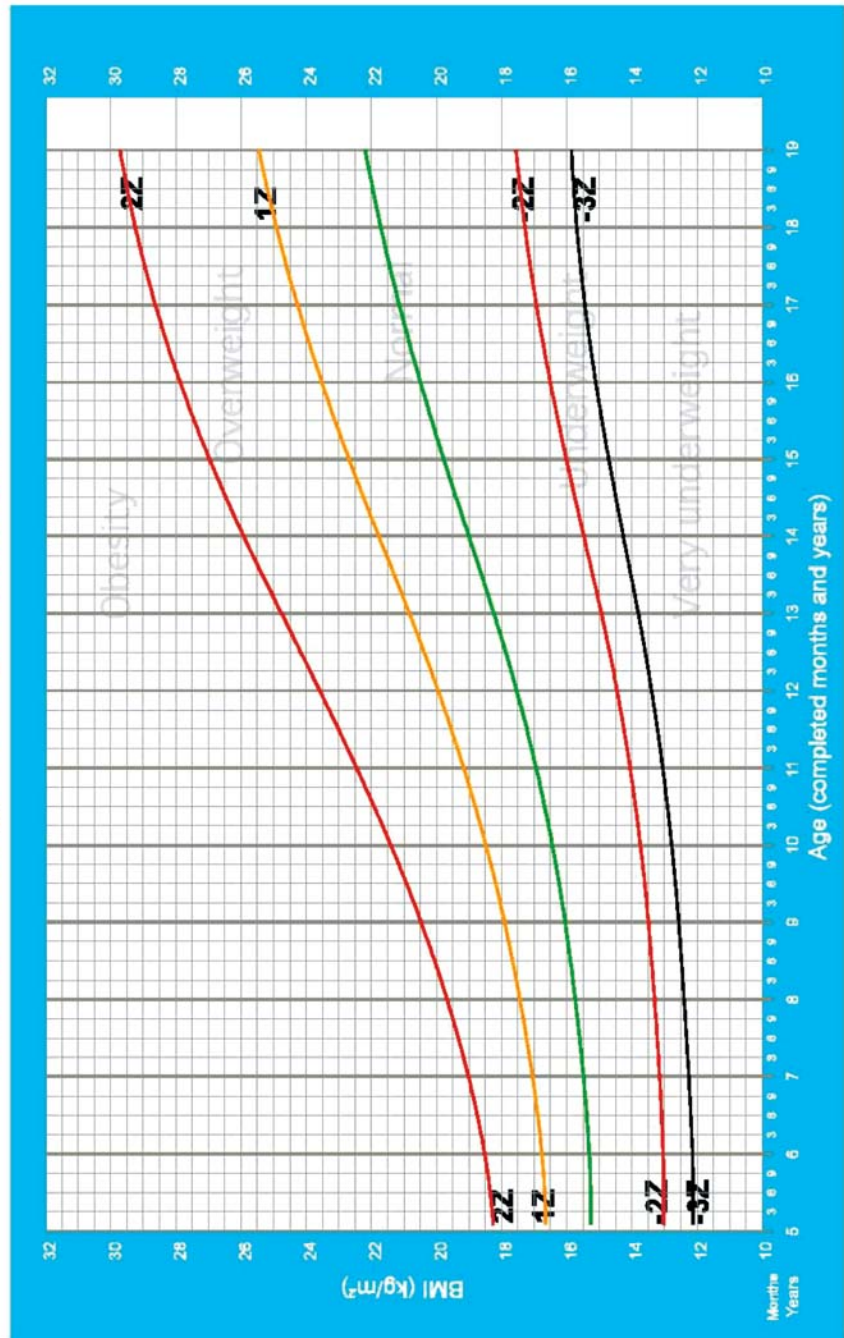
For further information on the growth charts, please refer to: <http://www.who.int/growthref/en/>

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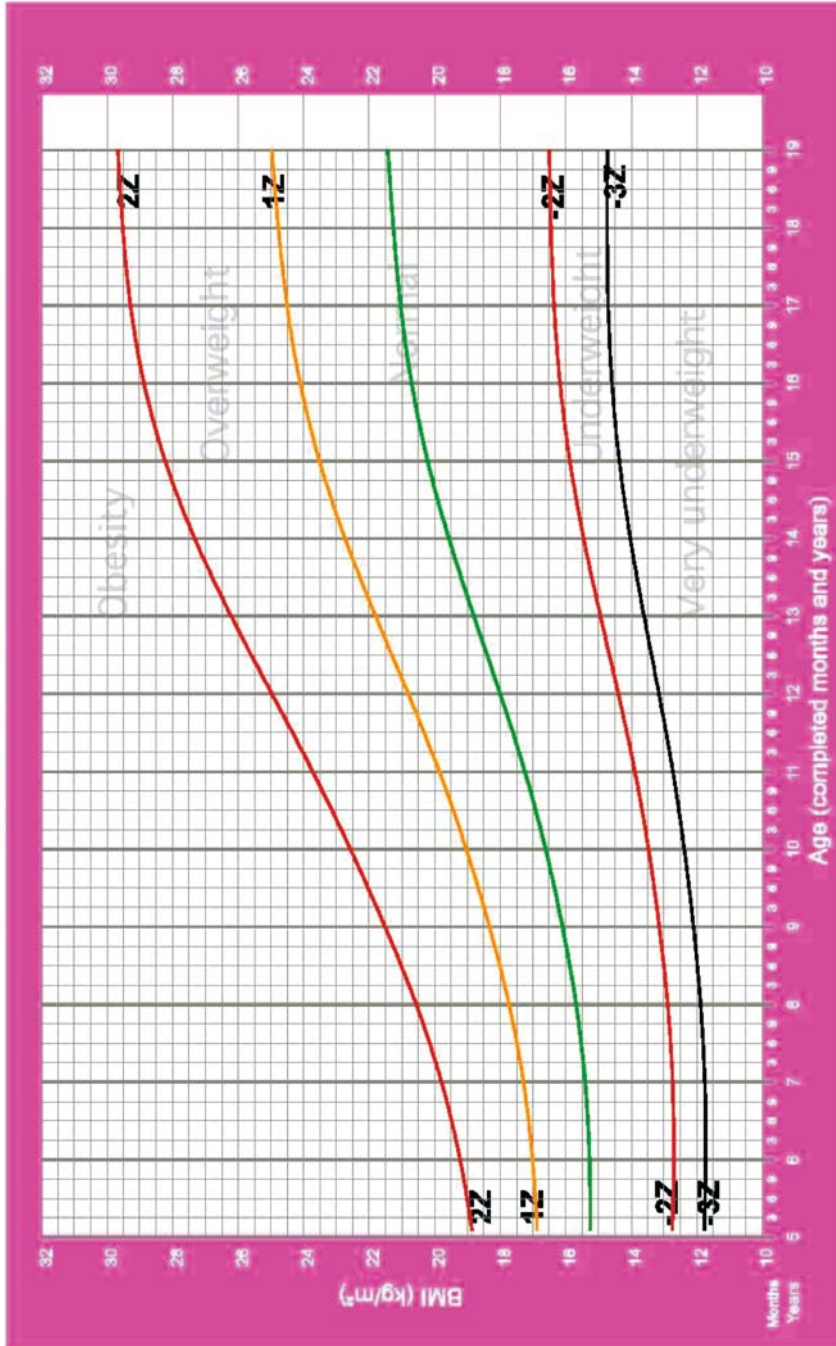
BMI-for-age charts

BMI-for-age: Boys (5 to 19 years, z-scores)



For further information on the growth charts, please refer to: <https://www.who.int/growthref/en/>

BMI-for-age: Girls (5 to 19 years, z-scores)



For further information on the growth charts, please refer to: <http://www.who.int/growthref/en/>

Handout 6

Pregnancy and Unsafe Abortions in Adolescents

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2. Factors Influencing Adolescent Pregnancy and Childbirth
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Magnitude of problems related to adolescent pregnancy

- 47% of Indian women are married before they attain 18 years of age (NFHS 3)
- TFR amongst 15-19 years is 14% in urban & 18% in rural of the total fertility (NFHS 3)
- Unmet need of family planning in the 15-19 years age group is 27% (NFHS 3)
- 20% of the pregnant girls below 20 years of age have not had antenatal checkup
- 66.2 % of the pregnant girls below 20 years of age have received iron & folate tablets as part of antenatal care
- For a mother <20 of age, 34% of birth were assisted by doctors, 13% by ANMs and 36% by TBAs.
- More than 60% of mothers below 20 years of age had not received post partum checkup
- Maternal mortality due to teenage pregnancy is 9% (2007-2009)
- Still birth, early neonatal deaths and infant mortality is higher in girls aged <20 years.
- Infant mortality and incidence of low birth weight babies is higher in adolescent mother.

Factors influencing adolescent pregnancy and childbirth

A range of social, cultural, biological and service delivery factors contribute to the high levels of adolescent pregnancy and childbirth:

- Declining age of menarche - The age of menarche (onset of first menstruation) has declined, especially in urban areas.
- Duration of education and societal demands - A growing number of adolescent girls are allowed to go for higher education and marry late as a result. But in rural areas, marriage still appears very early for young girls. They are then pushed into early motherhood.
- Early initiation of sexual activity is on the increase.
- Sexual coercion and rape, figures prominently in the lower socio-economic strata. Pregnancies are not the only result, but also serious physical and psychological consequences.
- Disruption of education also influences adolescent childbearing as women with little or no education are more likely to become mothers early.

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- Socio-economic factors often force young girls into sexual exploitation and prostitution and compounded by lack of access to contraceptive services and inability to negotiate condom use, the young girl may soon become pregnant.
- Lack of access to information has a significant bearing on early pregnancy and childbirth.
- Lack of access to services 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 and not adolescents.

Why are complications more common in adolescent pregnancy and childbirth?

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 ready to take on an added strain. The pelvic bones are not fully mature, and cephalo-pelvic disproportion could occur. Her body has special nutritional needs and when pregnancy occurs, it is a strain on already depleted reserves, especially if she belongs to a low socio-economic background.

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.

- Socio-culturally, pregnancy outside of marriage bears a terrible stigma and the above situation worsens when the girl is not married, in which case she does not get the emotional support she needs as well as support in terms of nutrition, rest, antenatal check-ups, etc.

This situation is not unique to unmarried adolescents as 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.

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

- Death
- Pregnancy-induced hypertension
- Anaemia during antenatal period
- STIs/HIV
- Higher severity of malaria
- Pre-term birth
- Obstructed labour
- Anaemia during postpartum period
- Pre-eclampsia
- Postpartum depression
- Too early repeat pregnancies
- Low birth weight
- Perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices

- **Problems in the antenatal period**

- **Pregnancy-induced hypertension:** Studies report an increased incidence of the condition in young adolescents, when compared with women aged 30-34 years.
- **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.
- **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, gonorrhoea and chlamydia) with local inflammation may increase viral shedding, thereby increasing the risk of transmission during labour.
- **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 at risk and their unborn babies at risk of intra-uterine death.⁶

- **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, at play.

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- **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 vesicovaginal and recto-vaginal fistulae.
- **Problems in the postpartum period**
 - **Anaemia is commoner** and further aggravated by blood loss during delivery thereby also increasing the risk of infection.
 - **Pre-eclampsia:** Several studies report that pre-eclampsia occurs more often in young adolescents. The symptoms may worsen and sometimes recognized only during the first postpartum days.
 - Postpartum depression and common mental health problems are common due to reasons described above.
 - **Too early repeat pregnancies**, especially in unmarried adolescents can occur because of the difficulty in accessing 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** is increased in infants of adolescent mothers, compared with 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, including breastfeeding, practices.

Care of adolescents during pregnancy, childbirth and the postnatal period

Adolescent pregnancies and deliveries require much more care than adult pregnancies and 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.

Pre-pregnancy Counselling-

- Contraceptive counselling
- Building up haemoglobin
- Folic acid supplementation
- Detection and treatment of pre-existing medical diseases

- Thalassemia screening
- Rubella vaccination.
- **Early diagnosis of pregnancy**

Health service providers and other adults like family members in more regular contact with the adolescent, have the shared responsibility of creating an environment in which she feels able to share information about her situation, especially if she is unmarried. She may not know that she is pregnant because she may not remember the dates of her last menstrual period, or because her periods are not regular. She may even want to hide her pregnancy or seek ways of terminating it. Being aware of these issues, and being on the lookout for telltale signs of early pregnancy such as nausea will help ensure an early diagnosis of pregnancy so that care is started early and complications are avoided.



- **Antenatal care**

Many complications can be detected and many can be avoided if the adolescent is able to access good antenatal services. Pregnancy-induced hypertension (Pre-eclampsia) can easily be detected and referred to the PHC for management. In case of more serious complications (such as pre-eclampsia, eclampsia, and abruptio placentae), referral to a woman's hospital is essential. Anaemia and malaria too can be detected and treated during routine antenatal care. Screening for STIs can lead to early referral and early treatment, if required. Iron and folic acid supplements will prevent anaemia to a large extent. Most importantly, antenatal visits could help identify those adolescents, who are at risk of preterm labour, though interventions to address this are limited.

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- Antenatal care also provides a valuable opportunity for the provision of information and counseling support that adolescents need. This is especially important in the case of adolescents, especially unmarried ones, because of their greater need for support.



- Counseling during pregnancy**

Information and counseling support is the right of every pregnant woman who reaches a health centre and pregnant adolescents have special needs and 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 counseling support in terms of the 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.

Counseling 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, voluntary counseling and testing (VCT) services should be made available to them. As ANMs/LHVs, you should know where the nearest VCT centres is, to be able to refer your clients for screening.

- **Management of labour and delivery**

If the pregnancy in an adolescent is normal and with no complications and anaemia is treated adequately, labour starts at term, and the infant is in cephalic presentation, labour is not at increased risk. Counsel the client for institutional delivery at PHC.

However, if the adolescent is severely anaemic, postpartum haemorrhage can be a dangerous possibility. In very young adolescents, pre-term labour as well as obstructed labour are more likely to occur. Such adolescents are at high risk and it is advisable to encourage hospital delivery. The family should be advised to make arrangements for transportation to the hospital, when needed.

Besides observing and monitoring, supporting the woman is very important and studies have shown that continuous empathetic support during labour, provided by a technically qualified nurse or midwife results in many benefits both to the mother and the baby.

- **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 that too early repeat and unplanned pregnancies should not occur for lack of 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 of the 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.

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Abortion

Adolescent pregnancy very often leads to unsafe abortion especially if the girl is unmarried. The consequences of this type of abortion can be life threatening. Although abortion is legal in India, it is estimated that four million Indian women a year still resort to illegal abortions because of social stigma, lack of awareness and lack of access to health facilities that offer technically competent services.

Medical Termination of Pregnancy Act

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 risk involved. Apart from these benefits, it 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.

- **When MTP is permitted**

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, -
 - (i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or
 - (ii) there exists a substantial risk that the foetus would suffer from a severe physical or mental abnormality; or
 - (iii) the pregnancy resulted from rape or incest; or
 - (iv) 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—
 - (i) Would endanger the woman's life;
 - (ii) Would result in a severe malformation of the foetus; or (iii) Would pose a risk of injury to the foetus.

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

- **Whose consent is required?**

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.

- **Where can a MTP be performed?**

MTPs can be performed only at the centres certified by the government. These centers 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.

- **Penalisation**

If a person who is not a medical practitioner, who has not completed the prescribed training course, performs the termination of a pregnancy, can be convicted and penalised with a fine or imprisonment for a period not exceeding 10 years.

The Nature and Scope of Unsafe Abortions

In India, though abortion has been legalized since 1971, illegal and unsafe abortions are very common due to various reasons.

Legal abortion: implies termination of pregnancy by trained provider in Government approved health facility for the purpose and fulfilling the conditions mentioned in the Medical Termination Act.

Illegal abortion: implies termination of pregnancy by trained provider violating the Medical Termination of Pregnancy Act.

Unsafe abortion: implies interference of pregnancy by persons without the necessary knowledge and skills, or in conditions that are not conducive to good health. It can be within or outside of the law.

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Apart from the women who die due to post-abortion complications, there are many more who survive but have to live with chronic health problems, and in many cases infertility.

Factors contributing to Unsafe Abortions in Adolescents

- Delay in seeking abortion is the most important factor and the commonest cause of complications and death among adolescents. Delay is again due to ignorance (Not aware that pregnancy has occurred) or hoping to hide pregnancy till it becomes too late.
- The judgmental and unwelcoming attitudes of health providers can also lead to delay in reaching them.
- It is commoner among adolescents to go to untrained and unskilled providers especially when they are unmarried or the pregnancy is unintended and adolescent wants to get rid of it clandestinely (without informing the in-laws). The younger they are, it is more likely that they will be forced to opt for a potentially unsafe abortion conducted in an unhygienic condition by unskilled provider.
- Use of dangerous methods are also common in adolescents especially unmarried girls who are advised by mothers, untrained birth attendants, quacks, to insert foreign bodies into the cervix unhygienically or ingest certain potions or drugs.
- There is general lack of awareness among adolescents about the medical termination of pregnancy that can be availed at registered health facilities. These latter are however, inaccessible because of the family's need for secrecy and confidentiality and bowing to societal and community demands.
- At present, health facilities do not offer user-friendly abortion services and some are not themselves aware of the rights of clients to these. Most clients feel that privacy and confidentiality is difficult to be maintained in public system.
- Even after a spontaneous abortion, an adolescent may have post abortion complications, if the abortion is not complete or some infection has set in due to retained products of conception and unhygienic practices of perineal region.

Consequences and consequences of unsafe Abortion

Complications due to unsafe abortions are high for all women, the adolescent group is especially at risk. Within this group, those who are very young, who are primigravida and the very poor are even worse off.

Consequences and consequences of Unsafe Abortions

Complications due to unsafe abortions are high for all women; the adolescent group is especially at risk. Within this group, those who are very young, who are primigravida and the very poor are even worse off.

- **Medical**

More short term complications include cervical or vaginal lacerations, pelvic infection or abscess, sepsis, hemorrhage, perforation of uterus or bowel and septicaemia. Major emergency surgical interventions are often required and these are either not available or not accessible to the disadvantaged sections of society. Thus, in many cases, the unfortunate adolescents who are forced to resort to unsafe abortions, end up dying at a very young age or live with severely damaged reproductive tracts.

- **Psychological**

Within the confines of an unforgiving and rigid society, there is no psychological support for the adolescent recently traumatized by an unsafe abortion. In fact, even health providers do not see the need for this kind of support. The girl is left alone in her misery, confusion and ignorance and guilt can set in compelling her to resort to risky behaviour and even suicide.

- **Socio-economic**

Girls who survive unsafe abortions face a range of social problems, from disapproval, rejection, even ostracism, from their families and communities. They can be thrown out by their families and forced into prostitution. Their options become very limited.

The family faces grave economic consequences of unsafe abortion and is at times, reduced to bankruptcy and ruin.

Diagnosis and Management of Unsafe Abortions

The diagnosis of unsafe abortion or its complications should not differ between adolescents and adult women and history of missed menstrual period(s) followed by an attempt to terminate the pregnancy should be sought. The girl is usually brought to the health facility, bleeding from the vagina and going into shock.

Unlike adult women, adolescents (particularly very young girls) are often not willing and sometimes not able to give an accurate history. This is especially so when they are accompanied by their parents, relatives or other persons because of fear and embarrassment at having had sexual relations.

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Compared with adults, adolescents with an unsafe abortion are more likely to:

- Be unmarried
- Be primigravida
- Have a longer gestation up to the time of abortion
- Have used dangerous methods to terminate pregnancy or ingested substances that interfere with treatment
- Have resorted to illegal providers
- Come to the health facility alone or with a friend
- Delay seeking help and therefore have more entrenched complications.

It is important for ANMs/LHVs to bear in mind that unwanted pregnancy may be the real problem, though other symptoms may be reported, and they should observe the adolescent's condition and behaviour carefully. This will assist in ensuring that the diagnosis of unsafe abortion is not missed. It would be important to employ a gentle, reassuring manner, and to tactfully ask the girl's parents or guardians to wait outside the consulting/examining room. This will enable the health-care provider to have a private and confidential conversation with the girl.

The clinical presentation will obviously depend on the condition of the patient. In case infection has set in, the adolescent is likely to have fever and dehydration. The other likely clinical signs are: a swollen, tender abdomen, bleeding and foul-smelling discharge from the vagina, with some products of conception still in the uterus and/or vagina. In case treatment has been delayed, the adolescent is likely to be in shock with impending respiratory and circulatory failure.

The management is based on the following principles:

- Emergency resuscitation may be necessary as many adolescents present in shock. Sub-centre ANMs should refer such cases immediately to a PHC with facilities of emergency obstetric care (EmOc) or district women's hospital. ANMs at PHCs with EmOc facilities can inform the doctor and other team members to provide care and/or referral to district hospital
- Evacuation of the uterus is necessary to remove all the products of conception for inevitable or incomplete abortion. Refer the client immediately to district hospital. In the second trimester, the risk of complications is higher. Because delay is so characteristic of adolescent abortion patients, many second trimester abortions are carried out in this age group.
- Management and prevention of further complications such as infection and injury is the need of the hour. Complications are more frequent and

more severe in the case of self-induced abortions or those where foreign bodies have been inserted.

- Arrangements for post-abortion care should be thought of since such adolescents usually do not return for follow up. Establishing a good rapport with the patient and attendant/s and providing relevant information will facilitate a repeat visit. The patient must be given information on danger signs to look out for, such as fever and chills, nausea and vomiting, abdominal pain and backache, tenderness to pressure in the abdomen, heavy bleeding and foul-smelling vaginal discharge. She must also be provided with information on contraception for well-informed decision-making and use.

Prevention of Unsafe Abortions

Adolescent with unwanted pregnancies continue to resort to abortion, whether or not it is safe, putting their lives at great risk. Prevention of such pregnancies must therefore be one of the key objectives in any reproductive health programme.

All stakeholders like family elders and decision makers, communities, health-care providers, governments, etc should make all efforts to:

- **Improve access to reproductive health information and services**

The need to improve adolescents' access to reproductive health information and services is of prime importance to give sexually active adolescents the right to a range of options. The contribution that emergency contraception could make in preventing unsafe abortion needs to be clearly spelt out and adolescents need to know that this method is available, and where it could be obtained when needed.

- **Address laws and policies on access to safe abortion services**

Even in our country where abortion is legally available on demand, women (especially adolescents) experience difficulties in exercising their right to obtain these services. The reasons for this include an insensitive environment that cannot ensure confidentiality and non-judgemental behaviour, complicated administrative requirements, etc. Government authorities must emphasise the role that health-care providers have in the provision of abortion services.

- **Train health-care providers in comprehensive abortion care**

ANMs/LHVs need to be trained in essential abortion care so that they can recognize the signs and symptoms of abortion-related complications early and counsel for prompt and appropriate referral to a district women's hospital or a CHC. They also need to be introduced to the concept of post abortion counselling. To be able to learn the latter, they need to examine

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their attitudes and beliefs, in order to prevent their own biases from hindering the provision of care.

ANMs/LHVs are often faced with a dilemma because, though medical termination of pregnancy is legal, very often the adolescent patients are minors and need consent of parent, husband or guardian. Clear guidelines need to be issued for the management of post abortion complications due to unsafe abortion in the above context.

ANMs/LHVs have a very important role to play in the communities they serve in providing safe abortion services to adolescents. First, however, they must overcome the barriers in their own minds about supporting and counselling (even the unmarried and girls from marginalised section of society) and providing the best counselling and support they can offer. They must work as 'Change-agents' and involve communities in discussions on unwanted pregnancy, unsafe abortion and its consequences. Their contribution could protect and safeguard the adolescents.

SUMMARY–Pregnancy in Adolescent girls

- Adolescent pregnancy is common in India.
- Adolescents have a higher risk of poor pregnancy outcomes in the form of illness and death of themselves and their babies, especially in unmarried adolescents.
- Many complications of pregnancy and childbirth have worse outcomes in adolescents than adults.
- Preventive health services should be directed towards:
 - Increasing awareness in the community regarding risks and consequences of adolescent pregnancy and childbirth and unsafe abortions.
 - Making family planning counselling and services easily available to adolescents.
 - Involve other departments to help increase social and nutritional status of girls and increase their access to education/vocational training and job opportunities.
- Curative Health Services include:
 - Providing ANC and promoting institutional delivery and post partum care.
 - Counselling, providing or referring for safe MTP services.
- Despite abortions being legalised in India 4 million women per year still resort to illegal abortions.

- Unsafe abortions are more common in unmarried girls.
- 50% of all maternal deaths in 15-19 year age group are due to illegal abortions.
- Complications due to unsafe abortions are medical and psychological.
- Management of post-abortion complications:
 - Emergency resuscitation and referral to District Women's hospital or appropriate facility with effective treatment even in private sector.
 - Evacuation of uterus in early pregnancy by simple techniques as per Government of India guidelines for MOs at PHCs. Referral to CHC or District Women's hospital if pregnancy 8 weeks or more upto 20 weeks.
 - Management of further complications such as infection and injury.
 - Arrangement of post-abortion care including contraceptive counselling and services.
- Prevention of unsafe abortions:
 - Improve access to reproductive health information and services especially simple and safe MTP services even at the PHC level.
 - Address laws and policies on access to safe abortion services by providing an adolescents sensitive environment.

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Annexure 1: Role Play Scenarios

Scenario 1

During an OPD session, a 16-year-old unmarried girl is brought by her mother for a checkup. She has been keeping unwell for a few weeks with occasional bouts of vomiting, especially in the morning. She seems to be the youngest among all the patients waiting there. You do a check up and find that the girl is twelve weeks pregnant.

- How would you break the news to the mother and daughter?
- What actions will you take to promote the health of the pregnant girl?

Scenario 2

A 17-year-old pregnant girl is brought to you by her mother-in-law for an antenatal check up. The ANM/LHV finds that her nails and conjunctivae are very pale.

- How would you manage the case?

Scenario 3

During her field visit, an ANM visits the home of Radha, a 15-year old girl who has delivered a baby girl a few days ago. She has engorged breasts.

- How would you counsel her?

Contraception for Adolescents

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1. Why Adolescents need Contraceptive Methods?
2. Providing Adolescents with Information and Education on Sexuality and Contraception
3. Providing Adolescents with Contraceptive services
4. Annexures
 - Role Play

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Why Adolescents need Contraceptive Methods

Contraceptive use among adolescents

Most adolescents begin their sexual activity without adequate knowledge about sexuality or contraception or protection against STIs/HIV. In India, though adolescent marriages are very common in rural areas, the couple is less likely to use contraception than adults. Most women who marry young have the first child early.

For unmarried adolescents it is sometimes impossible to access contraceptives and the sexual activity often results in unintended pregnancy.

Whether married or unmarried, adolescents face potentially serious physical, psychological and social consequences from unprotected sexual relations, ranging from early and unwanted pregnancy and childbirth, unsafe abortion to STIs including HIV/AIDS. The consequences can also be far reaching and affect their entire life chances and options, especially in the case of girls.

Barriers to contraceptive use among adolescents

The barriers that adolescents face in accessing contraceptives are:

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

Care providers are unaware and insensitive to the special needs of adolescents. They need to overcome their attitudes and moral and tradition-related biases and respond to the special needs of adolescents by designing and reorienting health services to meet those needs.

Health care providers need to also be aware of gender inequalities that alienate and marginalize adolescent girls in their communities and prevent them from seeking technically skilled care.

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Providing Adolescents with Information and Education on Sexuality and contraception

In a country like ours where tradition and societal norms are very rigid, education on sexuality and reproductive health for adolescents has not spread beyond a handful of enlightened schools and individuals because of concerns that such knowledge would lead to promiscuity. On the contrary, failure to provide adolescents with appropriate and timely information represents a missed opportunity for reducing the incidence of unwanted pregnancy and STIs and their negative consequences.

Sexual and reproductive health education needs to be formalized and tailored to suit the needs of adolescents who have not begun sexual activity, and those who are already sexually active. Research into the sexual and reproductive health of young people clearly points to the fact that information provision and education alone do not necessarily lead to behaviour change. Increasing awareness and understanding is only the first step in preventing unwanted pregnancy and STI/ HIV. Also, adolescents must know where to locate such services.

ANMs/LHVs should involve important members of the community such as school teachers, influential elderly ladies and men, local pharmacist, youth leader to help promote information and education on sexuality and contraception during any informal contact they have with adolescents or their parents. For this you can hold meetings with these “gate keepers” to sensitise them to contraceptive needs of the adolescents.

Providing Adolescents with Contraceptive Services

Health care providers can act as change-agents within the families and communities by advocating need of contraceptive services, thus preventing the consequences of too early and unprotected sexual activity among adolescents.

The following Table 1 lists the effectiveness of the available contraceptive methods in preventing pregnancy and in providing protection from STIs/HIV.

TABLE 1
Contraception Methods

Method	Effectiveness At Preventing Pregnancy	Protects Against STIS	Advantages	Disadvantages
Fertility Awareness Method	76%	X	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Highly effective No side effects, as with methods No cost Can increase intimacy between partners 	<ul style="list-style-type: none"> May be difficult to abstain from all sexual activity for extended periods of time
Withdrawal (Pulling Out)	78%	X	<ul style="list-style-type: none"> Free Can be used in combination with other birth control method 	<ul style="list-style-type: none"> May not withdraw in time Pre-ejaculate can still contain viable sperm Very ineffective in pregnancy prevention
Male condom	84%	✓	<ul style="list-style-type: none"> Widely available over the counter Easy to carry Actively involves the male partner in contraception Helps prevent STIs 	<ul style="list-style-type: none"> Decreases spontaneity May break during use, especially if it is used improperly
Female Condom	79%	✓	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Very effective pregnancy if used correctly Makes menstrual periods more regular and lighter Decreases menstrual cramps and acne Does not interfere with spontaneity 	<ul style="list-style-type: none"> 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% Nonhormonal: 99.2%	X	<ul style="list-style-type: none"> 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 breastfeeding Can be used for an extended period of time (5 years and up) The ability to become pregnant returns quickly once IUD is removed 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Reduces the risk of pregnancy by 89 percent when started within 72 hours after unprotected intercourse Available over the counter to women 15 and older 	<ul style="list-style-type: none"> Must be taken as soon as possible after unprotected intercourse Possible side effects, including nausea, vomiting and irregular bleeding
Sterilization	99.5%	X	<ul style="list-style-type: none"> Highly effective Long lasting contraceptive solution 	<ul style="list-style-type: none"> Usually permanent Reversal procedures are expensive and complicated

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Emergency Contraception

Progestin only OCPs containing the hormone levonorgestrel can be used for emergency contraception. If the correct dose is started within 72 hours after unprotected intercourse, it reduces the chances of pregnancy. Now oral contraceptives are being packaged as emergency contraceptive pills, and levonorgestrel-only tablets are more effective and cause less nausea and vomiting. Emergency contraception has a special role for adolescent girls and women who are subjected to sexual violence, to prevent unwanted pregnancies. There is a need to increase access to ECPs by training healthcare providers and also by ensuring easy availability of ECPs. All adolescents are eligible for ECP, without restriction on repetitive use.

Counselling

Adolescence is a critical period in an individual's life when at the threshold of adulthood, they experiment with new behaviours, and struggle with issues of independence, and peer group pressure.

The first step towards counseling adolescents is to develop a rapport with them and also speak in a language they understand. A supportive and non-judgemental environment, where confidentiality is ensured, is essential but is easier said than done. Health-care providers need special training in 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.

The special needs adolescents may have include bodily changes, information regarding 'Normal and abnormal' feelings and actions. Service providers who are not comfortable discussing these issues with 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 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).

The information provided should address the following issues:

- Effectiveness of the method
- Information on protection against STIs/HIV
- Common side-effects of the method
- Potential health risks and benefits of the method
- Information on return to fertility after discontinuing use of the method
- Where the method can be obtained and how much it costs.

After a method is chosen, it is also important to discuss correct use of the method and follow-up information, such as signs and symptoms that would necessitate a return to the clinic.

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 private from their spouse or in-laws.

Unmarried adolescents will be less likely to seek contraceptive services at health facilities because of the need for secrecy and fears that the staff may be hostile or judgemental. 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. For the unmarried, condoms alone or in combination with another method - are the best recommendation and are easily available.

Adolescents who are coerced into having sex

Adolescents who have been subjected to sexual coercion and abuse will require special care and support. Emergency contraception is part of a package of 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.

SUMMARY

- Maintaining confidentiality and non-judgmental attitude
- Most adolescents enter their reproductive years with no knowledge of how to protect and safeguard their sexual and reproductive health.
- Access to appropriate information and services with confidentiality is

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absolutely necessary for all adolescents, especially those who are unmarried.

- To help ensure contraceptive use among sexually active adolescents, information and services must be made easily available through community based facilities and outreach services.
- By providing the above-mentioned contraceptive services that respect adolescents' rights and respond to their needs, the community and society at large will be benefited immensely.

Annexure 1: Role Play Scenarios

Scenario 1

Raju, an 18-year-old boy comes to your sub-centre. He tells you that he does not feel well, he feels very weak. Apparently, you find Raju to be of a good built and healthy. He looks a little apprehensive and anxious. You understand that may be Raju has some other problem and is not telling it openly. You ask further questions about his family and his neighbours. You can see Raju getting more relaxed and free in his communication. Then you ask him again that what is Raju's real problem. Shyly, he says that he and Rani his neighbour's daughter are friends. Sometimes, they manage to have sexual relations also. Raju tells you that he is worried that some day Rani may get pregnant. He does not want this to happen as he loves Rani very much and does not want to harm her. Raju, requests you for some advice to prevent pregnancy.

What will you now say to Raju and how will you go about to help him?

Scenario 2

Champa, a girl aged 19 and her husband, Raghu, aged 21 come to the sub centre. They tell you that they have been married for 2 years and that Champa has recently given birth to a daughter. They tell you that they do not wish to have another child for the next 3 years and want to adopt a safe contraceptive method.

How will you respond to their need?

RTIs, STIs and HIV/ AIDS in Adolescents

CONTENTS

1. What are Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)?
2. Why are adolescents more prone to STIs?
3. Factors that increase risk of RTIs/STIs
4. What are the consequences of STIs in adolescents?
5. Prevention of RTIs/STIs
6. What are the main factors that hinder prompt and correct diagnosis and management of STIs in adolescents?
7. HIV/AIDS
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 - Role Play Scenarios

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What are Reproductive Tract Infections (RTIs)

RTI refers to three different types of infections which affect reproductive tract:

- Overgrowth of organisms normally present in the vagina.
- Infection introduced during medical procedures
- Sexually transmitted infections due to organism transmitted through sexual activity.

RTIs include all infections of the reproductive tract, whether transmitted sexually or not, for example, Bacterial Vaginosis or Candidiasis which are caused by a disturbance in the equilibrium of the vaginal flora or Pelvic Inflammatory Disease caused by iatrogenic infection (infections introduced or contacted at a health facility during a clinical procedure). These are examples of reproductive tract infections that have not been sexually transmitted. On the other hand, pathogens like 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.

RTIs can also be iatrogenic infections (e.g., infections introduced to the reproductive tract by use of unclean hands and instruments during delivery, IUD insertion, abortion or medical and surgical procedures, etc.)

What are 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, and from a mother to her unborn child.

STIs are among the most common illnesses in the world, and have far-reaching health, social and economic consequences for millions of men, women and infants.

In addition to their sheer magnitude, the incidence and prevalence of STIs among adolescents is increasing in both developed and developing countries. 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 sexual partners. The prevention and treatment of STIs therefore needs to be a key component of a strategy to prevent the transmission of HIV.

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The four most prevalent STIs are chlamydial infection, gonorrhoea, syphilis and trichomoniasis. These STIs can be prevented and cured provided that adequate antibiotics are available and standardised treatment protocols are employed.

Symptoms of RTIs/STIs

Some of the symptoms in an adolescent who seeks advice either from a health centre could be:

- 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
- For adolescent girls:
 - Unusual vaginal discharge
 - Pain in lower abdomen
 - Change in menstrual flow
- For adolescent boys:
 - Discharge from the penis

Why adolescent boys and girls more prone to STIs?

In today's world, adolescents face heightened risks of exposure to STIs. In many societies, sexual activity begins during adolescence, either within the context of marriage or - increasingly - before marriage occurs.

Sexual relations during adolescence are often unplanned and sporadic, and sometimes the result of pressure, coercion or force. Adolescents start sexual activity before they have:

- Experience and skills in self-protection.
- Adequate information about STIs and how to avoid contracting these infections.
- Access to preventive services and protective supplies (such as condoms).

Adolescent girls are thought to be more susceptible to STIs than adult women because of both biological and social reasons:

- Protective, hormonally-driven mechanisms have not yet had time to develop fully. The inadequate mucosal defence mechanism and the immature lining of the cervix in adolescence (especially in early adolescence) provide a poor barrier against infection. Further, the thin lining and the relatively low level of acidity in the vagina render it more susceptible to infection.

- Because of financial pressures, young women - and even girls - are forced to sell sex for favours or for cash to pay for school fees or to support their families.

Adolescent boys in many cultures feel they have to prove themselves sexually; to indicate this graduation to adulthood. Studies confirm that adolescent boys and young men often have high rates of STIs, and that they frequently ignore such infections, or rely on self-treatment.

In addition to increasing the risk of STIs, unprotected sexual activity increases the risk of other reproductive health problems such as too early, unwanted pregnancy and unsafe abortion.

Factors that increase risk of RTIs

- Poor general health
- Poor genital hygiene
- Poor menstrual hygiene in girls
- Unhygienic practices by services 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

What are the consequences of STIs among adolescents?

The consequences of STIs contracted during adolescence are more severe than in adults. This is especially true in the case of female adolescents.

Consequences of STIs for adolescents

- Pelvic inflammatory disease (PID): Chlamydia infection during adolescence is more likely to result in (PID) and its complication (such as infertility);
- Cancer of the cervix: exposure to infection (such as Chlamydia and Human Papilloma virus) during adolescence is more likely to result in cancer of the cervix;
- Tertiary Syphilis: Heart and brain damage as a long-term consequence of an untreated Syphilis infection;
- Stigma and embarrassment associated with STIs can impair psychological development and attitudes towards sexuality later in life
- 8-10 times more risk of HIV
- Bad outcomes of pregnancy

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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
- 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 or home delivery by a trained birth attendant
- Availing safe abortion services

What are the main factors that hinder a prompt and correct diagnosis of STIs in adolescents?

Adolescents often lack information about the services that are available. For example, they may not know of existing services, where and when they are provided or how much they cost. Even if they have this information, they are often reluctant to seek help for diagnosis and treatment because of embarrassment, because they do not want to be seen by people they may know, and because of fear of negative reactions from health-care workers.

In many countries adolescents with STIs go to traditional healers or buy remedies from street vendors. This is likely to result in improperly and inadequately treated infections. The symptoms and signs of some STIs disappear without treatment; in these situations, adolescents may believe that the disease has resolved spontaneously when in fact it has not done so.

STIs may be asymptomatic, especially in young women. Adolescents may not be aware of the differences between normal and abnormal conditions (such as normal and abnormal genital discharges), and hence do not seek help. Asymptomatic and mildly symptomatic STIs are likely to be missed when health-care providers apply the syndromic approach for diagnosis and management. Symptomatic STIs may also be missed if health-care providers do not have adequate skills to undertake a clinical examination or to elicit the needed information from adolescents who are not fully knowledgeable about their bodies.

What are the main factors that could hinder the effective management of STIs in adolescents?

As indicated above, adolescents may be reluctant to use services due to factors such as inadequate information, difficulties in accessing services, and lack of money to pay for them. They often tend to self-mediate when they believe that they have exposed themselves to the risk of an STI.

Adolescents often have difficulty in complying with treatment because it may be lengthy (e.g. in the case of chlamydia) or painful (e.g. in the case of venereal warts), and sometimes they need to conceal medication so that the STI is not revealed to others. In many places, medicines for the treatment of STIs can be bought at pharmacies, without a prescription, they can also be bought from vendors in a market. It is therefore important for the health-care worker to ascertain if the adolescent has tried/taken any medication for the STI, before coming for help.

HIV /AIDS

HIV stands for : Human Immunodeficiency Virus

AIDS stands for

Acquired : Not genetically inherited but get it from some body

Immuno-deficiency : Inadequacy of the body's main defence mechanism to fight external disease producing organisms

Syndrome : A group of disease or symptoms

AIDS results from infection with HIV, which stands for human immuno-deficiency virus. 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 contract 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 injectibe 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 commong route of transmission in our ocuntry 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.

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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.

Signs and Symptoms of AIDS

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

- An unexplained loss of weight lasting at least one month
- Diarrhoea 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

Only a laboratory test can confirm the presence of HIV

Knowing one's HIV status enables an individual to make informed decisions about treatment and care and learn how to avoid passing the infection on to others. Many people infected with HIV have no symptoms, and, therefore, there is no way of knowing with certainty that the person is not infected unless he or she has repeatedly tested negative for the virus - and has not engaged in any risky behaviour between tests.

ELISA test is the most common screening test used for initial testing. Whenever, this screening test is positive, a confirmatory test is done. The Western blot is used to confirm screening tests results. Both these tests detect the presence of antibodies against HIV.

Sometimes it is possible to test negative in the very early stages of HIV infection. This period is called the 'window period'. This is because the test is looking for antibodies that have not yet developed. In this case the test should be repeated after a duration of three months.

Maintaining confidentiality of test results is of utmost importance because disclosure of a person's status may be detrimental not only for the individual concerned but also for the people around him such as their family members. They may be alienated or stigmatised due to the lack of accurate information as well as the prevailing myths and misconceptions about the infection in the society.

Testing must always be voluntary and with informed consent of the client. Pre and post-test counselling are an integral part of testing. Such voluntary counselling and testing services are now available free of cost at many government health facilities.

Integrated Counselling and Testing Centre (ICTC)

HIV voluntary Counselling and Testing (ICTC) has shown a positive role in both HIV prevention and as an entry point to care. It provides people with an opportunity to learn and accept their HIV status in a confidential environment. ICTC is a relatively cost-effective intervention in preventing HIV transmission. Improving information to advocate the benefits of ICTC and raising community awareness will contribute greatly to promote utilization of this service. The NACO has plans for the expansion of HIV testing facilities in each district of the country in a few years. HIV testing services address multiple needs and rights of individuals at risk or already infected so that effective counselling, condom supplies and peer and community support are also available. Such efforts to reduce stigma and discrimination will normalize community perceptions of HIV infection and AIDS, and make counselling services available to all who seek them, regardless of their willingness to be tested.

Counselling guidelines clearly state that no HIV testing is to be undertaken without pretest and post test counselling. Therefore, counselling services have to be improved bearing this issue in mind. Voluntary HIV counselling and testing is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be the choice of the individual

and he or she must be assured that the process will be confidential. However, in concurrence with the Supreme Court decision, Partner notification is necessary and this makes it imperative for the attending physician to disclose the HIV status to the spouse or sexual partner of the person. In spite of this all efforts must be made to counsel the person for disclosure of HIV status to the spouse or sexual partner.

Benefits of ICTC

The potential benefits of ICTC are:

- Improved health status through good nutritional advice.
- Earlier access to care and treatment
- Prevention of HIV related illness Emotional support
- Better ability to cope with HIV related anxiety
- Awareness of safer options for reproduction and infant feeding. Motivation to initiate or maintain safer sexual practices.
- Motivation for drug related behaviour
- Safer blood donation

Management of HIV in young people

Management of HIV in young people includes a range of services that provide (a) care, (b) treatment, (c) Support, (d) positive prevention for young people living with HIV, and (e) counseling, which is an integral part of all these services.

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The aim of services is to help young PLHIV (People living with HIV) to:

- Stay healthy and live positively
- Adhere to care and treatment
- Understand the benefits of disclosing HIV status to family, sexual partner(s), close friends
- Cope with stigma and discrimination towards themselves and their loved ones

(a) CARE

Management of HIV is based on medical and psychosocial care in a healthcare setting. The ten principles can be used in managing many diseases, including HIV.

General principles of good chronic care

- Develop a treatment partnership with your patient
- Focus on your patients concerns and priorities.
- Use the 5As –Assess, Advise, Agree, Assist, Arrange
- Support the patients education and self management
- Organize proactive follow-up
- Involve expert patients, peer educators and support staff in your health facility
- Link the patient to community –based resources and support
- Use written information –registers, treatment plans, patient calendars, treatment cards, to document, monitor, and remind
- Work as a clinical team (and hold team meetings). Each team must include a district ART clinician
- Assure continuity of care

(b) TREATMENT

Treatment includes antiretroviral therapy, prevention, treatment and care of opportunistic infections and STIs. Treatment also includes management of other chronic conditions (e.g. cancers, depression). There are distinct groups of HIV-infected adolescents who may require ART, but have different needs because of their infection history. For adolescents who were infected around birth and have survived into adolescence, HIV disease may develop as rapid progression or slow progression. In rapid progression, they may have begun ART during childhood and are likely to have had experience with different treatments. These adolescents may face challenges relating disclosure of HIV status, developmental delays, and transition of care from paediatric to adult care, and choice of appropriate ART regimens and adherence. Adolescents who were infected around birth with slow progression of HIV disease may present for the first time to ART services during adolescence; their –treatment and care needs are similar to those who become infected during adolescence. ART is a lifelong treatment and this creates a challenge for adherence.

(c) Support

Support deals with the emotional, spiritual and material support for young PLHIV, which is often provided by peers, family and community.

- Support may be connected to ART and care
- Support is about assisting young PLHIV to cope with the impact of HIV on their lives on every aspect of life
- Support includes all measures that alleviate the impact of HIV on the young PLHIV, their family and their community.

(d) Positive Prevention

Positive prevention for young people includes all strategies that increase the self esteem and confidence of young PLHIV, with the aim of protecting their own health and avoid passing the infection to others.

An important part of positive prevention is counseling, with the aim of

- Supporting positive living (emotional, psychological and physical), which can help PLHIV to live healthily and take responsibly for their health.
- Assisting PLHIV to learn how to enjoy a healthy sexual life, without fear of infecting their loved ones.
- Involving PLHIV and associations of PLHIV in community activities

(e) Counseling

Counseling of young PLHIV concentrates on the emotional, behavioural, and social issues that relate to living with HIV. Counseling often begins with an HIV test result; however, counseling is an essential part of HIV management and care and is much more than explaining to a young PLHIV his/her test result.

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Annexure 1: Role Play Scenarios

Role Play 1

Deepak, a 16-year-old boy is brought to you by his mother. She says that he told her that he had been injured in his groin, playing football with his friends. You notice that the boy is silent and does not interrupt his mother, or add to anything that she says. You tell the mother that you would like to talk to Deepak separately. Taking him to another room, you ask Deepak what the problem is? The boy is silent. After a few minutes, you gently probe once again. He replies in a low voice and asks you to promise not to repeat anything he says to his mother. He tells you that he had once visited the local sex workers. After some days, he is having itching in the groin and discharge from his penis. He is afraid now that something bad may happen to him and he will be punished by his parents if they come to know about what he had done. Deepak also tells you that he feels ashamed now to meet his friends also.

How will you deal with Deepak and his mother?

Role Play 2

Pramod, a 19-year-old boy comes to you with a urethral discharge. He tells you that he has been suffering from this, on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. On enquiry, you learn that the young man got married to a 16 year old girl 3 months ago.

How would you deal with this situation?

Role Play 3

Laxmi, a 17-year old married girl comes to you with her mother. She complains of itching and genital discharge for the last 2 months. Laxmi reveals that her husband works in the city. Two months ago, he came home to the village for 10 days. Her complaint started soon after his visit.

How would you deal with the situation?

Adolescent Injuries, Aggression and Violence

Contents

1. Introduction
2. Magnitude of the problem
3. Injuries
4. Prevention of Injuries
5. Road traffic injuries
6. Drowning
7. Guidance to Adolescents
8. Adolescent aggression and violence
9. Specific Issues
10. Summary
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Introduction

Every year, millions of children all over the world die from preventable causes. Injuries and violence are responsible for a large majority of these causes. Injury death rates are significantly higher in low- and middle- income countries, which already account for more than 95% of the world's deaths from injuries and violence. Young people are among the most vulnerable. Apart from the high death toll, injuries during childhood and adolescence are also associated with high morbidity.

Magnitude of the problem

Worldwide, 8 of the 15 leading causes of death for people aged 15 to 29 years are injury related, including road traffic injuries, suicides, homicides, drowning, burns, war injuries, poisonings, and falls. According to findings of 2010 Global Burden of Disease Study, injuries cost the global population some 300 million years of healthy life every year, causing 11% of disability-adjusted life years (DALYs) worldwide. Road-traffic crashes were the number one killer of young people and accounted for nearly a third of the world injury burden—a total of 76 million DALYs in 2010, up from 57 million in 1990.

The common causes of unnatural accidental deaths are- road traffic injuries (37.2%), poisoning(7.8%), drowning(7.8%), railway accidents and rail-road accidents (7.7%), and fire related deaths(6.8%). Age-wise,6.9% of such victims were up to 14 years of age while 53.0% were in the age-group of 15-44 years, rest were in age more than 45 years.

Understanding injury, aggression and violence

An injury consists of unintentional or intentional damage to the body that results from acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of such essentials as heat or oxygen. Injuries can be classified based on the events and behaviors that precede them, as well as the intent of the persons involved. Aggression is intense behavior to achieve some goals and this reflects in behavior.

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or is likely to result in injury, death, psychological harm, mal development, or deprivation.

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Injuries

Classification of Injuries

I. Intentional injuries

- a) Self inflicted injuries (suicide)
- b) Interpersonal violence (homicide, sexual, child abuse)
- c) Collective violence (war)
- d) Other intentional injuries (legal intervention)

II. Unintentional injuries

- a) Road traffic injuries
- b) Drowning
- c) Poisoning
- d) Falls
- e) Burns
- f) Other unintentional injuries(firearm injuries)

Both intentional and unintentional injuries can also be categorized according to the place where they occurred, i.e. on the road, at home, at a leisure/sport facility, at school or in the workplace, or according to the circumstances in which they occurred, e.g. during working hours (occupational injury) or during leisure time.

Why are adolescents at risk from injuries?

Due to developmental and social factors, such as time spent without adult supervision and increasing independence, adolescents are more likely to engage in risk-taking behaviors than either younger children or adults.

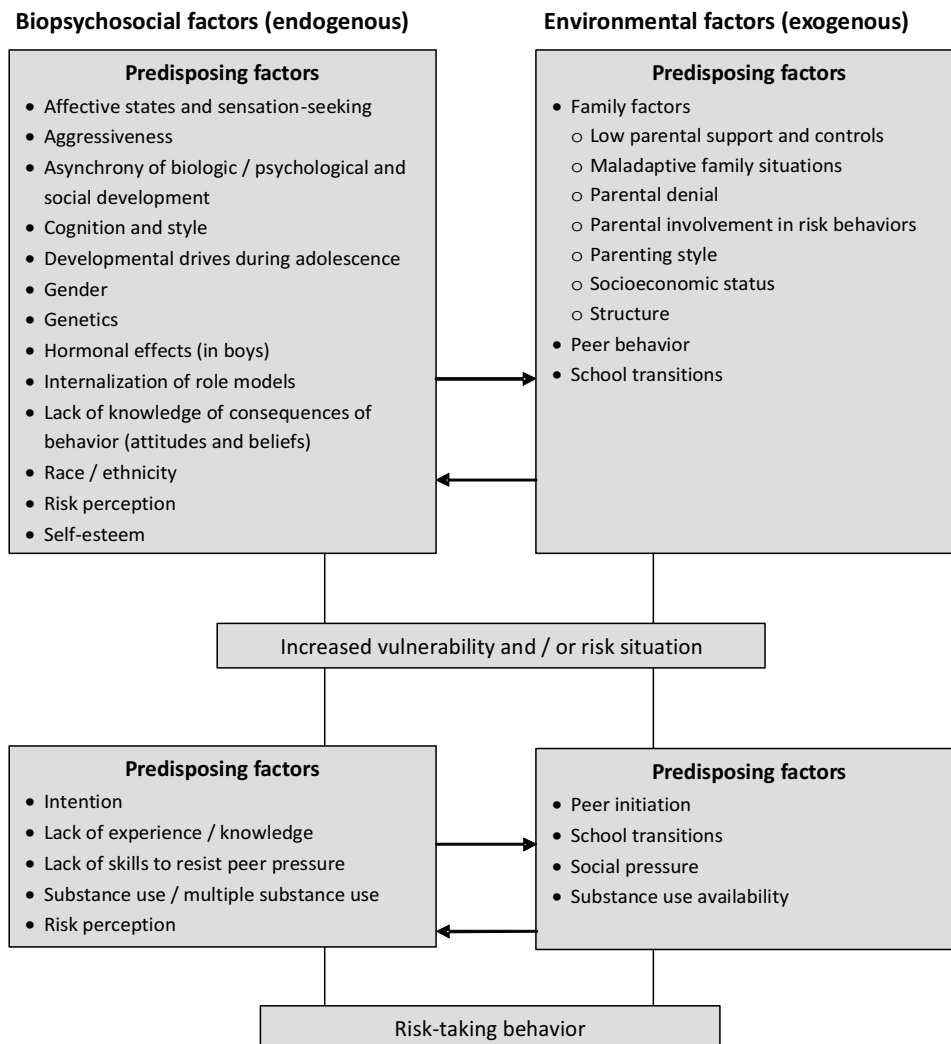


Fig. 1: Principal factors in risk-taking behaviors (adapted from Igra v et al, Social Pediatrics, New York, 1995)

Risk-taking behavior

The primary causes of injury, illness and disability in adolescents are behaviorally generated. Nearly 50% of the morbidity and mortality in adolescents stems from four behaviors: sexual activity, substance use and abuse, motor vehicle use, and interpersonal violence. These behaviors have their origin in adolescence, and are common among all age, socioeconomic and ethnic groups. While young children may inadvertently take risks because they lack appropriate skills to do otherwise, older children and adolescents may actively seek out risk. Risk-taking behavior may allow adolescents to feel a sense of control over their lives or else to oppose authority. Young people consequently seek new situations and experiences to maintain a level of psychological arousal, irrespective of the risks inherent in the experience.

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Sensation-seeking frequently focuses on risky behaviors, including driving a vehicle or crossing a road. Sensation-seeking has been shown to rise between the ages 9 and 14 years, peaking in late adolescence or in early adulthood, and declining steadily with age. Risk-seeking behavior is a significant predictor of involvement in road traffic injury among child pedestrians as well as it is for young adolescent drivers aged 16–17 years across all ages and particularly among the young, sensation-seeking is more common among boys than among girls. *But it is also pertinent to remember that though injuries are a frequent and sometimes devastating outcome of risk taking but risks are also inherent in the environment in which adolescents live, work, and play.*

Peer influence on risk taking

As young children become adolescents, they enter a phase where the influence of their parents is reduced, and they begin to discover and assert their independence. For many young people, peers are of significant importance and can be the primary source of the social norms with which they strive to conform. Social norms, including peer pressure and the emphasis placed on rebellion in the culture of young people, can affect the manner in which young people drive a vehicle. Research has shown that young drivers experience higher peer pressure than older drivers to commit traffic violations such as speeding, driving under the influence of alcohol and dangerous overtaking. There is a close link between the presence of similarly aged passengers in the car and increasing risk levels. A number of studies have shown that young drivers, both male and female, drive faster and with a shorter following distance at road junctions if they have young passengers in the car.

Effect of gender on risk taking

There is evidence of a strong relationship between gender, road safety behavior and road traffic injury. Most studies conducted show a strong male bias. A part of the predominance of boys in road traffic injury statistics can be accounted for by differences in exposure.

Prevention of Injuries

Approaches to prevent injuries

Child and adolescent injuries can be considered as a major health problem. The traditional model of injury prevention and control rests on managing three Es ie *enforcement, education and engineering*. It involves changing the environment, individual behavior, products, social norms, legislation, policy, and ecology related to injury.

Behavioral Approaches

It is a very important component of the effective structural, automatic, environmental, or engineering protections. For example,

- Bicycle and motorcycle helmets protect against head injury, but they must be fitted properly and used consistently.
- Seat belts can prevent injuries, but they must be worn even when it is not mandatory or otherwise.
- Driver must abstain from over speeding and
- Drunk driving even if there are penalties for them. Effective injury prevention always involves both behavioral (active) and environmental (passive) countermeasures.

Ecological Approaches

The most effective injury prevention efforts are structured within an ecological framework, focusing on individual modifiable factors and family, peer group, work site, and community and socio cultural factors simultaneously.

- Legislation requiring bicycle helmet use should be accompanied by an educational campaign for children and parents
- Police enforcement in the community
- Programs addressing the safety of employees can also be extended
- Local enforcement of laws designed to protect adolescents.
- An efficient rehabilitation services (including immediate post trauma management services) are essential.
- Road traffic injuries and drowning are the two important preventable cause of injury in adolescents and will be discussed in detail.

Road traffic injuries

- Children and adolescents suffer fatal injuries in motor vehicle crashes.
- Young drivers may also lack experience to recognize, assess, and respond to the situation or hazards.
- These risks may be fueled by emotions, peer pressure, and other adolescent stressors.
- Adolescence is characterized by increased independence from parents and social pressure from peers.
- Other factors can be cell phones, texting, in-vehicle internet use, and on-board navigation systems.

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Preventing Road Traffic Injuries

- a) Road safety management
- b) Safer roads and mobility
- c) Safer vehicles
- d) Safer road users
- e) Post-crash response

Delivering Care after Crash

Access to pre-hospital services and quick evacuation and transport to hospital can save many lives and limit disability, since majority of these who die do so before they reach a hospital.

Evidence based strategies to reduce road traffic injuries in adolescents

Among the most important strategies are graduated licensing and safety belt and helmet use.

Seat Belts and Helmets

Wearing a standard, *good quality* motorcycle helmet can reduce the risk of death by 40% and the risk of serious injury by over 70%. Seat belt usage protects the driver and the occupants from severe crash injuries. Legislation mandating seat belt and helmet use, together by family members, and community climate are some of the factors related to nonuse. Building a culture of safety for seat belts and helmet-wearing among adolescents will be one with enforcement and education has proven to be the most effective strategy.

DROWNING

Drowning is the process of experiencing respiratory impairment from unintentional submersion/immersion in liquid. Apart from mortality it may also result in non fatal injury which may lead to brain damage and long term disability. Around 96% of unintentional drowning deaths take place in low- and middle-income countries. Males are especially at risk of drowning, with twice the overall mortality rate of females. Studies suggest that the higher drowning rates among males are due to increased exposure to water and riskier behavior such as swimming alone, drinking alcohol before swimming alone and boating. Increased access to water is another risk factor for drowning.

Prevention of Drowning

Victims of drowning have a very slim chance of survival after immersion. Therefore, prevention strategies are more important.

Drowning prevention strategies should be comprehensive and include: and engineering methods which help to remove the hazard, legislation to enforce prevention and assure decreased exposure, education for individuals and communities to build awareness of risk and to aid in response if a drowning occurs.

- Availability of properly-fitted and appropriate personal flotation devices
- Non consumption of alcohol while boating and swimming appear to be effective drowning prevention strategies.
- Individual and community education on drowning awareness, risks associated with drowning and learning waters survival skills appear promising strategies to prevent drowning.
- Ensuring the presence of lifeguards at swimming areas.
- Ensuring immediate resuscitation by increasing the capability of first responders to provide first aid in cases of drowning can decrease the potential severity of outcomes.

Management of injuries

Inquire about the nature and extent of participation in all health risk behaviors. It is important to remember that an adolescent may be indulging in more than one risk taking behavior at a time. Interview the adolescents and their parents about the adolescent's functioning in areas of family, peers, and school or work to find out how he/she is meeting the expected development outcomes in these contexts. While doing look for physical signs of trauma like lacerations, ecchymosis, or other musculoskeletal injuries. Manage such injuries appropriately. If coercion nature is suspected use algorithm "I have been attacked" given in Annexure.

Guidance to adolescents

Realistic goals for counseling should not focus on convincing the youth to cease all risk behaviors, but rather encouraging the adolescent to modify the behaviors so that, he or she is protected from the most harmful outcomes. For example, parents can be informed that their own behavior, such as the use of tobacco or the wearing of seat belts, serves as a powerful message to their children.

Adolescent Aggression and Violence

Violence results from aggressive behavior. When intensity of behavior increases and impact becomes more severe, aggression become violence. Relationship between normal behavior and violent behavior is shown in figure 1. It is important to understand that not all aggressive behavior is antisocial/criminal and not all antisocial behavior is violence.

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Figure 2- Continuum of aggression and violent behavior

Factors related to aggression and violence in adolescents.

Violence is a learned behavior and exposure to violence at home teaches adolescent how to use violence to exert social control over others and to resolve interpersonal conflicts. Substance misuse is associated with an increased risk of exposure to violence. Adolescents with mental illness are at risk of becoming violent and adolescents with opposition defiant disorder, conduct disorder or intermittent explosive disorder often resort to heightened aggressive and to have 'killer instinct' to win. Sometimes, this behavior continues on side the sport too. Hate crimes including terror acts are not uncommon and sometimes adolescents are forced to participate in it. Easy access to weapons including five arms increases chances of violence.

Nurses, ANMs and LHV's Role in Managing Aggression and violence in adolescents.

Nurses, ANMs and LHV's have several roles to play in making a violence free society. MO gets opportunities to intervene at various levels. First, they should equip themselves with skills like patience, problems solving and negotiation skills. They should be aware of factors promoting violence and protecting from violence. They should have enough resources in their clinics (information material as given in Annexure)

HEADS screening should include questions about school status, drug use or alcohol use and fighting. Details of peers and immediate environment at home school and community should be assessed. An ability to initiate and maintain social relationships with age-appropriate friends in an indicator of good psychosocial health of adolescents.

If violence is suspected then determine

- (a) if adolescent was a victim or perpetrator or witness of violence and
- (b) nature, context, and location of violence. Find out motivators or pre-disposing factors for violence. Assess for presence of any mental health illness. Understand the limitations of health services in preventing violence and involve other agencies like Child Line, Child Welfare Committees and police appropriately. Use algorithm "I have been attacked" in cases of victims of violence.

Encourage parents of 'adolescents experiencing violence' in supportive parenting in the form of effective supervision, setting limits and having consistent behavior by themselves. Parents should encourage, protect and support adolescents in managing their world.

We can promote protective factors by supporting teachers, counselors and peer-leaders in promoting protective factors in school and community. Life skills education of all adolescents in or out of school is likely to reduce effects of violence on life of adolescents.

Specific issues

Dating violence

Violence during the time spent together with a friend is not uncommon. During HEADS screening questions about friendship and dating should be asked especially on excessive possessiveness, substance use, fights or violence.

Dating violence can take many forms including physical abuse (i.e., hitting, slapping, biting, punching); psychological abuse (for example: constant criticism, threats, insults, emotional outburst, etc), sexual abuse (i.e., unwanted touching, kissing or fondling, sexual intercourse, date rape, use of date drugs to obtain sexual contact, etc).

Parents and teachers are required to teach adolescents about the dating violence and how to cope with it. Parental monitoring is also required. Awareness and educational programs should be organized to create awareness and facilitate learning appropriate skills for dealing with dating violence. The adolescent girls should be equipped with assertive skills required to say “no” to sexual advantages of the boyfriend. Information to be provided to parents and adolescents can be found in Annexure.

Co-ercion and abuse

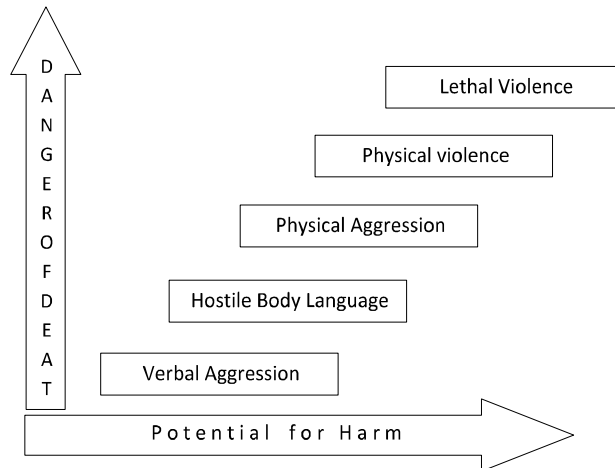
Abuse or maltreatment constitutes all forms of physical, sexual and/or emotional ill-treatment, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity, in the context of a relationship of responsibility, trust or power.

Child abuse is widely prevalent irrespective of caste, religion, socioeconomic status, regional, and other factors. While sitting in our chambers we tend to overlook the glaring signs /symptoms of child abuse because of shortage of time but the high index of suspicion should always alert the concerned doctor to look deeper in a sympathetic and child friendly manner and whatever may be the reasons enough time and attention should be devoted on this child.

The role and responsibilities of the attending clinician in cases of child abuse broadly has two aspects; (1) to provide immediate medical care and (2) to ensure the future safety and welfare of the child but most often we either fail or choose to ignore the second aspect because of lack of knowledge / experience of handling such situations or fear of getting involved in the legal situations. But the truth is by avoiding we invite more problems for ourselves and always carry guilt of not acting in a justified manner to save the life / dignity of a child. Use algorithm “I have been attacked” whenever needed.

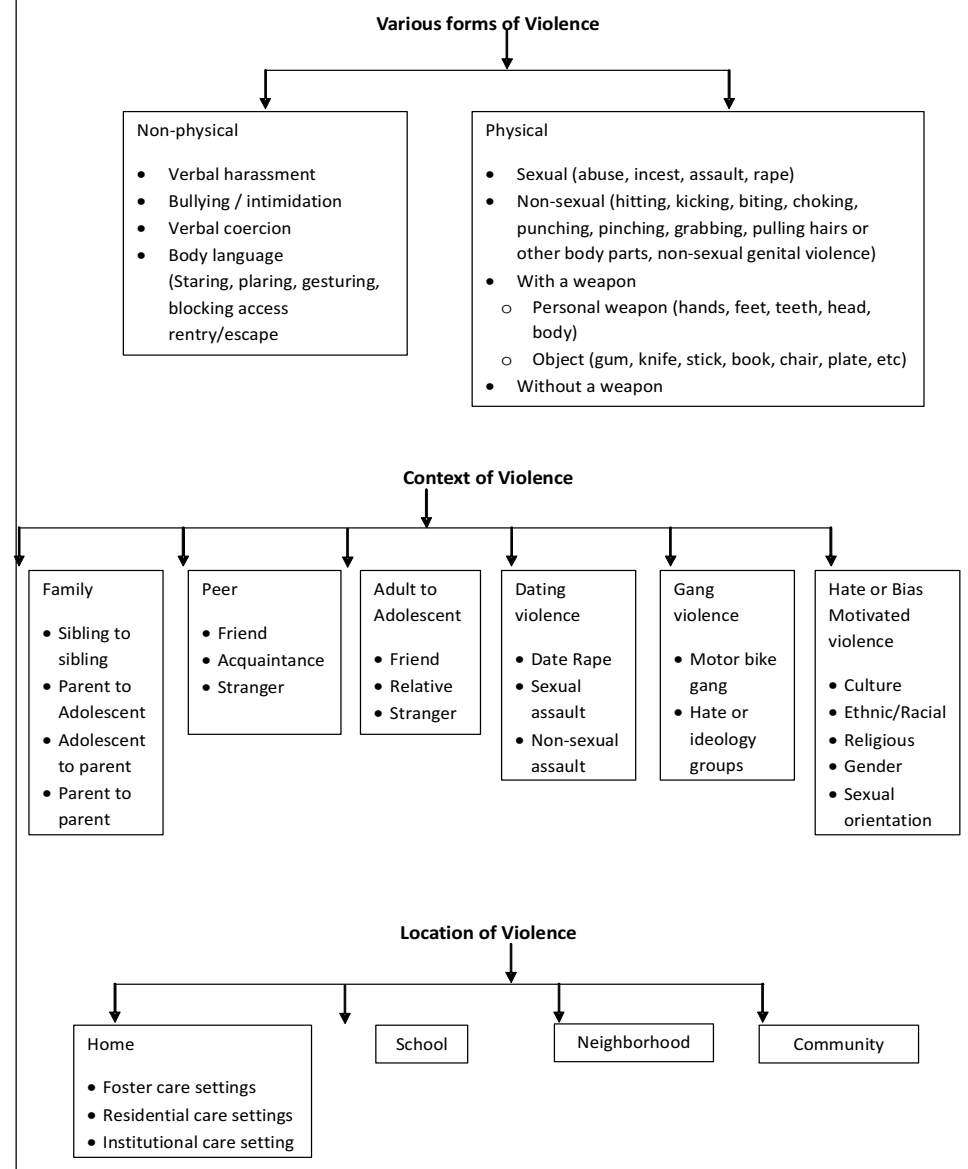
Immediate goal should be to take care of the medical condition and provide him/her with the best that center can offer. In case of any life threatening injuries, recent sexual assault or potentially grievous injuries police has to

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informed immediately and meanwhile medical care should be continued and if the child needs to be referred best available first aid treatment should

Box 1: Violence in Adolescents



be instituted before transporting the child. In other conditions, depending upon the situation, either the family or the care taker or the child welfare committee of the district or the child helpline (telephone number - 1098) or the NGOs dealing with the welfare of the children can be contacted.

Precautions to take in dealing with adolescents victim of violence

- A detailed hand written history to be recorded separately from child and accompanying person
- All factors leading to violence
- Written consent for Medical examination from parents
- Appropriate samples to be collected for lab tests.
- Record to be kept confidential and in secure place.

Summary

- Injuries (both unintentional and intentional) have important contribution in morbidity and mortality in adolescents.
- All adolescents should be screened for risk of unintentional injuries, exposure to violence (victim or victimizer).
- Health services and Medical Officers can act in various ways to prevent and control injuries, aggression, and violence in adolescents and in community.
- Care should be taken to follow all rules and regulations while dealing with a victim of violence.
- Involving various agencies (Child Line, Welfare Committees, NGO and Police) should be considered at every level.

Further Readings

1. Global status report on road safety 2013: supporting a decade of action. World Health Organization 2013.
2. Pratt HG, Greydanus DE. Adolescent violence; Concepts for a new Millennium. Adolescent Medicine; State of the art reviews – Hanley and Belfus, Inc., Philadelphia; Vol 11, No. 1, 2000.

POCSO Act

As you may be aware, the Protection of Children from Sexual Offences Act 2012 (POCSO) has come into force from 14th November, 2012. The

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Protection of Children from Sexual Offences Act, 2012 has been drafted to strengthen the legal provisions for the protection of children from sexual abuse and exploitation. For the first time, a special law has been passed to address the issue of sexual offences against children. The salient features of the landmark act are appended below :

1. The Protection of Children from Sexual Offences Act, 2012 defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.
2. The Act provides for stringent punishments, which have been graded as per the gravity of the offence. The punishments range from simple to rigorous imprisonment of varying periods. There is also provision for fine, which is to be decided by the Court
3. An offence is treated as “aggravated” when committed by a person in a position of trust or authority of child such as a member of security forces, police officer, public servant, etc.
4. **Punishments for Offences covered in the Act are:**
 - **Penetrative Sexual Assault (Section 3) on a child** – Not less than seven years which may extend to imprisonment for life, and fine (**Section 4**)
 - **Aggravated Penetrative Sexual Assault (Section 5)** – Not less than ten years which may extend to imprisonment for life, and fine (**Section 6**)
 - **Sexual Assault (Section 7) i.e. sexual contact without penetration** – Not less than three years which may extend to five years, and fine (**Section 8**)
 - **Aggravated Sexual Assault (Section 9) by a person in authority** – Not less than five years which may extend to seven years, and fine (**Section 10**)
 - **Sexual Harassment of the Child (Section 11)** – Three years and fine (**Section 12**)
 - **Use of Child for Pornographic Purposes (Section 13)** – Five years and fine and in the event of subsequent conviction, seven years and fine (**Section 14 (1)**)
5. The Act provides for the establishment of Special Courts for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences. These include:
 - Recording the statement of the child at the residence of the child or at the place of his choice, preferably by a woman police officer not below the rank of sub-inspector

- No child to be detained in the police station in the night for any reason.
 - Police officer to not be in uniform while recording the statement of the child
 - The statement of the child to be recorded as spoken by the child
 - Assistance of an interpreter or translator or an expert as per the need of the child
 - Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
 - Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence.
 - In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.
 - Frequent breaks for the child during trial
 - Child not to be called repeatedly to testify
 - No aggressive questioning or character assassination of the child
 - In-camera trial of cases
6. The Act recognizes that the intent to commit an offence, even when unsuccessful for whatever reason, needs to be penalized. The attempt to commit an offence under the Act has been made liable for punishment for upto half the punishment prescribed for the commission of the offence.
 7. The Act also provides for punishment for abetment of the offence, which is the same as for the commission of the offence. The Act makes it mandatory to report commission of an offence and also the recording of complaint and failure to do so would make a person liable for punishment of imprisonment for six months or / and with fine.
 8. For the more heinous offences of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, the burden of proof is shifted to the accused. This provision has been made keeping in view the greater vulnerability and innocence of children. At the same time, to prevent misuse of the law, punishment has been provided for making false complaint or proving false information with malicious intent. Such punishment has been kept relatively light (six months) to encourage reporting. If false complaint is made against a child, punishment is higher (one year) **(Section 22)**.
 9. The media has been barred from disclosing the identity of the child

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without the permission of the Special Court. The punishment for breaching this provision by media may be from six months to one year (**Section 23**).

10. For speedy trial, the Act provides for the evidence of the child to be recorded within a period of 30 days. Also, the Special Court is to complete the trial within a period of one year, as far as possible (Section 35).
11. To provide for relief and rehabilitation of the child, as soon as the complaint is made to the Special Juvenile Police Unit (SJPU) or local police, these will make immediate arrangements to give the child, care and protection such as admitting the child into shelter home or to the nearest hospital within twenty-four hours of the report. The SJPU or the local police are also required to report the matter to the Child Welfare Committee within 24 hours of recording the complaint, for long term rehabilitation of the child.
12. The Act casts a duty on the Central and State Governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children as well as their parents and guardians aware of the provisions of this Act.
13. The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCRs) have been made the designated authority to monitor the implementation of the Act.

Annexure 1. Unintended injuries

Injuries are a leading cause of death and disability among adolescents. Many adolescents die or are seriously hurt as a result of road traffic crashes (including as riders of bicycles and motorcycles, as drivers of cars, as passengers and as pedestrians). Many adolescents also lose their lives through drowning and falls. Injuries can occur anywhere – in homes, places of study and work, on the roads and elsewhere in the community. They can, and should be, prevented.

Messages for adolescents

There are several things that you could do to reduce the chance that you will be hurt or even killed as a result of an injury:

Road traffic crashes:

1. Learn and respect the traffic rules as a bicycle or motorcycle rider or a car driver.
2. Pay attention to the traffic when you are walking on a footpath or a dirt track alongside a road.
3. When driving a car always use a seat belt. When riding a motorcycle or bicycle, always use a helmet. They may feel uncomfortable and may not look attractive to you, but they can save your life.
4. Both as a driver/rider and as a pedestrian, be particularly attentive when it is dark, or if visibility could be hindered by rain or fog. If available, use bright clothing or reflective materials to alert drivers of your presence.
5. Never drive or ride if you are ill or very tired, or if you have been consuming alcohol or other substances that affect your thinking. 168 Adolescent Job Aid
6. Never get into a car or on a motorcycle if the driver/rider has been consuming alcohol or other substances.

Drowning:

1. Learn to swim, if there are opportunities to do so.
2. Avoid getting into water above your waist if you do not know how to swim.
3. Even if you are an able swimmer, do not swim when you have consumed alcohol or other substances.

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Messages for parents

What you should know:

1. You could help your son or daughter avoid injuries by discussing the risks of this with them, and by teaching them how to avoid injuries to themselves and to others.
2. Ensuring that they know how to respond if and when someone is injured— including where to seek help – could save lives.
3. Working with family and community members to make your home and community – including places of study and work – safe, will reduce the likelihood of your son or daughter, as well as others, being injured.

What you should do:

1. Discuss with your son or daughter, the risks and consequences of injuries.
2. Teach them what they could do to reduce the likelihood of injuries, and how to respond when someone is injured.
3. Clarify your expectations of their behaviour, and provide a good role model through your own example.

Road traffic crashes:

1. Emphasize to your son or daughter the importance of driving safely and respecting traffic rules. Also, ensure that the vehicles they drive are in good condition.
2. Talk to them about the importance of paying attention to traffic as a driver or as a pedestrian, especially when poor light, rain or fog hinder visibility.
3. Talk to them about the importance of not driving/riding if they are feeling very tired or unwell, or if they are under the influence of alcohol or other substances. Help them make a plan for what to do in case the 169 Part 3: Information to be provided to adolescents and their parents or other accompanying adults driver of their car/rider of their motorcycle has consumed alcohol or other substances.

Drowning:

1. Encourage your son or daughter to learn to swim. Insist that they do not get into water above their waist if they do not know how to swim. Stress to them that they should never swim if they have consumed alcohol or other substances, even if they are able swimmers.

Annexure 2. Violence and abuse

Violence and abuse are leading causes of pain and suffering, and even death in adolescents. They can be physical, psychological or sexual. Both adolescent girls and boys can experience all forms of violence and abuse. They can occur in the home as well as in the community, and can be perpetrated by family members, as well as other adults and adolescents, who may be known or unknown to the adolescent. In many cases, the perpetrators make the victims feel that they have no option but to accept violence and abuse. In addition to the immediate effects, violence and abuse can have long lasting physical and psychological effects. Violence and abuse can be prevented and when they occur, they need to be responded to effectively and with sensitivity.

Messages for adolescents

1. Talk to your parents or other responsible adults about what you could do to avoid experiencing violence.
2. As far as possible, avoid being in places where you may experience violence.
3. If you find yourself in a situation where you feel threatened, walk away as quickly as you can.
4. If someone is trying to force you to have sex, make it clear through your words and actions that you absolutely do not want it. Leave the place as quickly as you can and call for help if necessary.
5. Disagreements and disputes can occur from time to time. If they do occur, try to stay calm and deal with them in a non-violent manner. Do your best to avoid provoking violence or responding to provocation with violence.
6. If you have been physically or sexually assaulted or coerced into doing something you do not want to do, bring this to the attention of your friends, parents or other responsible adults. They could give you the care and support you need, help prevent this from happening again, and help bring the perpetrators to justice.

Messages for parents

What you should know:

1. Discussing the issue of violence with your son or daughter can help them to protect themselves. It may make them more likely to seek help if they have been the victim of violence.
2. Working with other parents and individuals to fight violence in your community could make a difference to the lives of your son or daughter and to many other children and adolescents.

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What you should do:

1. Talk with your son or daughter about how to avoid violence, and what they could do if and when they experience violence. You could raise the following issues:
2. the importance of dealing with disagreements and disputes (if and when they occur) in a peaceful manner;
3. the dangers of carrying, threatening people with or using weapons;
4. the importance of avoiding places where they could experience violence;
5. the option of walking away if they find themselves in a threatening situation;
6. how to clearly refuse unwanted sexual advances through words and actions, and to call for help if needed.
7. the importance of informing you or other responsible adults if and when they experience violence.
8. Be a good role model; do not use violence in dealing with issues with your son or daughter, or with others.
9. Work with members of your community to create awareness of the dangers of violence, to contribute to efforts to prevent it from occurring and to bringing perpetrators to justice.

Mental Health of Adolescents

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2. Mental health and adolescents
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Introduction: The Spectrum of Mental Health

Mental health is defined as: *a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. (US Surgeon General Report, Dec 1999)*

Mental illness is a spectrum ranging from less serious to more serious conditions. Physical health can affect mental health, and vice versa.

1.1 The spectrum of mental health

The spectrum of mental health ranges from mental wellbeing to diagnosable mental and behavioural disorders that meet specified clinical criteria.

Mental well-being is a state in which the individual can realize his or her potential, cope with the everyday stresses of life, study or work productively, and participate in community life.

The positive dimension of mental health is stressed in the World Health Organization (WHO) constitution, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Mental well-being is therefore more than the absence of mental illness and cannot be achieved simply by preventing and treating mental disorders. It is also necessary to promote mental well-being by carrying out activities, providing services and creating environments that promote mental health.

Mental difficulties or problems are ways of thinking, feeling or behaving that impact negatively on an adolescent’s quality of life and development.

Mental difficulties or problems can be part of normal adolescent development; may be responses to events in the adolescent’s life or stressors. Mental difficulties or problems do not meet diagnostic criteria of disorders – they have a different duration, severity and impact.

Perceptions of what is “normal” or “abnormal” are determined to a large extent by the social and cultural context. Different ways of thinking and behaving across cultures may influence the way that mental illness manifests and is perceived.

Mental illness manifests through thoughts, feelings and behaviours of an individual.

- Thinking/thoughts (cognition): e.g. interpreting the words or actions of people as being against oneself.
- Feelings (emotion): e.g. experiencing certain emotions, such as sadness, fear or anger.
- Behaviours (action): e.g. withdrawing from or being aggressive towards others.

Mental Health and Adolescents

Mental health is strongly related to other health problems in adolescence, including substance abuse, violence, and sexual and reproductive health.

Common mental and behavioural disorders seen in adolescents

People who are diagnosed in adulthood with a mental disorder often experience their first episode of the disorder during adolescence. Many of the most serious disorders, such as schizophrenia, bipolar disorder and depression, are identified during the late adolescence or the beginning of adulthood). The pre-existing mental health problems may get worse as the adolescent undergoes this demanding phase of emotional and physical development.

The following are the more common mental and behavioural disorders of adolescence:

Anxiety disorders

Anxiety describes unpleasant feelings of apprehension, tension, fear or worry. These feelings can be associated with physical (bodily, somatic) symptoms, such as a fast heart rate, sweating or shaking. In adolescence, there may also be an effect on development.

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by intrusive thoughts (obsessions) that produce uneasiness, apprehension, fear, or worry; by repetitive behaviours (compulsions) aimed at reducing the associated anxiety; or by a combination of such obsessions and compulsions.

Depression

Depression is a common mental disorder during adolescence. It is primarily characterized by sadness (feelings), loss of interest in activities (thoughts, behaviours) and decreased energy (physical symptoms). Other physical symptoms include difficulty concentrating and changes in appetite and sleep. Sometimes, the physical symptoms are more obvious than the feeling of sadness.

It is not uncommon for depression and anxiety to occur together in a mixed anxiety-depressive disorder.

Schizophrenia

Schizophrenia is a mental disorder where there is disturbed thinking and perception and often inappropriate emotions. Disturbed thinking can be recognized in the form of **delusions** – beliefs about people or things that remain fixed, despite evidence to the contrary; these are often bizarre or paranoid (e.g. the individual may believe the parents trying to kill him). Disturbed perception can be recognized in the form of **hallucinations** – sensory perception of something or someone that is not present (e.g. hearing voices that speak about the individual in the third person). Behaviours are also affected and may seem strange to an observer.

Substance use disorders

There are a number of disorders resulting from the abuse of psychoactive substances such as alcohol, opioids (heroin), cannabinoids (marijuana), sedatives and hypnotics, cocaine, other stimulants, hallucinogens, tobacco and volatile solvents. The conditions include acute intoxication, harmful use, dependence and psychotic disorders.

Table Title :- Risk and Production factors for mental health of children and adolescents

	Risk factors	Protective factors
Biological	Exposure to toxins (e.g. tobacco, alcohol) in pregnancy	Age-appropriate physical development
	Genetic tendency to psychiatric disorder	Good physical health
	Head trauma	Good intellectual functioning
	Hypoxia at birth other birth complications	ANC checkup
	HIV infection	Teaching to get HIV checkup and good sex education
	Malnutrition	Good food
	Substance abuse	Friendly environment at home
	Other illness	
Psychological	Learning disorder	Ability to learn from experiences
	Maladaptive personality trait	Good self-esteem
	Sexual, physical or emotional abuse; neglect	High level of problem-solving ability
	Difficult temperament	Social skills
Social	Inconsistent care giving	Family attachment
	Family conflict	Opportunities for positive involvement in family
	Poor family discipline	Rewards for involvement in family
	Poor family management	
	Death of a family member	
	Academic failure	opportunities for involvement in school life
	Failure of school to provide appropriate environment to support attendance and learning	Positive reinforcement from academic achievements
	Inadequate or inappropriate provision of education	Identity with school or need for educational attainment
	Bullying	
	Transition (e.g. urbanization)	Connectedness to community
	Community disorganization	Opportunities for leisure
	Discrimination, marginalization	Positive cultural experiences
	Exposure to violence	Positive role models

Consequences of adolescent mental illness

Consequences of adolescent mental illness include:

- Suffering (e.g. personal distress, family distress);
- Functional impairment (e.g. inability to study, work, raise a family or be independent);
- Exposure to stigma and discrimination (e.g. isolation, missed opportunities, abuse from others);
- Increased risk-taking behaviour (e.g. unprotected sex, excessive alcohol use);
- Premature death (e.g. violence, suicide, overdose of drugs).

Some people think that a diagnosis of a mental health problem or a mental disorder implies that the person is doomed to have the problem for the rest of their life. Mental health problems, like physical illnesses, can be short-lived as well. A person diagnosed with mental health problems will not necessarily have the problem for the rest of his or her life.

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Presentation and assessment of adolescent mental illnesses and substance abuse

Mental illness presenting through thoughts, feelings and behaviours

As discussed before, mental illnesses are expressed in thoughts, feelings and behaviours. Here are some examples of how we get information to assess an adolescent's mental health when they come to the clinic:

- What the adolescent says about his or her thoughts and feelings;
- What the adolescent says he or she does (self-reported behaviour);
- Observing how the adolescent looks (self care) and speech (tone of voice);
- What other people (e.g. parents, teachers, other adults, siblings, peers) say the adolescent does or says about his or her thoughts and feelings;
- Observing the adolescent's interactions with other people – behaviour;
- General physical examination;
- Medical records.

In addition to mental illness being evident through a person's thoughts, feelings and behaviours, mental illness may also manifest as physical (bodily or somatic) symptoms. e.g.:

- Sleep problems or unexplained tiredness;
- Anxiety and palpitations;
- Dizziness, trembling and sweating;
- Generalized aches and pains (including of the head, chest and abdomen);
- Poor appetite or loss of weight.

Other presentations that might indicate underlying adolescent mental illness

There are also other presentations that should alert the health-care provider to possible mental health problems or a need for a mental health assessment, e.g.:

- Social withdrawal or reduced participation (in school, work or social activities);
- Declining academic performance;

- Signs of excessive and frequent alcohol or psychoactive substance use;
- Self-report or report by others of frequently engaging in high-risk behaviour (e.g. reckless driving, playing with firearms).

Changes in mood and behaviour can provide important indicators of an adolescent's mental wellbeing, but these observations alone cannot be conclusive of mental illness – they can only indicate the need to carry out a full assessment.

It is important for health-care providers to be aware of these presentations, as they may point to underlying mental health problems.

The HEADS framework or approach can help the health-care providers assess whether an adolescent is mentally well or ill and, if they are ill, to assess the severity of the illness.

The letters of HEADS remind the health-care provider of the issues that need to be discussed with the adolescent:

HEADS framework

H Home

E Education/employment; Eating; Exercise

A Activities

D Drugs;

S Sexuality; Safety; Suicide and depression.

It is necessary to discuss the HEADS approach in more depth, considering possible warning signs that might point towards adolescent mental illness.

Home

The home environment is an essential part of the adolescent's life and hence a good area to begin the interview. This will help the health-care provider understand the family situation, e.g. whether the adolescent is living with parents (one or both) or a guardian.

Warning signs include the following:

- Adolescent has no support at home or anywhere else.

Education/employment

The educational or work environment and the peer group in this setting are important factors in determining the mental health and well-being of adolescents and in influencing their behaviour.

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Warning signs include the following:

- Adolescent is having trouble at school or work, e.g. problems with school or work, bullying, or problems with teachers or bosses.
- Adolescent frequently misses school or work.

Eating

The health-care provider should enquire about the adolescent's body image and eating habits. An open-ended question could be "What do you think about your weight?" This opening can lead to questions on the adolescent's eating habits, e.g. "Warning signs include the following:

- Adolescent is overweight and has poor eating habits.
- Adolescent believes he or she is overweight, when it is evident that this is not the case.
- Adolescent is absorbed or obsessive about food, exercise, body weight or shape.
- Adolescent is underweight, and from the discussion it appears that financial constraints are contributing to this.

Exercise

The health-care provider should ask the adolescent about their regular exercise routine. Warning signs include the following:

- Adolescent participates in no or very little physical activity.
- Adolescent is overweight and unfit (e.g. breathless, tires easily walking upstairs).
- Adolescent is absorbed or obsessive about exercise and body weight.
- Adolescent is undernourished or engages in excessive physical labour.

Activities

Asking the adolescent about what they enjoy doing for fun can give a picture of their behaviour

Warning signs include the following:

- Adolescent has no friends and spends most of the time alone.
- Adolescent spends most of the time with people who are 4–5 years older, who affect his behaviours negatively.

Drugs

The health-care provider should routinely ask all adolescents some general questions about substance use.

Warning signs include the following:

- Adolescent regularly uses legal or illegal substances.
- Adolescent has tried illegal substances or has friends who do so.
- Substance use is having a negative impact on adolescent's health or ability to function.
- Other people have expressed concern about adolescent's substance use.

Sexuality

This part of the interview requires care, as the information being obtained is sensitive. Discussions on sexuality need to take account of the social and cultural context of the adolescent. Concerns about sexual development, sexuality and sexual abuse are all sensitive topics and need to be approached in a careful and supportive manner with more focus on confidentiality

Warning signs include the following:

- Adolescent is being or has been pressured to have sex.**18**
- Adolescent seems at risk for early sexual activity.
- Adolescent has had unsafe sex or has had a number of sexual partners.
- Adolescent seems upset or worried about his or her sexual orientation.

Safety

The health-care provider should ask about safety issues at home, work and school, including questions regarding bullying and violence.

Warning signs include the following:

- Adolescent is experiencing bullying, violence, sexual harassment or abuse.
- Adolescent is withdrawn and unable to talk of experiences, or examination reveals signs of violence.

Suicide and depression

Asking the adolescent about their mood and signs and symptoms of depression is important..

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Warning signs include the following:

- Adolescent is sad or anxious or feels hopeless most of the time.
- Adolescent talks about hurting or killing himself, or has tried to hurt or kill himself.
- Adolescent frequently uses alcohol or drugs to escape negative feelings.
- Adolescent has poor self-esteem and no sense of self-worth.

Attitudes towards adolescent mental health and stigma

The stigma of mental illness

Stigma is a mark of shame, disgrace or disapproval that results in an individual being shunned or rejected by others. In most societies, mental and behavioural disorders are associated with stigma, and this stigma tends to increase as behaviours become increasingly different from the “norm”.

Mental illness might be believed to be associated with evil spirits and magic.

Stigma can prevent people from acknowledging their own mental health problems and from disclosing them to others. Many people do not seek help when they need it for fear of being labelled as “mentally ill”.

They can result in

- Rejection by friends, fellow students, co-workers, relatives and neighbours, leading to aggravated feelings of rejection, loneliness and depression;
- Rejection of the young person, which can affect his or her family or caregivers and lead to their isolation or humiliation;
- Denial of equal participation in family life, schooling, social and professional networks, and employment;
- Reduced ability to access the services, treatment and support required in health-care settings and the community.

Health-care providers should be aware that adolescents with mental illness are more vulnerable to being abused and badly treated.

Reducing the stigma of mental illness for adolescents

The stigma of mental illness can be reduced by actions at the community and wider societal level. At the community level, there is a need to:

- Talk openly about mental illness and the role of the community in promoting mental health and supporting adolescents with mental illness;

- Provide accurate information on the causes, prevalence, course and effects of mental illness;
- Challenge the negative stereotypes and misconceptions surrounding mental illness, and challenge and correct myths and misinformation on the causes and treatment of mental illness, including among health workers;
- Provide support and treatment services that enable young people with mental illness to participate fully in all aspects of community life.

At the societal level, there is a need to:

- Ensure that those in charge of law and policy reform understand the issues surrounding adolescent mental health, and that they work towards the provision of mental health services in the community;
- Create demand and support for new or revised legislation and its enforcement to protect the rights of people with mental illness, enable access to health and social services, and reduce discrimination in schools and the workplace.

Myths, misconceptions and negative stereotypes about mental illness are a major cause of the stigma associated with mental illness. Therefore, reducing the stigma of mental illness involves talking openly and accurately about the causes, effects and effective treatment of mental illness. One example of this is to make people aware that most adolescent mental health problems are not permanent and can be treated successfully with bio-psychosocial interventions.

Features of Substance use/abuse in adolescents

Some of the most common symptoms of drug abuse in teenagers include lying, stealing, making repeated excuses (ie for asking for money, going out, going to bath-room) staying in their room, becoming verbally or physically abusive toward others, having items in their possession that are connected to drug use, the smell of drugs on them, mood swings, sleepless nights, changes in friends and academic decline. In addition to these more behavioral symptoms, look for the physical symptoms of drug intoxication and withdrawal.

Responding to adolescents with mental illnesses or substance abuse

Adolescents with mental health problems need to be identified in their communities and referred to primary-level health facilities where they should get the care and support they need. Adolescents requiring specialized care need to be referred to referral-level health facilities.

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Responding to adolescents with mental health problems at the family and community level

Family members, teachers, youth workers, social workers and other non-health workers could help identify (in their homes, schools and elsewhere in their communities) adolescents experiencing mental health problems. To do this, they need to know what warning signs to be alert to. They also need to know that it is important to look out for these warning signs.

They could also help adolescents experiencing mental health problems by giving them a patient hearing, empathizing and offering advice and support to adolescents to cope with the challenges they are facing and to deal with them effectively. If the symptoms persist or if the adolescent's ability to function is affected, he or she should be referred to a primary-level health-care facility. Family and community members can make it easier for adolescents to seek help by normalizing and legitimizing care-seeking for mental health problems.

Responding to adolescents with mental health problems at the primary level

Supporting the substance abuser medically is the approach to managing most drug antoxication/with drawals, sure many substances of abuse can affect bodily functions (for eg. heart rate, blood pressure, breathing rate) In addition to medical management, psychiatric assessment is also required, sence drugs are associated with impaired judgement, secure aggression, assaultive behaviour and ever judicidal 8 homicidal behaviors.

Pasychosocial interventions & pharmacotherapy play a vital role in the management of drug dependance and to prevent relapse. Help from mental health professionals & other trained health care professionals makers should be sought the psychosocial intermantions involve the adolescent his/her parents & others concerned persons. The pharmacocetical agents are used as delerrants or anti crausing agents or healthier and less harmful replacement agents.

Promoting mental health in adolescents

Many sectors have complementary contributions to make to crafting an effective overall response to promoting mental health in adolescents, preventing problems from arising, and responding to mental health problems promptly, effectively and sensitively. For this to happen, ministries of health need to:

- Engage and support other sectors – in particular, the education, social welfare, media, employment, youth and sports sectors – to make important contributions;
- Ensure their actions are evidence-based, are carried out well, reach all adolescents (especially those who are most vulnerable), and are carried out collaboratively with other sectors.

Life Skills

The term “life skills” refers to a generic set of skills that can be learnt at any stage in life for the promotion of psychosocial competence among young people and that can be applied to many areas of life. The table below gives some examples of life skills.

Setting	Sector	Actions
Home	Social welfare services	Educating parents to help them understand the emotional needs of adolescents and how to respond to these needs Nature of mental health problems that might occur, how to respond to them, and when and how to seek help Supporting vulnerable adolescents and their families
School	School Staff	Building individual assets such as self-esteem and life skills Discussing sexual health, injuries, violence and substance use; promoting healthy attitudes and behaviours Making school a safe (i.e. free from physical and emotional violence) and supportive (i.e. where students and staff feel valued and supported) environment Training teachers to detect adolescents who might need help, provide them with counselling support, and refer those who need medical help to health facilities Working with social health services to identify and provide support to adolescents living in difficult circumstances
Community	Community leaders and members	Engaging and sensitizing community leaders and members to create a caring and supportive environment for adolescents with or at risk of mental health problems, and their families Engaging and sensitizing community members to intervene when there is violence in homes and elsewhere in the community Training selected community members to detect and refer to health services adolescents who might need help
Media and Communication technologies	Media personnel	Disseminating information on factors contributing to mental health problems in adolescents, on effective ways to prevent mental health problems and respond to them when they occur, and on substance use and mental health problems Preventing glamorization of suicide

Source: *Skills for health: Skills-based health education including life skills - an important component of a child-friendly/health-promoting school*. Geneva, World Health Organization, 2003.

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Communication and interpersonal skills	Decision-making and critical thinking skills	Coping and self - management skills
Interpersonal communication skills: Verbal/non-verbal communication Active listening Expressing feelings, giving feedback (without blaming), receiving feedback	Decision-making and information-gathering skills: Evaluating future consequences of actions or self and others Determining alternative solutions to problems Analysis skills regarding influence of values and attitudes about self and others on motivation	Skills for increasing personal confidence and abilities to assume control, take responsibility, make a difference or bring about change: Building self -esteem and confidence Creating self -awareness skills, e.g. awareness of rights, influences, values, attitudes, strengths, weaknesses Setting goals Self-evaluation, self -assessment, self-monitoring
Negotiation/refusal skills: Negotiation and conflict management Assertiveness Refusal Empathy building Ability to listen, understand another's needs and circumstances, and express that understanding	Critical thinking skills: Analysing peer and media influences Analysing attitudes, values, social norms, beliefs, and factors affecting them Identifying relevant information and sources of information	Skills for managing feelings: Managing anger Dealing with grief and anxiety Coping with loss, abuse and trauma
Cooperation and teamwork: Expressing respect for others' contributions and different styles Assessing own abilities and contributing to the group		Skills for managing stress: Time management Positive thinking Relaxation techniques
Advocacy skills: Influencing skills, persuasion Networking, motivation		

References

WHO Handout L “Orientation Programme on Adolescent Health for Health-care Providers”

Annexure 1. Emotional well-being

Adolescence is a time of enormous changes in life – physical, psychological and social. These changes can be stressful. Experiencing anxious, sad and angry thoughts and feelings is a normal part of adolescence. However, if these thoughts or feelings persist for more than several days, and especially if they prevent someone from being able to carry out their normal daily activities, this may be an indication of a mental disorder.

Many adolescents suffer from problems such as anxiety and depression, which cause them pain and suffering. Some adolescents harm themselves as a result of these problems. Sadly, suicide is a leading cause of death among adolescents. However adolescents could take steps to protect their emotional well-being, and as with other illnesses, there is much that caring people around them could do to help.

Messages for adolescents

1. Adolescence is a time of enormous change in one's life. These changes can be stressful.
2. Spending time every day doing things that you enjoy, being with people whom you like and doing some physical activity can help to prevent and reduce stress.
3. Feeling anxious, sad or angry from time to time is normal. Talking to friends, your parents or other trusted adults can be helpful. They can give you comfort and support, and help you to think things through clearly.
4. Do not use tobacco, alcohol or other substances as a way of coping when you are under pressure, or are feeling anxious, sad or angry. Alcohol and other substances can make feelings of depression and anxiety worse. You may become addicted to these substances. 162 Adolescent Job Aid
5. Do not act hastily or impulsively when you are under pressure or are feeling anxious, sad or angry. You may be tempted to pick a fight or ride a motorcycle fast as a way to deal with these feelings. This will put you and others at great risk of injury.
6. If you have sad, anxious or angry thoughts and feelings every day for several days and especially if they affect you from doing your daily activities (for example, doing your school work), or if you have thoughts of harming yourself or others seek help from a health worker.

Messages for parents:

What you should know:

1. Adolescence is a time when young people acquire the skills they need to become independent adults. During this time, many adolescents\

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appear to reject their parents' guidance, and withdraw from the close attachment they had with them when they were younger. This can be difficult for parents to accept. However, all adolescents still need, and benefit greatly from, the support and guidance of parents. Feeling needed by and being valued by one's family can give a young person a positive sense of well-being.

2. Adolescents need to develop the skills to cope with the stresses and strains of everyday life, as well as emotions such as sadness and anger in a healthy way. They also need to know that they can ask their parents for help when they find that they cannot cope by themselves.
3. With prompt diagnosis and effective treatment, adolescents with many mental health problems can get back to good health and to productive lives.

What you should do:

1. Make every effort to communicate with your son or daughter. Encourage them to share their hopes and expectations, fears and concerns with you. Show interest in their activities and viewpoints. Show that you care for them through your words and actions. Let them know that you will always be there to support them when needed. Encourage them to contribute to family and community activities.
2. Talk to your son or daughter about healthy ways of dealing with the stresses and strains of everyday life, such as doing activities that they find relaxing, being with people they like, and doing some physical activity.
3. Warn them of the dangers of using tobacco, alcohol or other substances as a means of dealing with negative thoughts and feelings. Also, warn 163 Part 3: Information to be provided to adolescents and their parents or other accompanying adults that when they are upset they could do things – such as picking a fight or driving dangerously – that could cause harm to themselves or others. Talk to them about the importance of asking for help when they feel that they cannot handle their problems by themselves.
4. Be watchful for changes in the mood or behaviour of your son or daughter. Common signs of stress or mental illness include: changes in sleeping patterns; changes in eating patterns; decreased school attendance or performance; difficulties in concentration; a persistent lack of energy; frequent crying or persistent feelings of helplessness, hopelessness, sadness and anxiety; persistent irritability; frequent complaints of headache or stomach ache and the excessive use of alcohol or other substances. If any of these changes are marked or last for several days, seek help from a health worker.
5. Seek help from a health worker immediately, if your son or daughter has thoughts of harming or killing himself/herself or others. 164 Adolescent Job Aid.

Annexure 2. The use of tobacco, alcohol and other substances

Adolescence is a time of curiosity and experimentation. Many adolescents experiment with tobacco, alcohol and other substances. They do this for different reasons – to feel and act older, to fit in with friends, to challenge adults, or to relieve stress.

The use of tobacco, alcohol and other substances can lead to negative health consequences both during adolescence, and into adulthood.

1. Tobacco use stains fingers, lips and teeth. It also causes bad breath. Smokers tend to be less fit and get short of breath more easily. Tobacco also causes problems later in life – notably cancer and heart disease.
2. The consumption of alcohol, even in small amounts, can impair judgement. The consumption of large quantities of alcohol in a short period of time can cause neurological and liver damage.
3. Using cannabis, heroin, amphetamines or cocaine can cause damage to the brain, liver, kidney and lungs both in the short and long terms. Injecting substances with shared needles and syringes greatly increases the likelihood of getting HIV.
4. Substances such as tobacco, heroin, amphetamines and cocaine can induce dependence. Being dependent on these substances impairs the ability of people to carry out everyday activities and can lead to tensions with family members, friends and others. Most people who develop dependence on substances do so during their adolescence.
165 Part 3: Information to be provided to adolescents and their parents or other accompanying adults
5. While under the influence of alcohol or other substances people do things that they would not normally do, such as: driving dangerously, being verbally or physically violent, or having unprotected sexual activity. Many adolescents die from motor vehicles crashes under the influence of these substances.

Messages for adolescents:

1. Do not be pressured into using tobacco, alcohol or other substances by people around you, or by images on television etc.
2. Talk to your friends, parents or other trusted adults if someone offers you substances to use. They could help you avoid using them.
3. If you have started using alcohol or other substances, seek help from your friends, parents or other trusted adults. They could help you give up their use.

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4. If you do use alcohol or other substance that impair judgement, do so with someone you trust and in a safe place. You are more likely to suffer an overdose if you consume substances on your own, and are more likely to be a victim of crime or violence if you are alone and in an unsafe place.
5. If you do use alcohol or other substances that can impair your judgement, avoid driving a car, motorcycle or bicycle while under their influence.

Messages for parents

What you should know:

1. Increasing the awareness of your son or daughter about the dangers of substance use, and helping them become aware of the influence that peers and the media can have, can help them avoid substance use.
2. Early detection of substance use, followed by counselling by health workers, has been shown to be effective in motivating adolescents to give up their use or to reduce the harm it could cause them.

What should you do:

1. Talk to your son or daughter about the dangers of using tobacco, alcohol or other substances. Do this in early adolescence. Do not wait until their use has started.
2. Discuss with your son or daughter the influence that their peers and images in the media could have in persuading them to initiate substance use. Explain to them the importance of deciding what is best for themselves. 166 Adolescent Job Aid
3. Make clear what your expectations regarding their behaviour are. Provide a good role model through your own behaviour.
4. Be watchful for signs of substance use by your son or daughter. If and when you notice them, discuss the matter, and together seek help from a health worker.

Non-Communicable Diseases and Adolescents

Contents

1. Introduction
2. Risk Factors for NCDs
3. Management of Risk factors for NCDs

Handout 12

Introduction

Non Communicable Diseases (NCDs) are leading cause of death worldwide including India. So much so that about 53% of deaths in our country are because of NCDs. Majority of NCD related deaths are attributed to four groups of diseases, cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. Main risk factors for NCDs include dietary habits , physical inactivity, tobacco and alcohol use.

Other risk factors include high blood pressure, high cholesterol levels, high blood glucose levels, and genetic susceptibility (history of premature death or disability due to coronary heart disease or stroke, diabetes, and hypertension).

Why adolescents are important in control of NCDs

Treating NCDs bears a huge cost in terms of money and productive lives lost. Hence, it is wise to prevent NCDs by all means. Focusing on prevention of even risk factors in young people is likely to be more effective. Adolescence is probably the last best opportunity to build positive health habits and to limit the harmful behaviors. Adolescence is an age of developing brain and the time of habit formation. Habits adopted during this time are likely to persist in adult life. Hence, it is important to detect and manage harmful behaviors related to NCDs early. Tables 1 and 2 describe important aspects of NCSs in adolescents.

These risk factors can be less damaging if identified early in life when habits are still forming. This offers for better health, more years of productivity and certainly a lesser cost of health care to nation.

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Table 1 Main Behavioural risk factors in adolescent for NCD

Risk Factor	Current status	Implications on Health
Tobacco use	Most (90%) of adult smokers begin smoking before age of 18 years. One in four adolescents who smoke start using tobacco before the age of ten.	Exposed young people have two to three times the risk of asthma and lower respiratory conditions. Smoking by teen girls has adverse effect on fertility as well as morbidity and mortality in the fetus, newborn, infant and toddlers.
Physical inactivity /or lack of exercise	Insufficient physical activity and unhealthy sedentary behaviors are on rise. Rapid urbanization is also a driving force behind these risks	Inactivity may lead to high blood pressure and overweight/obesity, which can trigger NCDs such as cardiovascular diseases, diabetes, and cancers in adulthood.
Poor eating habits /unhealthy diets	Foods containing high levels of saturated fats, trans-fats, sugar and salt lead to weight gain and adverse metabolic changes. Unhealthy diet also leads to overweight /obesity and various nutritional deficiencies	Overweight and obesity are important determinants of health, increases in blood pressure, unfavourable cholesterol levels and increased resistance to insulin. They raise the risks of coronary heart disease, stroke, diabetes mellitus, and many forms of cancer
Alcohol consumptions	Adolescents who begin drinking earlier are more likely to become dependent on alcohol within 10 years than those who begin drinking at an older age.	Major risk factor for premature death and disability. There is a direct relationship between harmful levels of alcohol consumption and NCDs such as cancers and cardiovascular disease. This also increases risk of road traffic accidents, unprotected sex, intentional and unintentional injuries, poor mental health, and gender-based violence.

Table 2 - Why is Adolescent period important for prevention of NCD's			
Best period to begin	Factors influencing	Interventions needed	Policies
Adolescence is the last best opportunity to build positive health habits and limit harmful ones. Unless prevention is done from the adolescent, age habits are very hard to change once they get established as a life style. Some risks, such as poor nutrition, begin in childhood and are a clear precursor for later health problems.	Adolescence is a time when the influence of peers is extremely important Parental influence of being role model for healthy or unhealthy life styles is maximum during this period. Media influence and the targeted marketing of unhealthy products and lifestyles for adolescent are on rise. .	To lower the likelihood of youth smoking and chewing tobacco, protect against alcohol use, and support healthy diet and physical activity. Communities must also work together to promote physical activity and healthy eating habits based on cultural appropriateness, especially within schools.	Some of the most cost-effective strategies to combat tobacco use and harmful use of alcohol include raising taxes and enforcing bans on advertising especially targeted to adolescents. Public promotion of what constitutes a healthy diet and the appropriate amount of physical activity, specifically 60 minutes a day for adolescents, is important. National and local governments can do more to ensure their communities are eating healthier by encouraging clear food labels; managing food taxes and subsidies; promoting healthy eating in schools and workplaces; restricting marketing of junk food and sugary beverages to children and adolescents; and providing incentives for the food industry to prepare foods with less sodium, trans-fat, and saturated fat.

Identification of the risk factors in adolescents

As stated above many of the risk factors might have already started in the adolescents. Thus it is better to identify them as early as possible. It is important to look for the risk factors in all adolescents and if found then 'selective screening' by some blood tests can be added to clinical screening.

History

It is important to include some questions related to unhealthy diet, physical activity or inactivity, smoking and substance (including tobacco and alcohol) use/misuse, and then family history of diabetes, hypertension, coronary heart diseases, stroke or early (<45 years of age) death or disability due to acquired heart disease or stroke in parents or grand parents. These questions can be incorporated in HEADSS review of psychosocial interview. Some questions are given below for illustration.

- Do you exercise or participate in outdoor games atleast five days a week?
- Do you watch T.V. / computer or spend time on mobile for more than two hours per day?
- Do you consume fruits, fruit juices or green leafy vegetables in your routine diet atleast five days a week?

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- Does anybody in your family (parents, siblings, grandparents or maternal grandparents etc) have high blood pressure, diabetes, or any heart disease?
 - Do you consume any kind of tobacco (Bidi, Cigarette, Hookah, Gutkha etc.)?
 - Do you consume any kind of alcohol (Beer, Whisky, Vodka etc.) or drugs (Ganja, Charas etc.)?
- A thorough physical examination should include assessment of weight and BMI, blood pressure, and systemic examination.
 - We must identify whether unhealthy diets, overweight or obesity, hypertension, inadequate physical activity or sedentary behaviors are present.
 - Adolescents having one or more risk factors should be considered for targeted screening blood tests.
 - Whenever one or more risk factors are identified especially family history, then in such cases screening for risk factors may be advised using serum cholesterol, fasting blood sugar and blood pressure.

Whenever these screening tests are abnormal then a thorough physical examination and detailed laboratory evaluation is required and such adolescents should be referred to experts' evaluation.

Management of Risk factors for NCDs

Behavioral risk factors like smoking, alcohol intake, inadequate physical activity and sedentary activities, and unhealthy diets can be managed by appropriate counseling of parents and adolescents. Healthy habits are likely to be followed when the whole family is ready to change and adopt healthy habits. Barriers to healthy habits should be identified and managed accordingly. Algorithm (I am too thin/too fat) can be used for management of overweight and obesity.

It is important to identify genetic risk factors like enhanced susceptibility in view of family history as described above. Such adolescents and family should be advised to adopt healthy diets, regular physical activity, and less (<2 hours per day) of sedentary activities (screen time like television, video games and mobile phones).

Smoking and other tobacco use should be managed by counseling techniques. Following texts from WHO Job Aids can be used to educate parents and adolescents for promoting healthy eating and physical activity, for prevention of unintentional injuries and for preventing use of tobacco, alcohol and other substances.

Annexure 1. Healthy eating

Adolescents need a healthy diet to grow and develop, and to function optimally. A healthy diet consists of:

- a variety of foods balanced across the major food groups;
- a sufficient amount of food to meet an adolescent's needs.

There are five basic food groups:

- starchy foods such as rice and other cereals, potatoes, noodles and pasta
- fruit and vegetables
- milk and dairy products such as yogurt and cheese
- meat, fish, poultry, eggs, nuts and legumes
- foods and drinks high in fat and/or sugar.

1. **Balanced food intake**

A young person should eat a diet balanced across the five food groups.

They should eat:

- plenty of fruit and vegetables
- adequate quantities of rice and other cereals, potatoes, noodles and pasta
- some milk and dairy products such as yoghurt and cheese and
- some meat, fish, poultry, eggs and/or nuts and legumes.
- The relative proportion of the five groups is depicted in the diagram on page 155.
- In addition, they should:
 - choose foods that are low in salt and
 - limit foods that contain a lot of fat or sugar.

2. **Adequate food intake:**

If adolescents do not have enough to eat, they will be underweight. Being undernourished will affect their physical growth and development as well as their ability to learn and to work. Young women who are underweight tend to have babies who are smaller and more liable to health problems.

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If adolescents have too much to eat, particularly foods high in fat and sugar, this can lead to them becoming overweight. Being overweight can lead to health and social problems during adolescence and later in life.

Messages for adolescents

1. Eating a sufficient amount and a wide variety of healthy foods is important for you to grow and develop normally.
2. While it is important that you eat enough food for your body to grow and develop normally, it is important to remember that eating too much food can make you overweight; this is not good for your health.
3. Eating healthily means having regular meals and avoiding unhealthy snacks (especially those that contain a lot of fat or sugar).

Messages for parents

What you should know:

1. Your son or daughter needs to eat a wide variety and a sufficient amount of healthy foods to grow and develop normally.
2. If your son or daughter develops healthy eating habits during their adolescent years, these habits are likely to continue for the rest of their lives.

What you should do:

1. Talk to your son or daughter about healthy foods and healthy eating.
2. Support your son or daughter to develop healthy eating habits.
3. Provide your son or daughter with a good role model by eating healthily yourself.

Annexure 2. Physical activity

Regular physical activity has important physical, mental and social benefits both during adolescence and later in life. Physical activities include sports such as football and exercise such as jogging. They also include regular daily activities such as walking to school and work done at home (e.g. cleaning the floor) or at work (e.g. painting a room).

Messages for adolescents

Around sixty minutes of physical activity on most, if not all days, can provide you with the following benefits:

Physical benefits

- It will help your bones and muscles grow and develop.
- It will help you remain (or become) fit and trim.

Mental benefits

- It can help to build your self-confidence and self esteem.
- It can help you study and work better.
- It can help you calm down when you are anxious, sad or angry.

Social benefits

- Participating in sports can help you meet people and develop a sense of camaraderie.
- It can also help you learn how to play by the rules, how to cooperate with members of your team, and how to deal with both victory and defeat. Too little activity can lead to overweight and associated health problems. Too much activity, not balanced with an adequate diet, can lead to poor growth and development.

Messages for parents

What you should know:

1. Many adolescents need to be encouraged to build in some regular physical activity in their daily lives.
2. Developing this habit in adolescence and maintaining it into adulthood will help them prevent health problems that inactivity contributes to such as high blood pressure and diabetes.

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What you should do:

1. Encourage your son or daughter to engage in regular physical activity for around 60 minutes on most, if not all days. Encourage them to match their physical activity with an adequate diet.
2. Provide incentives and opportunities for your son or daughter to engage in regular physical activity.
3. Provide your son or daughter with a good role model, by engaging in regular physical activity yourself.

Concluding Module

CONTENTS

1. Strategy for Addressing Adolescent Friendly Health Services
2. Providing AFHS through the Public Health System
3. Making a Plan of Action
4. Close of the Orientation Programme

Handout 13

1. Introduction

This Handout is the concluding Handout in the Programme. It asks the participants to reflect on the ways they aim to improve by consolidating areas of strength and addressing areas of weakness in them or their services and draft the outline of a plan of action for implementation, which will help to improve their work for and with adolescents when they return to their respective health facilities.

2. Providing AFHS through the Public Health System

Strategy for providing AFHS – Rashtriya Kishor Swasthaya Karyakaram

The goal of adolescents making informed decisions for health and well-being will be achieved through the following as shown in the (fig 1):

- Health Promotion for Healthy Community
- Strengthened Clinical Services
- Community-based Approach
- Strategic Partnership
- Incorporate adolescent issues in all RCH training programmes and all RCH materials developed for communication and behaviour change
- Strengthening of AFHC with provision of counselors
- Community based platforms- Peer Educator and Adolescent Health Day
- Inter and intra – ministerial convergence
- Comprehensive behavior change communication

Handout 13

Services provided by DH, CHC, PHC, outreach

	Service Package	DH	CHC	PHC	Outreach
Information	IEC and IPC for Nutrition, SRH, Mental Health, GBV, NCD, Substance misuse	✓	✓	✓	✓
Commodities	IFA/ Albendazole tablets	✓	✓	✓	✓
	Sanitary napkin	✓	✓	✓	✓
	Contraceptives (condoms, OCP, ECP)	✓	✓	✓	✓
	Other medicines (e.g. Paracetamol , anti-sapsmodic and first aid)	✓	✓	✓	✓
	Pregnancy testing kits	✓	✓	✓	✓
Services	BMI screening	✓	✓	✓	✓
	Hb testing	✓	✓	✓	✓
	RTI/STI management	✓	✓	✓	✓
	ANC for pregnant adolescents	✓	✓	✓	✓
	Counseling on Nutrition, puberty related concerns, Pre-marital Counseling, Sexual Problems, Contraceptive, Abortion, RTI/STI, Substance abuse, Learning problems, Stress, Depression, Suicidal Tendency, Violence, Sexual Abuse, Other Mental Health Issues, , health lifestyle, risky behaviour	✓	✓	✓	✓
	Management of Menstrual problems	✓	✓	✓	
	Management of Iron deficiency Anaemia	✓	✓	✓	
	Screening for diabetes and hypertension	✓	✓	✓	
	Management of common adolescent health problems	✓	✓	✓	
	HIV testing and counselling	✓	✓		
	Management of physical violence and sexual abuse	✓	✓		
	Linkages with de-addiction centres and referrals	✓	✓		
	Treatment by specialists	✓	✓		
	Referral	✓	✓	✓	✓

Making a Plan of Action Purpose : Improvements one can make at the workplace:

Purpose:

The purpose of this exercise is to help one with designing the outline of a personal plan to improve one's work for and with adolescents. The plan includes the following elements:

- The proposed changes one intends to make;
- The importance of the proposed changes;
- How to assess whether or nor one is successful in making these changes;
- The personal and professional challenges and or problems one may face in making these changes ;
- The ways in which these challenges and or problems may be addressed assistance required

General instructions

- Please use the tables entitled “Plan of Action”, which appear on the following pages, to record five changes you intend making in the way you work with or for adolescents.
- Please designate one sheet for each change you intend to make. This way you will have extra writing space.
- For each change you propose in column 1, complete columns 2,3,4 and 5.
- In monitoring your own change and application of this plan, it would be useful to set yourself target dates to review your progress your plans.

Specific Instructions for Making a Plan of Action

- Column 1
Changes you personally plan to make in your everyday work with or for adolescents. Stress that each change could relate to something they learned during any of the modules they have worked through. Explain each remaining column in turn.
- Column 2
Why is this change important: who or what will benefit and in what way? Explain that the first task is to concentrate on the first two columns only.
- Column 3
How will you measure the extent of success of this change?
- Column 4
Are there any personal or professional challenges and/or problems you anticipate in carrying out the changes?
- Column 5
What assistance are you likely to need and who could provide you with this assistance?

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PLAN OF ACTION (An Example)						
Column 1	Column 2		Column 3		Column 4	Column 5
The changes I plan to make in my every day work with or for adolescents	Why is this change important?		Measuring the extent of success of this change		Challenges and/or problems anticipate in working with adolescents	Assistance
	Who/What will benefit?	Why?	How to measure?	When to measure?	Assistance required	Source
Contact the local schools to provide information on the new adolescents-friendly health services being provided by our clinic	Students in local schools. Friends of students and family members of school staff who are not in local schools.	They will find it easier to obtain the services they need. -"	A steady increase in the number of students who come to the clinic to obtain services.	Six months after making contact with the schools.	Lack of interest from the school principal. Resistance from the teachers.	The MO of the PHC could request this. Village Leaders parents and influential people.

PLAN OF ACTION							
Column 1	Column 2			Column 3		Column 4	Column 5
The changes I plan to make in my every day work with or for adolescents	Why is this change important?			Measuring the extent of success of this change		Challenges and/or problems anticipate in working with adolescents	Assistance
	Who/What benefit?	will	Why?	How measure?	to measure?		Assistance required
							Source

Handout 13

Post-Test

Orientation Workshop for ANMs/LHVs on Adolescent-Friendly Reproductive and Sexual Health Services

Pre/Post-Test

Name of State _____ Name of District _____

Name of Block _____ Designation _____

Name of Participant _____

Dates of Programme _____ Date of Test _____

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question and the multiple choices carefully and put a '3' mark on correct answer.

1. Adolescents come under which age group?
 - a) 8 -10 years
 - b) 8 -15 years
 - c) 10 -19 years
 - d) 19 -35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
 - a) Physical
 - b) Mental
 - c) Emotional
 - d) All of the above
3. What are health related concerns of adolescents?
 - a) Menstrual problems in girls and night fall in boys
 - b) RTIs/STIs - Hygiene
 - c) Teenage pregnancy
 - d) Anaemia
 - e) Unsafe abortions
 - f) Drug/substance abuse/smoking
 - g) All of the above

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4. We should invest in adolescents health because:
 - a) a healthy adolescents grows into a healthy adult.
 - b) health benefits for the adolescent's present and future.
 - c) economic benefits to avert future health cost.
 - d) Good health is adolescents' right
 - e) all of the above
 - f) none of the above
5. How do you think an adolescent feels when he/she walks into your health centre?
 - a) shy, embarrassed, worried, confused
 - b) happy and confident
6. How would you strike a rapport with an adolescent client?
 - a) By not asking too many questions and not making eye contact
 - b) By friendly, warm and non-judgmental behaviour with positive non-verbal cues.
 - c) Frowning and stern behaviour.
 - d) None of the above.
7. Adolescents do not utilise available health services because:
 - a) they fear the health providers will inform their parents.
 - b) they are not interested.
 - c) they do not recognise illness.
 - d) they do not know where to go.
 - e) All of the above.
 - f) None of the above.
8. What are the barriers to good communication?
 - a) Service provider use simple words and language
 - b) Client feels comfortable
 - c) Lack of privacy
 - d) Adolescents are unable to talk because of fear
 - e) Insufficient time to explain

- f) (a) and (b)
 - g) (c, d and e)
9. What problems are caused by lack of menstrual hygiene?
- a) Anaemia, weakness, diarrhoea
 - b) Malaria, worm infestation
 - c) Vaginal discharge, burning during urination and genital itching
10. According to you, how will you rate masturbation for adolescent boys and girls.
- a) Normal behaviour
 - b) Abnormal behaviour
 - c) Shameful behaviour
11. Lack of nutrition in adolescence can cause-
- a) Protein - energy malnutrition
 - b) Stunting of growth
 - c) Anaemia
 - d) All of the above
 - e) None of the above
12. Night fall in boys is
- a) Abnormal
 - b) Normal
 - c) Sign of serious illness
13. What is the risk of maternal death among women aged 15-19 years as compared to women aged 20-35 years?
- a) Lower
 - b) Higher
 - c) Equal
14. What can an ANM/LHV do to prevent unsafe abortions in pregnant adolescents?
- a) Counsel and refer to appropriate facility for termination of pregnancy
 - b) Conduct termination of pregnancy yourself

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- c) Scold her for getting pregnant and tell her to continue her pregnancy now and take some contraception after delivery
- 15. Which contraceptive methods are appropriate for adolescents?
 - a) Abstinence, condoms and oral pills
 - b) Sterilisation, Fertility-awareness based methods and IUCDs
- 16. What can ANMs/LHVs do to prevent STIs among adolescents?
 - a) Cannot do anything
 - b) Counsel them that abstinence, being faithful to one's partner and use of condoms protect from STIs
 - c) Criticise unmarried sexually active and inform the parents of sexually activer unmarried adolescents of their shameful behaviour
- 17. After unprotected sex, emergency contraceptive pills can be given to:
 - a) Married adolescents
 - b) Unmarried adolescents
 - c) Both
 - d) None of the above
- 18. Which services can you ANM provide to adolescents?
 - a)
 - b)
 - c)
 - d)
- 19. What are the most important characteristics of adolescent-friendly health facilities?
 - a)
 - b)
 - c)
 - d)
- 20. Which contraceptive methods are protective against pregnancy and STIs/ HIV (dual protection)?
 - a)
 - b)
 - c)

