

PARENTING ADOLESCENTS

A GUIDEBOOK



WHO Collaborating Center for Training
and Research in Adolescent Health



Department of Pediatrics, Kalawati Saran Children's Hospital
and Lady Hardinge Medical College, New Delhi, India



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Disclaimer

This book contains some stories about adolescents, material on common adolescent issues, suggestions for consulting a doctor or counselor, frequently asked questions and key points. Although attempts have been made to update the information according to the current knowledge on the topics included in this book, it is not intended to be used for treatment of a condition described in it without consulting a physician. Parents and other readers are advised to contact a qualified and registered medical practitioner for detailed information and for the management of medical issues, problems and diseases.

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PREFACE

ADOLESCENTS

10 to 19 year olds, constitute one fifth of India's population. We should be proud of the fact that India has largest number of adolescents in world. This age is a phase of transition to adulthood. Several changes occur in body and minds of adolescents, and also in the manner one thinks, processes, analyses and takes decisions in different situations. During this stage, a teen not only gains physical abilities of becoming a mother or a father, but also acquires the responsibilities of being a responsible citizen contributing positively to the society and the nation. It is much more than becoming eligible to vote and to have a driving license. The teen prepares self to enter the productive period of life by joining workforce and contributing to the family and society. The society, needs to invest in adolescents so as to reap triple dividends i.e. healthy adolescents now, healthy adults in future and healthy future generations. It is also important to note that economic returns are 10 times the investment made in programs for adolescents.

A family needs to invest in the first 8000 days of life for realizing optimum developmental potential of their children. The second 4000 days i.e. 10-19 years is a critical phase of life for health and wellness, learning, and health risks with implications for future of a child, who will as an adult be capable of shouldering the responsibility for self and family. It is important to understand that many adolescents have certain unhealthy at-risk behaviors like poor diet, physical inactivity, tobacco & alcohol consumption, excessive media use, and unsafe

sexual practices. The parents and other adults need to provide a supportive environment for connectedness, and development of resilience to avoid such behaviors. It will reduce the impact of such behaviors in order to prevent both non-communicable and communicable diseases.

Parenting becomes easy and enjoyable when parents have appropriate knowledge and the capacity to use it at the right time. Parental attitude and parenting styles can make significant differences in the life of adolescents. It is possible to learn how to become a better parent. We can analyze our parenting style and modify it to best suit our children. Good knowledge of the issues encountered by adolescents commonly add to our armamentarium we use while dealing with difficult situations involving adolescents. This book will serve as a guide for parents of adolescents to smoothly sail through such difficult waters often encountered while rearing the adolescents. The information in this book has been supplemented by small stories of parents and adolescents in different circumstances, frequently asked questions, situations when consultation with a doctor or a counsellor will become necessary, and key points at the end of each chapter. Cartoons, sketches and a colorful presentation of texts make this an easy read.

This guide has been initiated by physicians and counselors at WHO Collaborating Center for Training and Research in Adolescent Health, Department of Pediatrics, Kalawati Saran Children's Hospital and Lady Hardinge Medical College, New Delhi, India. The concept was further developed in a workshop where Pediatricians, Gynecologists, Mental Health Professionals, Nursing Officers and Counsellors from across India came together to deliberate on various aspects of adolescent parenting. This was followed by writing the contents of various topics, adding the stories, presenting scenarios where a doctor or a

counselor should be consulted, and adding the frequently asked questions. The write-ups were further reviewed by school teachers, other health care professionals and real parents of adolescents. The write-ups were modified on the basis of feedback. Care has been taken to keep the language simple and easy to understand. The publishing designer added the caricatures and graphics to make it attractive and reader friendly.

The Adolescent Medicine team, Department of Pediatrics, Christian Medical College, Vellore was involved from the time of conception through till the final version of the book.

This guide is intended for use by parents of pre-adolescent and adolescent children, teachers, counselors and health care workers involved in care of children and adolescents.

We believe that this book will prove to be a valuable companion for the parents to guide their daughters and sons in their journey through the challenging phase of adolescence and ensuring their health and well being at present as well as later in life. We look forward to making it easier and pleasurable for parents to work with their adolescents towards their healthy transition to adulthood and contribution to the society at large.

ACKNOWLEDGEMENTS

THIS BOOK

is culmination of the efforts, contributions and support by a large number of people and organizations. The initiative came from the experiences of adolescent health providers that parenting plays a vital role in healthy transition from childhood to adulthood through the complex period of adolescence. The parents need authentic information, support and guidance in looking after their growing adolescents and hence this guidebook was conceptualised. We wish to acknowledge the multiple contributors to this seminal work that that would not have been possible without their active and timely support.

Dr Rajesh Mehta, Regional Advisor, Neonatal, Child and Maternal Health WHO South East Asia Regional Office (WHO SEARO) supported the idea of agiudance document on parenting adolescents and provided all technical, and academic support. He guided every step of this work right from conceptualisation, reviewing the drafts to final publication.

Dr Kiran Sharma, National Professional Officer, WHO India Country Office supported the work and potential part for the tool kit for national adolescent health programme. Dr Neena Raina, Director Family Health, Gender and Lifecourse, WHO SEARO provided her constant support guidance in bringing this work to fruition.

The administration of Department of Pediatrics, Kalawati Saran Children's Hospital and Lady Hardinge Medical College, New Delhi, INDIA provided all the support for hosting the workshops and meetings. Dr Virendra Kumar, Head of the

Department, Department of Pediatrics guided the team at every step and provided very valuable inputs on various aspects of this book. The office of Director, Lady Hardinge Medical College and Associated Hospitals, New Delhi, India ably led by Dr Ram Chander is hugely acknowledged for providing all the support needed for this work.

This work was conceptualised, planned and executed by the team led by Dr Harish K Pemde, Director Professor, Department of Pediatrics, Head, WHO Collaborating Center for Training and Research in Adolescent Health, and In-Charge, Center for Adolescent Health, Department of Pediatrics, Kalawati Saran Children's Hospital and Lady Hardinge Medical College, New Delhi, India. He contributed to the preparations of the manuscript, editing, designing and approving the final format. He also coordinated with all the contributors, reviewers, and publishers.

The contribution of the Adolescent Medicine team, Department of Paediatrics, Christian Medical College, Vellore, INDIA led by Dr Mona Basker is hugely acknowledged. They contributed to the writing of various chapters, review by health care professionals, psychologists and also the parents. They were also involved in reviewing, proofreading, and finalizing the design and presentation of the book.

Dr Harish K Pemde and Dr Mona Basker edited this guide. The chapters have been contributed by Dr Reshmi Y S, Ms Esther Kanthi, Ms Sannuthi Suresh, Ms Tanushree Mandal (from Christian Medical College, Vellore, India), Dr Mandeep Kaur (Department of Psychology, Kamla Nehru College, University of Delhi, Delhi, India), Dr Sanghmitra Rey (Chacha Nehru Bal Chikitsalaya, New Delhi, India), Dr Tanushree Anand (Indian Council of Medical Research, New Delhi, India), Dr Deeksha Singh (Research Officer), Dr Mona M Basker, and Dr Harish K Pemde. The contents were reviewed by Dr Virendra Kumar, Ms

Vaishali Keswani, Ms Komal Chandra and Ms Pratima Sharma from Center for Adolescent Health, Department of Pediatrics, Kalawati Saran Children's Hospital, New Delhi, India.

The technical publication support including language review, designing and formatting, and publishing of this work was done by a team led by Ms. Neena Thomas and Mr. Apoorv Thakur from Fountainhead Solutions Pvt. Ltd, New Delhi.

A large number of parents of adolescents deserve a huge appreciation for reviewing the drafts and providing critical feedback that helped us in bringing the book in its current form.

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THE JOURNEY OF PARENTING ADOLESCENTS AN INTRODUCTION

PARENTING

is a full-time job and a worthy investment. If parents understand adolescence and know the healthy ways of bringing up their children, teenagers will grow up to be healthy adults, both physically and mentally. Out of the many different ways of parenting, they should strive to use the best parenting techniques. Parents need to create a balance between their daily tasks, responsibilities towards their teenagers and other family members, and their own health. They face many difficult situations while raising their teenagers. It might sometimes be difficult to apply traditional and conservative parenting methods on the current generation of teenagers. Adolescent-friendly methods in child rearing require creativity from parents and an understanding of the changes in our current society, including the impact of media and social networking. The encouraging fact is that parenting skills can be learned.

Adolescent years are a sensitive time of growth and development. Teenagers go through emotional, mental, social, and physical changes. Their lives are chaotic because of pressures such as academic pressure, peer pressure, and parental and societal

expectations. For a parent, it is important to understand the reason behind a particular behaviour of a teenager. This will help the parents to respond in an appropriate fashion.

This book is an effort to address some of the problems faced by the adolescents in this generation and to support the parents/guardians who are caring for teenagers. It teaches parents about the positive influence they can have on the growth and development of their child. It gives suggestions on how to deal with common teenage problems. Each chapter starts with a short story, which is followed by information based on scientific knowledge, which is then followed by a set of frequently-asked questions and the answers to them. Finally, suggestions are provided as to when a parent should seek out professional help.

Parents can take the assistance of professionals such as doctors, psychologists, and social workers. The stories depicted here may be similar to situations that a parent has personally come across, both in their own family and through others in their community. However, every possible teenage problem cannot be addressed here.

Shankar and Neeta will serve as the narrators of this book and have been working as adolescent counsellors for several years. They will share the real-life stories of the teenagers they have counselled. They will also share both the successes and the failures of parents while taking care of their teenagers. We hope that reading this book will be a unique experience and take you on your own journey in parenting.

Additionally, we hope that this book will be helpful and empower parents with an overall understanding and knowledge about adolescent health. We pray that the Almighty God will grant us wisdom to raise the next generation of healthy adolescents. If you find this book useful, you can share it with your friends and family.

CHAPTER 1



HOW DO YOU BRING UP YOUR TEENAGER? - PARENTING STYLES



Hello, I am Shankar, and this is Ms. Neeta, and we will share with you a story.

Abhi, Jay, Rishi and Mia were caught bunking classes at school. Several times, they had also been caught getting into fights, so the school authorities had called their parents. This was the situation in each teenager's home, after the parents were called to the school for a discussion.

Authoritative Parenting at Abhi's home

Abhi's parents were worried about him. They asked him if the complaints were true and wanted to hear his side of the story. They told Abhi that they were surprised by his behaviour and were unhappy about it. They were a bit strict, but they assured him that they would all deal with these problems together.

Authoritarian Parenting at Jay's home

Jay's parents responded to the situation with anger. They did not listen to him but they scolded him. They warned him that they would not let him go out with his friends. There was no healthy discussion between Jay and his parents.

(Continued)

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Permissive Parenting at Rishi's home

Rishi's parents reacted very casually. They told Rishi that there was no need to worry. They also told Rishi that they were sure that Rishi could not do something like this. They blamed the school staff for wrongfully accusing Rishi and totally ignored the situation.

Neglectful Parenting at Mia's home

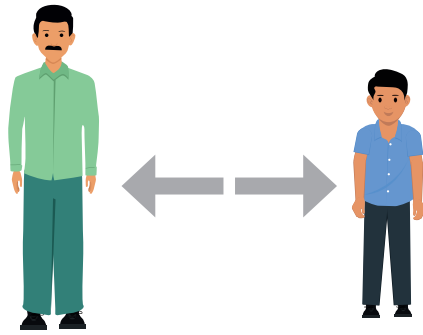
Mia's parents were least bothered about the complaints from the school. They did not even try to discuss the problem with her. They were very busy with their work and did not respond to the situation in any way.



ADOLESCENCE

is one of the most important developmental periods of life. It is not only difficult for the young person, but also for the parents. During this period, an adolescent typically has a strong need for independence and continuously searches for their individual identity. Because of the generation gap, there are differences between teenagers and their parents, in the values, beliefs, viewpoints and opinions that both parties hold. Parents should try to create a healthy atmosphere because their teenagers

are going through changes in several areas of their lives. The atmosphere should have a positive point of view. The child should be accepted for who he or she is. Parents should help their teenagers by



giving them advice for their problems without judging them. This kind of atmosphere will help in encouraging two-way discussions between the adolescent and their parents. This way, it becomes easier to understand and accept each other's ideas and opinions. This environment of positive outlook, love, care and warmth is helpful in the adolescent-parent relationship.

A teenager may make the wrong decisions simply because their brain is immature and not fully developed. In these situations, it is important for parents to support, accept, counsel and encourage their teenagers by giving them useful feedback. This will help the teenagers to accept their parents' opinions respectfully without judging them.

Parents should appreciate all the achievements of their teenagers, be they big or small. More importantly, they should value their efforts even if they did not succeed. They should respect the uniqueness of their child and help them to maintain it. This can be done by giving them the right amount of motivation, guidance, care, warmth, and unlimited love. All these factors depend on the type of parenting practiced. Parenting styles can affect teenager-parent relationships in a big way. These types of parenting styles have been identified by their typical features:

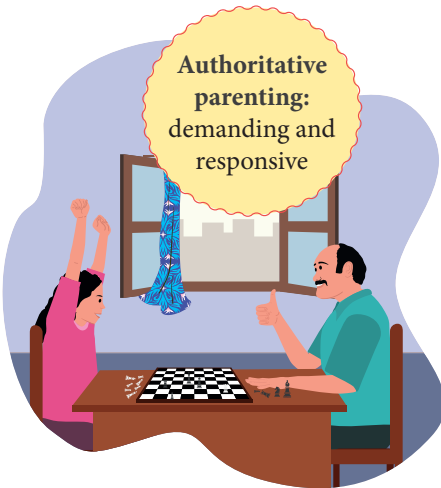
Permissive parenting:
non-demanding
and responsive



Authoritarian parenting:
demanding and
non-responsive



Authoritative parenting:
demanding and
responsive



Uninvolved parenting:
non-demanding
and non-responsive



The last three types of parenting are less successful than the first. It is seen that parents who follow an authoritative style of parenting make a lasting and emotionally rich relationship with their teenager, because this type of parenting helps in effective communication between the two parties, resulting in a strong and deeply rooted bond. It provides the right conditions for the necessary love, warmth, affection and care.

		CONTROL	
		High	Low
RESPONSIVENESS	High	<p>Authoritative parenting</p> <ul style="list-style-type: none"> » They are firm, attentive, forgiving and consistent in their behaviours. » They give priority to the needs of their children. » They encourage their children to be independent. » They practice clear rules and standards for their children's conduct. 	<p>Permissive parenting</p> <ul style="list-style-type: none"> » They are less firm on the enforcement of the rules and authority of the parents. » They are very affectionate and warm to the needs of their children. » They allow their children to make their own decisions. » They are more like a friend and give minimal punishment.
	Low	<p>Authoritarian parenting</p> <ul style="list-style-type: none"> » They are very strict, unforgiving and intolerant to disobedience to parental authority. » They are often neglectful of the needs of their children. » They are not ready to let their children become independent or give them freedom. 	<p>Negligent/Uninvolved parenting</p> <ul style="list-style-type: none"> » They are inattentive to their children's behaviours or their obedience to rules. » They often neglect the needs of their children. » They have little interaction with their children. » They hardly bother about what their children are doing.

FAQs

Q1. Why do teenagers need love and care?

Ans. Teenage years are an emotionally stressful journey. A teenager is not only growing physically, but is also experiencing changes related to puberty.



Expectations on them increase, whether in studies, societal roles or family responsibilities. They are also trying to become independent and develop their individuality and identity. Wholehearted love and care from parents during this chaotic period are absolutely necessary for them to feel stable and comfortable. The teenager will find it easier to sail through adolescence in an atmosphere of love and care. This will allow the teenager to feel worthy, accepted and loved.

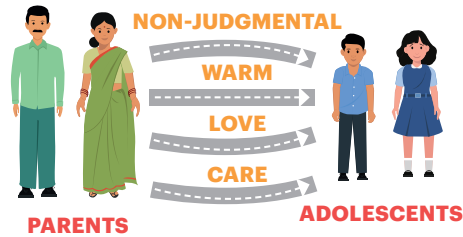
Q2. What role do parents play during adolescence?

Ans. Parents play a pivotal role in the life of their child. Parents can become the main source of unconditional love, care, stability, and a create a sense of belonging in their teenager, who can grow up to be a physically and mentally healthy adult.

Q3. How can parents provide love and warmth to adolescents?

Ans. Parents should create an environment of an unconditional positive outlook. They should be non-judgmental, loving, supportive, and full of warmth and care. Parents should state and express that love is unconditional, but that family discipline is also very important. When the child's

behaviour makes their parents angry, they should try not to respond immediately.



Instead, they

could take some time to think about the situation and talk to their teenager calmly about what is acceptable behaviour and what is not. They should always keep the lines of communication open, whether their teenager is acting responsibly or misbehaving.

Q4. How does the parenting style affect the parent-teenager relationship?

Ans. The four different styles of parenting with their typical features have a direct effect on teenager-parent relationships. For example, with the permissive style, the teenager is unable to make good decisions or manage their time or habits. On the other hand, authoritative parenting will make a teenager self-confident, able to control their emotions well, and also enable them to have good social skills and a generally happy nature.



Q5. Which parenting style is the best and why?

Ans. The authoritative style is the best style of parenting, since it allows the parents to provide the needed love, care and protection to their teenager, who is raised in the right environment to have an all-round development into a

responsible citizen and a successful adult. In this, parents listen to their teenager and are fair and consistent in disciplining them when they break rules. They allow their teenager to express their opinions and discuss options with them in a warm and nurturing way. They permit independence and reasoning along with certain limits and expectations.

Q6. If as parents, we both differ in our parenting styles, how can we work together?

Ans. It is important to first of all recognize that your parenting styles are different. Try to follow the authoritative parenting style. If you differ in your opinion, try to discuss amongst yourselves in a separate room or at a time when your teenager is not present. It is always a good idea to resolve your differences and present one solution to your teenager.



KEY POINTS

- » Adolescence (10 to 19 years of age) is one of the most crucial developmental phases in the life of an individual.
- » Parents need to provide unconditional love, support and protection to their teenagers.
- » Parents should try to create an open environment at home that would foster two-way communication, which would support the all-round development of their teenager.
- » An atmosphere based on understanding, positive outlook, love, care, and warmth is incredibly helpful in the teenager-parent relationship.
- » A wrong decision by a teenager should be handled carefully with useful feedback to the child. This helps them to accept their parents' opinions respectfully, without feeling defensive about their own choices.
- » Parents should accept the uniqueness of their teenagers and help them to maintain their character.

CHAPTER 2



TALKING TO YOUR TEENAGER - COMMUNICATION



Hello, I am Shankar. I have come along with Ms Neeta and we will tell you a story which talks about interacting with adolescents.

Mohan and Rajat came from families which were more focused on academic activities and did not give importance to other activities such as sports, music, art, craft, etc. One day, the boys were caught fighting in school. They were usually seen in the sports field during their free classes.

Mohan's parents have a habit of talking to their children everyday about their likes and dislikes, what is important, what is safe and other such issues. They shared their happiness and sadness with the other members of the family. They spent a lot of time listening to others' concerns and ideas. Mohan's parents asked him about his day at school and whether he had any difficulties in school or in his studies. Mohan expressed that his interest was in sports more than in academics. He also explained to them about his ability in sports and his dream to be a successful sportsman one day. Mohan's parents listened to him carefully. They talked to him about the importance

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of basic education. They told him that they would support him if he wanted to choose sports as a career. They were able to interact with him calmly. They were able to gain his confidence and learn about his concerns in life.

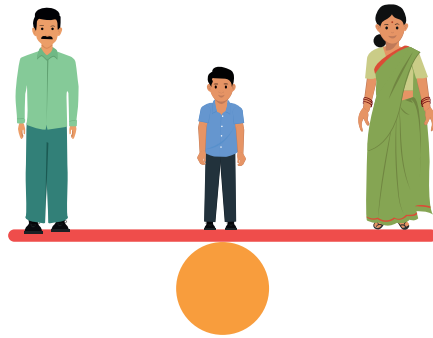
Rajat's parents were worried about their son's future. They did not have an open and clear conversation with him and did not make any effort to listen to or understand his likes, desires or dislikes. Instead, they constantly emphasized the importance of education. They told him that he could continue sports as a hobby, but not as a career choice. His parents also told him that they never expected Rajat to behave like this and that in the future, he should not miss any more classes to play sports. They told him to focus on his studies if he wanted to succeed in life.



DURING

adolescence, teenagers are constantly exploring and trying out new things that they come across in the environment that they live in. Both the teenager and their parents face new challenges. Teenagers sometimes believe that their thoughts and opinions are not valued and acknowledged. New ideas that they develop need to be channeled into appropriate ways. During this phase, they learn to take independent decisions and solve problems that they might come

across every day. The adolescent brain is not fully mature until the mid-twenties. Teenagers are bound to make impulsive decisions, which might result in serious long-term problems for their health. Parents should be aware



of this fact of life and need to be understanding. Misbehaviour requires appropriate punitive consequences to prevent its recurrence, but understanding why teenagers misbehave is a huge step towards a good parent-teenager relationship. It is very important for parents to guide and motivate their teenager to make good choices and decisions. Parents have to accept the inner confusion that teenagers might go through when they are in a critical situation. A positive and healthy dialogue during such times is crucial.

There are certain things that parents should attempt in order to improve communication with their teenager:

- » Be a good listener. Try to focus on what your teenager is saying, rather than thinking of what you want to say back to them.
- » Be patient and try not to interrupt when your teenager is trying to present their thoughts. You don't have to agree or disagree with their thoughts, but make sure to listen to them.
- » Ask open-ended questions example, 'How did that make you feel?', rather than 'Do you like it?' Close-ended questions are real conversation stoppers, example, 'Are you tired now?'(closed). Instead, you can ask them, 'How are you feeling now?'(open)

- » While getting your teenager to do something, ask only one question or give only one instruction to make your communication clear and understandable.
- » Avoid negative and judgmental comments on the choices the teenager has made, for example, 'You brought this upon yourself.'
- » Avoid name-calling statements such as, 'You are an insensitive person.'
- » Explain to your teenager the pros and cons of a particular choice instead of criticizing their choices.
- » Provide suggestions rather than instructions. Encourage your teenager to think of various options and guide them to choose one. Giving a solution to their problems will make them lose confidence in their ability to understand and cope. Sometimes teenagers might not want any advice but simply a person to talk to.
- » At the end of a discussion, even if they don't make a good choice, stay with them to show your unconditional love.
- » Avoid 'have to' and 'must' statements. Instead, use 'can try' and 'may be better', example, Instead of saying, 'You must get 90% marks', you can tell your teenager, 'You can try to get 90%'.
- » It is better to avoid logical arguments when your teenager is under stress or crisis. A logical approach without considering their emotions can be infuriating and a way of avoiding emotional involvement.
- » Appreciate the effort made by your teenager in various situations rather than criticizing their decisions.
- » Explain your limits, rules, and boundaries as a parent firmly and kindly.

1

Timing is important. Choose the right time and place, as it is unwise to give advice when your teenager is angry or emotionally unstable.

2

Be concise. Stick to the point. Avoid long sentences. Keep it short and sweet (KISS).

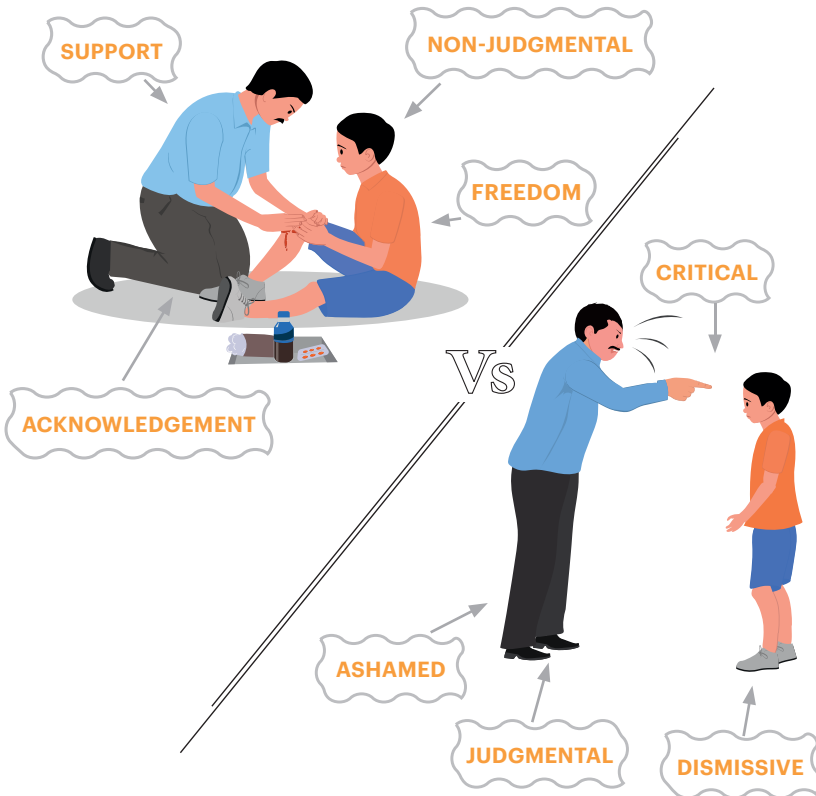
3

Choose the right words. Be positive. Avoid the urge to insult, threaten or judge.

4

Be honest. If you have to criticize the teenager, criticize their actions and not their character or themselves.

How to get your teenager to listen to you





WHEN SHOULD A PARENT CONSULT A DOCTOR/ COUNSELLOR?

It is advisable to consult a doctor or a counsellor when your teenager shows the following symptoms:



When your teenager avoids any interaction with you for a few weeks.

When you find it difficult to communicate with your teenager.

When you notice that your teenager is not receptive to your suggestions.



FAQs

Q1. My teenager tries to talk about their likes and dislikes, but does not say it completely. What should I do?

Ans. Be a good listener. Do not interrupt them in between by asking questions or providing solutions. Be a person who encourages your teenager to express their opinions rather than discouraging or criticizing them.

Q2. How do I encourage my teenager to share their difficulties with me?

Ans. Help each family member to inculcate a regular habit of sharing their daily events during meal times. Avoid logical arguments and judgmental comments. Appreciate your teenager for all the efforts they make. This will surely encourage them to come to you whenever they need to.

Q3. My teenager does not follow my commands. What should I do?

Ans. It is advisable to provide options and suggestions rather than ordering a solution. Telling your teenager what they should or shouldn't do can be demoralizing and foster anxiety. It can lead to resentment and resistance in them. Try to find solutions together instead of making commands.

Q4. How can I have frequent interaction with teenage son?

Ans. Your communication with your son doesn't always have to be direct or through words. It can be through actions too. Dedicate some time and make it a habit to play some board games (or some other activity) with him. Appreciate

his ability and skills during the activity. This can indirectly improve parent-teenager interaction and the relationship.

Q5. How should I criticize my teenager's behaviour?

Ans. Constructive criticism is the best way to criticize, when you do not approve of their behaviour.

- » Choose the right place and time to talk to them.
- » Stay calm and speak slowly.
- » Focus on specific behaviour.
- » Avoid generalizations and talking about the past.
- » Avoid undermining the teenager.
- » Acknowledge the positive first. Sandwich a negative comment in between two positive comments.

Q6. How do I negotiate with my teenager?

Ans. » Choose the right time and place to talk to them.

- » Present the problem in a constructive way.
- » Listen to what your teenager has to say.
- » Discuss the differences.
- » Be prepared to offer a compromise.
- » Remember that the issue is not about winning or losing.

Q7. What should I do to make my child respect me?

Ans. To gain your teenager's respect, you should approach the child with unconditional love, a positive attitude and respect their individuality. Such a positive role model will be reflected by them. Your attitude will make them respect you similarly. Provide suggestions and guidance, instead of criticism and blaming.

Q8. How can I give my child space to express herself?

Ans. Ask and encourage your daughter to express her opinions and suggestions in various situations. Do not force or



command your teenager to strictly follow your commands simply because you as a parent have told them. Ask for her opinion, as this will make her feel accepted and secure. When her opinion is invalidated and not acknowledged, she could become irritated and rebellious.

Q9. How can I make my child listen to me?

Ans. The many physical and emotional changes a teenager has to go through usually cause undue stress. To make them listen to your suggestions, you must first be a good listener. Accept their oppositional, rebellious and argumentative nature. Explain to them about any given problem and be patient, rather than impulsively reacting to their behaviour. Express clearly that all your actions and suggestions are in their best interest.

Q10. How can I talk to my child effectively?

Ans. The key to this lies in effective listening. You must listen to your teenager and accept their actions and reactions. Instead of giving advice, it is advisable to interact and discuss the problems/issues together and brainstorm various options. This can provide you with better insight into adolescent behaviour.

Q11. What should I do if my child commits a mistake?

Ans. You must allow them to make some mistakes. When they make a mistake, you must let them know calmly that they have made a mistake. A reasonable consequence or punishment can also be given, with an adequate level of conversation about it. Excessive scolding and making negative remarks can only make them feel dejected and make you unapproachable to them, if they ever make another mistake. Remember that your family and household is your teenager's training ground for their future.

Q12. How should I respond to my child's anger?

Ans. During teenage years, it is normal for your teenager to be irritable and angry at small things. You must deal with it calmly and gracefully. Showing anger in response to their anger can worsen the situation and prevent you both from finding a positive solution to the problem.

Q13. How can I make sure my teenager shares everything with me?

Ans. Acknowledge your teenager's emotions and difficulties. Give them some space and freedom. Constant intense supervision of your teenager will prevent them from starting any kind of conversation with you when they have a problem. Be gentle and non-threatening in your speech to make them feel that you are approachable. Engage your teenager in fun activities and do not use your dialogue with them only for giving advice. These strategies will make it easier for them to trust you and share their issues with you. As a parent, you have to realize that there may be things that they would not share with you. This is quite common and not something to worry about.

Q14. What should I do if my teenager is not good at studies and seems to only waste time?

Ans. It is important first of all, to love your teenager for who they are whether they are good at studies or not. Help your teenager to identify their strengths and weaknesses; this might sometimes require an

assessment of their IQ. Appreciate their efforts in learning rather than simply looking at their grades and marks. Where possible, teach them or arrange for tuitions to help them learn and score better. If they have a definite learning difficulty, elicit professional help. Always encourage extracurricular activities, which will stimulate their brain during adolescence and might help in finding future employment.

NO, DEAR. THESE ARE NOT YOUR FINAL GRADES AND NOT YOUR FINAL JOURNEY



Q15. How should I handle disagreements and fights with my child?

Ans. Whenever there is a disagreement, take some time to cool off instead of using harsh words out of anger, which you will regret later. This is because words can hurt your teenager so much that they might not feel like coming back to you in their time of need. After about an hour, when you both are no longer angry, you should sit down and talk to them about the problem without arguing. Look at the situation through their eyes.

Q16. How can I make my teenage son understand that just like everyone else, he too will be good at some things and not so good at other things, without discouraging him?

Ans. Be generous with your appreciation of the things that he is good at and explain calmly that everyone has their own good and not-so-good skills. Tell him that nobody is perfect and that there is no pressure on him to be good at everything he attempts to do. Talk about your unconditional love for him regardless of whether he performs well or not. Allow him to talk about his feelings and never force your opinions on him.

KEY POINTS

- » In-depth communication builds a strong bond between adolescents and parents. It helps in handling the situation more easily for both parties.
- » Lack of good communication and trust between you and your teenager makes them vulnerable to the malicious influence of wrongdoers.
- » You can increase your teenager's self-confidence by focusing on their strengths and by helping them to overcome their weaknesses.
- » Parents should make sure that their messages are transferred to their teenagers in an appropriate way. They should be conveyed the limits and boundaries for their actions.

CHAPTER 3



**SELF
RESPECT IS
IMPORTANT
FOR
TEENAGERS**



Hello, I am Ms. Neeta and I have come here to discuss another story with you about protecting the self-esteem of adolescents.

Millie is a 16-year-old student who is studious and obedient. She is good at co-curricular activities and well-liked by her teachers. Lately, she has not been able to perform well at her school, tuitions and even at the coaching institute. She has been feeling low for a few days. She is not talking to people. Millie's school counsellor contacted her parents to discuss this matter.

Millie told her parents that it was very difficult for her to manage school, tuition, and coaching at the same time. She was getting tired. She had tried several methods, but she was unable to complete all the work. She was upset that she couldn't do well since she knew that her parents had been spending a lot for her education.

SELF-ESTEEM



or self-respect means faith in one's own worth or abilities. It is an overall evaluation of oneself. It is directly related to what one thinks of their past achievements and the possibility to achieve more in the future. A person who has a high self-esteem is not worried about what others think. They feel satisfied from within and want to grow further.

Teenage years are a time when a young person is looking for their place in the world. Adolescents feel the need to try out different roles and experiment with them. Therefore, self-esteem is very important during this time. During this era of social media, connections between people are complex.

As they grow, adolescents are influenced by their family and the world around them. They desire things for themselves and develop their own unique identity. They want a clear image for themselves. They might feel disappointed, if at some point, they realize that they share many similarities with others. They might sometimes feel lost and incapable. During adolescence, value systems and beliefs continue to develop and change over a

**DON'T WORRY.
DO YOUR BEST
NEXT TIME**



period of time. Therefore, their behaviour might appear random or illogical.

Parents must understand this growing status of their teenager and acknowledge that their behavior looks abnormal because of immaturity of the brain. They should calmly discuss the good and bad effects of a behaviour without being judgmental. They should condemn the behaviour but never condemn the child. They should make it clear to their teenager that they are worthy and important even if their behaviour was unacceptable. It is important to express a sense of unconditional love. They should teach them that they are loved because they are their child and not for anything that they have done. Constantly comparing them with other adolescents is not healthy and will decrease their confidence and self-esteem.

It is also important to help them to learn how to be independent while keeping them grounded and connected to you. This can be achieved by letting them make decisions. Asking them for their opinion in family matters will give a safe space for the teenager to try out their decision-making skills. They should be allowed to make their own choices and as a parent, you should support them in facing the consequences of their actions. This will make them feel loved and supported by you and also make them feel responsible for their actions. If you use harsh words and not allow them to give an opinion, it can break your bond permanently.

With a parent who is supportive, a teenager is bound to develop self-confidence and an identity for themselves. They will not be discouraged by the large number of expectations placed on them. They need to understand that even if things do not go as expected, they can be confident in finding alternative solutions.



WHEN SHOULD A PARENT CONSULT A DOCTOR/ COUNSELLOR?

If your teenager shows the following symptoms, it is advisable to consult a professional such as a doctor/counsellor:



When the adolescent has become very shy or withdrawn.

When they speak very negatively about themselves.

When they seem to have lost interest in activities that they used to like earlier.



FAQs

Q1. What should I do if my child has poor motivation?

Ans: Talk to them by quoting role models. Tell them that you believe in their capabilities. Do not compel them to follow your instructions always. Let them know that it is alright to feel low at times and that this happens to everyone.

Q2. My daughter often compares herself to other kids who are better than her in studies. What do I say to console her?

Ans: Make sure that you never compare your teenager with anyone. Very often, this comparison by you is what makes her compare herself with others. Recognize and list out the strengths that she has. Tell her that everyone cannot be good at everything, and that if we constantly compare ourselves with others, we will ignore our own skills and fail to develop those unique skills. If your daughter is unable to do well in studies, then you as a parent need to sit with your daughter and explore other fields in which she can excel, such as music, sports, crafts, computer skills, environmental sciences, etc. She will definitely be good at something. Teach her to identify and appreciate her own strengths.

Q3. My son struggles hard to be better than his classmates and studies the whole night to get the highest marks. This is causing a lot of health problems for him. What do I tell him?

Ans: It is natural for teenagers to feel the pressure to perform and compete with their peers. It would be good to explain to your son that his health is important and remind him that if he becomes sick, he will not be able to do well on his tests. He should also take small breaks in-between studying to focus better on the lessons. Try to lessen

his anxiety by expressing your unconditional love. Make him understand that adequate sleep, at least for 8-10 hours, is essential for good health. Explain to him that sleep is

the time during which all the knowledge he has acquired while studying gets fixed into his brain. Therefore, sleeping for enough hours will not only keep him physically healthy and reduce his anxiety, but good sleep will also help him perform to the best of his ability.



Q4. My teenage son has no friends in school. How should I help him with this?

Ans: For all-round development, it is important for teenagers to spend time with friends of their age. To cultivate friends, encourage them to start a conversation with anyone in their class or activity group. If your son is a shy person himself, encourage him to talk to his peers about any common subject. Explore the possibility of bullying in his school premises where he might be a victim. Look for classes for sports, music, etc. that he enjoys and encourage him to join in wherever he has an opportunity to meet other teenagers who share interests with him. Talk to his class teacher, school counsellor or other school authorities if they have any ideas on how to engage with him. If possible, invite his classmates and their parents to your home. Arrange a get-together with their families where two or more of his peers can spend time together in one of the homes in a safe environment. These are some ways

to advocate for your son. It is also important for him to understand that not everyone can be liked by everyone else, which is a good lesson to learn early in life. Let him know that you are always there for him.

Q5. My daughter is very conscious of her body since she is overweight, and her friends always make fun of her. How can I help her?

Ans: It is important to make your daughter understand that her health is very important and not just her weight or shape. Check with your doctor to see what is the optimal weight for her. Encourage her to follow a balanced diet, engage in adequate physical activity and have a good sleep routine. It is important to remember that, in pursuit of these three things, the whole family should be following the same diet, activity schedule and sleep routine, since only then will your daughter be able to do it herself. She might attain healthy weight with the help of these actions. Additionally, explain to her that everybody cannot be of the same size and shape. Trying to lose weight by using unhealthy measures can result in grave consequences. Let her know that all body shapes are good as long as one follows a healthy lifestyle. Explain to her that sensible people all over the world ‘celebrate all sizes’ and that there is no such thing as a ‘perfect body’. Compliment her strengths as a person. Tell her that she must be proud of who she is. Advise her to stand up for herself and not accept anyone making fun of her. If she is not able to stop others from making fun of her, support her by taking it up with the school authorities.

Q6. How can I help my daughter to accept herself and not view to herself negatively?

Ans: Start by being liberal with your compliments. Tell her that every person is different and is capable of different things. Sit with her and list out on a piece of paper, her strengths,

skills, and her dream for the future. Teach her to make positive statements about herself. Positive self-talk is very important in everything we do. This can help her to be honest about herself and stay positive at the same time.

Q7. How can I make sure my son does not feel hurt because of my words?

Ans: Sometimes you may get angry because of your son, or due to some other reason, and say harsh words. If that happens, once you have become a little calmer, make sure to sit down and explain to him the reason for your anger and apologize for your words. Let him know that you are there to help him whenever he needs you. Give him some time and privacy to think for himself. Accept that he has his own understanding of the world and allow him to make his own decisions. Your goal in child-rearing should be to assist your son in growing up to become a mature adult who has a strong sense of identity and is able to live a productive life in society. Therefore, resist the tendency to control everything that he does and allow him to make mistakes and learn from them.

Q8. How can I provide healthy criticism to my son without hurting him?

Ans: The goal of criticizing your son is to help him learn from an experience so that he functions better in the future. It is important to give constructive criticism, which means giving



suggestions which are specific, clear, and easy to follow. It is also crucial to appreciate the efforts he has made and not just focus on the outcome. This will improve his functioning and develop a stronger bond between the two of you. It is never useful to make fun of him or shame him, as this would be destructive to his self-esteem and confidence. Tell him that it is perfectly alright to make mistakes and remind him that a wise person learns from their mistakes.

KEY POINTS

- » Adolescents continuously look for their place in the world. They wish to establish their own identity and have a clear personal image.
- » Understanding a child's self-esteem is very important at this time, otherwise, the child may drift in the wrong direction.
- » A parent should always convey to their child that they are loved for what kind of person they are, and not because of what they do. Realising that your love for them is unconditional will boost their confidence.
- » Every individual is unique with his/her own characteristics. Comparing your teenager inappropriately with others can bring down their self-confidence and decrease their sense of individuality.
- » Teaching them how to be independent will help them to make their own decisions in life responsibly.
- » Teenagers will develop strong confidence in their personal identity and be humbler when they are not under the influence of unrealistic expectations.

CHAPTER 4



HOW TO GUIDE THEIR FEELINGS - MANAGING EMOTIONS



Shankar and I, Neeta, are happy to share a short story on how to manage emotions.

Ajay was feeling restless all throughout the day. He was not able to concentrate on his studies. He constantly looked stressed. His mother had come to his room to ask him what he wanted for evening snacks and he responded rudely to her. She went back to talk to him when he was calmer. He told her that he had been feeling sad and low most of the time but did not know how to express his feelings. He felt that it was not okay for a boy to be emotional or to cry. In reply, she reassured him that it was normal for a boy or even a man to have such emotions and that it is healthy to express them. Later, she decided to take help from a psychologist and told Ajay that therapy would help him understand and manage his emotions. Ajay, although initially feeling scared to talk to a counsellor, did feel better afterwards because he understood that he was not the only teenager with such problems and that the counsellor could help him.

EMOTIONS



play an important role in life. Understanding and managing one's emotions is crucial during teenage years, as emotions form the basis for one's mental well-being and relationships.

Anger, frustration, sadness, confusion, and anxiety are some of the common emotions that teenagers experience. If a parent is not mindful of the emotional turmoil that most teenagers experience, they might respond in a negative manner. Teenagers feel emotions strongly and intensely. When emotions are intense, it becomes difficult to regulate and express them in an appropriate manner. This can disrupt their lives and the way they relate to others.



When your teenager displays an emotional crisis, there are various strategies you can employ to manage their outbursts and emotions in a positive manner:

What parents can do

1

As a parent, look at the situation from their eyes to understand their feelings. This will make it easier for them to trust you. It will prevent anger, irritability, sadness, and anxiety.

2

Be open and clear while talking to them. This will help the teenager understand the expectations and boundaries.

3

Be aware that anxiety, anger and sadness can spiral quickly to an emotional crisis.



4

Create opportunities to develop positive emotions in the form of family discussions and fun activities. This will develop happiness, togetherness and care, and foster a healthy parent-teenager relationship.

5

It is the duty of parents to prepare their adolescents to face different situations. It is counterproductive to constantly protect them from facing the consequences of their actions.

6

Understand and express each other's feelings without judging them.

7

Encourage the use of coping skills or stress-relieving methods such as sports, dance, yoga, singing, painting and other hobbies.

These methods help teenagers in developing healthy ways to manage their emotions.



IT IS ADVISABLE TO CONSULT A DOCTOR/ COUNSELLOR:



When your teenager gets emotionally upset very frequently, such as with increased anger outbursts, getting frustrated easily, and feeling sad.

When it becomes hard to manage your teenager's mood swings.

When your teenager's behaviour is hurting you a lot.



FAQs

Q1. What roles do emotions play in a teenager's life?

Ans: Adolescence is a phase characterized by heightened emotions. The reason for this may be family-related problems, peer groups, media, or any event in one's local community

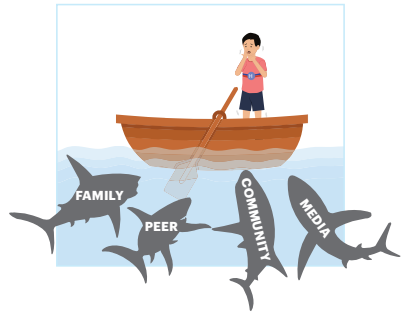


or in the larger world. More importantly, it is because the temporal lobe of the brain which governs emotions is far more developed during this period than the frontal lobe, which is necessary for judgement, decision-making and regulating emotional upheavals from the temporal lobe. Emotionally charged situations can suddenly disrupt the normal flow of life for a teenager. It is important for us to teach our children how to manage their emotions in an appropriate fashion. This can be done by parents talking to their teenagers and teaching them healthy methods of dealing with their emotions. Parents should consider every opportunity as a teaching moment. To do this, they themselves need to learn how to control their emotions. They should make enough time to listen to them and give them practical advice, which can help the teenager to deescalate themselves from an emotional crisis.

Q2. How should I manage my teenager's emotional outbursts?

Ans: Adolescence is a stage when brain maturity is ongoing. Additionally, there are large expectations placed on the child from their family, for their performance at school and for

other social responsibilities. Their immaturity-related impulsivity and emotional upheaval can force an adolescent to make mistakes, which can have irreversible consequences. Therefore, it is essential for parents to listen non-judgmentally to them when problems arise, and teach them how to stay calm and contain their emotions in situations when it is prudent to do so.



Q3. Why is management of emotions important for both the teenager and the parent?

Ans: When they are younger, children look towards their parents for their guidance. Parents are more concerned about discipline. When their child reaches adolescence, a natural confusion starts due to their developing autonomy and because they are developing their unique identity. Teenagers have frequent emotional outbursts and difficulty in regulating their emotions appropriately. Learning how to handle emotions in a socially acceptable manner is a skill that can be taught by a parent to their teenager. This also builds the bond between the teenager and their family, and eventually, a stable relationship with the society they live in.

Q4. Can you share a few tips for healthy emotional management of my 14-year-old daughter?


Ans: 1. Increase her awareness about emotions: As a parent, it is important for you to understand the emotions that a young person goes through. It would be helpful

to recognize and talk to her about these emotions in particular: anger, sadness, surprise, disgust, happiness, and fear. From your experience, try to teach her about what is the best response to these emotions. Use every opportunity to teach your teenager about the best response to each one. Then she will learn those responses for future use.

2. Increase acceptance towards emotions: Encourage her to acknowledge both positive and negative emotions by saying to herself, “I accept my emotions”. This will help to decrease her guilt. Teach her that these emotions are a part of her, but they shouldn’t define her as a person and for that reason, she should learn to control them.
3. Regulate emotions: Teach her that emotions are real and acceptable. Discuss with her the pros and cons of a particular response to a particular emotion, and also about how that response can be productive and not destructive. Practical tips will help her manage that emotion the next time she comes across it.

Q5. How to manage my emotions as a parent if I get uncontrollably angry in front of my child?

Ans: Parents may sometimes feel that they lose patience easily and have a low tolerance level. First and



SIMPLE BEHAVIOURAL MANAGEMENT TIPS

- Pranayama**
(Simple breathing exercises)
- Drinking water**
- Counting back from 10 or 12**
- Changing the atmosphere**
(Going outside the room)

foremost, accept yourself that as a parent, you are human, and are subject to emotions exactly the same way as your teenager is. The difference between yourself and your teenager is that their brain is immature, and that over a period of time, you, as an adult, have developed the skill to manage your emotions.

1. Tell them stories about your experiences with emotional problems and the difficulties you faced while managing your emotions, including your failures. This might help them when they are in similar situations.
2. In managing anger, it is helpful to teach them relaxation techniques such as deep-breathing exercises, drinking water, counting back from ten, changing the atmosphere by stepping out of the room, etc. When they are faced with anger, discuss with them if these techniques were helpful.
3. When faced with a situation where you get uncontrollably angry, you might feel helpless and guilty. It is important to talk to a counsellor or consult other professionals for yourself.

Q6. Is it possible to divert or distract oneself when faced with negative emotions?

Ans: Emotions have two main features:

1. Some emotions such as laughter spread easily.
2. Emotions and feelings arise in our hearts without our control. We cannot stop ourselves



from feeling them, but we can learn how to manage them. We can also modify our emotions in two ways and make them either constructive or destructive.



If we do not express certain emotions such as anxiety and depression, it can be harmful to us. It can lead to further emotional disturbances later. If we express them externally, such as by shouting or through violence, it can be destructive. Unattended emotions can cause physical diseases, such as diabetes and high blood pressure. Instead of being destructive, if a teenager's energy is channeled into hobbies that they like, those hobbies can help them control their emotions. That is why it is important that you encourage your teenager to engage in leisure activities such as dancing, yoga, singing, walking, writing, poetry, art, etc. Daily and regular physical activity also helps to improve one's mental health and well-being.

Q7. How can we handle a teenager who does not show any emotion outwardly and seems to keep it all inside?

Ans: If a balloon is being filled with air even after it is fully blown, it will ultimately burst. Similarly, if your teenager does not have a way of venting their emotions, it can result in mental illness later in their life. It may affect their studies and relationships, and could also lead to harmful behaviours. Therefore, it is important to talk to your teenager whenever you can about all aspects of their life.

Keeping a line of communication open between a parent and their teenager will make it easy for the teenager to approach their parents when the need arises.

Q8. How should I deal with my teenage son whenever he does something hurtful to others?

Ans: Whenever your son does something to hurt another person, help him to look at his actions at three levels:

ACTIONS

Help him to think through what his action could result in. Encourage him to think about the injuries to the person, the retaliation that he should expect from that person, and also about the reputation he will have in the society. Be supportive when he has to undergo the consequences of his actions. Always be hopeful that he will not repeat that action.

THOUGHTS

Discuss with him, if you feel that he has the intention to hurt someone and how he should consider alternative actions, such as engaging in physical activity or his hobbies, in order to distract his mind. Also tell him to think about the consequences of such actions on himself and on the society.

FEELINGS

A discussion about what your son is feeling can be done only when he is calm and not in a crisis mode. Try to make him put himself into the other person's shoes, i.e., he should understand how he would feel if the hurtful action was done to him by someone else. Always remember that you, as a parent, are teaching him life skills which will aid him when he will become an adult and be on his own.



KEY POINTS

- » Emotions are the basis of every relationship. Teenagers and their parents face a lot of different emotions. Parents should understand this and help their teenagers in managing them effectively.
- » Giving importance to others' point of view, paying attention to warning signs, and creating a feeling of understanding without judging, are a few ways of managing one's emotions.
- » Parents should prepare their teenagers for different situations in life and their associated emotions, and give them the confidence to share them all with them.
- » Parents should always help their teenagers in finding healthy ways of managing intense emotions which can arise during difficult times.

CHAPTER 5



BONDING WITH PEERS - FRIENDSHIP AND RELATIONSHIPS



Hello, I am Ms. Neeta. I would like to tell you another story. This story is about the importance of friendships and relationships in the lives of adolescents.

Mrs. Gupta's 13-year-old daughter Mansi was friends with her next-door neighbor Priyanka, who was also of the same age. Both have been studying in the same school for many years. Mansi shares all her secrets with Priyanka and considers her as her best friend. For the last few days, Mansi has been quiet and does not wish to talk to Priyanka. On repeated enquiry from her mother, she broke down and told her that there have been many instances in school where Priyanka did not stand by her. During one such instance, Mansi's classmates were making fun of her oily hair while Priyanka stood quietly and did not intervene. When Mansi asked Priyanka why she did not support her, she replied that she didn't want her classmates to make fun of her as well. Mansi was upset that her friend of so many years had ditched her on so many occasions. She was feeling low as she did not understand Priyanka's behaviour.

DURING



teenage years, your teenager is trying to make sense of who they are and where they fit in. It is natural for them to give more importance to their relationships with their friends rather than to their family relationships.

As a parent, you might think that your teenager seems far away, but you need to understand that they are constantly observing and learning from you. You have an important role in what they learn about how to communicate and how to have healthy relationships. You can help them in finding, creating and maintaining healthy friendships and relationships.

You must be both positive and respectful. It is also important to remember that you cannot protect your teenager from getting hurt or feeling sad when they feel left out, or when their friendships or relationships end.

The most important thing you can do is listen to them attentively when they share what is going on in their life and talk to them constantly about what healthy relationships look and feel like. Always keep communication pathways open. Discuss the importance of respect, trust, equality, consent, and boundaries. Listen to their views about these things.





WHEN TO CONSULT A DOCTOR/ COUNSELLOR:



When your teenager is too anxious and hasn't been able to focus on studies or playing for quite some time.

When your teenager expresses persistent low self-esteem.

When you observe signs of violence and abuse from or towards their friends, family or romantic partners.



FAQs

Q1. How should I teach my teenager about healthy relationships?

Ans: Stay involved in your teenager's life by listening to them when they talk to you about their social life. Ask open-ended questions about their relationships with their friends, for example, "What are your friends like?", "What do you like about them/about spending time with them?", etc. Make an effort to get to know their friends and meet them as much as possible. Let your teenager understand that it is safe for them to talk to you about their friends. Never openly criticize their friends. Make their friends feel welcome in your home. You can also help your teenager understand some difficult lessons about friendships: that they can evolve and change over time; and that it is normal for them to have a best friend in high school who is different from their best friend in middle school or elementary school.



That it is okay to meet and connect with new people, and that it isn't necessary to stay within one group. If their interests change, they might want to stay with and meet people or groups who have the same interests as they have, but it is never okay to reject their old friends.

It is okay if they have a disagreement with someone, as long as they remain respectful towards them. A good friend is someone who respects their choices and cares about their feelings.

Spreading rumours, name-calling, breaking someone's trust, divulging their secrets, and using physical violence, are unacceptable responses to any situation. They should never allow a friend to compel them to do something that they do not want to do. Compelling someone indicates disrespect for that person.

Q2. How do I talk about healthy romantic relationships?

Ans: It is normal for adolescents to feel attracted to someone and have feelings of what they consider as love. Such romantic relationships are generally short-lived and may or may not stretch to physical closeness with the person. These relationships produce intense feelings, and to the teenager who is involved, it may seem like the most important relationship that they have had until that point in their life. You must listen to your teenager patiently and inquire about such a relationship with open-ended questions.

It is helpful to tell your teenager that romance and romantic feelings are normal. Depending on their age, it is important to help them understand that although their heart might be ready for a relationship, they also have to consider the implications or consequences of such a relationship. If they have physical, and more specifically, sexual contact with someone, they should be prepared for the consequences of that sexual contact, such as sexually transmitted infections (STIs), specifically HIV/AIDS, and pregnancy.

They must also understand the subsequent effect these consequences can have on their studies, extracurricular activities and their relationships with other friends. If they talk about being committed to one person in a romance, you could also tell them that they might not fully understand long-term commitment. If possible, it is healthy to meet with the person your teenager is interested

in and frankly talk about it. Share with them that it might be prudent to wait before committing to a long-term relationship. Help them to focus on their studies and extracurricular activities and to avoid physical contact.

Make sure that they set boundaries for themselves and that they can expect guidance from you in the process. It is more likely that they will follow the rules if you set some boundaries after discussing these rules with them. Tell them what is acceptable behaviour and what is not from your perspective as a parent.

Irrespective of whether your teenager is in a relationship or not, help them understand what healthy relationships should emulate and look like. Discuss with them what gestures would make them feel safe and secure in their relationship, and what would and wouldn't sit right with you. Talk to them about your own or your friends' experiences with relationships.

If your teenager is in a relationship with someone much older than them, it is not healthy. Find time to talk to them about it, and ask them what is going on in a way that they can tell you about any uncomfortable or unsafe event that has happened. They must understand that your support is unconditional. It is not helpful to only blame the child even if they have committed a grave mistake.

Q3. How do I discuss with my teenager about respecting boundaries and sexual consent?

Ans: Asking for permission and learning about people's boundaries is important in every situation. In the matter of sex and relationships, it is even more important. Advise your teenager that they have a personal boundary which only they have control over. However close they may feel with their friends, they should accept and be firm about

these boundaries. This will help them to withstand peer pressure and also prevent them from becoming a person who compels their friend into doing something sexual that they are uncomfortable with.

As a parent, starting a conversation on this topic will provide a space for your teenager to share their experiences with you. If they felt compelled by a friend, they would realize that it is not a healthy relationship.

Warning points to remember in regards to healthy relationships:



- » If anyone tries to force them/make them do something that they do not wish to do, they can tell them, “I don’t wish to do this. Instead, let us do something else.” If the person does not listen to them, they should limit and perhaps completely end their contact with that person. They should be assertive.
- » It is not acceptable for anyone to force someone else to do something that they don’t want to do, in any relationship.
- » It is never acceptable to touch someone else in a sexual way without their permission. If someone does that to you, you can always come to me (the parent), go to your teacher, or any older adult family member whom you trust.

- » It is a crime to rape or sexually assault someone, and they should be seen as such. The victim carries no blame for these crimes.

These discussions about sex, consent, rape or sexual assault should involve both your son and daughter. Research done in our country has revealed that boys and girls are equally affected by these crimes. It has also been found that nearly every other girl or boy (50% of them) has faced abuse with sexual intent at least once in their lifetime. Talking with your teenager about these subjects can aid them in understanding the difference between right and wrong, and between safe and unsafe. They will learn what is safe and healthy in a relationship. It is important for them to remember that anyone can fall victim to sexual assault.

Q4. How do I teach my teenager about healthy communication?

Ans: Good communication is a large part of forming healthy relationships and friendships in life. Your teenager tends to learn the most about communication from you. Show them good communication skills. Ask them to visually describe their feelings and help them understand how their words can have an impact on the listener.

Give your teenager your undivided attention during such conversations. Look into their eyes while talking, and actively engage with what they are telling you,



so that they know they are being heard and can trust you to understand them.

Some basic principles of healthy communication for you and your teenager include:

- » Avoid shouting and insulting.
- » It is natural that they would get angry or defensive during an argument, but they should always try to calm down by taking a break and not to speak to the other party until they have done so.
- » Encourage them to own up to their feelings instead of pushing the blame onto the other person. For example, they can speak clearly about their feelings by saying, “I feel angry when you don’t listen to me”. This strategy works better than when you say, “You’re making me angry.”
- » Encourage them, starting from early childhood itself, to share their feelings and not hold or keep them inside. Pushing feelings aside can lead to low self-esteem and avoidable fights. This can be used as a strategy when they are dealing with a problem with a friend.
- » Tell them to apologize only when they are feeling sorry honestly, including speaking about why they’re sorry and accepting the hurt that was caused. This goes a long way in mending a broken relationship.

KEY POINTS

- » Adolescents try to make sense of who they are and where they fit in. Therefore, they start giving a lot more importance to their relationships with their friends and mates.
- » Relationship building is a part and parcel of your teenager's social growth. You can help them to discover healthy friendships and relationships.
- » Parents should help and guide their teenagers as and when they need. Providing a non-judgmental and safe space for them to share their problems is a very important aspect of parenting.
- » Support your teenager during difficulties or break-ups in relationships (amongst siblings or friends or romantic relationships).

CHAPTER 6



TEACHING THEM HEALTHY ATTITUDES - BEHAVIOUR AND CONDUCT



Let me share with you the story of a 14-year-old young boy named Arvind.

He lives in a nuclear family of four. He is the elder of two teenagers of Mr. and Mrs. Gupta. Arvind has a history of breaking rules at his school. He has few friends and gets into fights with classmates for silly reasons. At home, he often fights with his mother and his little sister Tanu. He is not able to get good marks in school. One day, his parents were shocked to hear that he had stolen his classmate's geometry box. Teachers and parents are constantly scolding him for his bad behaviour. Recently, he has started smoking, and some of his classmates have started avoiding him because of this. His parents are worried about him. On the advice of her friend, his mother went to Arvind's school to meet the school's psychologist.

ADOLESCENTS



who seem to misbehave repeatedly need special attention. They are likely to develop behavioural problems. Conduct disorder (CD) is a kind of behavioural disorder in which a teenager disregards social norms and boundaries. They may be reckless, skip school often or run away, thieve around, or act in ways which hurt the freedom and rights of others. They may hurt animals or people physically, or may even commit crimes such as sexual assault or rape. These behaviours may occur separately or together, or one or more of them may occur without the other behaviours. Many factors influence how CD is manifested, such as genetic predisposition, social and emotional problems, brain damage, and past experience of disturbing events.





WHEN TO CONSULT A DOCTOR/ COUNSELLOR:

If you come to know that your teenager is having suicidal thoughts.

If your teenager expresses concerns about their behaviour and comes to you for help.

If your teenager is having extremely low moods, is upset, or feeling fear, anxiety, or anger towards themselves or others.

If your teenager is seeing things that others are not seeing.

If they hear voices that others don't hear.

If your teenager behaves in away that concerns their friends, family, teachers and others.

If your teenager feels out of control.

If your teenager is unable to eat or sleep for 3 or more days consecutively.



FAQs

Q1. Who are the teenagers at risk of developing CD?

Ans: CD develops more often in boys than in girls, and is more common in teenagers who come from families which might be:

- » Poor, belonging to a marginalized group or a minority group
- » Where parents have mental illness, substance abuse, or are separated/divorced
- » Busy with work and not have enough time to spend with the teenagers.

Teenagers with mental health issues, such as the ones listed below, are more likely to develop CD:

- » Mood or anxiety disorders
- » Post-traumatic stress disorder (PTSD)
- » Substance abuse or drug abuse
- » Attention-deficit/hyperactivity disorder (ADHD)
- » Learning problems or learning disorders

DISORGANIZED

DYSFUNCTIONAL

DISADVANTAGED



Q2. Through what symptoms does CD manifest?

Ans: Most of the symptoms of CD are also seen in otherwise unaffected teenagers. Teenagers with CD have problems with learning, adjustment at school, and in their relationships. Symptoms vary in different teenagers.

Four groups of behaviours are described below:



Aggressive conduct

- ④ If the immediate family members and neighbors feel unsafe around the teenager.
- ④ If they tend to bully others.
- ④ If they are repeatedly getting into physical fights.
- ④ If they deliberately show cruelty to other people or animals.
- ④ If they use a weapon.
- ④ If they force someone into sexual activity, assault or rape.



Destructive conduct

- ④ If the teenager repeatedly damages property on purpose.
- ④ If the teenager is in the habit of using fire to destroy things.



Deceitfulness

- ② If the teenager is found to be lying repeatedly, stealing things, shoplifting or getting involved in crimes.



Rule-breaking and violations of age-appropriate norms

- ② If teenager refuses to go to school, or keeps running away from home.
- ② If they do mischievous acts either repeatedly, or even once if their actions have severe consequences.
- ② If they become sexually active very early.

These symptoms are seen in teenagers with or without mental health problems. Conduct disorder interferes with their learning and causes problems in adjustment in school, and in the relationships with their peers. Such teenagers need help from a professional.

Q3. How is CD diagnosed in teenagers?

Ans: A psychologist is able to diagnose if a teenager has CD or not. It is done by interviewing the teenager and their family members and teachers, with both parties being interviewed individually and together. Psychological assessments of the child are also done. Early treatment can resolve symptoms.

Q4. How is CD treated in a teenager?

Ans: The treatment of CD depends on the severity of the symptoms, and the general health and age of the teenager. It may include one or more of the following methods:

- » **Cognitive-behavioural therapy:** Through this form of therapy, the teenager learns how to solve their own problems, communicate with others effectively, manage their stress, and keep their impulses and anger in control.
- » **Family therapy:** This therapy helps teenagers in changing their family dynamics in order to improve the level of their communication skills and thereby their interactions with their family.
- » **Peer-group therapy:** This therapy helps teenagers in developing their social and interpersonal skills.
- » **Medicines:** They are given for specific symptoms, such as for ADHD.

Q5. How can I prevent my teenager from developing CD?

Ans: Some of the causes of CD can be disturbing experiences, issues in one's social life, and various biological problems. To decrease the risk, positive parenting strategies will help. You can become good role models and create a good parent-teenager relationship. Show your teenager ways to treat other people, animals, and property respectfully. All these steps can also help in creating a secure and stable atmosphere at home for your teenager.

Q6. How can I help my teenager live with CD?

Ans: Early identification of CD can often help in preventing serious problems in the future. The following steps can help:

- » Regular visits to the psychiatrist, as recommended.
- » Participation in family therapy, when required.
- » Work with health-care providers and your teenager's school administration to develop a treatment plan.
- » You can form or be part of a support group for parents who have a child with CD.

KEY POINTS

- » CD is a type of behavioural disorder in which a person does not follow basic social standards and rules.
- » Genetic predisposition, poor conditions in the family and in the neighborhood spheres, and exposure to violence and other anti-social activities, put teenagers at risk of developing CD.
- » Boys are more likely to develop CD than girls.
- » CD often manifests in frequent undesired behaviours of a child, such as getting into fights with others easily, stealing, harming animals and property, and getting involved in anti-social or criminal activities.
- » Early identification and expert consultation help in controlling the undesired behaviours and in the treatment of CD.

CHAPTER 7



TEACHING YOUR TEENAGER PROBLEM SOLVING - LIFE SKILLS EDUCATION



Hi. I am your friend and adolescent counsellor Shankar. I am here to give you some suggestions about how to teach your teenager about life skills. These skills will make your teenager more confident and help them in dealing with difficult situations as they grow up. So, let's listen to the story.

One day, Priyanka, daughter of Mrs. Ram, came home crying from school. On inquiring why, she said, "Mom, I did a wrong thing at school. We played a prank on one of my classmates and she became very sad. I am feeling so bad." She went on, saying, "It was my friend Rashi's idea. I did not want to be a part of it. I did not know how to say no to Rashi, as I did not want to make her upset." Mrs. Ram consoled her, but her question remained unanswered - "How to say no"?

Of late, Mrs. Ram had also noticed that during exam time, her son Rahul, who is 13 years old, had become very stressed. He was feeling scared about the exam even though he had prepared well.

(Continued)

(Continued)

Mrs. Ram knew that both her children needed help. She asked me for guidance. I assured her and told her the importance of life skills for her children.



LIFE SKILLS

are a set of skills for 'adaptive and positive behaviour'. These are necessary for people to effectively manage and deal with the demands and challenges that life brings. Teaching teenagers life skills will help them to behave appropriately in various situations. A positive behaviour means to have a positive viewpoint and to take positive actions in difficult situations. Trying to find a 'way out' in difficult situations also indicates positive behaviour.

Teenagers need ten key life skills which can be broadly classified as follows:



Social skills

which involve self-awareness, effective communication and interpersonal relationships.



Thinking skills

which involve critical and creative thinking, the ability to make decisions and solve problems.



Emotional skills

which involve empathy, coping with stress and coping with emotions.

What are core life skills?

Social Skills:

1. Self-awareness

means being aware of and being able to recognize one's own character, strengths and weaknesses, and desires and dislikes. It helps in stressful situations and in building interpersonal communication.



2. **Communicating effectively** includes one's ability to appropriately express themselves, both verbally and non-verbally. It includes expressing one's opinions, desires, fears and needs; accepting suggestions, criticism, etc.

3. **Interpersonal relationships** involve the ability to build and maintain good relationships with one's family, friends, and other people. Good interpersonal relationships are the key to overall social and mental well-being. This includes the capacity to end relationships in a positive way.

Thinking Skills:

4. **Critical thinking** refers to one's ability to evaluate information and personal experiences objectively. It helps to recognize and judge factors that affect one's attitudes and behaviours, especially factors such as one's peers and the media.



5. **Creative thinking** helps a teenager to look for different options and consider the results of their actions and non-actions. It helps in decision making, problem solving, and in responding to the day-to-day challenges of life.

6. **Decision making** refers to one's ability to measure the pros and cons of any situation, make a choice, and then deal positively with the decision. It directly affects various domains of one's health.



7. **Problem solving** is a teenager's ability to recognize a problem, think of different solutions, and choose the best option considering the impact on themselves, on others, and on the environment. Unsolved problems cause mental and physical stress.

Emotional skills

1. **Empathy** refers to one's ability to put themselves in another person's shoes, i.e., think and feel from the other person's point of view, even in situations that are unfamiliar to them. It promotes behaviours such as taking care of people in need, like patients with HIV/AIDS and mental illnesses.



2. **Coping with stress** involves recognizing the sources of stress and its effects, and doing things to decrease stress, for example, changing one's physical environment or lifestyle.
3. **Coping with emotions** includes recognizing one's own emotions and that of others, understanding the effect of these emotions on behaviour, and also developing the correct responses to them. Extreme emotions such as anger or sadness can affect one's mental health.

Role of life skills in the health of an adolescent

Life skills empower adolescents to act responsibly, in decision making, and in following health-promoting behaviours. It helps them understand what is the appropriate and inappropriate response to situations and how to improve one's psychosocial ability and flexibility.

It builds self-awareness, self-esteem and helps to strengthen one's relationship with one's family, friends and others. It teaches effective and confident communication, helps one to express one's opinions, and be assertive in certain situations without hurting oneself or others. It helps in handling bullying, decreasing mental health problems, and preventing substance abuse.





WHEN TO CONTACT A DOCTOR/ COUNSELLOR:

When your teenager is often involved in bullying instances.

When your teenager finds it very difficult to make decisions even on routine matters.

When your teenager finds it very difficult to make a friend and maintain that friendship.

When your teenager talks about bullying other people or has been bullied by others.

When your teenager is often not able to express himself/herself appropriately to others.



FAQs

Q1. How can I teach life skills education to my 10-year-old son?

Ans: The involvement of parents in life skills education is beneficial to teenagers. Parents can do the following:

- » It is always better for you, as a parent, to have appropriate behaviours.
- » It is helpful to discuss the 'how and why' of different tasks and skills.
- » Never stop talking to your teenager, however they behave.
- » You should repeat the teaching till it becomes easy for them to practice these skills.
- » Allow your teenager to make their own decisions before giving your opinion.

Life skills education is based on the social learning theory, which says that young people tend to learn from their environments, by seeing how others behave, and through the effects of such behaviour. Hence, parents should practice good behaviour for their teenagers to learn from.

Q2. What are the different methods that can be used to enhance life skills in a teenager?

Ans: Some or all of the following techniques can be used:

- » Encouraging participation in extra-curricular activities such as arts, music, drama and dance.
- » Teaching them how to play educational games and simulations.

- » Telling them value-based stories.
- » Discussing problems and asking them to solve them.
- » Demonstrating good behaviour and healthy responses in your lives.

Q3. At what age is it appropriate to learn life skills?

Ans: These skills are applicable for all ages, especially for children in and out of school. They are most important for adolescents aged 10-19 years, as high-risk behaviours originate during these years and can result in mental illnesses during adulthood.

Q4. In what situations are life skills used?

Ans: Life skills are used by us in different situations:

- » Thinking and social skills are important at home, in school or at the workplace.
- » Critical thinking is needed to see the advantages and disadvantages of a situation. One can think out of the box to solve a difficult problem.
- » Life skills work best in combinations. Therefore, many life skills may be required to handle a particular situation.

Q5. How can I teach my adolescent daughter to be assertive? She is not able to say 'No', even though she knows that a particular behaviour is wrong or unhealthy.

Ans: Your daughter can learn to be assertive by practicing these steps:

- » Encourage her to learn about herself. She needs to ask herself, "Am I able to say 'no' when I don't really want to

follow my friend's advice?" "Can I ask for help without feeling shy?" "Am I able to speak my opinion freely if it is different from others?". Teaching her to practice with these questions, and to be able to say no when appropriate, will help in making her assertive.

- » You should teach her to use 'I' statements. For example, if a friend arrives late to a location, she should be able to say, "When you arrive late, I have to wait, and I feel irritated."
- » You should ask her to listen carefully and maintain direct eye contact with people.
- » You can ask her to use assertive body language, stand straight, be relaxed, and show confidence.
- » Tell her not to say "Yes" when she wants to say "No".
- » You should ask her to be firm but kind.
- » Ask her to start with the situations and the people with whom she needs to be assertive, and to keep practicing.
- » You should teach her to try to control her emotions, especially anger.

Q6. Can you suggest some ways for my teenager to say 'No'?

Ans: Following are some ways to say "No":

- » Refuse politely without giving a reason.
- » Share your reasons for saying 'No' if the person asking is a good friend.
- » Refuse again and again with or without giving a reason.
- » Quietly walk away from the room.
- » Ignore the person.

- » If you've already decided to say 'No', just avoid the person and the meeting place.
- » Talk to other friends, get their view point, and if they agree with you, ask for them to speak up as well.
- » When saying 'No', think about their feelings and say that you understand them, but that you have decided to do what is best for yourself.

KEY POINTS

- » Life skills help people in successfully dealing with the demands and challenges of everyday life, and in adjusting to various situations.
- » The three categories of life skills are social, thinking, and emotional skills.
- » Life skills give power to adolescents to act responsibly. They help them in making informed decisions and in following health-promoting behaviours.
- » Life skill programmes have shown many benefits besides positively affecting adolescent health, such as helping to increase attendance at school, reducing bullying incidents, and improving relationships.

CHAPTER 8



LIVING DANGEROUSLY - RISK TAKING BEHAVIOUR IN TEENS



HELLO...



Hello, I am Neeta. Let me tell you a story.

Once, Mrs. Kavita, mother of a young boy named Shyam, came to visit us along with him. She was worried about his behaviour. We suggested that we should speak in private and she shared the incident which made her seek help for his behaviour. “One day, Shyam went for a drive with his friends. They were driving very rashly and their car fell into the canal. Shyam had many injuries and was admitted to a hospital”. She also said that they get regular complaints from his school and that he hardly listens to their advice. For the past few weeks, he had even started sneaking out of the house at night. She is worried that he might be drinking and smoking with his friends. His parents were most worried that his behaviour might land him in some big trouble.

EXPERIMENTATION

is normal during the period of adolescence. Young people need space to experiment and to experience the results of their own decision making. Risk-taking behaviours such as substance use and sexual activity start during teenage years. Teenagers start such behaviours to cope with stress, but they place themselves at risk of poor health and encountering diseases. They often take risks to win the approval of or to avoid rejection from their peers, although they themselves might understand that such behaviours are not healthy. Severe long-term illnesses can result in adulthood from such behaviours.

During teenage years, it is important that a supportive adult is present in an adolescent's life. As a parent, you are in a unique position to support your teenager. You could both set limits together and be able to talk and share advice. Guide them gently into making good decisions. During this period, there is also an increasing need for them to be independent, but this does not mean that they do not require your assistance. Staying involved in their lives is a good way to keep them safe and healthy. If you are a parent who is approachable and friendly, you can teach them the skills they need to navigate through the challenges of life.



To help the young person in the area of risk-taking, it is very important that you show respect, empathy, and kindness towards them. Talk about your beliefs regarding substance use and sexual health. You should also practice those beliefs and be a good role model to them. Encourage your teenager to take a stand for what is right and to not simply follow the crowd.

In regards to substance use, for example alcohol, it might help to tell your teenager that their brain is still maturing and that their developing brain might be damaged if they use these substances. Also, that these substances can make them addicted even after they become well-grown adults, and can affect their studies, work, family life, and other aspects of life. Talk to them about laws that clearly state the age at which they are allowed to use these substances, which is after 18-21 years of age depending on which state they live in, but that they should postpone experimenting with them until after 25 years of age. The brain matures during one's mid-twenties, after which using a substance will cause lesser harm. However, such substances are always harmful and should never be consumed. Be good role models in the matter of substance use.

Parents should be aware of their teenagers' high-risk behaviour on the internet and teach them how to be safe while using it. They should not post personal details such as phone numbers and addresses of themselves, their family members, or of anyone else. They should be critical about any information that is available on the web. If you come to know that they are watching pornography, it is a good opportunity to discuss it.

Identifying particular talents in a young person and giving the right direction to their energies is one way of preventing high-risk behaviour. Encourage positive activities such as volunteering, sports, art, painting, drawing, singing, and learning to play a musical instrument, etc. If the child is pushed to work beyond their capacity, this can itself be a form of risk-taking. It is very rewarding for a parent to see a potentially problematic behaviour in their teenager and correct it in time.



WHEN TO SEE A DOCTOR/ COUNSELLOR:



When your teenager reports sexual abuse.

When you see medical complications in your teenager as a result of substance abuse.

When your teenager has been injured from violence/road accidents.

If your teenager talks about bullying other people or has been bullied by others.

If your teenager has faced cyberbullying/cyber sexual abuse.



FAQs

Q1. How do I talk about internet and phone safety with my teenager?

Ans: Teenagers know more about technology than adults. Being aware of and involved in their online lives is a major part of protecting your teenager. They might be willing to share their social media accounts and mobile phones with you. Learn about the various sites and social media apps that they use, and who they are in online contact with. There should be rules about the duration of use of computers and mobile phones. Discuss with them about how these rules actually protect them. Teenagers should be involved in the process of making rules. This will help them to follow these rules and break them less. Some ways of staying safe in the digital world are as follows:

- » Teenagers should not share their personal information, such as postal addresses or phone numbers, display such information on their public profiles, or share it with someone that they don't know personally.
- » They should not send pictures of themselves to people online.
- » They should understand that irrespective of privacy settings, anything they say on social media can be seen by anybody, in any corner of the world.
- » There are real-life consequences of online actions. School administrators can see what they are up to online, and may suspend them if they find that they have done anything objectionable.
- » They can never be sure that the person they are chatting with online is a real person or not.

- » If something uncomfortable or scary happens, they should never feel shy in coming to you immediately. Even if they are worried that you will scold them, tell them that you only want to help them.

Q2. How do I talk to my teenager about drugs and alcohol?

Ans: Use of cigarettes, alcohol and other such substances are commonly seen among teenagers. Preparing them on how to deal with peer pressure, and teaching them why such substances are not good for their health, will make them healthier adults.

Never feel anxious about talking to your teenager about drug use. TV, movies, music, or a friend who might be using, is a good starting point for this discussion. Ask them what they feel and understand about using drugs.



First, discuss with them that during these crucial teenage years, their brain is still growing, and is not yet fully mature. During this time, it is not a good idea to use any substance, even once. Then explain to them that all substances have a negative effect on their body and mind. As compared to an adult, the bad effects of a substance are much more dangerous for a teenager. Family traditions, religious beliefs, substance use by other family members, and your expectations for them, can all be opportunities to teach them not to use drugs.

You can encourage them to think beforehand about what they can do if they find themselves in a situation where they have to participate in drug use. Ask them to choose what is healthy and safe versus what is unhealthy and dangerous. Ask them to speak openly about their choice not to use drugs. Encourage them to share this even with their close friends. One possible way they can get out of such a situation, is by using you, the parent, as an excuse. For example, they can say, “I need to go home.” Keep discussing this topic more than once to increase their assertiveness and self-esteem.

If they are already using drugs, discuss all the bad effects of the particular drug that they are using. In such a situation, do not hesitate to get professional help for your teenager.

Q3. How do I talk about the danger of sexual abuse with my teenager?

Ans: In India, the rate of child sexual abuse is much higher than in other countries. It is important to remember that it can happen to anybody. Both boys and girls are at the same amount of risk in India. Be actively involved and interested in the lives of your teenagers. You should be aware of who your teenager is spending time alone with, whether they are adults or older teenagers, whether they are teachers, family friends, sports coaches or others.

Teach them that the only safe areas for anyone else to touch them are the palms of their hands. No one can touch their private parts. All other areas of their body, including their cheeks, shoulders etc., if they feel uncomfortable when being touched by another person, they should firmly say ‘No, do not touch.’ If they continue to do it, your teenager should be taught to run, shout, kick, or take any other action that you have taught them to get away from

that person. In spite of being careful, if they undergo an assault, they should definitely talk to you about it. They should also make a list of other adults whom they trust. If you, the parent, are not available, they should speak about the assault to any one of these adults.



Also, tell them to not stop sharing with one or more adults until one adult takes it seriously and initiates the actions to prevent such 'uncomfortable behaviour' from that person (perpetrator or abuser or assaulter).

It may not be easy to spot signs of sexual abuse in your teenager. It is crucial to know what to look for when looking for evidence of it. Educate yourself about some of the physical and behavioural signs of sexual abuse. Most cases of sexual abuse happen when the child is alone with their abuser, and in most cases, the abuser is a family member or a friend. Rarely is the abuser a stranger to the child. You should personally know all the adults, other teenagers, sports coaches, teachers, families, and babysitters that your teenager maintains contact with.

Discomfort or infection in the genital area, repeated urinary infection, pain and bleeding in the underclothes, changes in behaviour such as suddenly acting out or being very withdrawn; showing poor scholastic performance; and symptoms of anxiety and depression, can all be signs of sexual abuse.

It is important that you take it seriously if your teenager tells you that they have been abused, or if you suspect it from their behaviour. Firmly tell them that you believe them, reassure them that you are going to help them in all the possible ways to heal from it and prevent future abuse, and keep reassuring them that they are not in any trouble. It is necessary that you keep your composure in front of them so that they don't get alarmed from your reactions and start panicking. Gently encourage your teenager to freely share what happened with them with open-ended questions such as, "After that, what happened?", so that they can steer the conversation. Tell them that you are very happy that they trusted you enough to talk to you about the incident.

You must be vigilant, supportive, and comforting throughout the entire process. Ensure that your teenager understands that what happened was not at all their fault, that no one deserves to be abused, no matter the cause or circumstance. It is also important for you to acknowledge that it was not your fault either, even if you feel guilty. The only person to take the blame is the abuser.

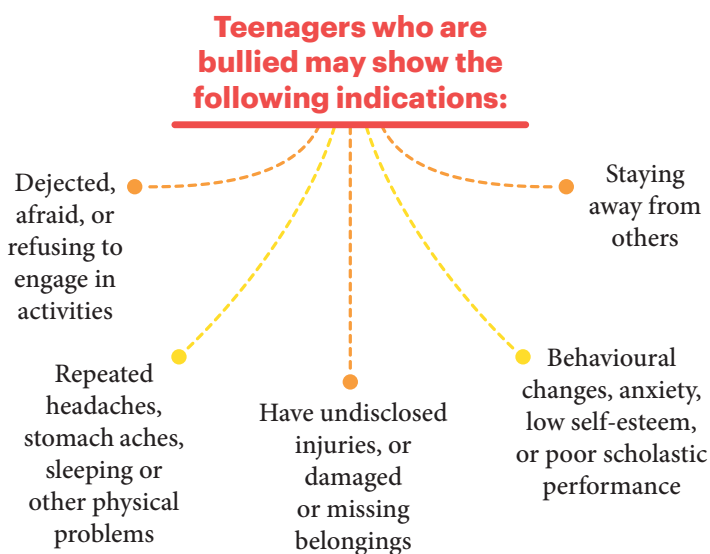
All forms of child abuse, sexual abuse, emotional abuse, and physical violence, have long-standing bad effects on one's life. They can produce life-long effects on the lives of the families and communities involved. As a parent, you may have to end your relationship with someone close to you or your family, or even someone inside your family. This may feel intolerable or overpowering to you, so it is essential that you share with your loved ones and take professional help from a counsellor, or join a support group.

If it is difficult for you to talk to your teenager about the abuse, elicit the help of your spouse, close friend, family

member, or a health care professional who can assist you during such conversations. Your teenager will need regular therapy. A doctor or counsellor might be able to guide you during the process to manage your own feelings and better help your teenager.

Q4. How can I safeguard my child from bullying?

Ans: Bullying is an issue you need to always be cognizant of, but particularly during middle school, and both in-person and digital bullying can be damaging.



To help them navigate through difficult situations, you should remain involved in your teenager's social life. Clearly explain to them what bullying means and what forms it can take. Let them know that they can approach you at any time for help. If your teenager has been bullied, here a few steps you can take:

- » Show them that you love and care for them and will always support them.

- » Listen to the details and enable them to understand that it was not their fault.
- » Discuss strategies with them such as, standing firm and telling the bully to 'Stop', ignoring them if they can, and always staying in a group.
- » Make a formal complaint to the school authorities about the bullying. Provide specific details as evidence of the bullying such as the name of the bully, the date of occurrence, names of witnesses, text or digital conversations, etc.
- » Discuss with, and motivate the school authorities and other parents to make your teenager's school a 'bullying-free zone'. It is more prudent to join hands with the school authorities than to approach the bully or their parents directly.

Q5. What should I do if my teenager is bullying someone else?

Ans: If you come to know that your teenager has been bullying someone, the first crucial thing you can do is acknowledge the complaint seriously. Although the incident might look acceptable to you, you must understand and accept that it has caused real pain or danger to someone else.

Talk to your teenager about their behaviour. Reiterate that you still love them. Be firm in telling them that any kind of bad behaviour such as physical violence, eve-teasing, name-calling, rumour spreading, or cyberbullying is most unacceptable, and inquire about the reasons for why they did what they did. Tell them to put themselves in the position of the child who had been bullied and imagine how it would feel if it was done to them. Make it clear to them that their current behaviour needs to change immediately and that you would help them in changing it. You should

also investigate whether your teenager has mental health issues or requires help in that regard.

Q6. My son is upset after seeing his classmate bullied in the school grounds, what do I do?

Ans: Recognize and appreciate your son for feeling upset about bullying. Teach him ways of helping the person who has been or is being bullied. Some of them are:

- » Ask him to be kind to the victim of bullying.
- » Encourage him to talk about this to a trusted adult at school.
- » If possible, he should distract the group which is watching the bullying happen, so that the bullies and the onlookers would move away.
- » He should help the victim leave the place.
- » He should keep himself removed from the bullying by not joining in if it is happening in front of him.



Online bullying, called ‘cyberbullying’ can be just as dangerous. Unlike bullying at school or in public, cyberbullying can be continuous even when the victim is alone. Several people even across the world can bully someone at the same time.

Cyberbullying can take the forms of:



01 Threatening, insulting or spreading rumours digitally through texts, emails, or messages on social media sites.



02 Creating false profiles or accounts in order to purposely hurt someone.



03 Uploading personal or private photos and videos of someone online without their permission.

Have a conversation with your teenager about cyberbullying. Be firm and clear about the fact that it is unacceptable to ridicule or harass anyone online or in-person. They should come to you immediately if someone is bothering them, and you can both plan to solve the issue. Encourage your teenager to put their device/s down for a while if things start to feel out of their control.

KEY POINTS

- » Risk-taking implies when a child is frequently involved in activities such as rash driving, substance abuse, other potentially life-threatening activities, or high-risk sexual activities.
- » During teenage years, teenagers often like to engage in thrill-seeking activities, but they have limited mental capacity to understand the dangers associated with them.
- » Such activities can put the teenagers (or others) at severe risk.
- » Parents need to keep a close watch on their teenagers for such behaviours, and discuss the dangers and immediate and long-term consequences of such behaviours with them.

CHAPTER 9



USING TV AND CELLPHONE - SCREEN TIME



Hello, I am Shankar, a counsellor for adolescent health issues and problems.

In this section we will understand the problems associated with spending too much time on 'screens' and the importance of regulating this screen time. In this digital era, completely avoiding screens is difficult. Balancing screen time in a controlled fashion and spending time on other activities is important for us as adults, and also for our teenagers.

Mr. and Mrs. Ranjan both work in the IT sector. They regularly use laptops and mobile phones. Their daughter Riya and son Arun have their own android phones. Riya binge watches and constantly checks her social media accounts. Arun plays online games for long hours. One day Arun developed severe dryness in both eyes. He also had constant headaches and very irregular sleeping and eating habits. The ophthalmologist advised him to reduce his screen time to 1 hour a day. Arun was quite reluctant to do so and continued using screens when his parents were not around to observe him.

SCREEN TIME

(ST) is the amount of time spent being physically inactive and on screen-based media (SBM) such as computers, televisions, smartphones and video games. Research has shown that out of every age group, adolescents spend the maximum amount of time per day on social media. On average, that number is 7 hours per day. Excessive ST has a bad effect on adolescent health. The Indian Academy of Pediatrics suggests that ST should be balanced with other activities such as sleeping (around 8 hours per day), physical activities (active exercise for 1 hour on more than 4 days a week) and the studies. The excessive use of screens (for entertainment) should not adversely affect these activities. The amount of time spent on screens for entertainment should be minimal. Now that studying is also happening through the use of screens, appropriate precautions should be taken to minimize the ill effects of using them.





WHEN TO CONTACT A DOCTOR OR COUNSELLOR:



When you find that your teenager is using the screen so much so that they are not able to sleep properly, not able to exercise routinely, or have had a drop in school academic performance.

When you find that your teenager has become so addicted to screen use (or internet use or gaming) that they have developed severe anxiety (feeling anxious, wet hands, pounding hearts, not feeling well, pain in abdomen, etc.) when the screen is taken away or the internet is disconnected.

When you find that he/she is spending a lot of money online and may be a victim of fraud or blackmailing.

When you find that your teenager is spending most of his/her waking time playing online games and is not able to stop or reduce usage.



FAQs

Q1. How do I manage the ST of my teenager?

Ans: There are certain things you can do as a parent:

- » You should try to be a good role model to your teenager. Try to limit your own ST (for entertainment) to least possible hours per day, and preferably less than 2 hours per day.
- » Engage in regular physical activity together as a family, such as going on walks, bike rides, trips to the park, or visiting friends. If not together, let your teenager see that you are doing regular physical exercise daily.
- » Discuss with them and decide on media-free time together, such as at the dinner table or in the car, to balance ST.
- » Have consistent conversations about the appropriate amount of ST.



- » Remove digital devices from your teenager's bedroom 2 hours before bedtime. This will set limits and encourage a consistent sleep routine.
- » Monitor your teenager's ST using ST tracking or parental control apps.
- » You can implement 'earned' ST for completing tasks such as finishing homework, doing chores, brushing teeth, etc.

Q2. At what age should I let my child join social media sites and apps such as Facebook, Instagram or Snapchat?

Ans: Most social media sites or apps require the user to be a minimum of 13 years old. If you feel that your teenager is not mature enough to use specific social media sites, you should try to prevent them from joining them.



If your teenager is being too insistent, you can consider opening a family account in that specific social media site to explore it together with your teenager.

Q3. Is ST all that bad if my child is using 'educational apps'?

Ans: As a parent, you should monitor the apps they use for educational purposes. It is important to remember that the best kind of learning for your teenager is active and hands-on learning. It encompasses the whole body and mind and not just their fingers.

Q4. What is gaming disorder? How is it harmful to adolescents?

Ans: Gaming disorder is defined as a behaviour which is characterized by impaired control over time spent on playing video games. It involves prioritizing gaming over other important or essential activities to the extent that gaming takes first precedence over every other interest and activity. There is a continuation of or an increase in the amount of time spent on gaming despite seeing its negative outcomes. If they are arriving at this point, your teenager might need professional help from a psychologist or psychiatrist.



KEY POINTS

- » The time we spend on a screen (mobile phone, tablet, laptop or desktop computer or television) has increased a lot as compared to previous decades.
- » Excessive ST has adverse effects on us physically and mentally.
- » The use of screens is unavoidable in the current circumstances, but its use can be controlled and made less harmful to us.
- » Check if excessive ST is affecting your teenager's routine activities such as sleeping, physical activities, studying, or working.
- » One may be addicted to screen use, or to social media, or to other content on the internet. The earliest indication is when other routine activities get adversely affected.
- » Media addiction or gaming disorders are considered to be diseases and can be treated.

CHAPTER 10



TRAINING YOUR TEENAGER TO BE SAFE ON THE INTERNET



Hello! I am Neeta.

Let me narrate a story about being safe while using the internet, which is a typical problem for teenagers.

Mr. and Mrs. Ahmed felt that there was something wrong with their 16-year-old son Fazal. He was usually a very talkative boy, but over the last few days he had become very quiet, not talking much to anyone. Ever since he got his laptop for his last birthday, he has been quite active on the internet. He had opened Facebook and Instagram accounts and was quite excited after meeting his friends and relatives online. For the last two weeks, Mr. Ahmed had noticed that he did not open his laptop. He was no longer active in their family WhatsApp group. Upon inquiry, he did not want to talk about it. It was also noted that he had deleted both his Facebook and Instagram accounts. Worried about Fazal, his parents came to me for help. Fazal revealed that one of his friends had posted an old video of him on Facebook which he did not like at all. In response to the video, there were some nasty comments from various people.

THE INTERNET

has become an essential part of our life. It has changed the way we socialize, play games, shop, teach, learn, entertain, make friends, and keep connected with family and friends. The progress in technology has caused the formation of new social networking sites, mobile apps, and dating sites. It has caused the formation of huge online role-playing games that have multiple players.

There are negative effects of the internet, apart from its various opportunities. Developing safe and healthy online habits is important, which will prevent your teenager from being a victim of online abuse. Talk to them about potential online dangers such as grooming, bullying, and stalking. It is important to keep a check on their online activities. Clear rules can be set for using the internet and playing online games.

It is obvious that using the media excessively can result in various problems. It can affect a teenager's reasoning ability, lead to poorer memory, make them more impulsive, and negatively affect their studies.

The following guidelines are important for you to know as a parent. Discuss all these points with your teenager in a calm manner:

1. You need to make sure that your teenager keeps their profiles private in all the networking sites where they have made accounts. While gaming and socializing online, they should use nicknames which are different from their actual names so as to protect their identity.
2. They should not post insults, rumours or bad comments about others online. One way to implement this, is to remember that they should not do anything online that they would feel shy doing face-to-face.



WHEN TO CONSULT A DOCTOR/ COUNSELLOR:

When you find that your teenager is spending a lot of time on screen (mobile/tablet/ computer) secretly or in isolation, and hesitates to share this content (or websites or apps) with you.



When you find that your teenager has become withdrawn, remains quite restless or afraid of something unknown, or tries to hurt himself/herself.

When you find your teenager is frequently indulging in potentially dangerous activities despite your interventions.

When you find that your teenager has been watching 'adult content' online and is not able to stop.

When you suspect that your teenager may be a victim of cyber abuse, cyberbullying, or online blackmailing.

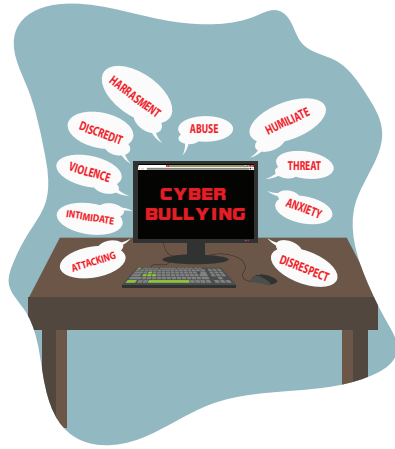
When your teenager is spending most of their waking time playing online games and is not able to study or do other routine things adequately.

FAQs

Q1. What is cyberbullying?

Ans: Cyberbullying (CB) is bullying, harassing or threatening a person through the use of electronic devices such as mobiles, laptops or tablets. Every child is at risk of CB in this age of new technology. It can happen through social media such as Facebook, WhatsApp, Instagram,

Twitter, and Snapchat. SMS, text messages, and emails are also used in CB by spreading fake news, comments, photos, and videos that are hurtful, embarrassing, or that portray the victim in a bad light. CB is purposely done to cause harm to the victim. The person who is bullying has the advantage of being anonymous/ nameless. The messages cannot be controlled and can spread fast to a large audience even before the victim knows about them. CB can have major effects on the mental health of the victim. It can lead to fear, shame, anxiety, and depression. It can even lead to suicide.



Q2. How do I suspect whether my teenager is being cyberbullied?

Ans: They may show some outward signs if they are being bullied online, such as:

- » Being secretive while using mobile phones and computers.

- » Spending a longer time online.
- » If they stop spending time on social media.
- » If they delete all their existing social media accounts and start creating new ones.
- » If they show a lack of interest in previously enjoyable activities, or changes in their sleeping or eating patterns.
- » If they seem angrier or withdrawn.

Q3. Can I prevent my child from CB others and being cyberbullied themselves?

Ans: As a parent, you can do the following:

- (i) Educate your teenager about all the risks related to the use of internet and social media. Teach them about the ways through which they can be harassed online.
- (ii) Set clear limits and rules on how they should behave online so that they themselves don't bully others. Help them understand that a bully can face serious problems, for example, they can get suspended from school. Teach them about the laws against CB.
- (iii) Teach them how to adjust their privacy settings on all their social media accounts. Advise them to chat only with friends and family members, or people whom they already know in real life.
- (iv) Advise them to not share their personal information, including pictures, videos, usernames and passwords, with anyone. They should understand that if shared with one person, there is a big risk of such information potentially being shared with anyone else or with any number of people.

- (v) Teach them how to block, delete, and report people if someone posts or comments anything offensive about them or about others. Warn them about fake accounts and the risk of their accounts being hacked.



- (vi) Watch their online activities as much as possible. You could take the help of another adult who would be capable of keeping your teenager safe and reporting to you in your absence, if necessary. It is a good idea to allow them to use mobile phones and computers in a common space in the house.
- (vii) You should encourage them to come to you and share any problems that they face. You should also assure them that you will always be there to help them no matter what.

Q4. I came to know that my child is being cyberbullied, what should I do?

Ans: As a parent, you need to equip yourself with knowledge about CB and cybercrimes. Being supportive and not totally banning your teenager from the internet would be helpful, and judging or blaming them would be

counterproductive. You should not dismiss their feelings even on seemingly very trivial matters and assure them you are there with them.

There are ways in which CB can be dealt with. They should be taught how to block the person and report them on the same platform. A legal complaint can be registered with the government authorities, as CB is a crime. In India, to report CB, you can send an email to the Ministry of Women and Child Development CD at - complaint-mwcd@gov.in. or at www.cybercrime.gov.in. Banning your teenager from using the internet might stop them from talking to you about other problems that they might be facing. If they are mentally disturbed, it is advisable to take professional help from a psychiatrist or psychologist.

Q5. What is the meaning of 'sexting'?

Ans: Sexting is the practice of sending sexually suggestive photos or messages through mobile phones. This is an increasing practice among teenagers. Teenagers who have access to the internet become sexually active at younger ages as compared to those who do not have access to the internet. Sexual images and content shared online can also lead to CB, unsafe sexual advances by peers, and sexual abuse by predators. You should warn your teenager not to send anyone any inappropriate or sexually provocative pictures. You should warn them not to post videos even privately or on secure sites, as everything can easily be hacked. Advise your teenager to be wise when it comes to their appearance on video chats and calls. If anything is unpleasant for them, they should first inform a trusted adult about it at the earliest.

Q6. What is the meaning of 'cybergrooming'?

Ans: It is another danger that teenagers face on the internet. Sexual abusers who act as friends may sometimes try to make an emotional bond with the child online. For this, they may act like another same-aged friend who has the same interests as your teenager, etc. After some days of grooming them, they might post pictures of themselves or another person. After that, they may request your teenager to post pictures or videos of themselves. Finally, they might try to meet your teenager in person. Their main aim is to sexually exploit them.

Q7. How does watching pornography affect teenagers?

Ans: The internet is filled with pornographic material, i.e., pictures and videos of sexual nature. Teenagers who are curious in nature, tend to surf the net for such information. At times, they might accidentally see them while browsing. This happens more often when they are online without parental supervision.

The adolescent brain is still growing and evolving, and becomes mature only by the mid-twenties. When teenagers spend a lot of time watching pornography, it can affect their normal brain and sexual development. It can lead to altered images of sexuality, poor self-esteem, sexual deviation, and sexual aggression at an early age. It can also affect them emotionally, causing shame, guilt, depression, and anxiety. It can lead to depersonalization of sexual activity. The teenager may see his or her sexual partner as an object, which can limit healthy human relationships.

Watching pornography repeatedly has an addictive effect. It affects the brain through neurological pathways, similar to how drug addiction happens. Once a child develops

an addiction for pornography, they may need help from a professional for de-addiction, just like any substance abuse. Parents should install surveillance software in their teenager's mobiles, computers, and TV in order to observe the content the child is watching. You should try to keep such gadgets in common areas of the home and not let them be used in secret. However, it is difficult to do this with a teenager. Talk to them about the ill-effects of internet pornography. Ask them to avoid watching it in case of accidental exposure. If possible, they should be aware that their activities are under the supervision of their parents, which might prove to have a preventive benefit.

Q8. How to be safe while gaming online?

- Ans:**
1. It is important to download the game software only from the authentic sites and to steer clear of the ones which are fake. Children should avoid installing duplicate or copied content.
 2. While purchasing a game online, they should be careful. They should not share their bank/credit card information with anyone. For purchasing purposes, they should always include a trusted adult in the transaction.
 3. While creating their profile for a game, they should try not to match the game details with their real-life details, as this will help them to protect their identity. They should never use a webcam while gaming.
 4. Online gaming sites are also ideal platforms for CB, cybergrooming and other cybercrimes. It is important for teenagers to be aware of them so that they don't become victims.

Q9. What to keep in mind when choosing games?

Ans: Online games should never be a substitute for outdoor games, exercise, and interaction with the real world, because the benefits of outdoor games are much more than those of indoor ones.



There are many action and non-action video games. When compared to non-action video games, games such as shooting games and action-adventure games have shown to have some benefits. They show improvement in quick decision-making skills, processing speed, concentration, the ability to remember visually presented information, multi-tasking skills, and learning abilities in the game, as well as in real-world situations. However, it is also true that teenagers who play video games involving violence are known to be more aggressive in their thoughts and behaviour.

Q10. Can gaming be addictive?

Ans: Yes. Excessive gaming can cause bad effects on one's psychological function, cognition, and impair one's social life and relationships. In such a case, a psychiatrist/physician's help might become necessary. Internet gaming disorder is a mental health disorder which is diagnosed when at least five of the following symptoms persist over a 1-year period:

- » Being preoccupied with playing games and thinking about their previous game; and making predictions about their next game, so much so that it becomes the activity that controls other activities in their daily life.
- » Showing symptoms of withdrawal when not gaming, such as irritability, sadness, or anxiety.
- » Needing to spend excessive amounts of time playing games.
- » Attempts to control or limit participation in games are unsuccessful.
- » Losing interest in real-life relationships, previous hobbies, and other forms of entertainment as a result of, and with the exception of, playing games.
- » Continuous gaming despite knowing about the psychosocial issues that arise from such overuse.
- » Cheating one's family members, counsellors, or others about the amount of time spent on playing games.
- » Using games to escape from or bring relief to a bad mood, such as feelings of anxiety, guilt, or helplessness.
- » Putting at risk or has lost a significant relationship, job, or educational/career opportunity due to excessive gaming.

KEY POINTS

- » In between its various opportunities, the internet poses various threats. Creating safe and healthy online habits is important. This will prevent you and your teenager from being a victim of online abuse.
- » Parents should educate their teenagers about all the risks associated with the use of the internet and social media. Tell them about all the ways they can be abused or harassed online. You should set clear limits and rules on how they should behave online so that they don't bully others.
- » You should try to be supportive. Do not judge or blame your teenager for whatever has happened with them online. Assure them that you are there with them.
- » Remain watchful for the safety of your teenager while they are on the internet. Teenagers may get exposed to sexting, pornography, addictive games, drugs, and other unlawful activities online. Encourage them to inform you whenever they find anything uncomfortable on the internet or the social media sites.
- » Remember, teenagers are often victimized or bullied using online means.
- » It is possible for teenagers to find some media so intriguing that they become addicted to it all by themselves.
- » Contact a doctor or a counsellor when you find that excessive internet use has been badly affecting your teenager's routines for the last 2 weeks or more.

CHAPTER 11



IS YOUR TEENAGER EATING RIGHT - NUTRITION



Hello! I am Neeta. Let me share a brief story with you.

Rohit is very concerned about his height and build. His friends make fun of him because he is chubby. They often call him 'shorty'. They also tell him that he is not manly as he does not have 'muscular biceps'. Due to all this, Rohit reduced his consumption and started skipping meals. He joined a gym. A couple of days back, he brought a nutrient shake which was given to him by a senior at his school. The senior told him that these kinds of shakes would lead to an increase in his height and muscle mass. He sometimes eats a lot of food from the school and is at times physically inactive. He is not able to concentrate on his studies and his academic performance is getting worse. His mother is worried as he is studying in Class X and has to appear for his board examinations soon.

ADOLESCENCE

is the developmental phase when your teenager is going through major changes in their body. Therefore, nutritious food is crucial during this time period, as teenagers grow rapidly in height and weight and undergo hormonal changes. At about 10-13 years of age in girls and 14-16 years of age in boys, there is a sharp increase in growth, including the growth of bone and muscle. They reach their maximum height by about 18 years of age. There is an increased requirement for iron during this period.

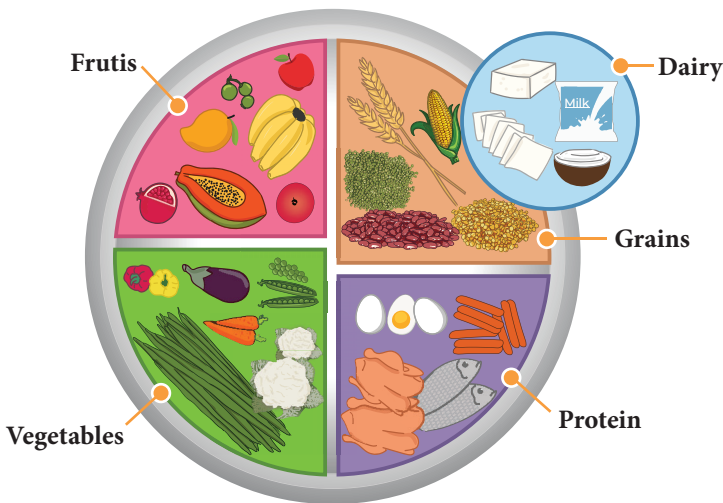
As teenagers spend more time outside with their friends, their eating habits outside of their homes can become erratic, and if these habits are persistently unhealthy during teenage years, they are more likely to stay unhealthy even in adulthood. Changing bad habits into good ones is still possible during adolescence. It is important for adults to set healthy standards and to have a good understanding about the nutritional needs of teenagers. Some factors which influence their nutritional intake are:

- » Socio-economic situation
- » Food availability in the family
- » Gender-based discrimination against the girl child
- » Unhealthy cooking practices, such as over boiling of vegetables



- » Removing husk from wheat
- » Poor bioavailability of iron and calcium
- » Prevalence of diseases such as malaria, hookworm infestation, etc.
- » Perpetuation of a vicious cycle of malnutrition and infection, which may have begun even before the birth of the child

Balanced diet, 'choose MyPlate', USDA (US Department of Agriculture)



A balanced diet is one that provides all nutrients in the required amounts and proportions for the maintenance of good health. It involves eating food from all food groups, namely, cereals and grains, pulses, fruits and vegetables, and milk and dairy products (Fig 1a, 1b). It should also include the consumption of extra nutrients following an illness. When a teenager takes a balanced diet, it promotes their good health, growth, and boosts their immunity. Food and drinks high in sugar and fat, termed as 'junk food', should be taken in minimal amounts.



Recommended diet for adolescents as per the number of portions required per day is as follows:

Nutrients/ Food Groups	g/ portion	10-12 years		13-15 years		16-17 years	
		Boys	Girls	Boys	Girls	Boys	Girls
Cereals & Millets	30	10	8	14	11	15	11
Pulses	30	2	2	2.5	2	3	2.5
Milk (ML) & Milk products	100	5	5	5	5	5	5
Roots & Tubers	100	1	1	1.5	1	2	2
Green	Leafy						
Vegetables	100	1	1	1	1	1	1
Other vegetables	100	2	2	2	2	2	2
Fruits	100	1	1	1	1	1	1
Sugars	5	6	6	4	5	6	5
Fat/ Oil (Visible)	5	7	7	9	8	10	7

Due to a sharp increase in physical growth during teenage years, iron and calcium requirements are high. Zinc requirement is also high, as it is required for sexual maturation.



WHEN TO CONTACT A DOCTOR/ COUNSELOR:

When you find that your teenager is very thin.

When you find that your teenager is overweight or obese.

When you find that your teenager is having tiredness, poor concentration in studies, irritability, or has become pale (this can be due to lack of blood or anaemia).

When you find that your teenager is having vague pain in their limbs or excessive tiredness (this can be vitamin D deficiency).

When you find that your teenager is using lots of food supplements to 'build their body'.

When you find that your teenager has recently become very choosy in selecting foods, is eating in very small amounts and is doing lots of exercise.



FAQs

Q1. What are the recommended dietary allowances (RDA) for Indian adolescents?

Ans: RDA for Indian adolescents are as follows:

Nutrients	10-12 years		13-15 years		16-17 years	
	Boys	Girls	Boys	Girls	Boys	Girls
Body weight (Kg)	34.3	35.0	47.6	46.6	55.4	52.1
Net energy (KCal/d)	2190	2010	2750	2330	3020	2440
Proteins (g/d)	39.9	40.4	54.3	51.9	61.5	55.5
Visible fats (g/d)	35	35	45	40	50	35
Calcium (mg/d)	800	800	800	800	800	800
Iron (mg/d)	21	27	32	27	28	26
Zinc (mg/d)	9	9	11	11	12	12

Q2. What are some good sources of iron and calcium?

Ans: Iron-rich sources include whole grain cereals, millets, meat, fish, poultry, green leafy vegetables, legumes and dry fruits. Combining these foods with fruits rich in vitamin C, such as gooseberries, guava, and citrus, help in improving the absorption of iron. Calcium is high in milk and milk products, and millets such as ragi, til, and nuts.

Q3. It is said that iron and calcium requirements increase during adolescence. Do all adolescents need to take iron and calcium supplements to meet those nutritional needs?

Ans: A predominantly plant-based diet provides around 18 mg of iron, but the recommended intake for adolescents is 21-32 mg per day. Therefore, under the National Iron Plus Initiative for Anaemia Control, the Government of

India recommends consuming 100 mg of elemental iron and 500 mcg of folic acid on a weekly basis throughout the period of 10-19 years of age. Milk and dairy products should be consumed in higher quantities, at least 2-3 portions per day, which would eliminate the need for additional calcium intake.



Q4. Why should my teenager eat breakfast?

Ans: Breakfast is the most important meal of the day. According to reports, skipping breakfast is related to a poorer quality of diet and bad moods. It also affects the understanding capacity of the teenager, and consequently their school work. It is shown to increase the risk of obesity and other related diseases.

Q5. My 14-year-old daughter is always talking about her weight and skips meals often. Is dieting the right approach for adolescents to lose weight?

Ans: It is common for teenagers to be self-conscious. A lot of teenagers try dieting during adolescent years. Dieting by itself is not a good method to achieve a healthy weight. People on fad diets tend to overeat after a period of time and regain the weight lost from dieting. If your teenager is constantly worried or feeling guilty about their weight, they might be suffering from a negative body image and should be seen by a doctor.

Q6. My teenage boy tends to 'over exercise' whenever he eats a lot of food. Is it the right way to lose weight?

Ans: No, it is not the right way. Teenagers exercise excessively in order to control their weight. They might consider this as

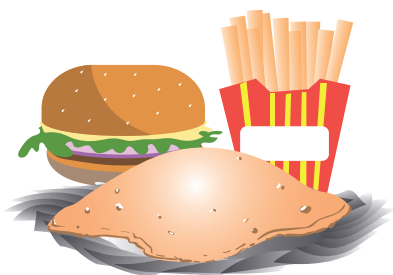
a way to 'punish' themselves for eating a lot or for gaining weight. If his guilt and anxiety continue, he should be seen by a doctor.

Q7. Why could missing lunch be harmful for my teenager?

Ans: Lunch is an important meal as it provides the necessary energy and nutrients for the body and brain to continue working efficiently throughout the rest of the day. It also affects the teenager's concentration and work performance.

Q8. What is 'junk food'? Are there any recommendations for the intake of junk food during adolescence?

Ans: Junk food has been defined as calorie-dense food which is high in fats, sugars and salt. It is ideal to avoid all junk food but this is not realistic. A child or teenager can have junk food but not more than once a week. The serving should not exceed 50% of the total daily energy intake required for a child of that age. Fruit juices and soft drinks should be avoided as much as possible. If given, they should be limited to 250 ml per day for children aged >5 years, and preferably given as fresh juices. Tea/coffee consumption should be limited to 200 ml/1 cup per day for adolescents aged between 10-18 years of age, provided that they do not take any other caffeinated products such as cola or chocolate. Water should be presented as the best solution for thirst and nourishment.



Q9. My daughter often asks me, “Mom! Why am I so thin?”. What could be the reasons for her thinness and what could she do to put on healthy weight?

Ans: Your daughter may ask such questions because she may be worried about how she looks in front of her peers. Thinness may be associated with easy tiredness, so she may not be able to do certain activities. A doctor or nurse can assess whether an adolescent is underweight or overweight for his or her age. She should be encouraged to consume energy-rich foods and possibly limit any physical activity.

Q10. How can I help my son become taller?

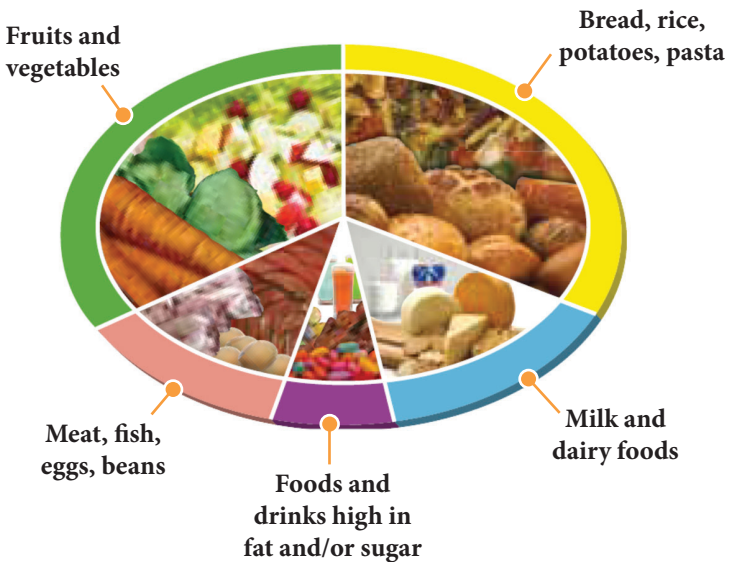
Ans: A teenager’s height depends on the height of their parents. Your son’s height potential is determined by his genes and can be attained if he consumes a balanced, healthy diet and engages in regular physical activity. Medicines and surgeries that can make a person taller are useful for teenagers, but are accompanied with certain underlying diseases. They are not meant for your son who is otherwise in good health.

Tips for healthy eating during teenage years:

- 1** Eat a wide variety of foods
- 2** Eat three meals a day with healthy snacks
- 3** Eat breakfast every day
- 4** Eat when you are hungry and stop eating when you are full

- 5 Enjoy eating food from all food groups
- 6 Choose water over soft drinks or juice
- 7 Choose foods that are high in cereal fiber such as bran, wheat and rye, including cereal or cereal bars
- 8 When you eat outside, stop eating once you are full. In most eateries, portions are bigger than the required amounts
- 9 Don't eat to feel better when you are bored, sad, or upset
- 10 Play or exercise for at least 1 hour, daily

As a parent, it is good to know the following:



Source: WHO Adolescent Job Aids

As a parent, it is good to know the following

1 Adolescents need more of:

- » Calcium, to build strong bones and teeth
- » Vitamin D, to keep bones healthy
- » Iron, to help them grow
- » Potassium, to help lower blood pressure
- » Fiber, for bowel health and overall health
- » Protein, for body strength

2 Fast food is a super-sized meal with more calories than are required for a whole day. When they are served more food, teenagers may just eat that food even if they don't need to, leading to weight gain.

3 Teenagers who eat breakfast have an improved memory, stay focused during the school day, and perform better at studies.

4 Advertisements on TV, the internet, and social media strongly affect the food and drink choices made by adolescents.

KEY POINTS

- » Balanced nutrition is important for appropriate physical growth and sexual maturity during adolescence.
- » Iron and calcium requirements increase during adolescent years.
- » Breakfast is the most important meal of the day.
- » To achieve a healthy weight, balanced dietary intake and adequate physical activity according to one's age are recommended.
- » Consumption of junk foods and beverages should be avoided by all children and adolescents.
- » Meals like breakfast and lunch should not be skipped.

CHAPTER 12



ADOLESCENT NEED THE EXERCISE - PHYSICAL ACTIVITY



Hi, I am Shankar, a counsellor. I wish to share the story of Anita.

Anita is a bright 16-year-old student and had always been an obedient child. When she was in 6th grade, she started skipping swimming lessons. She preferred sitting and chatting with friends inside the classroom. As the academic pressure grew with higher classes, she preferred to spend time on studying. She was not able to balance her time between studying and other activities. She started to avoid playing sports and outdoor games with her friends. She stopped swimming. When she became 14 years old, she realized that she had gained a lot of weight, and by 16 years of age her weight was 70 kg. Her mother became very worried.

PHYSICAL

activity (PA) is as important as a balanced diet for anyone, be they young or old.

It is defined as any bodily movement by skeletal muscles and limbs. Any form of PA requires energy. Activities involving both work and play, household chores, travelling, sports, and recreational activities such as dance and yoga, all require the spending of energy. The amount of energy required to carry out an activity is measured in Kilocalories (Kcal).



Repetitive activity that is planned and structured is called exercise. Sports, a form of PA, is controlled by specific rules, is much more organized, and requires a lot of practice.

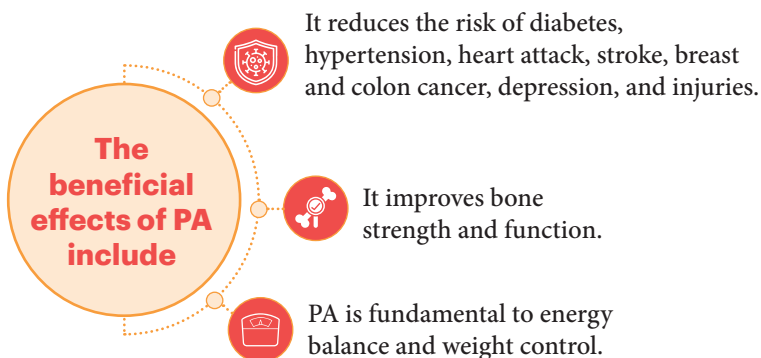
PA has been classified into different types depending on how difficult that particular activity is and the amount of energy required to do it. The examples given below act as guides only and may vary for each person based on their level of fitness.

The objective of exercise is physical fitness and overall health. Physical fitness refers to a state of well-being achieved through the combination of a balanced diet, regular exercise, and sleep. When physically fit, a teenager is able to do daily tasks energetically, has no undue tiredness, can enjoy leisure activities, and can also manage emergencies.

Based on the amount of energy spent, PA is categorized into two types: moderate and vigorous. Most healthy teenagers are able to perform vigorous activity; but many feel unable to do so

or choose not to do regular PA. Metabolic equivalents of task (MET) is the ratio of the working metabolic rate to the resting metabolic rate. It is used to explain the intensity of a particular PA. One MET is taken to be as the amount of energy required to sit without moving, which amounts to 1Kcal/kg/hour.

Moderate intensity PA (3-6 MET)	Vigorous intensity PA (>6 MET)
Requires moderate amounts of effort and elevates the heart rate	Needs large amounts of effort, is associated with rapid breathing and an increased heart rate
Examples: <ul style="list-style-type: none"> » Brisk walking » Dancing » Gardening » Housework » Bicycling at <16 km per hour » Traditional hunting » Playing games with children » Walking pets » Building tasks (roofing, thatching, painting) » Carrying loads, <20 kg 	Examples: <ul style="list-style-type: none"> » Running » Walking/Climbing briskly up a hill » Heavy gardening (lots of digging) » Fast bicycling » Aerobics » Jumping ropes » Fast swimming » Competitive sports like kabaddi, football, volleyball, hockey, basketball » Heavy shovelling or digging ditches » Carrying heavy loads, > 20 kg



Lack of PA or physical inactivity is the fourth leading cause for 6% of global deaths, the main cause for one-fourth of breast and colon cancers in the world, and for one-third of diabetes and heart attacks in the world.

Age-wise recommended daily duration of PA (WHO):

1. 10–17 years of age:

- a. At least 1 hour of moderate to vigorous PA.
- b. Most of the PA should be aerobic, which is of moderate intensity and increases the heartbeat, breathing, and sweating. It is important for the heart and overall health. It includes walking, jogging, running, swimming, and cycling.
- c. Activities of vigorous intensity should be done at least three times a week.



2. 18-19 years of age:

- a. Aerobic PA per week, at least 150 minutes of moderate intensity, or 75 minutes of vigorous intensity, or an equal combination of both.
- b. Aerobic activity for one day can be split up into bursts of 10 minutes each.
- c. For better health benefits, aerobic PA per week should be increased to moderate intensity for 5 hours or vigorous intensity for 2½ hours, or an equal combination of both.
- d. Muscle strengthening for major muscles should be done for ≥ 2 days per week.





WHEN TO CONTACT A HEALTHCARE PROVIDER:

When your teenager has difficulty falling or staying asleep.

When your teenager has persistent anxiety or irritability.

When your teenager has impaired performance at school.

When your teenager has inappropriate dietary patterns.

When your teenager has lack of concentration.

When your teenager has unusual breathing patterns.



FAQs

Q1. Is there any difference between physical inactivity and sedentary behaviour?

Ans: Yes, being sedentary and being physically inactive are two different things. Physical inactivity means not doing any PA as per the guidelines.

Sedentary behaviour means spending a long time sitting or lying down at work, home, while studying, travelling, etc. A physically active teenager may be considered to be sedentary during the day. ST, and time spent while sitting, are the two indicators used to quantify sedentary behaviour.



Q2. How can I inculcate the habit of good PA in my teenager?

Ans: Adolescence is the right age for developing good habits, such as doing daily PA. You should coax your teenager to do PA for 1 hour each day. Provide a balanced diet as much as possible and ensure that they sleep for 8-10 hours daily. They should have a fixed time to play with people of the same age. Be good role models to see this behaviour in your teenager. Plan family activities or trips outside of your home that involve PA.

Q3. There are Physical Education (PE) classes in the school curriculum. Does my child still need more exercise?

Ans: Usually, there are one or two PE classes per week for 40 minutes each. These are not sufficient and may sometimes be used for other activities. You should ensure that your teenager does the recommended level of PA outside of school hours.



Q4. Should girls avoid doing PA during their menses?

Ans: No, girls can do any form of PA they want to do during their periods. They should maintain menstrual hygiene and take medicines for heavy bleeding or cramps.

Q5. Does being physically active mean that my child has to play a sport?

Ans: Sports is a great way to include PA in the life of a child. However, they can be physically active, even if they can't play a particular sport.

Q6. My son is insisting on going to the gym as he wants to have a body like a Bollywood actor. Is working out at the local gym healthy for him?

Ans: Weight training under supervision is beneficial. It improves one's strength,



fitness, body composition, and performance in sports. Supervision reduces the risk of injury. Parents should also be aware of their teenager's behaviour if they are obsessed with their body appearance, which might place them at risk of using steroids and other chemicals; they can also be at risk of mental stress and mental illness.

Q7. What is the difference between weight training and bodybuilding?

Ans: Weight training involves doing exercises to improve one's muscle strength and total fitness. Weightlifting, bodybuilding and powerlifting are competitive sports. They involve high-intensity training that is not advised for adolescents.

Q8. My son does PA for more than 60 minutes. Should I give him sports drinks after the activity to ensure hydration?

Ans: Proper hydration is required before, during, and after any PA. Water is sufficient for events which last for 60 minutes or less. For activities that last 1 hour or less, water is sufficient, but those which take longer or are done in hot and humid weather require sports drinks containing 6% carbohydrates and 20-30 MEq/L of sodium chloride, in order to replenish the stores of energy and the fluid/electrolyte losses.



Q9. Do adolescents need protein supplements for muscle strengthening and bodybuilding?

Ans: No, they don't. Studies have revealed that protein shakes may contain banned chemicals which can cause protein toxicity, salt-related problems, unwanted weight



gain, calcium loss, dehydration and kidney problems. The American College of Sports Medicine condemns the use of protein supplements by anyone below 18 years of age.

Q10. Can PA alone lead to weight loss? If yes, what amount of PA must be done, for obese and overweight adolescents to achieve weight loss?

Ans: Combined with a balanced diet, PA can be useful in reducing weight. Regular PA helps to:

- » Maintain weight
- » Reduce high blood pressure
- » Reduce the risk of type 2 Diabetes Mellitus, heart attack, stroke, osteoporosis, injuries and several forms of cancer
- » Reduce pain in arthritis and the associated disability
- » Reduce symptoms of depression and anxiety

To lose weight, the amount of PA required will vary from person to person. It is advisable to exercise for the minimum duration as prescribed by WHO guidelines.

Q11. Is one kind of aerobic activity better for weight loss than others activities?

Ans: Aerobic activities in which we carry our own weight, such as walking or stair climbing, burn more calories than those that support our weight, such as cycling. You may have to do cycling for a longer period of time to burn the same number of calories as those lost through climbing stairs. It is important to do some PA for weight loss. If you prefer doing a particular activity, it is better for you to pursue that in order to stay motivated.



MYTHS

VS

FACTS

- » Teenagers are already so active, there is no need to teach them about PA.
- » PA is expensive, it requires equipment, special shoes, and clothes.
- » I am thin so I don't need to do any PA.
- » No pain, no gain. Only hard and painful exercises are useful.

- » Teenagers need advice and role models for the daily recommended PA. PA that starts during teenage years is more likely to continue into adulthood.
- » PA can be done anywhere. If an area is identified, walking is a highly recommended PA and is free.
- » PA is essential irrespective of one's shape or size. PA including aerobic activity, muscle strengthening, and flexibility energizes, helps to reduce stress, and lowers one's blood pressure and cholesterol levels.
- » It is normal for them to feel some pain and tiredness when your teenager starts an exercise routine. After about 2-3 weeks of a daily routine, it is no longer painful. A good way to decide if the exercise is too much for someone is by taking a "Talk test":

While doing aerobic exercises such as walking or dancing, one should be able to talk, but not sing.

Sleep Hygiene

Sleep hygiene is the term to describe healthy sleeping habits. Establishing and practicing good sleep hygiene helps your teenager have a good quality and quantity of sleep. It also positively affects their mental and physical health. Your teenager typically needs about 8-10 hours of sleep per night. It is common for the average teenager to get 7 hours of sleep or less per night.

Q12. What are some factors that prevent teenagers from getting enough sleep?

- Ans:** » **Shifting of the biological clock:** After puberty, a shift of about 2 hours. For example, if a teenager had fallen asleep by 9 pm the previous night, they typically are not tired until after 11 pm on that day. This also means that they will be sleeping for 2 more hours the following morning.
- » **Early school start times:** At 7 am, which means that your teenager has to get up as early as 6 am to get ready and make it to school on time.
- » **Having a busy social life:** After school activities such as clubs, sports, part-time jobs, or household chores on top of homework. Socializing also continues through phone and computer use, which can keep them up until much later.

Smart sleeping habits that improve one's sleep hygiene include:

- » Getting up and going to bed around the same time each day.
- » Creating a healthy sleeping environment.

- » Switching off all electronic gadgets at least 1 hour before bed.
- » Limiting caffeine intake several hours before bedtime.
- » Doing daily PA in the evening.
- » Using humour to reduce stress levels.
- » Avoiding meals with high fat content before bed.
- » Taking a break and going outside during the day for some time every day.
- » Getting sun exposure, which would help your body keep its internal clock on track.
- » Avoiding caffeine, alcohol, smoking and sleeping pills.

Q13. What is affected by not getting enough sleep?

- Ans:** » **Mood:** Being irritable, frustrated and moody all day
- » **Behaviour:** More prone to risk-taking behaviours such as driving after drinking alcohol
 - » **Thinking:** Problems with attention and memory, a slower reaction time, stunting of creativity, and bad decision-making
 - » **Academic performance:** Poor performance, falling asleep during class, and school absenteeism
 - » **Athletic performance:** Poor performance in sports due to slower reaction times
 - » **Driving:** Prone to falling asleep while driving, resulting in road traffic accidents

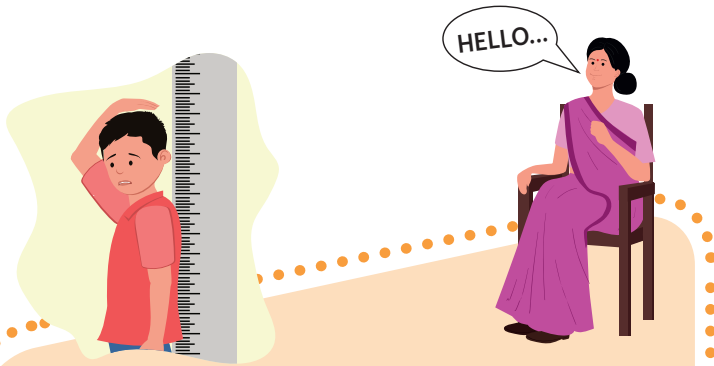
KEY POINTS

- » Lack of daily PA is one of the major risk factors for chronic diseases and death.
- » Children aged 10-17 years require at least 1 hour of moderate to vigorous PA daily.
- » For teenagers, aerobic PA per week should be for at least 150 minutes (2½ hours) of moderate intensity activity, or 75 minutes (1¼ hours) of vigorous intensity activity, or an equal combination of the two.
- » Girls can do any form of PA during their menstruation.
- » Supervised weight training improves one's strength, fitness, body composition, and performance in sports.
- » The American College of Sports Medicine condemns the use of protein supplements by anyone aged below 18 years.
- » Sleeping for at least 8-10 hours per night is required for most days of the week.

CHAPTER 13



**LOVE YOUR
BODY
BECAUSE IT
IS YOURS -
BODY IMAGE**



One morning, we got a call from Mrs. Zareena regarding her son, Ahmed, a 16-year-old boy. She said, "Ahmed has started being very conscious of himself. He checks his figure a lot in the mirror and always feels disappointed by his physique. He constantly asks me, 'When will I also grow tall and broad like my other friends?'. His friend circle has also decreased in size and he doesn't go out with them often. While speaking to him, Ahmed said, "At primary school, I had been in friendly competition with other boys, to see which of us was going to be the tallest. It was fun. It all seemed like a positive thing, but the first few years of secondary school were a nightmare. I was teased a lot and bullied because I was short. I feel very upset and less confident when I see tall boys my age."

Ms. Neeta once spoke to a family with a similar issue. I invite her to share her experience.

Dear parents,

I am Neeta. Let me tell you a story of a young girl.

When Priyanka turned twelve, she became very conscious about her weight. She constantly looked at herself in the mirror and thought she was fat, although her weight was normal for her age. Slowly, she started skipping meals, always staying inside at home, and didn't want to go out and meet her friends as she felt that they would mock her.

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Her mother was worried, as this behaviour had started affecting her studies. Despite repeated assurances by her mother, Priyanka was not satisfied and felt low. Her mother discussed it with her friend whose teenage daughter also had similar concerns. Both mothers went to visit a counsellor.

FOR A TEENAGER,

‘body image’ signifies how a person perceives their body when they look at themselves. It includes any and all beliefs they hold regarding their own body shape, size, features, weight and height. It also extends to how they engage with and feel inside their body. Teenagers are often under a lot of pressure about how they want to be accepted as ‘beautiful’. Societal beauty standards are stringent, not realistic and sometimes harmful. Cultural differences are also present. Hence, it is imperative that teenagers look and feel good inside their own bodies in order to develop a positive body image that can foster a healthy self-esteem.

Your teenager should understand that the growth of their body depends on nutrition, PA and their genetic predisposition. All teenagers/adults cannot look the same. Everyone should be celebrated and no teenager should be compared with another. Whether your teenager is thin or not so thin, make them focus on their healthy eating and daily exercising. Encourage them to be proud of their ethnicity, gender, what their body is capable of, and provide opportunities for them to celebrate their cultural community.



WHEN TO CONSULT A DOCTOR/ COUNSELLOR



When there is sudden loss or weight gain in your teenager.

When your teenager expresses persistent low self-esteem.

When your teenager seems too preoccupied with their body image and weight.



FAQs

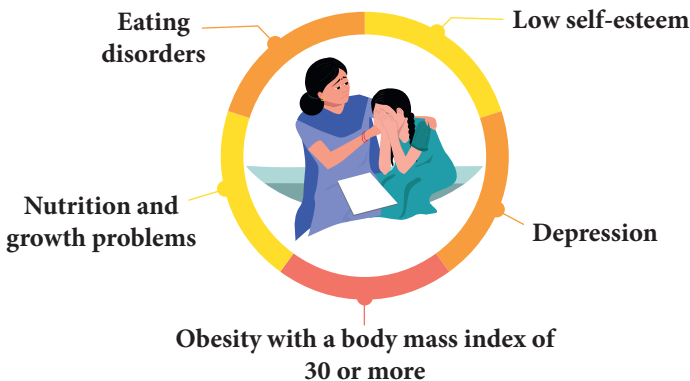
Q1. How can I help my teenage daughter, she has many worries about her body?

Ans: It is important to listen to her specific concerns. You should reassure her that her body is unique. Discuss the pubertal changes that she is going through. Share with her that these changes are a part of normal growth and it is normal to feel self-conscious about herself.

Encourage her to respect both her own and others' bodies. She will feel confident about herself if she follows a healthy diet, sleeps well, and exercises regularly. As a parent, tell her that you understand and accept her thoughts and feelings because during this period, teenagers go through a lot of confusion about their body, emotions and overall understanding. Compliment her on how she looks. Talk about her strengths and capabilities more than her looks. Never complain about your own appearance.

Q2. How does having a negative body image affect teenagers?

Ans: Due to a negative body image, teenagers can develop



Q3. My son eats mostly fast food and doesn't like homemade food. What should I do?

Ans: Start by talking to him about a healthy body and how he can stay healthy by eating a balanced diet, doing daily PA and following good sleep hygiene. Sit with him, make plans for the week based on what he likes and help him choose a variety of foods. Help him understand his hunger cues, advise him to eat when he is truly hungry, and stop when he is almost full.

Q4. How can I build my daughter's self-esteem?

Ans: For a teenager, self-esteem means how valuable they feel as a person. Teenagers are trying to understand who they are in relation to other people and how confident they are in their abilities. Having good self-esteem helps them resist peer pressure. Some ways you can encourage healthy self-esteem in your teenager are:

- » Tell them you love them, and praise them whenever possible.
- » Acknowledge their feelings and help them solve problems.
- » Never scold them in public, especially in front of their friends.
- » Try to enforce rules in private whenever possible.
- » Help them set goals, praise them for trying to achieve them and allow them to make decisions. This is empowerment.



KEY POINTS

- » Nutrition, PA and genetic predisposition determine the growth of one's body during adolescence.
- » Wide variations of normal exist and we all have unique bodies.
- » Adolescents should be encouraged to respect their own bodies and others' as well.
- » Adolescents should be taught respect by being shown respect, by their feelings being acknowledged and by being helped in solving their problems.
- » Adolescents should be empowered by encouraging them to set goals, praising them for trying to achieve them, and allowing them to make their own decisions about their physical fitness and how they look and feel.
- » When an adolescent has so many concerns about their body that it influences their studies and work, then it is time to take the help of a doctor or counsellor.

CHAPTER 14



HEALTHY IS BEAUTIFUL - EATING DISORDER



I hope we both are now familiar to you, as we take you parents through various problems of adolescence. Today I, Shankar, will discuss eating disorders in the adolescent age group. It is more common in adolescent girls, but boys suffer as well. Many of us are not aware of this problem. So, let's discuss this one.

Deepika is 18 years old. Her parents are worried for the last few days as she is recurrently vomiting after meals. She does not eat with her family at dinner time. She takes her meal to her room, and her mother has seen her throwing food in the bin. She has always been a thin girl but recently she has lost a lot of weight. Mother talked to her gently, "Tell me, Deepika, what happened? Are you not well? Let me take you to a doctor." She replied, "No, Mom, I am okay. I am not eating any more, but I still keep putting on weight!" This sounded very strange to her mother. She looked at her pale face and thin build. "But you just weigh 30 kg, dear", she said anxiously. For the next few days, her mother noticed her carefully.

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She found that the whole day she barely ate anything. If given a parantha or a cheese sandwich, she straightaway put them in the waste bin. If forced to eat, she vomited out everything. Her mom sought the help of a counsellor.

EATING DISORDERS

(EDs) are behavioral conditions characterized by severe and persistent disturbance in eating behaviours and associated distressing thoughts and emotions, which cause life threatening results and major psychiatric problems. Types of EDs include Anorexia nervosa, Avoidant/restrictive food intake disorder, Binge eating disorder, Bulimia nervosa, Rumination disorders and Pica. Symptoms and characteristics vary depending on the type of ED.

Anorexia nervosa (AN) is characterized by the fear of gaining weight, unhappiness with one's body size or shape, restriction of food intake, severe weight loss, and a very thin appearance. One may have unusual eating habits, induce vomiting, do excessive exercise, use medicines to reduce appetite, and pass a lot of urine or stools. Girls slowly have reduced and finally stop having periods



altogether. Out of all the mental disorders among teenagers, anorexia nervosa has the maximum risk of death.

Bulimia nervosa (BN) is characterized by uncontrollable eating behaviours, which are manifested through protracted episodes of overeating followed by forced vomiting/using medicines to pass stools/excessive exercise. The teenager will eat excessively even if they do not feel hungry and later, feel guilty and ashamed of overeating. They tend to be overweight.



Binge-eating disorder: In this disorder, the teenager eats a large amount of food (binges) very quickly without controlling themselves, even when they are not hungry or even after they are very full. They prefer eating alone and hide their eating habits. There is no compensatory behaviour to lose weight as in AN or BN. Therefore, they are at risk of becoming overweight or obese.

If your teenage son/daughter has any of the above symptoms, please take them to a paediatrician or a psychiatrist who can treat EDs. They will need prolonged treatment by a team including doctors, nurses, psychiatrists, psychologists and dieticians. If the family understands the illness, is supportive, and at the same time strictly follows the guidelines which the team has given, the affected teenager can return to normalcy. If they receive timely care, their body complications can be reversed as well.





WHEN TO CONTACT A DOCTOR/ COUNSELLOR:



If a teenager has unexplained weight loss or is not gaining weight appropriate for their age

If you notice strange eating behaviors, including secrecy in eating, excessive exercise, inducing vomiting after meals

If you see signs of depression, anxiety and recent behavioral changes

If your teenager is preoccupied with their weight, food, calories and body image



FAQs

Q1. When should I worry that my teenager might have an ED?

Ans: If you have noticed that your teenager is spending a lot of time talking or thinking about food, the calorie content of foods, their body weight, or losing weight, then he or she may be at risk of developing an ED. They have



a fear of gaining weight and want to become thinner in spite of being underweight or having normal weight. It is important to look for strange eating behaviours such as wanting to eat alone or in secret. They skip meals often, break the food items into very small pieces before they eat, and take a longer time to eat. Some may switch to an overly restricted vegetarian diet, and you may notice them hiding or throwing away food items and wanting to use the toilet soon after eating in order to vomit out what they just ate. They can become very anxious, uncomfortable, or guilty after eating certain kinds of food items such as sweets, butter, ghee or other high-calorie foods. They exercise excessively to get rid of the calories eaten, take diet pills, or use laxatives. In cases of BN, there will be repeated episodes of binge eating a lot of food very quickly and uncontrollably, after which they will compensate for it by vomiting the food, or through other behaviours as described above.

If your teenager is showing any of the above behaviours, it indicates an ED and needs immediate medical help.

Q2. How do I know if my teenager has an ED?

Ans: Poor weight gain compared to other healthy peers or a recent significant weight loss is the most visible sign of an ED. The teenager can have symptoms of a bloating sensation in the abdomen, early satiety, fullness, nausea, and vomiting soon after eating. They also can have heartburn and constipation. They may have cold hands and feet most of the time, which is due to the loss of body fat. They may be tired often, have repeated episodes of giddiness, chest pain, fainting and palpitations. Their skin may be dry and hair fall will be excessive. Repeated induced vomiting can lead to dehydration, calluses on the knuckles, and the loss of tooth enamel. Puberty can be delayed, and in girls, it means that they will start periods very late; for those who have already having periods, they can reduce and even stop.

Q3. How can this disease affect the overall health of my teenager?

Ans: EDs lead to very severe malnutrition. Initially, there is a loss of body fat, followed by the breaking down of muscle mass to sustain energy and life. This will eventually lead to a decrease in the muscles of all internal organs, causing their functions to be severely affected.

The size of the heart decreases, followed by the heart being unable to function normally, and low



blood pressure. Several intestinal problems occur such as bloating, constipation, acute pancreatitis, and diarrhoea. Puberty can be delayed, and in girls, periods will not start or if they have already started, an ED will stop their periods. The size of the brain decreases, which can be seen in an MRI scan. Certain salts in the body are decreased, such as sodium, potassium, magnesium and phosphorus, which cause severe symptoms. Vitamin deficiencies and a decrease in bone strength are common, leading to easy fractures and ultimately a short stature. In severe and prolonged disease states, the liver, kidneys and bone marrow can fail in their functioning.

Q4. Can EDs lead to death?

Ans: Yes, EDs are more likely to result in death as compared to other psychiatric illnesses in teenagers. Sudden death can be the result of low levels of certain salts or sugar in the blood. It can occur due to low blood pressure and poor heart functioning.

Q5. What are the causes of an ED?

Ans: The exact cause of EDs is unknown. Several factors, in a combination of genetic, biologic, psychological, family, environmental and social factors, interact and result in this severe disease. They often accompany other psychiatric illnesses such as anxiety, depression, and obsessive-compulsive disorders. Facing a stressful situation in life such as joining college, a new job, or family or relationship issues, can start off an ED. Teenage girls and young women are more likely to develop them. Dieting, pursuing careers such as gymnastics, ballet, modelling, etc. which focus on thinness, can lead to the development of an ED in a teenager who is predisposed to them.

Q6. Are EDs a form of psychiatric illness?

Ans: Yes, it is primarily a psychiatric illness resulting in severe complications in the body. Changes in brain chemicals are seen in patients. It occurs along with depression, anxiety, obsessive-compulsive disorders, etc.

Q7. What are the treatment options which are available for EDs?

Ans: Treatment of EDs requires a team effort from the family, physician, dietician, psychiatrist and psychologist. The most important role is played by the family and the most important treatment for AN is to refeed and thus restore a normal body weight. The doctors will decide on admission or outpatient treatment depending on the severity and presence of complications. Severe cases may need a nasogastric (tube) feeding. When the patient is medically stabilized, they are gradually switched to oral feeds. Medical treatment of complications and supplementation of the deficient vitamins and minerals is done simultaneously. Psychotherapy, including family-based therapy, are an important part of management which require long-term follow up. It takes months for the restoration of normal body weight and functioning. Following-up is important, as these disorders have a long-term course and also because patients can relapse frequently.



KEY POINTS

- » EDs are characterized by regular unhealthy eating behaviours which may cause life-threatening issues and major psychiatric problems.
- » AN is characterized by the fear of gaining weight, not being happy with one's appearance and body weight, undernourishment, and having a skinny body.
- » BN is characterized by uncontrollable eating behaviours, which are manifested through protracted episodes of overeating followed by forced vomiting.
- » A person with Avoidant/restrictive food intake disorder has restricted food intake and fails to meet the calorie requirements of the body which are necessary for growth.
- » In Binge eating disorder, the person eats a large amount of food (binges) quickly even when they are not hungry and may continue to eat even after they are full.
- » Treatment for EDs requires a team effort from the family, physician, dietician, psychiatrist and psychologist.

CHAPTER 15



**HAVE THE
COURAGE
TO LISTEN -
CONFLICT
RESOLUTION**



Hello, I am Shankar. I would like to share an experience I had with someone named Mr. Thomas.

His family was renovating their house, and as a result, there was only one room available for his two children, 15-year-old Nikhil and 13-year-old Nisha. Nikhil was fighting with his sister as he wanted a room to himself and wanted his sister to share a room with his parents. His parents tried to counsel Nikhil but he was adamant and Nisha too was angry with her brother. She had discussed the matter with her best friend Rekha. Mr. Thomas was feeling embarrassed about his children's behaviour. He asked me how he could inculcate conflict resolution skills in his children.

IT IS COMMON

for teenagers to have conflicts with their family members or friends as they try to define and establish their own identities. Conflict management and resolution is a key life skill for adolescents. They are in a state of transition towards an independent childhood and this transition generates intense emotions and experiences, which makes conflict resolution particularly difficult. They may turn to violence as a way of dealing with conflicts, so it is important to help them learn and practice using non-violent methods to resolve a fight/conflict.

If you guide and discipline your teenager in a nurturing environment, they will have fewer conflicts.

- a) It is important that the significant adults in their life play a positive role. This will help them learn how to manage conflicts, as adults can model mature communication behaviours. They can show them how to listen to another person's point of view, resolve their differences without arguing, and consider other perspectives genuinely. These can go a long way in helping the teenager gain the required skills to face and manage any conflict.
- b) Teach your teenager that it is alright for two people to have different beliefs and attitudes. They should understand that making another person's views one's own is also possible. It is always better to discuss and negotiate instead of fighting.
- c) They can be taught how to take a break or a 'time-out' when the people that are involved are very emotional. They should come back to the dialogue once both parties have calmed down, rather than trying to avoid the problem.



WHEN TO CONTACT A DOCTOR/ COUNSELLOR?



**When
conflicts
involve violent
behaviour.**

**When your
teenager's
aggressive
behaviour goes
beyond what
you can
handle.**



FAQs

Q1. How can I help my teenager develop healthy conflict resolution skills?

Ans: An important way in which you as a parent can make this possible, is by first polishing these skills yourself, when you find yourself in conflict with those around you. Model non-violent and mature communication behaviours. It is also important to encourage an environment of openness and communication within the family. This will help your teenager feel comfortable enough to discuss their conflicts with you. Make them think about how violence is neither a constructive nor a satisfactory method to resolve a conflict.



Q2. My teenager says that they can't help but be violent when they are angry. How do I help them?

Ans: You should first allow them to express their feelings without stopping them, then listen to and acknowledge what they are saying. Teach them relaxation techniques such as deep breathing and tell them to practice these when they are okay, so that in a difficult situation, they can use this skill.

Discuss the different possible strategies to resolve a conflict, but do this only when they are calm and are able to fully understand the situation. Help them understand that anger leading to violence will make it harder to resolve a conflict. Remind them that any significant conflict tends to take time in getting resolved. Teach them that it is alright to walk away from a situation.

Help them understand and develop empathy by listening to others. They should understand that every person has a valuable perspective. Adolescents who put themselves in other people's shoes would be able to come to a resolution more quickly. They are also more prepared and less hesitant in dealing with conflicts. Discussing conflicts with adults and peers who are supportive and neutral will help adolescents in looking at them through a different perspective than their own. This will help them in controlling their negative urges and making rational decisions calmly instead of giving into their impulses.



KEY POINTS

- » Teenagers often have conflicts with their family members and friends as they begin to develop a distinct personality at this age.
- » Unresolved conflicts can lead to violence and anger.
- » Teenagers should be taught discipline and mature communication behaviors. They should understand and respect others' view points, and know how to handle conflicts in a non-violent manner.
- » Parents must also learn conflict resolution methods and use them whenever required.

CHAPTER 16



**YOUR ANGER
DESTROYS
YOU FIRST,
THEN OTHERS
- ANGER
MANAGEMENT**



Namaste readers! I am Shankar, your storyteller and adolescent counsellor. Let me take you all through another story which tells you about the grave problem of anger during adolescence.

Mr Gupta's son Akash has just turned 16 years old last month. The day after his birthday, Akash had a small celebration with his school friends. The very same day, Mr Gupta got a call from his class teacher, who said, "Mr Gupta, I have few serious issues to share with you. Akash is having frequent problems with his classmates and he loses his temper very often. He was very aggressive today with his friends and also pushed and slapped one."

Mr Gupta was shocked to hear that and did not know how to react. He also noticed that Akash sometimes behaved very rudely with his sister at home and got angry over silly matters very frequently. Both Mr and Mrs Gupta had ignored his behaviour until now, but this incident had made them very anxious. The school teacher made them understand that they could seek the help of a counsellor who could help them in dealing with this problem in a more effective way.

A TEENAGER

may face various situations daily, some of which can make them angry. Situations arising out of circumstances such as poverty, a divorce in the house, physical or psychological abuse, neglect, alcoholism, and other issues can drive adolescents to anger. Exposure to media depicting a lot of violence also leads to teenage aggression. Teenagers tend to simultaneously experience many emotions, but are not able to differentiate between them. As a parent, it can become difficult to support and understand your teenager during their emotional ups and downs. They need to be equipped with the skills to keep themselves healthy and safe. These skills should allow them to deal with their anger creatively and effectively, since anger is a strong emotion. If left unregulated, it could lead to violence. Like all emotions, anger is manifested through several physiological changes.

Teach your adolescent healthy ways of managing their anger. They need to ascertain the primary cause of their anger. They should re-examine their expectations of others and challenge themselves if they make unrealistic conclusions. They should be taught relaxation skills and stress-reduction strategies and develop problem-solving skills.

HOW TO MANAGE YOUR ANGER





WHEN TO CONTACT A HEALTH CARE PROVIDER/ COUNSELLOR:



If you or your teenager feels that their anger is out of control.

If your teenager's anger is affecting their relationships at school or anywhere else.

If your teenager's anger might or has resulted in them hurting themselves or others.



FAQs

Q1. How can I help my daughter in developing skills to manage her emotions, including anger?

Ans: You should strengthen your communication skills. Open and effective communication of your and your daughter's emotions lies at the heart of your relationship. It is important to be an attentive listener and share your experiences, and to ask open-ended questions, especially about situations related to anger.



Talk about your own feelings regarding that particular situation that she is angry about. Discuss the matter in a non-judgmental way and tell her about how other people may feel when she is angry. Ask for/suggest words to her to help her express her emotions better, such as, “How did that make you feel? Did you feel angry?” or “Don’t you think the other person felt bad when you said/did that?”

Encourage and model methods of handling stress in healthy ways, such as sleeping for an adequate number of hours, exercising to keep yourself active, pursuing various interests, employing relaxation techniques, and eating healthy food regularly.

Provide opportunities for your daughter to talk to you and express her feelings so that she can understand them and

moderate her negative emotions and behaviours, including those related to anger. This step involves self-regulation. When you are faced with a situation that makes you angry, follow the steps that you would like your daughter to follow as well. Create a warm and nurturing environment for her at home. Discuss with her and establish the possible outcomes arising out of poor decisions. This way, you can reduce the emotional intensity of the conflict.

When we have to make a decision, our emotions may be influenced by events that have occurred in the past. Prepare your daughter to face risky situations by showing her ways of anticipating, avoiding and processing them.

Help her understand the weight of her emotions and predict the immediate and far-reaching consequences of each decision. Help her think consciously about risky situations that she may face at any time in her life. After she has encountered such a situation, ask her, “Don’t you think you could have prevented this from happening if you had (the right thing to do)?” or “If you could change what happened, what would you do differently to make that outcome possible?” Be patient with her, as it may take her a while to process the experience and come to her own conclusions.

You should be on the look out for warning signs appearing in your daughter’s behaviour, such as those which indicate that she is feeling stressed, anxious, or depressed. These signs include increased irritability or anger, feeling lonely, feeling worthless, changes in sleeping and eating habits, and a loss of interest in activities that were previously very enjoyable for her. The above points are true for children of all genders. Of note, issues related to anger are also commonly seen amongst adolescent males.

KEY POINTS

- » Teenagers should be well-equipped to deal with their anger creatively and effectively.
- » They should be taught ways to relax themselves or reduce their stress, along with problem-solving skills.
- » Professional help should be taken if the adolescent feels that their anger is out of control, is affecting their relationships at school or otherwise, or has resulted in them hurting themselves or others.

CHAPTER 17



**ABC, ALWAYS
BE CLEAN -
PERSONAL
HYGIENE**



Hi friends, I am Neeta, and I am here with a story about Mrs. Anamika and Mrs. Srilakshmi. They are mothers of teenagers.

One day, they were having their evening tea together and started discussing about their children as usual. Mrs. Anamika said, "I am worried about my daughter's skin problem. She has an allergy, but still regularly tries different cosmetic skin products and visits the beauty parlour. These habits seemed to have aggravated the allergy". Mrs. Srilakshmi replied, "It's very difficult to convince these children. My son has acne and multiple marks on his face. He is very concerned about that". After talking for a long time, they decided to see a skin specialist. The doctor advised them both on various aspects of personal hygiene for teenagers.

PERSONAL

hygiene is the practice of maintaining health and preventing disease, particularly through cleanliness and grooming. It goes beyond simply washing one's own hands and extends to the whole body, keeping in mind not to inconvenience others or put them at risk of infection. Teenagers come in contact with various particles of dust, dirt, germs, etc. through exposure to their external environments such as their school/college, parks, etc. These germs get transferred to their bodies when they come in contact with them through touch, and they can travel to various parts of their body and cause illness. This can be prevented by creating healthy habits in personal hygiene. Healthy personal hygiene habits should be followed for one's whole body, particularly for one's skin, hair, teeth, feet, hands and private parts.



Benefits of good personal hygiene habits in a teenager:

- » Teenagers can stay healthy and be free from illnesses caused by germs.
- » If they look good by following healthy personal hygiene habits, they can feel good about themselves.
- » They can hold a positive body image.
- » This helps them to develop a healthy personality and improves their self-confidence.

Skin Hygiene

The skin is the body's outer covering which protects against heat and light, injury, and infection. It is the largest organ in the body.

In order to prevent infection from germs, teenagers must keep the surface of their bodies, their skin, clean.

Bathing regularly keeps the skin clean. Ideally, teenagers need to bathe before and after prolonged exposure to their external environments. Cleaning all parts of the body is very important, especially the private parts and the places where a lot of sweat occurs, such as the hands, armpits, legs, feet, joints, back, belly button, elbows and knees. It is advised to use a mild soap. When cleaning the face, they should not avoid the ears and neck. It is important to wear clean clothes and change underwear daily. If they sweat a lot, it might be better to wear cotton clothes.

If they are worried about the way their underarms smell, they can use a deodorant with or without an antiperspirant. Deodorants remove the bad odour of sweat. Antiperspirants dry up perspiration. These products are easily available as sticks, roll-ons, gels, sprays, and creams.

Well-hydrated skin looks and is healthy and supple. Dehydrated skin looks dry and chappy. Teenagers need to drink 2-3 liters of water daily to keep their skin healthy and clean. Moisturizers might be necessary during cold weather which can make the skin dry. It is best to use essential oils such as coconut oil, almond oil, and olive oil on the skin. You as a parent, can help them choose the right kind of moisturizer, deodorant, etc.



The skin on the face is thinner than on the rest of the body, and hence is more sensitive. If teenagers touch their face with unclean hands, it can cause an increase in skin allergies or pimples.

Body hair, which is a result of hormonal changes, is a source of concern for your teenager. They need to learn to remove it, or

keep it clean if they choose to grow it. Hair removal can be done by shaving, using epilators, creams, and waxing the skin using hot or cold wax.

There may be problems associated with hair removal, depending on:

03 The presence of a pre-existing skin condition, such as a skin allergy.



01 The part of the body from which the teenager wants to remove their hair.

02 The method of hair removal.

As a parent, it might be wise to talk to a skin specialist or a renowned beautician when advising your teenager about hair removal. If they feel any pain or itching, they will definitely need to visit a doctor.

Hand Hygiene

Hand-washing is simple but needs to be done properly with soap and water. Hand hygiene is most important in the prevention of germs and infections.



Wet hands with water



Take some soap



Rub the palms together



Create a lather through continuous rubbing



Clean the space between your fingers



Clean thumbs



Wash fingernails



Rinse hands



Wipe off your hands and the handle of the tap using a towel



Now, your hands are clean

Washing hands effectively:

- » Wet your hands, preferably with running water.
- » Take some soap and rub your hands together for about 20-30 seconds to create a lather.
- » Clean between the fingers, under the nails and up to the wrists.
- » Rinse your hands thoroughly, preferably with running water.
- » Hand washing in this manner needs to be done several times in a day.
- » Keep your hands clean at all times.
- » Clip your nails short to prevent the accumulation of dirt.

Wash your hands before and after:

- » Preparing, touching or eating food
- » Using the toilet
- » Being/going outside, riding a bike, playing in the sand, etc.
- » Cleaning your house
- » Cleaning your nose, sneezing, or coughing
- » Touching an animal, especially after you pet an animal or touch an insect
- » Visiting a sick person or coming back from a hospital or clinic

Hair Hygiene

During puberty, when the sebaceous glands produce extra oil in the body, it can make one's hair look oily and greasy. Improper hair care in teenagers can be the cause of many issues such as head lice, dandruff, and scalp infections. To prevent these, it is necessary to wash one's hair and scalp a minimum of two times a week. Wash with soap or shampoo and rinse thoroughly with clean water. Scrubbing or rubbing the scalp does not get rid of

oil any better and can irritate the scalp or damage one's hair. Use of a hair conditioner is optional.

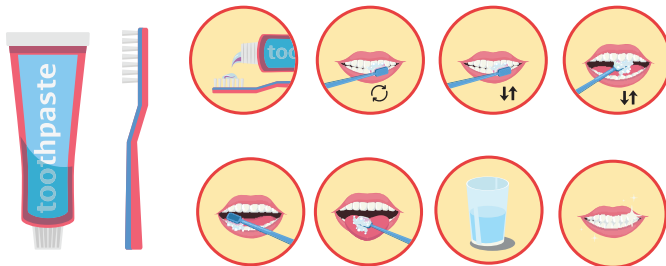
Teenagers are prone to getting head lice, which should be dealt with immediately. Keeping one's hair braided reduces head contact with others who may have head lice. They need to avoid sharing combs and pillows. Tying up long hair prevents the accumulation of dirt.

Oral Hygiene

Good dental and oral hygiene are important in avoiding bad breath, gum problems and tooth decay. It is important to brush one's teeth at least two times a day and visit the dentist at least once a year.

The correct brushing technique:

- » Take a pea-sized dot of regular adult toothpaste and put in on the bristles of the toothbrush.
- » Hold the toothbrush at a 45-degree angle to your gums.
- » Brush your upper teeth first in a gentle circular motion, starting with the outside surface then moving on to the inside. Brush your bottom teeth next.
- » Brush the outside and top of the teeth in a backward and forward motion.
- » Scrape your tongue gently to clean it.
- » Brush your teeth for a minimum of two minutes.



Feet Hygiene

It is necessary to wash your feet at least twice a day, with or without taking a bath. Scrubbing with soap in between the toes, the soles of the feet, and under the toenails is very important. Apply a moisturizer after cleaning the feet. Keep your footwear clean. Dirty footwear can transfer germs to the feet.

Shaving

When your son starts to grow facial hair, he could start shaving. You can encourage your son by letting him choose a razor and shaving cream.

Hygiene for private parts (genital region) for girls:

The vagina is a tube-like structure just inside the area called the 'private parts'. The vagina does not need any cleaning with solutions, douches, etc.

- » Clean the private parts just like the rest of the body with normal soap.
- » Wear clean, dry, and preferably cotton undergarments.
- » Avoid using scented or other chemical products on this area.
- » Shaving pubic hair is unnecessary and not advisable.

Hygiene for private parts (genital region) for boys:

- » Boys should clean their private parts (penis and scrotum) carefully by retracting the fore-skin of the penis and cleaning the tip as well as under the fore-skin every day while bathing.



WHEN TO CONTACT A HEALTHCARE PROVIDER OR DOCTOR IMMEDIATELY:



When your teenager has skin infections or acne that are severe.

When there is persistent itching and irritation in the private parts of the body.

When your teenager has not been bothering to take care of their personal hygiene for 2 weeks or more.

When there is persistent bad smell from the mouth.



FAQs

Q1. What is personal hygiene and why is it important for teenagers?

Ans: Personal hygiene is the practice of teenagers taking care of their health and well-being by keeping themselves clean. Personal hygiene is much more than just keeping hands clean. It is about keeping the whole body clean, taking care to not get infections, and not



infecting others. Teenagers come in contact with dirt, dust, and germs when they go out. Wherever they go, to school/college, parks or other places, when they touch things, germs get transferred to their hands. From their hands, germs find their way to various parts of the body, and can cause illnesses. This can be prevented by creating healthy habits in personal hygiene. Healthy habits include taking care of one's skin, hair, teeth, feet, hands and private parts.

Q2. How do good personal hygiene habits help a teenager?

- Ans:**
- » Teenagers can stay healthy and free from illnesses caused by germs.
 - » They can feel good about themselves.
 - » They can maintain a healthy body image.
 - » This helps them to develop a healthy personality and improves their self-confidence.

Q3. How do we treat pimples (acne)?

Ans: Things a that a teenager needs to follow if they have acne:

- » Remember that it takes six months for acne to heal completely, so patience is necessary during a doctor's treatment for pimples.
- » Wash your face at least twice a day with warm water and mild soap.
- » Take care to gently massage the facial skin in circular motions. Scrubbing and over-washing can cause skin irritation.
- » Do not pick/scratch the pimples. Doing so will infect them with pus and leave scars.
- » If they get pimples on the body, they should avoid wearing tight clothes. Tight clothes prevent the skin from breathing, resulting in skin irritation.
- » Avoid touching one's own face or letting the facial skin stay in prolonged contact with objects that collect sebum and skin residue, such as the telephone receiver.
- » If your teenager wears any type of glasses, they need to wipe them down regularly to prevent oil from blocking their pores around the eyes and nose area.
- » Remember that make-up is made up of mostly chemicals. If they choose to use make-up, help them



buy things which are safe to use, such as 'organic makeup'. They should remember to remove the makeup before sleeping.

- » Drinking a lot of water keeps the skin hydrated.
- » Help them protect their skin from the sun if they are prone to developing a sun allergy.

KEY POINTS

- » Personal hygiene is important for all of us and majorly for adolescents.
- » Adolescents need to be told about personal hygiene routines. They can be asked to follow these practices and turn them into habits.
- » Keeping one's hands clean is important for the prevention of infectious diseases, including COVID-19.
- » Touching one's face with unclean hands can cause an increase in pimples and skin allergies.
- » Body hair, which is a result of hormonal changes, is a source of concern for teenagers. They need to learn to remove it or keep it clean if they choose to grow it.
- » Cleaning all parts of the body, particularly the areas where a lot of sweat occurs, such as the hands armpits, legs, feet, groin, joints, back, belly button, elbows and knees, is important for adolescents.
- » Keeping one's private parts clean is important for the prevention of infections.

CHAPTER 18



**IT IS THAT
TIME OF THE
MONTH -
MENSTRUAL
HEALTH**



Hello friends! I am Neeta. Let's continue exploring the problems of adolescents with more stories.

Today, I am here to discuss periods, related to the health of adolescent girls. Around 10 to 14 years of age, most girls start having their periods. It is important to discuss this because your daughters need to be prepared for this aspect of growth as something normal, good, and not something that they should be scared of.

Mrs. Malathi's daughter Priyanka is 12 years old and has started having her monthly periods. At the very first time, Priyanka was very upset and worried as she had no clue as to what was happening to her. A few months later, she called her mother and said, "Mom, I have severe abdominal pain during periods. I am also bleeding quite heavily this time." During one period, she was unable to attend school and seemed very irritated for no reason. Over the last few times, she has also been complaining about weakness and dizziness during her periods. She has some new complaint every time and Mrs. Malathi has tried some of her home remedies; but now she is wondering whether she should get some advice about dealing with all her daughter's period-related problems. We then had a detailed discussion on menstrual health with Priyanka and her mother.

AS THE PARENT

of a teenage girl, one must know certain facts about the female body, as your daughter is growing to be a mature woman. With the start of menses, the body goes through a series of changes in some chemical substances in the body. These chemicals are called hormones. These hormones are produced every month in a cyclical fashion.

The body of the woman has two ovaries, a uterus, cervix and vagina. One egg per month is released from either the left or the right ovary. If a woman has sexual intercourse around the time of this release of ovum, this egg may mix with sperm from the male, which

is called fertilization. If fertilization is successful, the inside of the uterus changes and prepares to receive the fertilized egg. The wall of the uterus becomes thicker to receive the fertilized egg and lets it sink into it and start growing into a baby. If the egg released from the ovary is not fertilized by a sperm in that month, the egg breaks down and the thick wall of the uterus peels off. Blood vessels in the wall of the uterus are also broken down. The lining of the uterus, along with the blood and the unfertilized egg, come out of the body through the vagina. This is called menses. This process repeats every month and is known as the menstrual cycle.



The average age of the start of periods is 13 years and they can start anytime between 10 and 16 years of age. Generally, within 2-3 years of the start of breast growth, periods start. Parents should talk to their daughters about menses and menstrual cycles before they start, i.e., around 7-8 years of age.

The day when menses starts is Day 1 of the menstrual cycle. The menstrual cycle is calculated by counting from, and including, Day 1 of one period to Day 1 of the next period. Normally, the length of the menstrual cycle varies between 21-45 days, i.e., between 3-6 weeks. Period blood flow itself may last for 2-7 days. Both the length of the menstrual cycle and the duration of periods are different in different people. Bleeding normally soaks 3-6 pads/tampons per day. Some amount of pain in the lower abdomen, breasts, legs and back, along with swelling of the feet and breast enlargement, is normal during periods.

You should also remember that once periods start, for about 2-3 years, they can be very irregular. After this 3-year period, it is good practice for a girl to maintain a menstrual calendar. You and your daughter will find this practice useful, by marking Day 1 of periods on a calendar and doing this every month for a six-month period. This will give you an idea of what is a normal menstrual cycle for her, for the rest of her life. Later on, if this changes drastically, i.e., if either the number of days of bleeding are too much or if periods come very frequently, you need to visit the doctor.





IT IS ALWAYS ADVISABLE TO CONSULT A DOCTOR IF YOUR DAUGHTER SHOWS THESE SYMPTOMS:



Periods do not start even after 3 years of breast development or after 16 years of age.

No signs of breast development even after 13 years of age.

Has not got periods for 3 consecutive months.

Bleeding is heavy, either lasting more than 7 days or requiring frequent pad/tampon changes (soaking more than 1 pad every 1–2 hours)

Pubertal changes begin earlier than 8 years in girls or earlier than 9 years in boys.

Dysmenorrhea is very severe, with no relief from common measures or pain medications.

Two or more cycles with menses have occurred more frequently than every 21 days or less frequently than every 45 days.

FAQs

Q1. How much blood flow is normal during periods?

Ans: The amount of blood flow is different from person to person, as well as from month to month. Generally, total blood loss during one month is about 6-8 teaspoons or 30-40 ml. It is considered heavy if:

- » There are more than 16 teaspoons of blood (>80 ml).
- » There are clots larger than 2.5 cm.
- » Periods last for more than 7 days.
- » Pads have to be changed every 1-2 hours.

Q2. My daughter has severe pain during her monthly periods, what should I do?

Ans: It is normal to experience lower abdominal pain, back pain, inner thigh pain, tiredness, headache, dizziness, nausea, vomiting, loose pain in the breasts, and mood changes during periods. These occur in the first 2-3 days of the period and then subside. Cramping pain can interfere with normal school and daily activities.

Certain remedies to relieve the pain are, applying hot water bags to the lower belly and lower back, massaging the lower back, and taking a warm bath. A healthy lifestyle, including daily physical activity for a minimum of 1 hour, avoiding tobacco, alcohol or



other substance use, and reducing caffeine intake, can all reduce the discomfort and pain your teenager experiences during periods.

It is alright to take simple pain medicines such as paracetamol. However, if the pain is very severe and is not relieved with usual measures, consult a doctor.

Q3. My daughter has heavy bleeding during her periods, what can I do?

Ans: Menstrual flow that requires one to replace their pads or tampons every 1-2 hours, produces clots, and periods that last more than 7 days, are all considered as 'heavy bleeding.' Heavy menstrual bleeding can result in anaemia, which causes tiredness, dizziness, breathlessness, palpitations, and if severe, can cause heart failure. The foremost cause of heavy menstrual bleeding in adolescents is due to something called anovulatory cycles. The time during the first 2-3 years after the start of periods is called anovulatory cycles. The second leading cause of heavy menstrual bleeding are bleeding disorders. It is therefore important to seek a doctor's help to find out the cause of heavy bleeding and get the appropriate treatment. The doctor might give some medicines to reduce the pain and bleeding. Iron tablets might also be necessary for preventing anaemia.

Q4. My teenage daughter's periods are irregular, is this okay?

Ans: It is normal for adolescents to have irregular cycles for 2-3 years following their first period. A normal cycle length in teenagers can vary from 21 days to 45 days. Three years after starting periods, teach your daughter to maintain a calendar for the first day of her period every month, as described above. If she has two or more cycles outside the

normal range or has not got periods for more than 90 days consecutively, she should see a doctor. It is important to remember that a common cause for not getting menses during teenage years is pregnancy. It can be tested very early by either a urine or a blood test.



Other causes of irregular cycles include, polycystic ovary syndrome, thyroid diseases, other hormonal problems, tumours in the brain and ovaries, any chronic illness, poorly controlled diabetes mellitus, EDs, obesity, significant weight loss, strenuous exercise, marked changes in sleeping, and severe stress.

Q5. What is Premenstrual Syndrome (PMS)?

Ans: PMS is a range of physical, emotional and mood changes that a girl experiences in the second half of her menstrual cycle (i.e., 1-2 weeks prior to menses). It is due to hormonal and chemical changes happening in the brain and body. They may experience abdominal bloating, pain in the abdomen and breasts, headache, body ache, diarrhoea or constipation, acne, change in sleep patterns, and/or tiredness.



There will be mood changes including sadness, anxiety, depression and anger outbursts.

To prevent symptoms of PMS, a teenager should consume a healthy diet full of fruits and vegetables, drink lots of water, and remain physically active. She should also avoid caffeine, alcohol, tobacco or other such substances. It is essential for her to sleep for 8-10 hours every day. She may also consider praying, meditation and other activities to lower her stress levels.

Q6. My daughter is complaining of excessive vaginal discharge, is this abnormal?

Ans: It is normal to have vaginal discharge. It keeps the vagina moist and prevents infections. Normal vaginal discharge is colourless or whitish, thin, watery or mucoid, or thick in consistency and odourless. It changes in colour, consistency and amount on different days during the menstrual cycle. It can seem excessive during mid-cycle, just before the start of menses, and soon after menses. If your daughter finds this uncomfortable, she might have to use a cloth or pantyliner on these days.

On the other hand, if at any time the vaginal discharge becomes yellowish, greenish, curdy white, foul-smelling, or is associated with redness and itching of the vulva and vagina, it can be a sign of infection and should be treated by a doctor.

Q7. Is it normal to have spotting in between periods?

Ans: Some people have spotting, which is very small amounts of bleeding mid-way between two periods. It indicates that an ovum or egg has been released by one of the ovaries. This mid-cycle bleeding is normal.

There are other reasons for mid-cycle bleeding that need treatment by a doctor, including tumour of the cervix or uterus, infection of the uterus or cervix, injury, thyroid problems, stress, hormonal problems, Intrauterine Contraceptive Device (IUCD), pregnancy, and abortion. Therefore, it is advisable to see a doctor and make sure that there are no such serious conditions.

Q8. My daughter is 14 years old and has still not got her period. What could be the reason for this?

Ans: Starting of periods is said to be delayed when menstruation has not started by 16 years of age or after 3 years following the start of breast development. It could be due to a delay in starting periods after puberty has started or a delay in the starting of puberty itself. In either situation, you have to seek a doctor's help.

Normally, puberty starts between 9 to 12 years of age in girls and between 10 to 13 years of age in boys. Puberty is considered delayed in a girl, if breast development has not started by 12 years of age. (Similarly in boys, if there is no increase in the size of testes by 14 years of age).

Delay in puberty can be something which is common to several members in a family, such as a teenager's parents or other family members. It can also occur due



to abnormal structure of the uterus and vagina, ovary-related diseases, hormonal problems, brain tumours, brain injury or significant weight loss. Therefore, if it is not something seen in another family member, she needs to be examined by a doctor.

Q9. My daughter got her first period at 10 years of age, should I take her to a doctor?

Ans: No, you don't need to take her to see a doctor for this. The first change of puberty is breast enlargement in girls and enlargement of testes in boys. Puberty is considered to be early, if breast development starts before 8 years of age in girls (similarly if testes become bigger in size before 9 years of age in boys). Puberty is caused by hormones produced from the brain and from the ovaries or testes. Early puberty can sometimes occur due to a hormone-producing tumour in the brain, ovaries, testes or other organs.

Exposure to skin products used by adults, which contain certain hormones in them, can also cause early puberty. So, if your teenager experiences early puberty, it is advisable to get a doctor to examine them to detect if they have any underlying diseases.

Q10. Is it possible for a teenage girl to get pregnant even before starting her first period?

Ans: Yes, it is possible. A teenager who has entered the stage of puberty can ovulate, i.e., release an egg 14 days before her first menses. This ovum can get fertilized if the teenager has sexual intercourse during this fertile period. Therefore, a pregnancy can occur even before the first menstruation begins.

Q11. Is it possible for a girl to get pregnant during menstruation?

Ans: It is very uncommon for a girl to get pregnant during a normal period. However, if bleeding due to other causes is mistaken to be a period, she might get pregnant during the bleeding. The best way to avoid pregnancy is to use one of the modern methods of contraception.

Q12. What if periods stop all of a sudden and the girl is sure that she is not pregnant?

Ans: Girls have irregular periods within the first 2-3 years of starting periods. The girl should see a doctor if there is a complete absence of periods after the onset of menses. Some causes of this other than pregnancy include:

- » Emotional stress
- » Very low body weight or obesity
- » Hypo or hyperthyroidism
- » Excessive exercise

She should start by marking the first day of her periods on a calendar with 'X' and then continue marking X on every following day till the bleeding stops. This exercise should be done every time she has periods, for the next 6-12 months. This will tell her what is normal for her body.

Length of the cycle: Total number of days from the first day of bleeding to one day before the next period.

Average length of cycles: Total sum of all cycle lengths over 6 months, divided by 6. For example, cycle 1: 26 days; cycle 2: 28 days; cycle 3: 33 days; cycle 4: 31 days; cycle 5: 33 days. Average length of cycles; $26+28+33+31+33$ divided by 5 = 30.

MYTHS

VS

FACTS

» Menstruation is 'dirty' or 'impure' blood.

» Menstrual cloth should be buried to prevent it from being used by evil spirits.

» A girl should avoid curd, tamarind, and pickles when she has periods.

» Doing exercise/ physical activity during periods will increase period pain.

» Menstrual blood is 'polluted'. So, girls are not allowed to take a bath in the bathroom for the first few days.

» A teenage girl needs a ceremony to celebrate her first period.

» The cause of menses is ovulation, followed by a missed chance at pregnancy which results in bleeding from the blood vessels in the uterus. Menstrual blood consists of good blood and tissues. After it comes out of the body, germs in the air cause it to smell bad.

» This is a faith-based belief. The cloth can be buried or burned for safe disposal.

» There is no need to avoid particular foods during periods. She should have a balanced diet. However, low sodium intake helps to reduce the feeling of bloating during periods.

» Exercise causes the release of chemical substances in the brain which make one feel happier. Exercise, therefore, relieves period pain and symptoms of PMS.

» It is not 'polluted'. It is very important for her to take a bath at least once daily during her periods in order to maintain good personal hygiene and avoid bad odour.

» It is a tradition in many cultures. If a girl wants it to be her private matter, an open ceremony can be avoided. Her emotional state may require careful attention around the time of the start of periods.

(Continued)

MYTHS

VS

FACTS

» Menstruation means a girl is ready for marriage and sexual intercourse.

» The onset of menses means that a girl can get pregnant, but it does not mean that she is ready to have a pregnancy. Her body is not fully grown to have a healthy baby, and she herself can develop complications from getting pregnant, such as anaemia and having a premature baby. She does not have the required emotional maturity for child-rearing.

KEY POINTS

- » The average age of the onset of periods is 13 years, and can start anytime between 10 and 16 years of age.
- » Some amount of pain in the lower abdomen, breasts, legs and back, along with the swelling of feet and breast enlargement, is normal during periods.
- » For the first 2-3 years, menstrual cycles can be irregular.
- » It is advisable to consult a physician when periods have not started even after three years of breast development, or after 16 years of age.
- » Menstrual flow that requires one to replace their pads or tampons every 1-2 hours, produces clots, and periods that last more than 7 days, are all considered as 'heavy bleeding'.
- » PMS is a range of physical, emotional, and mood changes that a girl experiences in the second half of her menstrual cycle, i.e., 1-2 weeks prior to menses.
- » Do not hesitate in talking to a doctor or counsellor if anything related to your daughter's periods is bothering you or if she finds it difficult to manage her periods.

CHAPTER 19



**IT IS A
DIFFICULT
PERIOD -
MENSTRUAL
HYGIENE**



Hello, I am Neeta, and along with Mr. Shankar, let me share with you a story.

Anu frequently complains of itching in the genital areas during and after her periods. She does not have any pain or burning while passing urine. She has regular menstrual cycles every month that last for 3-4 days. She has heavy bleeding on the first two days of her period, yet she uses only 1 sanitary pad per day during the period and changes the pad only on the next day. She also does not clean her private parts properly while going to the toilet as she feels shy to touch them. The problem has worsened over the last few cycles. She came to me along with her mother to seek advice.

MENSES

is the monthly flow of blood from the uterus through the vagina which starts during teenage years and lasts till about 40-50 years of age. The average age of the start of periods in Indian girls is 10-14 years.

Menstruation is a normal process in the growth of a young girl. Just as girls vary in their height, weight, skin color and temperament, they also vary in their menstrual cycles. For example, in the length of their menstrual cycles, in the amount of blood flow, and whether they have any associated pain. During pregnancy and breastfeeding, the absence of periods is normal.

Menstrual hygiene

Maintaining good hygiene during periods is important for one's overall health and development. Girls should have enough knowledge about periods and be able to manage them without feeling ashamed or afraid.

For good menstrual hygiene, a girl should:

- » Use clean material for the absorption of, or to collect the menstrual blood.
- » Change the material privately, as and when required.
- » Clean the area with soap and water, as and when required.
- » Locate safe and convenient facilities to dispose of the used material.



Menstrual hygiene becomes difficult due to sociocultural taboos.

Poor menstrual hygiene can lead to illnesses. Unclean material, infrequent changes of material, use of tampons, and frequent douching, can all increase the risk of infection. It may even affect fertility, if the infection is left untreated. Hence, it is important to ensure good menstrual hygiene.

FAQs

Q1. Is it normal to have white or yellow discharge in between periods?

Ans: It is normal to have a watery, whitish discharge from the vagina which has no smell. It may become sticky just before periods. If the discharge has a bad smell, is frothy, yellow, yellow-green and white curd-like, with or without itching, there might be an infection. It is important to consult a doctor in this case.

Q2. How should a teenage girl keep track of her periods?

Ans: For a young girl, keeping track of her periods is one way of taking care of her own health.

Q3. What are the sanitary products which are available for menstruating girls?

Ans: a) **Clean cloth:** These are cut and sewn together as multiple layers and fit inside the panty area. Used cloth should be washed and dried under the sun, preferably. If there is no sunlight, it could be dried and ironed using a hot iron. Clothes can be reused and should not be shared by others.



WHEN TO CONTACT A DOCTOR OR COUNSELLOR:



When there is foul-smelling discharge from the vagina.

When there is a missed period.

When the periods are irregular.

When there is pain in the lower abdomen and lower back, along with itching and irritation in the private parts (this may be infection).



b) **Sanitary napkins**

or pads: They have an absorbent core and a leak-proof barrier which holds the napkin together. These are the most popular sanitary products used by girls and women in India.

These are not reusable and should be disposed of in a healthy manner.



c) **Tampons:** These are tightly packed absorbent material in a cylindrical shape that are non-reusable, and can be inserted into the vagina. As a tampon soaks in the menstrual blood, it swells and stays within the vagina.

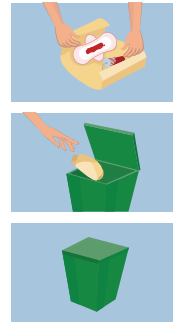
d) **Menstrual cup:** This is a silicone cup that a girl can place in the vagina, similarly to the tampon. It collects the menstrual blood and can hold it for a period of up to 12 hours. Whenever a girl has the privacy and a water source nearby, she can remove, wash, and reinsert the cup. Whenever possible, she needs to wash the cup with soap and water. When the period stops, the cup can be sterilized. Menstrual cups are environment-friendly products. If properly maintained and stored, they can last for upto 10 years.

Q4. How often should my daughter change sanitary pads/tampons/menstrual cups?

Ans: She should change the pad or tampon every 4-8 hours or whenever she feels wet and uncomfortable. Menstrual cups can be removed and reused every 8-12 hours.

Q5. What is the best way for my daughter to dispose of sanitary pads?

Ans: It is important for your daughter to learn to dispose of a used sanitary pad or napkin in a hygienic manner. A



used pad should be wrapped in newspaper or old paper and thrown in the garbage. It should not be thrown in an open area outside the home, or within the reach of animals. It should not be flushed down the toilet, as it may block the drains. If your area does not have a daily garbage collection system, then it is better to dispose of it by burning or creating a sanitary pit in the backyard of your house.

Q6. What are the initiatives taken by the Government of India to promote menstrual hygiene among girls and women?

Ans: In 2011, the Ministry of Health and Family Welfare (MoHFW) had launched a scheme to promote menstrual hygiene among rural teenage girls. It is called the 'Menstrual Hygiene Scheme'. Under this scheme, sanitary pads are available at a subsidized price of Rs.6 for a pack of 6 sanitary pads. Information, Education and Communication (IEC) materials have also been developed to increase awareness among teenage girls regarding safe and hygienic menstrual practices. The Swachh Bharat-Swachh Vidyalaya campaign was launched so that every

school in India could have a WASH (Water, Sanitation and Hygiene) facility. These facilities include soap, water, and a private area for the changing and disposal of menstrual hygiene products.

KEY POINTS

- » Menstrual hygiene includes the use of clean material to absorb or collect menstrual blood; changing that material in privacy as and when required; using soap and water to clean the area as and when required; and gaining access to safe and convenient facilities to dispose of the used material.
- » Girls should change their pads or tampons every 4-8 hours, or whenever they feel wet or uncomfortable.
- » Under the Menstrual Hygiene Scheme, sanitary pads are available at subsidized prices (Rs. 6 for a pack of 6 sanitary pads) to girls in rural areas.

CHAPTER 20



**BEST
PROTECTION
IS EARLY
DETECTION
- BREAST
ISSUES**



Hello, I am Neeta. Let me tell you another incident.

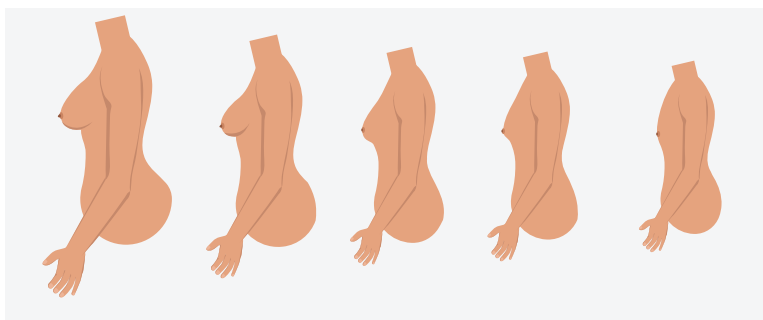
Priyanka went on a picnic with her friends, many of whom were older than her. After coming back from the trip, Priyanka asked her mother how she could increase her breast size. She told her mother that her friends had made fun of her about her small breasts during the picnic. They told her that no boy would look at her because she had a 'flat chest'. Priyanka was very upset. She was not able to concentrate on her studies. Her mother called me asking for my advice on the matter.



BREAST

development is the first change of puberty that happens in a girl. It starts around 8-13 years of age and completes after a few years. It is normal for one breast to develop first, which is followed by the next. Ultimately, both will develop fully. It is also normal to have one breast different in size from the other, even as an adult. In the early stages, your daughter might also find breast development slightly painful. If breast growth starts before 8 years of age in girls, it is a sign of early puberty. Early puberty can sometimes be familial. It could also be due to underlying diseases such as tumours of the brain, ovaries, or testes, or other hormone-producing tumours. Similarly, puberty is said to be late if there are no signs of breast development even after 13 years of age in girls. This can be familial as well, but it also be due to hormonal problems, brain tumours, chronic diseases, undernutrition, or EDs. If as a parent you have any doubt, it is best to take your daughter to a paediatrician.

One important skill you can teach your daughter is how to do breast self-examination. This increases breast self-awareness. It is done by looking at and feeling one's own breasts. If she develops a lump in her breast in the future, she will be able to find it early on.



Breast self-examination is advised once a month with the following steps:

STEP 1

Remove clothes and look at your breasts in the mirror. Do it by standing straight with your shoulders held in a straight line and your arms resting at your hips. Check if your breasts appear to be of the same size, shape, and color, and if both of them look visibly swelled or deformed.

Check to see if the skin has dimpled, puckered, or is bulging anywhere; if either nipple has shifted from position or has become inverted (pushed inward instead of sticking out). Carefully examine for any redness, soreness, rashes, or swelling. If any of these changes are visible, you need to alert your doctor.

STEP 2

Raise both your arms and check each breast for the same above mentioned changes.

STEP 3

Check if there is any watery, milky, or yellowish/bloody fluid coming out of either of your nipples.

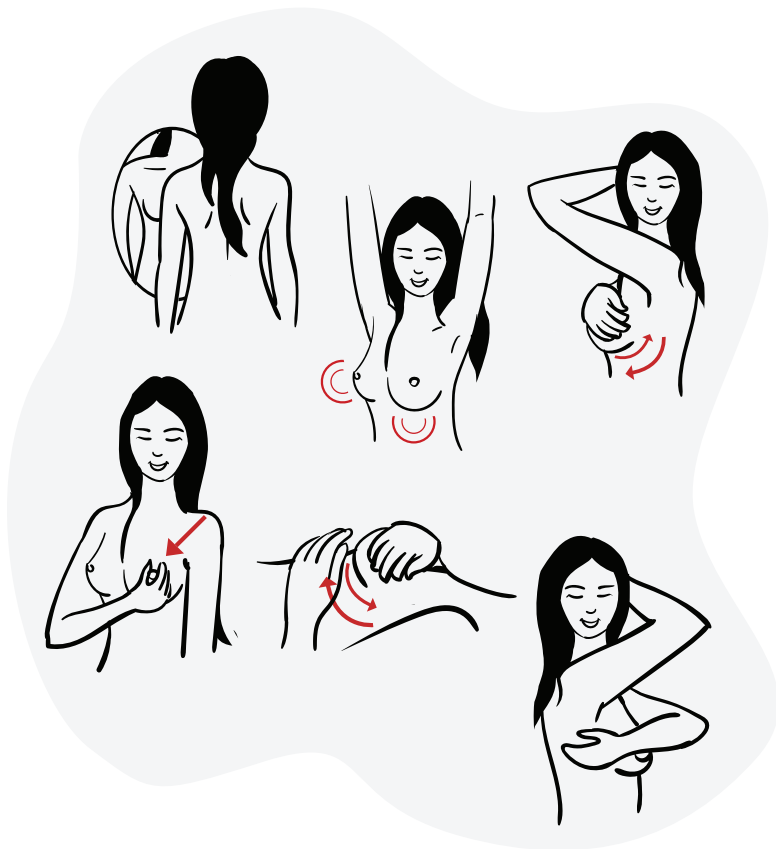
STEP 4

Examine your breasts after lying down. Use the opposite hand to feel each breast firmly and smoothly by keeping your fingers flat and together and pressing down on the skin.

Using the finger pads of your first few fingers (not fingertips), make circular motions about the size of a coin. Then feel your breasts from your collarbones to the top of your abdomen and from your armpits to your cleavage (area between breasts). Start from your nipple, moving in circles until you reach the outer edge of your breasts. If you wish to, move your fingers vertically in rows. Ensure that you feel all the parts of your breasts. Using light pressure, check the tissue just beneath the skin. Use medium pressure for tissue in the middle of your breasts. Use firm pressure for the deeper tissue. When you reach the deeper tissue, make sure to feel your bony rib cage.

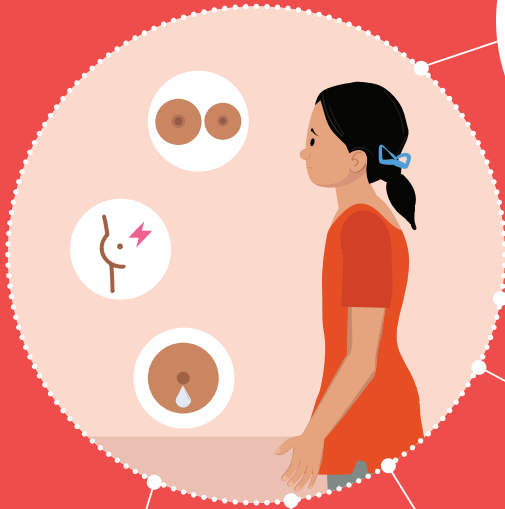
STEP 5

Examine your breasts while you are standing and sitting as well. Repeat the same pattern as described above in Step 4. This process is easier to do when the skin is soft and moist, such as while in the shower or just after it.





WHEN TO SEE A DOCTOR/ COUNSELLOR:



If your teenager shows no signs of breast development or other pubertal changes even after 13 years of age.

If there is a lump in the breast.

If there is any discharge from the nipple.

If severe pain in the breasts persists for a few days.

If there is asymmetry in the size or shape of the breasts.

If the size of the breasts is bothering your teenager - very small or very large breasts.



FAQs

Q1. My daughter has an extra nipple. What can be done about it?

Ans: Some abnormalities of the breast can be present since birth. These may include the presence of extra breast tissue which has an areola and a nipple. This is most commonly seen in the lower axilla. There can be the presence of an extra nipple alone, without any breast tissue. This is usually seen just below the normal breast tissue. Both abnormalities can be removed surgically if their presence is bothering the teenager, or it can be done for cosmetic purposes.

Q2. My daughter was born without a nipple on one breast. Is it serious?

Ans: The absence of a nipple or the absence of breast tissue by birth, is known as athelia and amastia respectively. It may be present alone or together with other birth defects. It can be an absence of the muscles of the chest wall or abnormalities of the arm and hand. She has to be seen by a doctor who can examine her for other abnormalities. These abnormalities can be surgically corrected with breast augmentation surgeries.

Q3. Why does my daughter have very small breasts?

Ans: Some adolescents have small breasts but have other normal pubertal changes. This is normal, and they simply need reassurance, but if there is no breast growth, and no other secondary sexual characteristics have developed by 13 years of age, it means that puberty is delayed. If this is the case, the adolescent needs to be seen by a doctor.

Q4. My daughter is worried about the difference in size of her two breasts. What could it be the result of?

Ans: Differences in the size of both breasts is common during the process of puberty. They become equal in size for most people once pubertal changes are complete. So, if your daughter has different-sized breasts, she needs to wait until her puberty is complete.

Sometimes breast size can become smaller due to an injury. It can also be due to an infection or a previous surgery done to the breast. Sometimes the other breast might be larger due to a lump, cyst, or an abscess. You should consult a doctor to look for any such underlying problems. If no other abnormality is found, the doctor will only reassure your teenager. They will ask for follow-up visits to monitor the growth of the breasts. If there is a significant size difference between both breasts, the teenager can wear a one-sided padded bra. They can use a prosthesis under the bra so that it is not obvious. After 18 years of age, if this problem persists, a plastic surgeon can correct it using breast augmentation surgeries.

Q5. My daughter is ashamed that her breasts are larger than her peers'. Is there anything that can be done?

Ans: Large breasts can affect teenagers emotionally. It can cause low self-esteem in some girls as they are unable to wear certain types of clothes and dislike attracting undesired attention. If the teenager is obese, weight reduction itself will cause the size of the breasts to decrease. Breast reduction surgeries are available, but they are usually advisable only after breast growth is complete.

Q6. Why is my daughter getting pain in her breasts?

Ans: Breast pain can occur due to a number of reasons. Cyclical pain can be related to the menstrual cycle, which occurs especially before menstruation. It can also occur during the process of breast development while in puberty or during pregnancy. It can occur while on hormonal contraceptives or following an exercise. Some teenagers experience breast pain if they are using drugs or other substances, smoking, taking excessive caffeine, or eating a predominantly high-fat diet. It can also occur due to an infection, abscess, cyst or other mass in the breasts. Sometimes pain from somewhere in the chest or the underlying lung can also cause breast pain.

You should consult a doctor and treat the underlying cause, if any. Normally, breast pain which occurs due to hormones can be treated with warm compresses, painkillers, using a sports bra while exercising, avoiding caffeine, and stopping substance use, if any.

Q7. My daughter is having discharge from her nipple. Is it due to something serious?

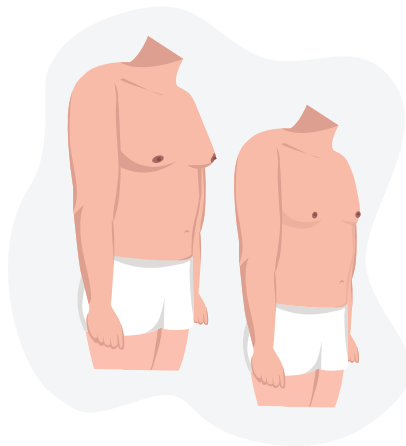
Ans: It is advised to consult a doctor for any discharge coming from the nipples. This can occur due to a variety of reasons, some of which might require treatment. Milky discharge from the nipple can be due to hormonal disturbances and low thyroid hormone levels. It can be due to tumours secreting prolactin or the side effects of certain medicines. It can also be due to pregnancy, after a delivery or abortion, or frequent handling and stimulation of the nipples by sucking. Breast diseases such as a cyst, infection, abscess, nipple eczemas, or erosions can cause straw-coloured pus or bloody discharge. Breast cancer also causes bloody discharge, but this is rare in adolescents.

Q8. My teenager felt a lump in her breast. Is it cancer?

Ans: Most of the masses in teenagers' breasts are not due to cancer. They are harmless and can be due to hormonal changes. Some may disappear on their own. Some common causes of such lumps are fibrocystic disease, breast trauma, breast infection, and benign tumours like fibroadenoma. Very rarely in teenagers can it be due to breast cancer arising in the breast, or due to cancer spread from elsewhere in the body. Your daughter should consult a doctor if she feels any mass in her breasts.

Q9. My teenage son's breast is enlarging in size. What can be done to make it normal?

Ans: Enlargement of the breasts in boys is due to an enlargement of the underlying glandular tissue known as gynecomastia. This enlargement is seen in 70% of adolescent boys as they go through puberty. Sometimes, this may be painful due to the hormonal imbalances happening during puberty. This can also cause asymmetry of the breasts. It resolves on its own in 1-2 years and does not need any treatment. In some teenagers, this may persist without resolving on its own, which may affect the teenager emotionally.



Rarely will the doctor give medicines to block the effects of the hormones, especially if the enlargement is very painful and the growth is large. Surgery to remove the enlarged tissue is only advised after the completion of puberty. In obese boys, breast enlargement may be caused by fat tissue, which means that there is no underlying enlargement of the breast gland tissue and can usually subside with a reduction in weight.

Other causes of gynecomastia are due to taking certain medications given for heart failure, blood pressure (spironolactone), gastritis (cimetidine), fungal infections (ketoconazole), etc. It can also be due to the exposure to hormone-containing cosmetic products, or due to hormone-secreting tumours. A doctor will be able to find the cause and devise the treatment for it.

Q10. The skin over my teenager's breasts has been showing discoloration for a few days. Is it due to any problem in the breasts?

Ans: Skin problems over the breasts such as redness, scales and crusts, dimpling, or other discoloration may or may not be due to disease in the breasts. They are most often not due to any significant illness, but problems with the breasts such as an infection, abscess, and breast cancer can also cause such symptoms. Please consult a doctor if the skin change does not resolve by itself in a few days.

KEY POINTS

- » Breast enlargement is the first sign of puberty in girls.
- » Different girls will have different sizes and shapes of the breasts. This is normal.
- » Asymmetry in the size of both breasts is common during the process of puberty.
- » Breast self-examination should be done once a month.
- » Contact the doctor if you find a lump or swelling in the breast, if they become painful or if there is any discharge from the nipple/s.
- » In boys, breast enlargement happens because of enlargement in the underlying glandular tissue. This is known as gynecomastia and is seen in 70% of adolescent boys.

CHAPTER 21



**IT'S MY LIFE,
IT'S MY
RESPONSIBILITY -
CONTRACEPTION**



I am Shankar and let me share with you another story.

Recently, Mrs. Tanvi brought her 15-year-old son Raghav to my clinic. He had been feeling disturbed for a few days. Raghav had a thin build but was otherwise healthy. After talking to Mrs. Tanvi, I spoke to Raghav privately. Initially, Raghav looked anxious, but eventually he opened up. He revealed that he was in a romantic relationship with one of his classmates. Sometimes he and his girlfriend had sex, but they are both worried that she might become pregnant. This could be a bad situation for them and harmful for both the mother and the child. He loves his girlfriend, and doesn't want this to happen. He was therefore confused and upset. It was uncomfortable to discuss this matter with his parents.

AS THE PARENT

of a teenager, whether you have a son or daughter, it is important to educate yourself on the topic of contraception. During teenager years, there is an increasing amount of interest in things related to sexual health. However, a teenager might lack understanding of sexual matters. As a parent, it is important that you are knowledgeable and able to discuss these matters with your child. A pregnancy which is not planned affects the physical and mental health of the teenager and also affects a girl's academics and career and future prospects. In some regions like rural India, even if families are supportive of educating the girl child, once she is pregnant, often the only way out for them is to get her married. They do this to preserve a falsely placed 'honor of the family'.

Teenagers differ a lot in their contraceptive needs. They might have long-term educational plans. They might not be interested in raising a child. They might have friends or family who support the use of contraception.

A sexually active adolescent is more likely to look for contraception.

On the other hand, there are many reasons that they will not use contraception. They might be worried about their privacy.

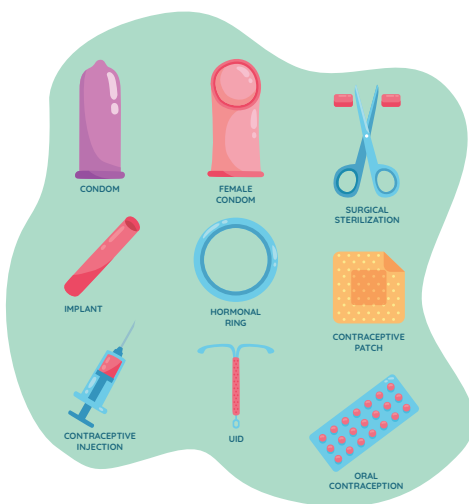


They might not want their parents to know, anticipating their disapproval. They might simply lack knowledge of the availability, accessibility, and affordability of various contraceptive methods.

The various methods of contraception are depicted in the figure:

Devices such as the Intrauterine Contraceptive Device (IUCD) and contraceptive implants are the most effective methods of contraception.

They are highly recommended for use by sexually active girls. Once inserted, no further action by the teenager is unnecessary.



- » **IUCDs** are small plastic devices. They are inserted into the uterus by a doctor. They prevent the settling in and the growth of the fertilized egg in the uterus. They can also prevent the upward movement of the sperm into the uterus.
- » **Contraceptive implant** is a small rod. It releases progesterone slowly into the body. It is inserted just underneath the skin of the upper arm and administered under local anaesthesia by a healthcare professional.

IUCD and contraceptive implants can be removed at any time to restore fertility.

- » **Depot medroxyprogesterone acetate (DMPA)** is commonly known as the 'shot'. It is an injectable hormonal contraceptive that is taken once in three months. It provides effective

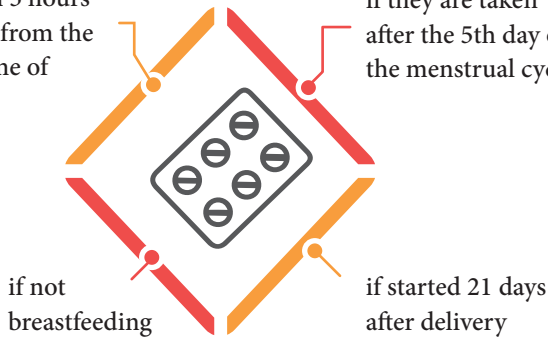
contraception for those three months. When stopped, restoration of fertility may take more than one year.

- » **Oral contraceptive pills (OCPs)** are of 2 types: Combined pills are taken consecutively for 21 days and followed by sugar pills or no pills for 7 days. One can start taking these pills at any time during the menstrual cycle.

Mini pills can be taken at any day of the menstrual cycle. They should be taken as one pill a day at the same time and should be continued as long as contraception is intended. A back-up method of contraception for that month is advised in certain situations:

if more than 3 hours have lapsed from the expected time of dosage

if they are taken after the 5th day of the menstrual cycle



if not breastfeeding

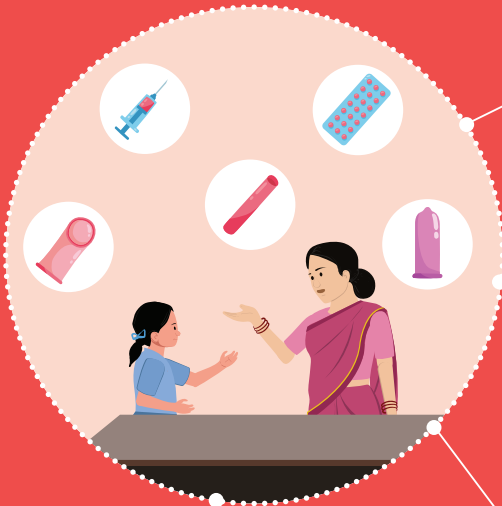
if started 21 days after delivery

- » **Transdermal patch** is applied once a week for three weeks, with no patch during the fourth week. Each time it is applied at a different place such as the lower abdomen, buttocks, or upper body.
- » **Vaginal ring** is a ring that is inserted into the vagina and left in place for three weeks. It is made flexible for this purpose. During the fourth week, periods start when the ring is removed. If the ring accidentally comes out, it should be reinserted/re-applied immediately, but if it remains out of position for more than 48 hours, an alternative method of contraception should be used for that month. When the ring is discontinued, fertility is restored within one month.

- » **Male condom** is a thin, flexible sheath placed over an erect penis, that prevents semen and sperm from entering into the vagina during vaginal intercourse. The most crucial advantages of a condom are its affordability, accessibility without a prescription and the protection they offer against sexually transmitted infections (STIs). They have no side effects, except if the boy is allergic to rubber/latex. A new condom has to be used at each instance. Care has to be taken to prevent any tears. While withdrawing, the condom should be held firmly against the base of the penis to prevent slipping and leaking of the semen into the vagina.
- » **Female condoms** are also available without prescriptions, but are not so popular since they are more difficult to use than male condoms. They are a polyurethane sheath with two rings. One ring remains inside the vagina and the second one is placed outside the vagina.
- » **Diaphragm and cervical caps** are devices that are placed by healthcare professionals over the cervix, to prevent sperm from entering the uterus. These must be used with a spermicide. They should be placed in position for at least 6-8 hours before intercourse and up to 24 hours after it.
- » **Spermicides** are chemical substances that destroy sperm. They are available in different forms such as gels, foams, creams, films or tablets.
- » **Withdrawal method** is a practice where the penis is pulled out of the vagina just before ejaculation so that sperm is not deposited in the vagina or the genitalia of the girl. This is not as effective as other contraceptive methods.
- » **Calendar rhythm method** is when sexual intercourse is avoided from Day 8 till Day 19 of the menstrual cycle. This is not effective for teenagers, since periods during adolescence are mostly irregular.



WHEN TO CONTACT A DOCTOR/ COUNSELLOR:

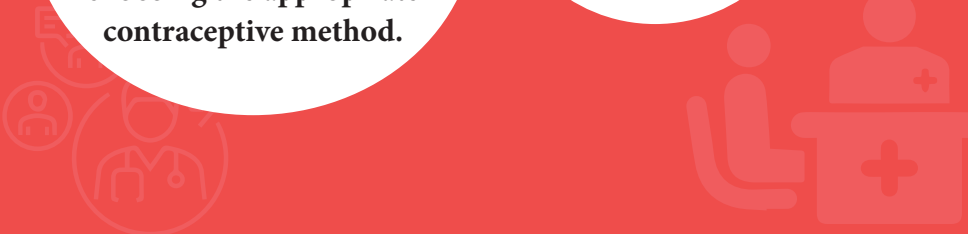


If your teenager is sexually active and wants advice on contraception.

In case your teenager experiences any side effects on using any of the contraceptive methods.

In case your teenager has any pre-existing illness or is on any regular medications and is asking for advice on choosing the appropriate contraceptive method.

For advice: If your teenager wants advice regarding EC after unprotected sex/ sexual assault.



The most effective method of contraception out of all of them, is the combined use of a male condom with a long-acting reversible contraception such as the DMPA or the IUCD. This combination protects against both STIs as well as pregnancy.

FAQs

Q1. How effective are the various methods of contraception?

Methods	Effectiveness against pregnancy (percentage of women experiencing unintended pregnancy within one year of use)	
	Commonly used	Used correctly and consistently
Long-acting hormonal injections or implants	3%	0.05 - 0.3 %
Copper IUCD	0.8%	0.6%
Combined oral contraceptive pills (COPs)	8%	0.3%
Progesterone only pills	8%	0.3%
Male condom	15%	2%
Female condom	21%	5%
Spermicide	29%	18%
Diaphragm + spermicide	16%	6%
Withdrawal/calendar	25%	1 - 9%

Q2. What are the hormonal or non-hormonal side effects of the various contraceptive methods?

Ans: Non-hormonal side effects such as itching and redness at the site of application, local infection, and rarely, migration to deeper tissues. If the irritation is mild, a new patch can be applied on another site. If it is severe, an alternative contraceptive method should be tried.

IUCDs can cause abdominal pain and heavy bleeding. They can also cause pelvic inflammatory diseases.

Hormonal side effects such as irregular bleeding and absent menstruation, decreased bone mineral density, and osteoporosis later in life. Estrogen-containing contraceptives increase the risk of heart attack, stroke, clotting tendencies, liver tumours, and breast and uterine cancers.

Q3. In what situations is a particular contraceptive method not useful?

	Method	When not to use
1	IUCD	<ul style="list-style-type: none">» Structural uterus abnormality» Active pelvic infection» Unexplained vaginal bleeding» Possible pregnancy
2	Copper IUCD	<ul style="list-style-type: none">» Wilson's disease
3	Levonorgestrel-releasing IUD	<ul style="list-style-type: none">» Breast cancer» Liver disease

(Continued)

(Continued)

Method	When not to use
4 Skin implants, injectables, combined OCPs, progesterone only pills (POPs)	<ul style="list-style-type: none">» Diabetes and hypertension» Ischemic heart disease or stroke» Systemic lupus erythematosus» Antiphospholipid antibodies» Unexplained vaginal bleeding» Breast cancer» Cirrhosis, Liver adenoma/ carcinoma» Gallbladder disease
5 COP pills (POPs may be used)	<ul style="list-style-type: none">» Hypertension» Problems with blood clotting» History of superficial/deep vein thrombosis» Pulmonary embolism» Migraine with aura» <21 days after delivery» If breastfeeding in the first 6 months after delivery» Major surgery and prolonged immobilization

For drug interactions with hormonal contraceptives, you should always consult a doctor if your teenager is on any medications such as anti-AIDS medicine, anticonvulsants, or rifampicin.

Q4. What are the other benefits of COPs?

Ans: They lead to increased bone density and give protection against ovarian and uterine cancers. They prevent the infection of the fallopian tubes, ectopic pregnancies, benign breast diseases, acne, and iron deficiency.

Q5. What is emergency contraception (EC)?

Ans: EC should be taken soon after sexual intercourse or within 5 days after it. An EC is 75% effective in preventing pregnancies. It does not cause abortion or harmful effects on the baby. Options for EC include:

- » Levonorgestrel, 1.5 mg single dose/0.75 mg; two doses, taken 12 hours apart, (or),
- » Ethinylestradiol, 100 mcg; and Levonorgestrel, 0.5 mg; two doses, taken 12 hours apart.

» OCPs in the following doses:

POP: 50 pills of Levonorgestrel, 30 mcg as a single dose (equivalent to Levonorgestrel 1.5 mg); (or),

COP: 4 pills of Ethinylestradiol, 30 mcg/Levonorgestrel 150 mcg (equivalent to Ethinylestradiol 120 mcg/Levonorgestrel 0.6 mg). Repeat 4 pills 12 hours later.

- » Copper T can be used as an EC if placed in the uterus within 5 days after unprotected intercourse. It is more than 99% effective.
- » Ulipristal acetate is a non-hormonal pill taken as a single dose.

Q6. While taking OCPs, what should my teenager do if she misses a pill?

Ans: For COPs, it is considered 'late' when less than 24 hours have passed since the expected time for dosage. If more than, or 24 hours have passed since the expected time for dosage, it is considered 'missed'.

If one pill is late or has been missed for more than 24 hours but less than 48 hours after the expected time for dosage, the late/missed pill should be taken as soon as possible. The rest of the pills should be taken as usual even if two pills have to be taken on the same day. In such a circumstance, there is no need for additional contraception.

If two or more pills have been missed (more than 48 hours after the expected time for dosage) then the most recently missed pill should be taken as soon as possible. Other missed pills, except the most recent one, should be discarded and the incoming pills should be taken as usual at the expected time of dosage. Avoid sexual intercourse or make use of an alternative contraceptive method for the next 7 days.

For POPs, it is considered 'missed' if it has been more than 3 hours since the expected time for dosage. The pill should be taken as soon as possible, and the incoming pills should be taken at the expected time of dosage even if two pills have to be taken on the same day. Use a backup method or avoid sexual intercourse for the next 2 days.

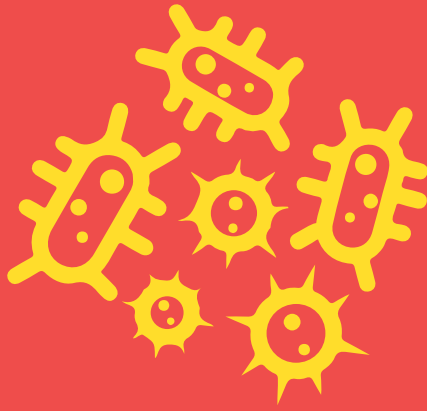
Q7. What are the methods of permanent contraception?

Ans: Sterilization is a permanent method of contraception for both men and women. In women, it is called tubectomy, where both the fallopian tubes are cut so that the eggs and the sperm cannot meet. In men, a vasectomy is done, where a tube called the vas deferens is cut on both sides so that the transport of sperms is prevented. These methods are not recommended for teenagers.

KEY POINTS

- » Contraceptives are important for the prevention of pregnancy.
- » Adolescents and their parents should have a good knowledge of contraceptives.
- » Both short-term and long-term use contraceptives are available.
- » Consult a doctor or counsellor for the proper use of contraceptives.
- » Some contraceptives are available without the prescription of a doctor, like on-the-counter medicines.
- » Long-acting contraceptive methods are effective for sexually active girls, along with the combination of a male condom.
- » Non-contraceptive benefits of oral contraceptives include protection against ovarian and uterine cancers (cancers of the ovaries and the uterus), prevention of infection in the fallopian tubes, prevention of ectopic pregnancies, benign breast disease, acne, and iron deficiency.
- » The EC pill is required to be taken immediately after sexual intercourse or within 5 days after it has occurred.
- » If more than 1 OCP is late or missed, it is recommended that an alternate method of contraception be used.

CHAPTER 22



BETTER TO PROTECT, THAN TO REGRET - SEXUALLY TRANSMITTED INFECTIONS



I am Shankar. Let me share with you the story of a young girl.

Rani is the captain of her school basketball team. She has always been really good at sports. Once, after her match, she experienced pain during urination. The same night, she had a fever and complained of discomfort in her lower abdomen. She told her mother about the same. Her mother thought Rani must be tired and dehydrated after the match. After 3 days of fever and pain, they visited the clinic. At the clinic, Rani was diagnosed with genital Herpes. Rani became upset and felt guilty for getting the disease. After learning about her diagnosis, her mother called me and we met and spoke with Rani. Rani felt ashamed and irresponsible and was too shy to discuss this with her mother earlier.

Here in this case, comprehensive sexual health education would have helped Rani make wiser decisions. A non-judgmental attitude from one's parents helps a teenager share their problems and fears with them.

IT IS EXTREMELY

important for parents/guardians to create a safe and healthy environment within the home to discuss issues of sexuality and sexual health, such that the youth feels comfortable in sharing their concerns.

Sexually transmitted infections or diseases (STIs or STDs) are diseases that are contracted through sexual activity. These are caused by germs such as chlamydia, gonorrhoea, and mycoplasma



genitalium, amongst others. They also include genital Herpes, which is caused by Herpes Simplex Virus (HSV), genital warts which are caused by Human Papillomavirus (HPV), Hepatitis B, Syphilis, Trichomoniasis, and the Human Immunodeficiency Virus (HIV) which causes AIDS.

STIs can be present with or without symptoms. Common symptoms are urethral and vaginal discharge, urgency and increased frequency of urination, and burning while passing urine. Some infections can cause foul-smelling yellowish/green, or thick and curdy vaginal discharge.

STIs can present as the following diseases:

Urethritis is caused by infection of the urethra (urine tube or hole). Symptoms include urethral discharge, pain while voiding, itching, and frequent voiding.



BOYS

Epididymitis: This is an infection of the epididymis which is commonly caused by *C. trachomatis* and *N. gonorrhoeae*. It can cause unilateral or bilateral scrotal swelling, with pain and urethral discharge.



GIRLS

Vaginitis: Infection of the vagina by germs such as *Gardnerella Vaginalis*, *Urea plasma*, *Candida* and other infections. This can cause itching, redness, pain, and burning while passing urine.

Cervicitis: Infection of the cervix, which can present with vaginal discharge and irregular vaginal bleeding.

Pelvic Inflammatory Disease (PID): This is the infection of the female upper genital tract. It can spread to the ovaries, fallopian tubes, and the uterus. Gonorrhoea and chlamydia are the most common causes. Symptoms may include foul-smelling vaginal discharge, lower abdominal pain, and fever.

Genital ulcers can be present on the penis, vulva, oral cavity, or in the rectum. A common cause of painful ulcers is HSV, and of painless ones is syphilis. Genital ulcers, however, may not always indicate a STI.

Genital warts are caused by HPV. Certain HPV types, like 16 and 18, can cause cancer of the cervix (the opening of the uterus). HIV and Hepatitis B can be present with no symptoms (the patient may appear to be well with no problems) or with generalized symptoms of fever, diarrhoea, weight loss, and jaundice.

Pubic lice and **scabies** can be transmitted as a STI through close physical contact.



WHEN TO CONSULT A DOCTOR:



If your teenager or their sexual partner was diagnosed with a STI/HIV.

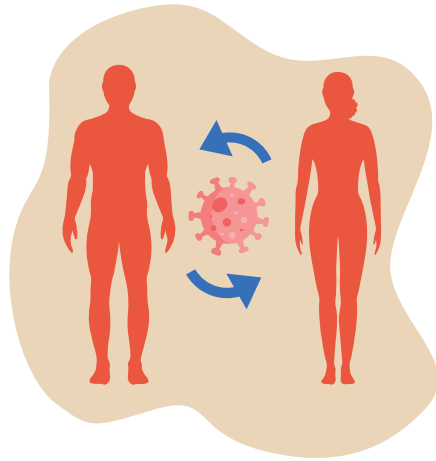
If your teenager has symptoms of discharge from the urethra, abnormal vaginal discharge, painful urination, sore throat, genital ulcers, warts, dysuria, or inguinal lymph node enlargement, abdominal pain or other symptoms while being sexually active.

If your teenager is sexually active, even if they are using contraceptives, it is advisable to have an annual check-up to screen for the presence of STIs, and for early detection and possible treatment.

FAQs

Q1. How can a person get a STI?

Ans: STIs are transmitted through sexual contact between people, through the sharing of sex toys, as well as through other means (i.e., depending on the STI, it may be transferred through pregnancy, a blood transfusion or blood transfer). A person can get a STI from their partner, even if their partner is not showing any symptoms. This is because it may be a silent infection. The risk of developing a STI is increased if a teenager or their partner has unprotected sexual contact with more than one person. Another important cause is the irregular use of condoms during sexual intercourse.



There are certain sexual behaviours which can result in a STI:

- » Anal sex: Unprotected penile-anal sex is linked to an increased likelihood of HIV transmission and other STIs.
- » Vaginal sex.
- » Digital penetration (touching or penetrating the vagina or anus with fingers) is less risky .
- » Oral sex such as kissing, licking, or sucking on the genitals. Though the risk of HIV transmission is

reduced, STIs such as gonorrhoea, chlamydia, syphilis, HSV type 1 and 2, and HPV, can be transmitted orally.

- » Herpes, HPV and mycoplasma genitalium can be transmitted through skin contact.
- » Some of these can be transmitted through needle injuries and blood transfusions.

Q2. How can we prevent a STI?

Ans: Risk of contracting STIs can be reduced by using a condom/dental dam during sexual activity. Condoms and dental dams reduce the risk of contracting STIs; however, they do not provide 100% protection. There are condoms for individuals with a penis and individuals with a vagina and these can be worn over the penis and the vagina. Condoms prevent the passage of bodily fluids from one person to another. Dental dams are latex sheets. They are used to prevent STIs during oral sex. Condoms do not completely cover all the exposed skin during sex, and they can break or leak. STIs such as Herpes and HPV can be transmitted through skin contact. Other methods of contraception do not offer protection against STIs, yet may solely protect against pregnancy. Therefore, it is important to always use a condom, while also using other contraceptive methods in order to prevent pregnancy.

Vaccines are available to reduce the risk of getting two specific STIs (HPV and Hepatitis B). They can be given using the following schedule:

Hepatitis B vaccine: 3 doses, for which the preferred schedule is at 0 (birth), 1, and 6 months of age. Other options include:

- At 0, 6 and 14 weeks
- At 6, 10 and 14 weeks

- c) 0, 6 weeks and 6 months
 - d) The National Immunization Program follows a 4-dose schedule at 1 (at birth – within 24 hours), 6, 10, and 14 weeks of age, as part of a combination vaccine (Pentavalent).
- » In those not previously vaccinated according to any of the above schedules, the catch-up schedule is: at 0 (age at first dose), 1 and 6 months of age.
 - » **HPV quadrivalent (HPV4) or bivalent (HPV2) vaccine** is recommended for boys and girls aged: 9-26 years.
 - a) If 9-14 years old: 2 doses at 0 and 6 months
 - b) If ≥ 15 years old: 3 doses at 0, 2, 6 months of age (HPV4) or at 0, 1, 6 months of age (HPV2). HPV vaccine is being given to boys, although it has not been licensed for use to boys in India.

Regular health check:

If a teenager is sexually active, they need regular health check-ups. It is important to detect STIs early, especially HIV.

HOW TO PRACTICE SAFE SEX
SEXUALLY TRANSMITTED DISEASED PREVENTION

- LIMIT THE NUMBER OF PARTNERS
- PRACTICE ABSTINENCE
- USE PROTECTION FOR ALL FORMS OF SEX
- WASH BEFORE & AFTER SEXUAL INTERCOURSE
- GET TESTED TO KNOW IF YOU HAVE A STD
- GET MEDICAL TREATMENT TO PREVENT OR CURE THE STD

Q3. What is STI screening?

Ans: It is possible to have an STI even if an individual has no symptoms, therefore, STI screening at regular intervals is important in preventing severe complications. STI screening includes blood or urine tests recommended for those who are sexually active. The following STI screening is recommended:

- » Gonorrhoea and chlamydia should be tested for each year after age 12.
- » HIV testing should be done at least once during teenage years, and more frequently if at a high risk (for example: multiple sexual partners over the course of a year).
- » For all individuals who are pregnant, routine screening for HIV, syphilis, and HBV is recommended.
- » Additional screening can be done for Hepatitis A, B, and C, based on the patient's medical history.

Q4. How can a STI be treated?

Ans: First, it is important to know that STIs are bacterial, viral or fungal infections. They are treated with antibiotics, antivirals, or antifungals depending on the specific germ. A doctor will do a clinical examination and order blood, urine or genital discharge tests. Empirical treatment, i.e., treatment for a probable germ/bug may be started by the doctor based on the patient's history and their clinical examination. Severe diseases may even require admission into a hospital.

Following-up with the doctor after starting the treatment is very important. The doctor may change medications depending on test results and after assessing the response

to the treatment. It is essential to disclose all of the details related to one's sexual partners and practices to the doctor, as even a partner will have to be traced and treated simultaneously even if they do not have any symptoms. If an individual is left untreated, they can spread the same infection to the same teenager again, and to others whom they come in contact with. Another important thing to remember is that both the teenager and their partner should avoid engaging in any sexual activity until they have both been tested/cured of the disease. If your teenager has a STI, they also need to be screened for other STIs, including HIV.

Q5. If a person has a STI, will it affect their fertility in the future?

Ans: Yes, it is possible that a STI can affect a young person's fertility. For instance, PID, which is caused by gonorrhea and chlamydia, might cause permanent damage to the fallopian tubes, uterus, and the surrounding areas, resulting in infertility. Infection in individuals with a penis can also potentially cause damage to the organs and block the passage of sperms. Further, HIV can affect the quality of sperm (i.e., sperm motility and concentration).

Q6. What is HIV infection?

Ans: HIV, i.e., the Human Immunodeficiency Virus, is a dangerous virus that affects the immune system and hence the ability of the body to fight other infections. AIDS, i.e., Acquired Immunodeficiency Syndrome, is a more severe version of the disease caused by HIV. There may not be any symptoms during the initial stages of the HIV infection. However, as the immune system weakens due to the virus, various severe infections and cancers may develop.

HIV can be transmitted through skin contact with infected blood or bodily fluids. It can spread by sharing needles during intravenous drug abuse (IVDU) and through blood transfusions. It can also occur through a needle injury in a hospital setting. Splashing of blood or bodily fluids into the mucous membrane, i.e., the eyes and mouth, can also transmit the virus. A mother who has HIV infection can spread it to her baby before, at the time of delivery, or during breastfeeding.

It is important to check for HIV often if a young person is at risk. There is no complete cure for HIV/AIDS, but with good ART (Anti-Retroviral Therapy), a person can live close to a normal life.

KEY POINTS

- » STIs are diseases that one gets through sexual activity. They include Genital Herpes, Genital warts, Hepatitis B, Syphilis, Trichomoniasis, HIV/AIDS, and many more.
- » Common symptoms of STIs are urethral and vaginal discharge, urgency and increased frequency of urination, urethral pain, or burning while passing urine.
- » Unprotected anal-penile sex, multiple sexual partners, sharing of sex toys, and the irregular use of barrier methods are a few risk factors for STIs.

(Continued)

(Continued)

KEY POINTS

- » The risk of contracting a STI can be reduced by using a male or female condom/dental dam during sexual activity. It is important to always use a condom while also using other contraceptive methods.
- » Vaccines are available to reduce the risk of contracting two specific STIs - HPV and Hepatitis B.
- » Regular screening is advised to detect STIs in all sexually active individuals.

CHAPTER 23



**YOU ARE
STRONGER
THAN YOU
THINK -
TEENAGE
PREGNANCY**



Reena, a chirpy 17-year-old girl, had been silent for the entire last month. She has not been talking to her friends and family members as she usually did. Her mother, Mrs. Rita, tried her best to elicit the reason for Reena's changed behaviour, but could not succeed. Mrs. Rita took her to counsellor Ms Neeta. After a few icebreaking sessions, Reena broke into tears and told Neeta about her romantic relationship with a boy in her class. She also told her that she had unprotected sexual intercourse with her boyfriend a few days back and that she has now missed her period. She is now scared to tell her parents and is dying of guilt everyday. If she is pregnant, she has decided to continue with her pregnancy, but fears that societal norms would not allow her to do so. Reena then requests the counsellor to bring her out of this 'mess'.

THERE ARE

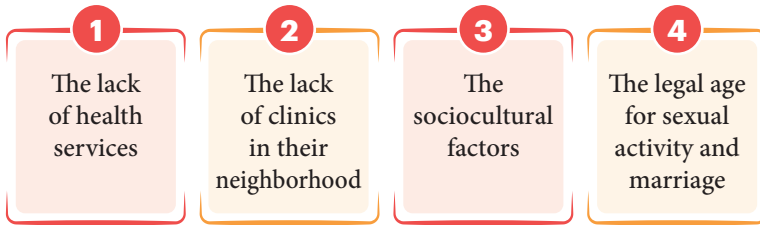
many different situations where a teenager might get pregnant. Teenage pregnancy is a worldwide problem with varying social and cultural norms. Families who are willing to break these norms do so in order to keep the best interests of the teenager in mind. Perceptions and judgments related to teenage pregnancy might be mostly negative, especially in a few countries. In more accepting communities, pregnancy might be welcome even if the milieu in which it has occurred might be unhealthy.



Teenage pregnancy is still a major medical and societal problem irrespective of socioeconomic progress and cultural practices. Where there is poverty and unemployment, it is common for teenage girls to be married early and have children. They might have fewer educational goals and employment aspirations due to the lack of opportunities.

Some teenagers lack the maturity and knowledge of sexual health. They are unable to make logical decisions. Sexual activity can be impulsive, unplanned, and sometimes forced, which can result in unprotected sex. Teenagers who abuse substances are at a higher risk of getting pregnant.

Teenagers might not know about or have access to contraception due to:



Teenage pregnancy has serious effects on the health of both the teenage mother and her baby. Complications due to pregnancy and delivery are higher among teenagers as compared to adults.

Symptoms of pregnancy include:

- » Missing periods
- » Nausea and vomiting occurring at any time of the day
- » Breast enlargement and pain
- » Weight gain
- » Fatigue
- » Abdominal pain
- » Dizziness
- » Passing urine frequently
- » Frequent mood swings



Tests for pregnancy include a home pregnancy test on urine and a blood test that can detect a pregnancy in as early as 7 days.

Finding out that they are pregnant can be one of the most stressful experiences that your teenager will face in their life. If the pregnancy is unplanned, they may go through various emotions including denial, fear, guilt, anxiety, and depression. It

will likely be a time of major stress for you, the parents, and the whole family as well. It is important to remind yourself that your child needs your guidance, comfort and support to face the situation. They might need professional psychological support and counselling. If she is supported through her pregnancy, your daughter will come out of it a strong person. It is important to empower her so that she can get back to her normal life. Males involved in a pregnancy also need to be supported and provided guidance. They must take responsibility for their actions and understand the consequences.



Unfortunately, teenage pregnancies generally have low rates of antenatal care in the early stages of pregnancy. There are several reasons for this: being unaware of the importance of prenatal care, poverty, lack of access to health care, and sexual abuse. There is often a fear of disclosure to one's family members and a negative, judgmental attitude from health care providers.

FAQs

Q1. What are the options a teenager has if she gets pregnant?

Ans: Once the pregnancy is confirmed, the teenage girl should be presented with all the options on how to move forward so that she and her family can make an informed decision. It is important to involve the family members and the



WHEN TO CONTACT A DOCTOR:



If you notice your teenager showing symptoms suggestive of a pregnancy.

As soon as your teenager finds out and tells you that she is pregnant.

If your teenager wants advice on how to prevent a pregnancy.

If your teenage girl is sexually active, has been married early, or has been sexually abused.

If your teenager has missed her periods for three or more consecutive months.



father of the baby if possible. This should be done from the initial stage itself. She should feel secure from knowing that she has



good social support. If possible, she should be treated by professionals who have experience in treating teenagers, such as adolescent physicians, adolescent-friendly psychologists, or adolescent-friendly obstetricians.

Options for teenage pregnancy include:

- (a) **Continuing pregnancy:** The teenager may choose this if she is supported or feels capable of raising a child. Some teenagers may choose to raise the child alone or with the father of the baby. Health care providers will be able to help a mother and her baby. They can also advocate for social support resources for her.
- (b) **Adoption:** A teenage mother can choose to continue with the pregnancy and give the baby up for adoption. All the processes and legal procedures for adoption should be discussed in detail with the teenager and her family.
- (c) **Termination of pregnancy:** The teenager may choose to terminate the pregnancy, in which case, certain things should be discussed before making a decision. These include the gestational age of the pregnancy, choice of the method of termination, the type of anesthesia/analgesia used, and the associated risks/

complications. Termination of pregnancy during the early stages is less risky. Various methods are available depending on the period of gestation and the laws of the land. These will be explained by the obstetrician.

It is very important to address and discuss other related issues, such as the ongoing education of the teenager while parenting a child, the cost of continuing the pregnancy, treatment for substance abuse, legal support, and treatment for sexual assault.

Q2. How is an abortion done?

Ans: Medical termination of pregnancy, or abortion, is best done by a certified doctor who is both an expert in the procedure and is well-acquainted with the legal aspects of abortion. If the teenager seeks an abortion



through an untrained and unauthorized person, it can be dangerous due to their young age and the possible severe complications arising from the procedure, which could include a septic abortion, and even death.

A doctor who is trained in providing abortion services will confirm the pregnancy. An ultrasound will be done to check the age of the baby and to check if the baby is inside the uterus. If the baby is outside the uterus, in the fallopian tube, ovary, or near the intestines, it is called an ectopic pregnancy and has to be terminated. The doctor will then advise you on the best method for the termination of the pregnancy according to the health of the teenager.

Abortion procedures are mainly of two kinds: medical abortion and surgical abortion. Medical abortion is indicated if the pregnancy has not progressed beyond 10 weeks from the last menstrual period. This cannot be done for an ectopic pregnancy. Your teenager will be given medicines such as misoprostol and mifepristone. They may experience abdominal pain, vaginal bleeding, nausea, and vomiting. The baby and the placenta will be expelled out of the uterus with the bleeding.

Sometimes medicines don't work or the expected outcomes of these medications do not occur. In such cases, you have to take your teenager back to the doctor for advice. The doctor will repeat a scan to confirm whether the abortion was completed. A urine pregnancy test is not helpful as it can be positive for a long time after the abortion. Sometimes the abortion is unsuccessful. Then the doctor may try medical abortion a second time or do a surgical abortion.

Surgical abortion is the preferred method for pregnancies between 10 and 14 weeks of gestation. It is done in a hospital setting. It is a procedure which is done while the patient is awake. It can also be done with intravenous sedation with the help of a small suction device. This device is inserted into the uterus through the vagina, and after dilating the cervix, the tissues of pregnancy are aspirated out. There may be mild bleeding and abdominal cramping after the procedure.

Dilatation and Evacuation (D & E) and induction abortion is done if the pregnancy has progressed beyond 14 weeks of gestation. D & E is similar to aspiration abortion. In this induction, medications are given to cause the uterus to contract and expel the baby and the placenta.

After a medical or surgical abortion, if the teenager experiences heavy bleeding, i.e., soaking 2 pads an hour for two consecutive hours, very severe pain, fever, or abnormal vaginal discharge, you should take them to the hospital.

Q3. How should I care for my daughter when she is pregnant?

- » She needs regular antenatal care by an obstetrician. Teenage pregnancies are high-risk and need to be monitored closely.
- » She should be screened for STIs.
- » Use of substances like cigarettes and alcohol should be stopped.
- » She needs balanced nutrition, vitamins, and calcium and iron supplements.
- » She should do daily PA unless advised by a doctor not to.
- » She should follow stress-prevention measures.
- » Family members should learn to recognize the symptoms of preterm labour, if appropriate.
- » You should prepare her for the process of labour if she is planning to move forth with the pregnancy. You should educate her about the importance of breastfeeding, teach her parenting skills, and take her to contraception counselling before delivery.

Q4. What are the medical complications of a teenage pregnancy?

- » Undernutrition and poor weight gain
- » Anaemia
- » Preterm delivery and low birthweight baby
- » Hypertension

- » Stillbirth or death within the first month
- » Prolonged stay in the neonatal ICU

Q5. How does the delivery of a baby take place?

Ans: Labour starts between 37 and 42 weeks of pregnancy. In teenagers, it can come earlier than normal. This is called 'preterm labour'. Normal delivery happens through the vagina when the opening of the womb opens and the uterus starts contracting. Labour pain includes abdominal pain and low back pain. When labour pain starts, it comes in regular intervals, and as it advances, pain occurs more frequently. There will be a blood-tinged mucous discharge from the vagina either before or after the labour pain starts. The water bag can break and flow out. Close to the time of delivery, the doctor will tell your daughter to start pushing. Most teenagers can push the baby without difficulty. If your daughter is unable to push well, the doctor might use instruments such as forceps or a vacuum suction to bring the baby out. The placenta comes out after the baby is born. The total duration of labour is about 12-18 hours. Teenagers tend to have a shorter duration of active labour.

Caesarean section is a surgery done to deliver the baby if the mother or the baby have some problems, primarily when the baby cannot be born through the vagina. Teenagers tend to have more vaginal deliveries and fewer caesarean sections as compared to adults.

Q6. Is there any way in which the labour pain can be reduced?

Ans: Pain during labour is because of the uterus contracting and the vagina stretching in order to push the baby out. There are ways to reduce labour pain. In the early stages, breathing and relaxation exercises, walking around,

massages, and applying ice packs or hot water bags to the lower back, are all measures to reduce pain. As the pain increases, the doctor will usually give some pain relief injections if requested by the teenager. Other options are epidural anesthesia, which can be discussed with the doctor.

Q7. How does teenage pregnancy affect the mother and the baby psychologically and socially?

Ans: The following things can happen:

- » Poor academic performance, or dropping out of school
- » Unemployment and possibly having a lower socioeconomic status than her peers
- » Intimate partner violence, i.e., physical assault from the partner
- » Depression, both during the pregnancy and after the delivery
- » Anxiety and suicidal ideation
- » Low weight in babies and a higher risk of death within their first year of life
- » Delay in development
- » Substance abuse

Q8. What kind of support does a teenage parent need after the delivery?

Ans: Breastfeeding: The teenager needs proper education about the benefits of breastfeeding. They need to be coached for their doubts and negative attitudes towards breastfeeding to be eliminated, and their concerns need to be acknowledged. Exclusive breastfeeding for the first 6 months of life is important for the baby, as it is essential for nutrition, good physical growth, normal brain

development, and immunity from infections. The teenage mother will need constant encouragement and support to start and continue breastfeeding.

Psychological support: It is essential, as teenage mothers are at a higher risk of developing post-delivery depression and psychosis.

Contraception: It has to be advised if the teenager is likely to be sexually active.

Parenting: If the teenager has chosen to parent the child, support and education has to be given to her. This will help in improving her knowledge and skills for the same. If possible, the baby's father should be encouraged to get involved in parenting.

Pursuing her education: This is something the teenage mother should be strongly advised to do. She should be encouraged persistently by both her family members and her health care provider to continue her education until she completes it.

Q9. What can be done to prevent teenage pregnancy?

Ans: Overall education, particularly sexual health education, can help prevent teenage pregnancies. It is important to provide enough educational opportunities to girls and keep them in school. Teenage marriage is prevalent in most developing countries, despite laws prohibiting the marriage of minor girls. A comprehensive sexual health education curriculum should be devised and taught to all teenagers at school. Substance use among teenagers, which is significantly associated with teenage pregnancy, should be prevented. Parents should educate themselves and



feel confident in talking to their teenagers about their sexual health and sexuality. They should encourage them to postpone engaging in sexual activity to a later age, when they might be more mature and make safer and healthier decisions for themselves. A teenage girl who has been empowered with knowledge about her own sexual health will be able to engage effectively with her partner as well. Having career goals, interests in extracurricular activities, spiritual concerns, a healthy parent-teenager relationship, and a happy family environment, are all protective factors against teenage pregnancies.

KEY POINTS

- » Teenage pregnancy may be a result of ignorance about sexual health or a result of unplanned, impulsive or even forced sexual activity.
- » Lack of access to contraceptive methods, and social and cultural barriers for appropriate contraceptive use can be factors contributing to teenage pregnancy.
- » Teenage pregnancy has serious effects on the health of both the teenage mother and her baby.
- » Options available for teenage pregnancy should be considered depending on the case of the individual, such as continuation of pregnancy, adoption, or termination.
- » Psychological counselling may also be needed, and the importance of antenatal care and overall well-being should be emphasized.
- » During the postnatal period, the teenager needs support for breastfeeding, emotional well-being, contraception, parenting, and for pursuing education.

CHAPTER 24



WET DREAMS, ERECTIONS, AND MASTURBATION



Hi! My name is Neeta and I am here to talk about an adolescent and his parents whom I recently met in my clinic.

A mother approached me to talk about her son's behaviour. She had noticed that he had become more withdrawn than before, not wanting to come out of his room. Her son is now 13 years old. When she went into his room to change the bedsheets, she found some magazines with pornographic content. She also found multiple white stains on his bedsheets. She was concerned about this and wanted to know what was happening with her child.

ALTHOUGH

sexuality and its related issues are sensitive and may be uncomfortable to discuss, they are a normal part of our life and all of us should do our part to stop the shame and stigma. When individuals with a penis undergo puberty, their body may begin to produce a hormone called testosterone. With the production of testosterone, it is possible for the body to produce sperm cells and a liquid substance called 'semen'. Sperm cells can be formed within an organ called the testes, and semen can be released through an organ called the penis. 'Wet dreams,' 'erections,' and 'masturbation' can occur in a teenage body during puberty. These experiences are a normal part of life and we need to normalize – rather than stigmatize – them. As parents, we can ensure that our children are safe and understand what is happening to them.



Wet dreams: They are also known as nocturnal or night emissions as they occur when an individual with a penis and testes is asleep. The word nocturnal means 'night' and emission means 'release'. A wet dream occurs when an



individual ejaculates (meaning has a release of sperm) from their penis while they are sleeping. Sometimes this occurs when they have a dream about sexual intercourse, but this is not always the case. Sometimes an individual might not know why or how it has occurred since they don't have control of wet dreams, which often occur subconsciously and without one's knowledge while sleeping.

Erections: During puberty, individuals with a penis may also have an erection, which is the hardening of the penis when the tissues inside the penis get filled with blood. This can occur during sexual arousal or fantasizing, but sometimes it can also occur without any apparent cause, and at different times of the day, including while the individual is at school, watching TV, in the shower, or in other places. Of note, the exploration of one's body, erections, and even masturbation can begin as early as 7 years of age.

Masturbation: It is a form of self-pleasure which can occur when an individual physically touches or rubs a part of their body for pleasure, including their penis, scrotum, clitoris, vulva, breasts or anus. Both individuals with a penis and testes, and individuals with ovaries, can masturbate.

Masturbation is also a normal part of life and a way in which individuals may explore themselves, release tension, and feel pleasure. While it is something that is often considered taboo and embarrassing, it is nothing to be ashamed of. During masturbation, individuals with a penis may physically touch or rub their penis or testes. After this, they may experience an erection, and then finally they may experience an ejaculation.





WHEN TO TALK TO A DOCTOR/ COUNSELLOR:



If an adolescent's erections are painful or are causing them discomfort, they can always speak with a physician or health-care provider.

When a young person feels concerned or remembers some of their wet dreams or feels guilty for having them.

When an adolescent masturbates in public as opposed to in privacy.

When masturbation is beginning to interfere with the teenager's day-to-day activities, school work, or personal life.

When the teenager wants to understand their desires and receive support.



FAQs

Q1. Do you have to masturbate to have a wet dream?

Ans: No, it is not necessary for a person to masturbate in order to have a wet dream. In fact, a person can have a wet dream without touching their penis.

Q2. How often do wet dreams happen?

Ans: There is no exact number of times a person has, or should have, a wet dream. Wet dreams are a normal part of growing up and some people may have a few in a week, while others may only have a few in several months or years. It is also normal for a person to not to have a wet dream any time in their life.

Q3. What can I do to stop a wet dream?

Ans: There is nothing one can do to stop a wet dream since they occur while an individual is sleeping. Some experts say that once a person begins masturbating or having sexual intercourse with a partner, the number of wet dreams may decrease.

It is important to remember that wet dreams are normal and are nothing to be ashamed about.

Q4. Is there a normal number of erections that someone can have?

Ans: There is no normal number. Sometimes, changes in an individual's hormones can result in a fluctuating number of erections. They are occasionally more frequent during early puberty. Unless the erections are painful or are causing discomfort, there is no need to worry about them. If your child has questions, speaking with a physician or health-care provider will help to clarify their doubts.

Q5. Can a person masturbate too much?

Ans: Many people worry about masturbating too much, but the truth is that there is no exact number or standard. Masturbating is only a problem if it is interfering with a person's day-to-day life, with their schoolwork, or other activities. Additionally, it is a private activity and should not be done in a public place. Masturbation can be a way for individuals to understand themselves, their bodies, and their sexual identities. On the other hand, it is also possible for an individual not to masturbate at all.

Q6. Can only individuals with a penis masturbate?

Ans: No, anyone can masturbate, including individuals with a vagina, clitoris and ovaries. Masturbation can be a form of self-pleasure for anyone of any gender.



Q7. What should I do if I find out that my adolescent is masturbating?

Ans: It is important for parents to speak openly with their child about sexuality, sexual intercourse, and even masturbation. They must educate their children that these acts are private acts and convey to them that discovering and understanding their bodies is a part of life, since it is likely that an adolescent may avoid talking to their parents about such matters, or find it challenging to build a relationship

of trust with a health-care provider who can help them. Parents must also understand that adolescents often seek privacy. They must foster healthy communication and mutual respect with their child, such as by asking when the child is free to talk or knocking on their door before entering their room, both being acts which can promote positive and healthy communication.

Parents must educate their children that these acts are private acts and should not be done in public. They can also convey to their child that discovering and understanding their bodies is a part of life.

Q8. Can wet dreams, erections or masturbation hurt your body in any way?

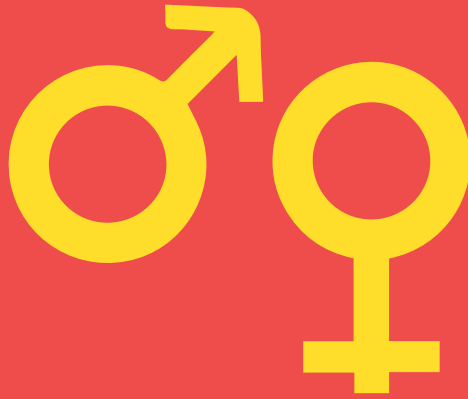
Ans: There are numerous myths surrounding masturbation, starting from ‘you may become mentally ill’, to ‘it will limit your fertility’. Other myths include that one can contract a sexually-transmitted disease or lose their virginity. Wet dreams, erections or masturbation cannot harm your body in any way and you cannot get an STD or lose your virginity through them. However, if your adolescent is feeling physical pain or discomfort, please reach out to their doctor. Also, if your adolescent worries too much about this or is unable to follow regular routines because of them, then do consult a doctor or counsellor.

KEY POINTS

- » Wet dreams, erections and masturbation are a normal part of life that often occur during puberty. People with penises and people with vaginas can masturbate.
- » There is no exact frequency or number of times that wet dreams, erections or masturbation may happen.
- » If someone is feeling uncomfortable about their wet dreams or erections; has concerns about masturbation; is having pain or physical discomfort during an erection or masturbation; or if masturbation is beginning to interfere with their day-to-day activities, school work, or personal life; then the matter is worth discussing with a health care provider.
- » Masturbation is a private act and parents should ensure that adolescents who masturbate maintain their privacy and do not do it in public. If a parent notices a child or teenager masturbating in public, they should discuss the matter with a doctor.
- » Wet dreams, erections, and masturbation cannot cause illnesses.
- » Parents can initiate conversations about sexuality and exploring one's body early in their child's life. They can normalize the sexual acts of masturbation and intercourse as per the prevailing cultural norms and values. They can also discuss issues related to privacy and mutual respect early on and allow the adolescent to feel a sense of autonomy and independence.



CHAPTER 25



**SEXUALITY
- IT IS NOT
A LEISURE
ACTIVITY -
IT IS A WAY
OF BEING**



I am Neeta, and I am here with another story of a father and his child.

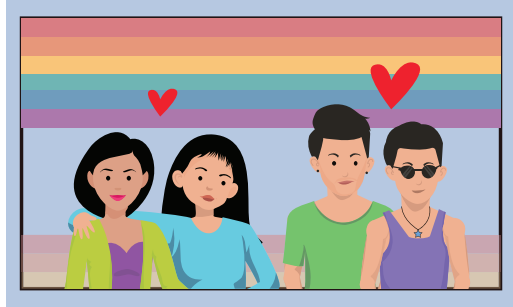
One day, my friend Akanksha wanted to talk about her brother-in-law, Mr. Kamlesh, who had been quite disturbed, afraid and anxious recently. I met with Mr. Kamlesh, who explained that he was worried about his son Ronit. He said, “My son is very bright and always well-behaved. One thing I don’t understand is his likes and dislikes. He likes activities that are girlish. He has been like this from the time he was a little child. He likes dressing up like a girl. I used to scold him, so now he does this when I am not there. I want to know if my child is normal. Why doesn’t he behave like boys of his age? Can we cure this with medicines?” He insisted that we talk to Ronit alone.

SEXUALITY

is a complex attribute that includes one's physical appearance, thoughts about themselves, the gender/s they feel attracted to and the expectations of society.

Key definitions:

Sex refers to one's **sex assigned at birth**, when a newborn is assigned a sex as a boy or a girl, usually by a medical provider.



This is based on how the external genitalia appears at birth. Sometimes a baby is born with genitalia that is not normally developed, and may resemble that of both genders or neither gender. Such babies are said to have ambiguous genitalia and are called intersex. Parents of such babies and experts in hormone-related problems sometimes discuss and decide what sex this baby would be raised as, whether as a boy or a girl. However, it is important to enable a child to decide on their own what their gender identity is as they grow older.

Gender identity is what a person thinks of their own gender, as a boy, a girl, in-between, or neither. In some teenagers, it might be different from their sex assigned at birth.

Cisgender is when one's gender identity matches with their sex assigned at birth.

Transgender is a person whose gender identity is different from their sex assigned at birth.

Agender is when a person identifies themselves as not having any gender.

Gender fluid is a term to indicate when a person does not have a fixed gender identity as it changes over time.

Gender role is one's role based on their biological sex, which plays out according to the expectations of the society and the behaviour and personality of that teenager.

Gender expression

is one's characteristic appearance, behaviour and personality that is considered feminine or masculine in that particular culture. A biological male, female or transgender person can be masculine or feminine to variable degrees, for example, a feminine boy, a masculine girl, etc. Non-conformity in gender expression is not the same as a transgender identity. Non-conformity is more common in girls. If it is present in boys, it is often not tolerated by the family and society in some cultures. Boys with gender non-conformity are often teased and bullied by their peers. Some gender non-conforming teenagers develop an adult transgender identity.



Gender dysphoria is a term used to describe the psychological distress and functional impairment which is experienced by a person when they face a conflict between the gender which is assigned to them and the gender which they want to be known for (their gender identity).

Sexual orientation refers to one's romantic and sexual attractions towards people of the opposite, same, both sexes, or neither.

Heterosexuality is romantic attraction that a person feels towards a person of the opposite gender.

Homosexuality is attraction towards a person of the same gender. Gay is used to refer to a homosexual boy or girl. Lesbian refers to a homosexual girl.



Of note, sexual orientation during teenage years might change during adulthood. A heterosexual teenager may experiment with same-gender sexual partners. A homosexual teenager may experiment with opposite-gender sexual partners.

Bisexuality indicates attraction toward people of both genders.

Asexual refers to a person who is not sexually attracted towards anyone.

Questioning or Queer is a person who is not sure of their sexual orientation. It is normal for a young person to feel confused about their sexual orientation.

Sexual behaviour refers to any sexual activity that gives pleasure to oneself or another person and includes kissing, petting, fondling; oral, anal, and vaginal sex; and masturbation.

More information:

www.wpath.org

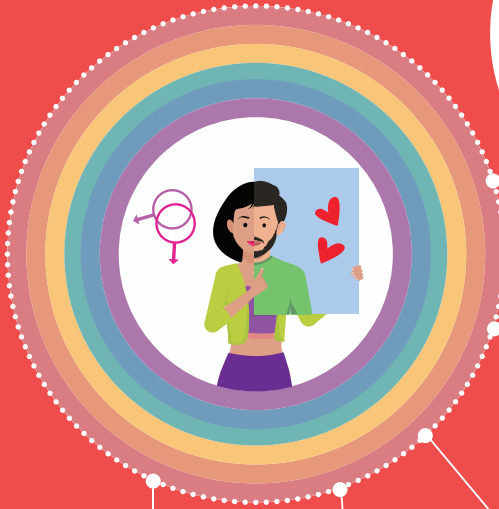
www.genderspectrum.org

www.advocatesforyouth.orgwww.pflag.org

<https://gaycenter.org/>



WHEN TO CONSULT A DOCTOR/ COUNSELLOR:



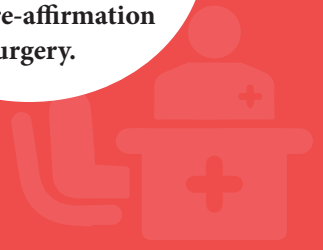
If your child or teenager is expressing feelings, behaviours or a desire for things of the opposite sex and is uncomfortable with the things related to their sex assigned at birth.

If your teenager comes out openly and tells you that they are transgender/gay or lesbian and you do not know how to deal with their new identity.

If your teenager manifests symptoms of gender dysphoria.

If your teenager shows signs of depression, anxiety or any recent behavioural changes.

If your teenager wants to have medical treatment for their gender identity to delay or arrest their puberty, or to have gender re-affirmation surgery.



FAQs

Q1. How do I know if my teenager is transgender?

Ans: A transgender youth is an individual whose gender identity is not the same as their sex assigned at birth. These individuals might want to be treated like a member of the opposite gender. They may dislike their sexual organs and retain a strong desire to have a body resembling



that of the opposite gender. As a result, a young person might want to remove their secondary sexual features when they start developing. They may prefer to dress like a person from the other gender or play with people from the other gender, and choose toys, games, and activities which are stereotypically made for the other gender. For example, boys may like playing with dolls, dresses, wigs, makeup, etc.; girls may dislike wearing feminine clothes or say that long hair is only for girls. They may reject same-gender activities when offered to take part in them. They may like to role-play in the opposite gender, etc. Over time, this disparity in their assigned gender, their inner feelings, and societal constructs and judgments, can affect a child's social relationships and cause psychological disturbances.

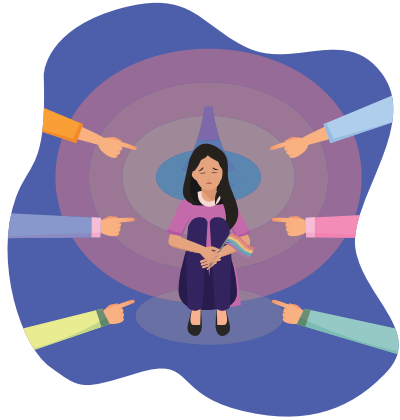
Q2. What should I do if my teenager told me that they feel/are different from their assigned gender?

Ans: For a transgender teenager, before they are able to talk about their feelings, i.e., before they 'come out', the child or adolescent may know that their gender is different

from that of their sex assigned at birth. Some of them might be non-conforming in their gender expression. They may be ridiculed or bullied. Some may come out openly at an early age, while some who are not visibly non-conforming in their gender expression may hide their gender identity. They may feel confused. They may experience internal conflict and ‘come out’ later during adolescence or adulthood. ‘Coming out’ means the ability to accept one’s own identity and reveal it to others. If your teenager expresses openly that their gender identity is different from what they have been raised as, you need to listen to them patiently. You should have an open and non-judgmental attitude. Rejection by the family can lead them negative emotional problems such as anxiety, depression and insecurity.

It can also lead to stigmatization. Transgender adolescents will face a lot of adjustment problems due to social stigma. This can be due to the lack of access to gender-affirming health care. They are prone to verbal and physical abuse, and bullying. They may have low self-esteem. School dropout, illicit hormone use, substance use, unemployment, homelessness, and unhealthy sexual practices are some problems affecting transgender youth. They may be prone to STIs, mental illnesses and are at greater risk of suicide. Parental support plays a major role in helping them come out in a healthy manner. The family can seek help from health care professionals, their community, and peer support groups. As a parent, you can explore the options available for your teenager’s gender expression and be a source of support for them. You can make informed decisions related to their change in gender and the reduction of stigma. Transgender individuals can also interact with similar individuals and families and explore the possibilities of developing

intimate relationships. There are also some supportive medical procedures for gender affirmation. For instance, hormonal treatments and surgeries are expensive. They help in delaying puberty, and in masculinizing or feminizing the body.



Q3. What are the health risks for sexually minoritized youth (LGBTQ+)?

Ans: They have an increased rate of STIs, substance abuse, unplanned pregnancies, depression, and suicide. They experience family rejection, bullying, social discrimination, physical, verbal and sexual abuse. They may have low self-esteem, academic underachievement, can become school dropouts and face unemployment. All these risks can lead to significant mental health illnesses. STIs such as HIV/AIDS and Hepatitis B are more prevalent among transgender youth, due to practices such as anal sex and oral sex. Of note, many of these issues are not intrinsic to LGBTQ+ youth, and instead, are a result of societal stigma and the lack of support from health care providers, families, and the educational system.

Q4. What are the treatment options available for gender dysphoria?

Ans: Individuals with gender dysphoria can receive psychotherapy from a professional trained in transgender health. This may help them deal with distress arising

out of gender dysphoria and also in exploring and developing their identity. Their family may also be helped in managing their uncertainties, and in coping with the change in gender roles.



Feminizing or masculinizing hormonal therapy is a partially reversible medical intervention, which is usually done during early adolescence. It helps in suppressing puberty and in preventing the development of secondary sexual characteristics. Medical interventions have been shown to reduce gender dysphoria and the resultant psychological problems.

Surgical treatment includes masculinizing chest surgery, breast augmentation surgery, or construction of a penis or vagina. These surgeries are irreversible. Hence, they should be considered after at least a year of living in a gender role other than the one assigned at birth. Surgery should be done when consent for the procedure can be obtained at the legal age. Additionally, it is also important to discuss fertility preservation before starting hormonal therapy and surgery.

Q5. What is meant by homophobia?

Ans: It is an irrational fear or dislike among heterosexual people, towards homosexual people. This might be because of prejudice based on one's beliefs or culture. It can result in bullying, discrimination, and violence against homosexuals.

Internalized homophobia is a set of negative feelings of hatred, disgust, and shame for homosexuality, among both homosexual and heterosexual persons. It is the result of growing up with a belief system against homosexuality. As a result of both homophobia and/or internalized homophobia, a homosexual person may feel uncomfortable in disclosing their homosexual orientation to others. They may be ashamed to engage in same-sex sexual activities.

Q6. What are the methods by which gay couples and transgenders can have children?

Ans: Different processes by which LGBTQIA+ individuals can have children include:

- » Adoption,
- » Intrauterine insemination,
- » In-vitro fertilization,
- » Reciprocal IVF, which is a process for lesbian couples when the embryo formed from the eggs of one partner and donor sperm, is transferred to the uterus of the other partner. Thus, both partners are involved.
- » For gay (homosexual men) couples, the embryo formed from the sperm of one partner and donor eggs, is transferred to the uterus of a surrogate; thus, allowing them to have a biological child.



Transgender men, before gender re-affirmation surgery, can choose to freeze their eggs or embryos for later use. If their uterus and ovaries are still intact, they can go through pregnancy. If chest surgery has not been done, they can nurse a baby. Similarly, transgender women can freeze their sperm for later use. When transgender

adolescents receive puberty blockers, they become unable to preserve their fertility, so it is important to discuss these issues before going for such treatment.

KEY POINTS

- » Sexuality is a complex part of an individual's character, which not only includes their sex assigned at birth, but also their physical appearance, sexual preferences, and the expectations placed on them by the society.
- » Teenagers can face problems in gender identity, gender roles, and gender expression, leading to various forms of physical, emotional, and social stigmatization.
- » If any child or teenager is not conforming to the social adaptation of sexuality, their parents should elicit the help of health care professionals, and community and peer support groups.
- » Teenagers should be given the options and possibilities available to freely articulate their gender expression. Parents can play a role in being supportive and in working to reduce stigma against them.
- » Hormonal treatment and surgeries are available to delay puberty, and to masculinise or feminize the body.
- » Various health risks are associated with the sexually minoritized youth (LGBTQ+), such as an increased chance of contracting STIs, drug abuse, unplanned pregnancies, sexual abuse, poor scholastic achievements, and various EDs, all of which need proper attention. These are often not a result of intrinsic issues, but are usually a result of systemic discrimination and marginalization.

CHAPTER 26



**ALL PROBLEMS
HAVE
SOLUTIONS -
RED FLAGS IN
ADOLESCENT
MENTAL HEALTH**



I hope you found this book useful so far. Let me, Shankar, share today the story of Rachel.

Recently, she passed her Senior Secondary class with 98% marks. Since early childhood, she had been very bright and studious. Her parents had always been proud of her academic efforts. Rachel wanted to pursue engineering and had prepared for the entrance exams diligently for two years. Unfortunately, after two attempts, she still couldn't get a seat in an engineering college. She then started isolating herself, stopped talking to her friends, slept at odd times, became very thin and looked upset all the time. Her mother got worried and consulted Mr. Shankar for the same. Rachel was diagnosed with mild depression. She had recovered with treatment, as her mother had noticed changes in Rachel's behaviour very early on and reached out for support.

THE TEENAGE

years are a unique time of growth. Several physical, emotional and social changes take place during this time, making teenagers more likely to develop health problems. Teenagers exposed to poverty, abuse, or violence have higher rates of developing mental health issues. As a parent, it is important to promote and support a young person's psychological well-being in order to protect them from risk factors and adverse experiences. A healthy state of mind will help them to deal with any kind of stress, as being a healthy adult involves having both good physical and mental health.

Mental health problems in teenagers can cause distress and prevent them from functioning well at home, school and at other places. Sometimes these problems are difficult to pinpoint, so here are some warning signs that indicate that your teenager might be experiencing a mental health issue:

- » Persistent sadness or irritation for ≥ 2 weeks (which could be an indication of depression)
- » Avoiding interaction with other people
- » Hurting or talking about hurting oneself, i.e., cutting the skin with a sharp object
- » Talking about death or suicide
- » Outbursts of extreme irritability
- » Uncontrollable behaviour that can be harmful to themselves and others

» Severe and sudden changes in their mood, behaviour or personality

» Eating either too much or too little

» Sleeping either too much or too little

» Loss of weight

» Frequent headaches, stomach aches, and other vague aches and pains

» Difficulty concentrating at studies or on other activities

» Declining performance at school

» Avoiding or missing school

» Frequent nightmares

» Abuse of substances such as alcohol or drugs

» Excessive worry, fear or sadness



Some of the common mental health problems that teenagers suffer from include:

Emotional disorders include depression, anxiety, excessive irritability, frustration and anger. Symptoms of the above disorders can be similar and may overlap. They may be seen with rapid changes in mood.

Other childhood behavioural disorders that can extend into teenage years include:

a) Attention deficit hyperactivity disorder (ADHD) is when a teenager has difficulty in paying attention, engages in

- excessive activity, and does things without thinking of the consequences, including activities that are not appropriate for their age.
- b) Conduct disorder (CD) is a disorder in which a youth has a tendency to challenge authority or may partake in destructive activities.
 - c) Eating disorders (EDs) cover a range of disorders including Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. Teenagers with these disorders have abnormal eating behaviours, severe food restrictions, exercise excessively, and/or binge eat, followed by vomiting the food. EDs might be associated with depression, anxiety, substance abuse and other psychiatric illnesses.
 - d) Psychoses are a severe form of mental illness seen among adults, but very often, symptoms start during late teenage years or early twenties. They can include ‘seeing’/ ‘hearing’/ ‘feeling’ things that are not actually there. People with psychosis have abnormal thoughts which may disturb their normal life at home, school or at other places. It can also result in stigma and abuse by the people of the community.
 - e) Teenagers are at high risk of suicide and engaging in self-harm behaviour (cutting with a sharp object over the arms and legs). Risk factors that make it more likely that a teenager might engage in self-harm include alcohol abuse, abuse during childhood, and taboos related to seeking out support (including going to a health care professional for treatment). Suicidal behaviour that is depicted on the internet, and games such as ‘blue whale’ are new problems for adolescents. There may be difficulty in reaching a health care professional, such as a lack of money or other resources.



**IT IS ADVISABLE
TO CONSULT A
HEALTH CARE
PROFESSIONAL
IF A TEENAGER
SHOWS
SYMPTOMS/
SIGNS SUCH AS:**



**Sudden loss
or gain in
weight.**

**Persistent
low self-
esteem.**

**Drastic
changes in
sleep and
appetite.**

**Signs of
self-harm,
suicidal ideation,
or a suicide
attempt.**



FAQs

Q1. What should I do if my teenager has a mental health problem?

Ans: You should consult your teenager's doctor if you are worried about them. Describe to the doctor the behaviours that worry you. Consult your teenager's teachers, close friends, relatives or other caregivers in observing changes in your teenager's behaviour. Share this information with your teenager's doctor.



Q2. How is mental illness in a teenager treated?

Ans: Common treatment options for teenagers include:

- » **Psychotherapy** is also known as talk therapy or behaviour therapy. It is a way to treat mental health problems which involves talking with a psychologist or a psychiatrist. It might include playing a game, and talking while playing it. During psychotherapy, the teenager learns how to talk about their thoughts, express their feelings, respond to others' feelings, learns new behaviours, and acquires coping skills.
- » **Medication** might be given as part of the treatment, if required. The doctor will explain the risks and side

effects of the medication and share the benefits of the drug treatments.

Q3. How can I help my teenager deal with a mental illness?

Ans: As a parent, you play an important role in the mental health treatment of your teenager. It is challenging to simultaneously take care of your teenager and yourself. Here are some things you can do to help them:

- » Learn about the illness through various resources (including through books, websites, parenting groups, health care providers, etc.).
- » Ask your doctor to explain it to you till you fully understand.
- » Go to family therapy sessions if appropriate, as all family members are considered to be partners in the treatment plan.
- » Ask the doctor or psychologist about how to respond to your child's behaviour and emotions and handle difficult behaviour.
- » Enroll in parent-training programmes.
- » Explore stress-management techniques to help you respond calmly.
- » Look for ways to relax and have fun with your teenager.
- » Praise their strengths and abilities.
- » Advocate for your teenager and get the necessary support for them at school.

KEY POINTS

- » Stress, anger, anxiety, depression, and compulsive disorders are some of the mental illnesses which require early recognition as subtle red flags.
- » Persistent sadness or irritation for two weeks, hurting oneself, talking about death, and sleeping or eating too much or too little, are some of these red flags.
- » Childhood behavioural disorders such as ADHD and Conduct disorders are the most prevalent which warrant special mention.
- » Sudden loss or weight gain in your teenager, low self-esteem, self-harm behaviour, and drastic changes in sleep and appetite are the indications that they are facing some psychological problems and require professional help at the earliest.
- » Psychotherapy and medication are the main modalities of treatment.

CHAPTER 27



YOUR LIFE MATTERS, LET'S TALK - SUICIDE AND SELF-HARM



I am Shankar and will share the story of a patient who had recently attempted suicide.

Seema, a 16-year-old girl, has a sister named Sakshi. Seema always feels that her parents love and pay more attention to Sakshi. Seema was performing poorly in school for the past 2 years and was becoming stubborn and irritable. Seema had arguments with Sakshi often and would lock herself up in the bathroom to seek attention. She started skipping school, so the school authorities advised her parents to consult a clinical psychologist. One day, after a fight with her sister, she consumed a bottle of sleeping pills.

SUICIDE

and self-harm are the second most common cause of death among 15–29-year-olds. It is a difficult topic to talk about, and the rate of self-harm is underestimated. As a parent, you should have a nurturing and open relationship with your teenager which can protect them from having suicidal thoughts and developing self-harm behaviours.

Self-harm is the act of harming oneself on purpose. It does not mean that one has a suicidal intent. Teenagers may seek help from peers. Common examples of self-harm behaviour are self poisoning; hitting, cutting or burning oneself; pulling one's own hair out; picking on one's skin; or self-strangulation. Self-harm is a serious issue and indicates that something is seriously wrong in that person's life or that they may be suffering from a mental illness.

Self-harm behaviour begins during adolescence and could be related to problems in a teenager's relationships with their family members and peers.

Parents are usually unaware of this. Teenagers are more likely to come to their parents if they believe that they would be heard and cared for. Parents can play a key role in the prevention of suicide through having open discussions around mental health, and through creating safe spaces for their children to discuss thoughts of self-harm.



Unfortunately, online activity can encourage teenagers to experiment with self-harm behaviours. Copycat and live-streaming videos of suicide are shared by many people on the internet.

Suicide: Many young people who are thinking about suicide let others know about their feelings while some other young people may hide them or not have an outlet to discuss how they feel. As a parent, if you are concerned about if they are having suicidal thoughts, ask them about it in a calm and supportive manner. This is the best way to find out. You can also encourage them to speak with a counsellor or health care provider if you are concerned about their mental health.

FAQs

Q1. Why do teenagers engage in self-harm?

Ans: When they have difficult feelings building up inside them, teenagers engage in self-harm behaviour as a way of trying to deal with them. When they are struggling with a mental illness, teenagers may sometimes engage in self-harm behaviour, which can seriously threaten their life. Some of the reasons why teenagers engage in self-harm behaviour include:

- » Feeling helpless due to not being able to solve a big problem or not knowing where or whom to turn to. Self-harm might also give a teenager a temporary sense of control.
- » Feeling like they can't control their tension or anger. Self-harm behaviour can help them release some of that tension.



WHEN TO CONSULT A DOCTOR/ COUNSELLOR:

If you observe these behaviours in your teenager:



Persistent low mood, withdrawal, or anxious behaviour for 2 weeks or more.

Talking about dying, suicide, or disappearing.

Drastic changes in eating habits, sleeping, and daily routines.

At the earliest instance of self-harm or suicide.



- » Self-harm behaviour may be a way that they use to punish themselves for any guilt or shame.
- » To detach or 'numb' themselves from an extremely disturbing experience by telling themselves that it never happened.
- » Self-harm behaviour can also be a way of feeling more connected and alive.
- » Wanting to commit suicide. Unfortunately, self-harm behaviour can be a prelude to an actual suicide attempt.

Q2. How do I know that my teenager is self-harming?

Ans: As a parent, being aware that your teenager is engaging in self-harm behaviour or having suicidal thoughts can be extremely difficult. A parent or guardian may become angry, or feel guilty, confused or afraid. While dealing with such a situation, it is important to be calm, collected, and caring towards your child. This will help your teenager understand that you can support them with their distress and that they can always trust you and turn to you for help and support.

- » You should notice when they seem upset, withdrawn or irritable.
- » You should encourage them to talk about their worries.
- » You should take them seriously.
- » Show them you care by listening or by offering sympathy and understanding to them. You should help them to solve their problems.
- » If you are seriously concerned about your child engaging in self-harm behaviour, your first priority

should be their safety. You should buy medicine only in small amounts and keep them locked away in order to prevent overdose. You should also keep sharp objects or tools that could cause injury away from them.

- » You can take professional help from a therapist or counsellor if family problems keep upsetting you/them.
- » If they have injured themselves, you can check for cuts or burns. You should decide whether a simple dressing at home would be enough, or whether they would need to be taken to the hospital. Regardless, long-term support from a mental health provider is extremely important.

Q3. What are the specific signs that I should watch for as a parent?

Ans: Being present in your teenager's life and keeping a lookout for the following signs is important in preventing suicide:

- » When a child talks about suicide and dying, makes comments about disappearing, jumping, or other types of self-harm behaviours
- » Changes in personality, such as being sad, withdrawn, irritable, anxious, tired, or apathetic
- » Difficulty concentrating at school, work, or on routine tasks
- » Inability to sleep, with early waking times or oversleeping, or nightmares
- » Loss of appetite, loss of weight, or overeating
- » Acting erratically, harming oneself or others
- » Feeling worthless, shame, overwhelming guilt, or self-hatred

Q4. How do I talk to my teenager if I notice any of the above signs?

Ans: You should approach your teenager in a calm and non-accusatory manner. Let them know that they are not alone because you will always be with them. Openly express your love, care and concern for them and



their well-being. Convey understanding and empathy for their current problems and stress. Reassure them that they have your support no matter what happens. Encourage them to get the professional help if necessary, and do not stigmatize seeking support. Even if you yourself are facing mental health-related issues, do your best to focus on consoling and supporting your teenager and on getting them the necessary professional support.

Q5. How can I help my teenager get the most out of the professional help that they receive?

Ans: Your child may require professional support from a counselor, therapist, or psychiatrist. Their treatment may involve therapy, medications, or a combination of both. If your child is receiving therapy, you should avoid asking them precise questions or about specific conversations that occurred during their individual therapy sessions. You can generally inquire about their well-being. You should

continue to keep the lines of communication open and let them know you are there for them if they need support. It is necessary to allow them to have privacy as therapy progresses. Of note, do not expect quick results with therapy or even with medications. These may take many months or even years to show an impact.

KEY POINTS

- » Suicide and self-harm is the second leading cause of death among people aged 15-29 years.
- » Self-harm may be a prelude to suicide, a way to vent anger or tension, or a way to punish themselves.
- » Talking about suicide and dying, jumping, or other types of self-harm behaviour; changes in personality such as being sad, withdrawn, irritable, or anxious; and difficulty in concentrating; are some of the red flags.
- » To prevent such negative feelings in teenagers, parents should let them express their thoughts and worries, have healthy discussions about each and every problem, keep medicines out of their reach, and seek professional help at the earliest, if needed.
- » As a parent, conveying understanding and empathy towards the problem your teenager is facing, and seeking professional help at the earliest, are the key factors to successful therapy.

CHAPTER 28



**'DEAD' SPELLS
DRUGS ENDS
ALL DREAMS
- SUBSTANCE
ABUSE**



Hi, I am Neeta here. Let me tell you another small story.

A 14-year-old boy named Manoj was treated for tuberculosis when he had to stay home for a long time. A month later, he complained of difficulty in sleeping, and feeling restless and anxious. During his follow-up visit to the doctor, he was advised to consult a counsellor. The counsellor had a long confidential discussion with him in which he disclosed his history of smoking. Manoj said, "I never wanted to smoke, but I started to do it in class 6 when my friends were smoking. I smoked in school and smoked about five cigarettes daily over the last few years. When I got tuberculosis, I stopped smoking completely as I was not going to school anymore, but I still get cravings." The counsellor quickly identified that Manoj's newfound symptoms of restlessness and anxiety might be associated with his history of smoking. After receiving Manoj's permission, they then spoke with his parents. The counsellor explained, "Manoj is experiencing withdrawal symptoms of smoking. I think it is important that we start him on treatment that can help him quit and reduce these cravings." His parents listened to the counsellor and were supportive. They helped Manoj understand the bad effects of smoking, how to prevent such habits in the future, and how to avoid smoking when with his friends, who might encourage him to form bad habits and behaviours. After two months of counselling sessions and starting medication, he started feeling better and having fewer cravings.

ADOLESCENCE

is a crucial period when many teenagers may experiment with new things, including trying out drugs such tobacco, alcohol,

etc. They might do it out of curiosity to find out what it feels like, when they are bored, to feel included in the activities of their friends, or due to peer pressure from their social circles. Teenagers tend to also try substances in order to gain confidence, to mingle with their peers, or



to make friends with those whom they might feel shy to talk to otherwise. Some teenagers also turn to drugs as a means to get over their anxiety, depression, and stress. Smoking and other substances are sometimes used as a method to lose weight, and can also be seen when an individual has a poor body image perception or an underlying ED. There are various risk factors which might put adolescents at a greater risk of using substances. These include family disharmony, marital conflicts, poor parent-child relationships, physical and sexual abuse or neglect in early childhood, parental substance abuse, bullying, and mental health disorders such as depression.

The most common substances used by teenagers are cigarettes, other tobacco products, alcohol, marijuana, and intravenous

drug use. Over-the-counter (OTC) drugs can also be addictive, and an adolescent might use these medicines to get high. Such medicines include cough medicine, pain killers, and medicines given for the treatment of ADHD.

Substance abuse can result in dangerous driving. It can result in accidents as it prevents a teenager from using correct judgement while driving on the road. It might decrease one's reaction time while driving,



meaning the individual may lack the ability to react swiftly to the changing situations in traffic while driving. Substance abuse can lead to delinquent behaviours and can ultimately lead to crimes. Substance use and dependence affect one's mental health. It can lead to depression, anxiety, and sleep disorders. It can affect one's capacity to think clearly. It can also lead to unsafe sexual activities and unplanned pregnancy. It affects one's academic performance, which could result in poor long-term life outcomes and possibilities. Intravenous drug abuse by teenagers can also result in serious infections such as HIV, Hepatitis B, and Hepatitis C, through the sharing of needles.

During one's teenage years, the brain is still in the process of maturing. Substance abuse during this crucial period can result in permanent injury to the developing brain, creating lifelong effects. The younger the age of first usage of a drug, the greater is the risk of developing permanent dependence on that substance as the teenager becomes an adult. If a teenager enters adulthood



WHEN TO CONSULT A DOCTOR:



If you find your teenager with multiple needle marks in their forearm.

If your teenager is missing school often, and shows an unexplained decline in their school performance.

When you see drastic changes in your teenager's friends, eating habits, sleeping habits, a lack of interest in activities that the teenager previously used to engage in, and no interest in self-grooming and their appearance.

If you find marijuana or syringes, drugs, packets with solvents, cigarettes etc. in your teenager's possession.

without having tried tobacco, alcohol, or other drugs, there is a lower chance that they would develop the habit as an adult. Here, the role of parents is of prime importance. You should talk to your teenager about their developing brain and the problems that might arise after trying a substance even once. Find different and creative ways of discussing the dangers of trying various substances. Be a major protective factor in preventing your child from substance abuse. The end result will be your teenager becoming a healthy adult who can make independent and safe choices around substance use.

FAQs

Q1. What should I do to prevent my teenager from starting to consume alcohol, tobacco or other substances?

Ans: Healthy parenting is important and has a definite protective effect in preventing teenagers from substance abuse. An authoritative parenting style is the best. It means that, as a parent, you ought to have high expectations but you should also be reasonable about rules. You should always communicate with young people clearly and teach them about responsibility and healthy decision-making. This stands in contrast to authoritarian decision-making.

It is important for you to be actively involved in your child's life and be aware of their daily activities. You should spend time with your teenager and have family dinners and fun activities with them. Listen to them in an open and non-judgmental way, as it is important that the teenager feels loved at home. Encourage them to

engage in healthy activities such as sports, music, arts, etc. This will enable your teenager to spend time with other peers who are engaging in healthy



activities. Encourage them to engage in spirituality and spiritual activities since these activities have a definite protective effect from high-risk behaviour.

You need to tell them how much you care about them. Freely discuss the harmful effects of substance use, establish clear rules, and reinforce the benefits of not using. Talk to them about how it can improve their academic and sports performance, their health and even the way they look, as short-term benefits are especially powerful tools in influencing adolescent decision-making. Encourage them to choose friends who share similar healthy values and empower them to say 'no'. They should learn to refuse firmly when offered substances in the company of peers who smoke and drink. Discourage them from watching television shows and movies and playing games which glamorize substance use. It is also important for you, as parents, to be positive role models of healthy behaviour. It is well-known that teenagers whose parents smoke and drink are at a higher risk of using substances themselves.

Q2. Is it bad to smoke occasionally?

Ans: Yes, even occasional smoking is bad for a teenager as it can lead to dependent behaviour. About 80% of those who start smoking during teenage years will continue the

habit into adulthood, and 30% out of those 80% are at risk of dying prematurely due to smoking-related illnesses. Nicotine is strongly addictive and symptoms of nicotine dependence can appear within days to weeks of starting the occasional cigarette, i.e., nicotine dependence can appear before even smoking becomes a regular habit.

Due to its immaturity, adolescent brains are more sensitive to becoming nicotine-dependent than adult brains. Additionally, nicotine cravings may continue for a long time even after a person stops smoking.

Smoking causes 90% of deaths due to lung cancer and can also cause other cancers such as cancers of the urinary bladder, mouth, throat, esophagus, uterus, kidney, pancreas, and stomach. Smoking can also cause various forms of lung disease.

Q3. What are the various forms of tobacco that are used by teenagers?

Ans: The various forms of tobacco include cigarettes, beedis, cigars, hookah, and pipe tobacco. Non-smoking forms of tobacco include snuff, chewing tobacco, and electronic nicotine delivery systems (ENDS). ENDS such as e-cigarettes, pod-mod, or juuls (known as ‘vaping’ or ‘juuling’) are available in various attractive flavors. In addition to nicotine, these substances contain some cancer-producing chemicals.

Q4. I smoke and use alcohol. I am unable to give up on the habit. What shall I do to prevent my teenager from following my way?

Ans: Teenagers whose parents are not into substance use or who have successfully quit the habit are less likely to initiate the habit. Hence, the best thing you can do is make an effort

to stop your habit. You should make every effort not to use in the presence of your teenage child. Refrain from storing alcohol, cigarettes, marijuana, or other substances at home where your teenager can have access to it. If you do drink, you should do it in moderation and avoid any instances of overdrinking, which may result in anger outbursts or other negative emotions, words, or behaviours. Be aware that your teenager is watching and learning from you, and may model their behavior after what you say and do. Avoid driving after drinking and designate another person to drive for you. This way, you will deliver a message of safety and responsibility to your teenager. You should avoid any conversations normalizing substance abuse.

Q5. I came to know that there are other students who use tobacco products and alcohol in the presence of my child. What shall I do?

Ans: Having substance-using peers is a significant risk factor for adolescent substance use. Peers exert greater influence on teenagers than adults do. Nevertheless, it is an opportunity for you to start the conversation, frankly discuss substances in general, and suggest that they would be making a safe and healthy choice for themselves if they avoided using any substances. You should talk to your teenager about situations at school, and whether they have been using or have ever been forced to try substances. You should also ask about their views on any form of substance use. Discuss strategies with the school authorities and with other members of the Parent Teacher Association in order to keep your child safe. This will help in handling problems of substance use within the school premises. Such a step from the parent will send a strong message to teenagers on your stand on substance use.

Q6. What is meant by binge drinking?

Ans: Alcohol can have many effects on the brain, including impairing one's judgment. It affects one's memory and increases one's pain threshold. It can also lead to significant health issues such as acute erosive gastritis, liver disease, acute alcoholic pancreatitis, and even cancers.

Binge drinking is the practice of drinking a large amount of alcohol within about two hours, causing blood alcohol levels of 0.08 g/dL. In women, this occurs after about four standard drinks and in men, after five standard drinks. For younger adolescents, it can occur even after consuming three standard drinks. Most people who binge drink are not alcohol-dependent. Adolescents often binge drink, which can be dangerous. The results of binge drinking include overdose, RTAs, severe breathing difficulties, and heart-related problems. If alcohol is mixed with energy drinks containing caffeine, it is dangerous because even though this counters drowsiness, it can make a young person feel alert while being intoxicated. This can make a teenager make unsafe choices such as driving after drinking, engaging in high-risk sexual activity, or even acting violently.



Q7. When should I suspect that my teenager might be abusing drugs?

Ans: If you see any recent changes in your teenager's behaviour, you should pay attention to it. If your teenager is too tired, withdrawn, depressed for no obvious reason, has started skipping classes more often, has had a recent fall

in their academic performance, has had a change in their immediate friend circle, and if there has been a change in their sleeping patterns, it may point to substance abuse. They may show loss of appetite and a loss of interest in activities which they used enjoy previously. Look out for any hostile behaviour or any recent changes in their relationships with their family members and friends. All these signs may indicate that your teenager has started using a substance.

Q8. What is glue sniffing? Is it bad?

Ans: Glue sniffing or 'huffing' is the practice of inhaling fumes. Teenagers tend to use paper bags with chemical-soaked cloth, spraying aerosols directly into their nose/mouth, or balloons or plastic bags which can be filled with fumes. The most popular products used in huffing include shoe polish, glue, spray paint, paint thinners, and e-cigarette solvents. Others include lighter fluid, gasoline, cleaning fluids, correction fluids, video head cleaners and hair spray. These contain psychoactive and harmful chemicals such as amyl nitrite, butyl nitrite, benzene, butane, propane, freon, methylene chloride, nitrous oxide, hexane, toluene, and trichloroethylene.

A sense of joyful well-being called 'euphoria' lasts for a very short time after using a substance, making them "huff" or inhale the substance repeatedly for hours. Other immediate effects include dizziness, slurring of speech, and unsteady walking and activity. Long-term abuse results in lung, liver, and kidney damage, may cause difficulty in walking in a coordinated manner, can result in muscle tremors etc., and peripheral nerve damage. It can also damage the brain, resulting in problems with

understanding, memory, and learning capacity. Rarely, it can result in sudden death due to the collection of fluid in the brain and lungs, or due to the involvement of the heart. Teenagers can sometimes suffocate while using an enclosed plastic bag.

Glue sniffing among teenagers is not recognized early, as it is cheap, easily available, has a rapid action, and because parents are not aware about its serious effects on their teenagers. As a parent, you may notice such products in their room, see paint on their hands, nose, or mouth, or find clothes or bags coated with paint or chemicals. Medical help at the earliest is crucial.

Q9. Which are the prescription drugs that teenagers can abuse?

Ans: Prescription drugs are those medications which are available with a doctor's prescription for a specific illness. These can be misused to get an effect. The most common drugs which are misused are opioids which might be given as pain relievers, such as codeine, anti-anxiety drugs such as diazepam (Valium), sedatives, and ADHD medications. These can be very dangerous, especially if taken in large doses. They can cause life-threatening respiratory depression, CNS depression, cardiac complications, seizures, etc.

Q10. Are all OTC medications safe?

Ans: OTC medicines are those that can be bought from a pharmacy without a prescription. They might be used for various symptoms such as pain, cough and cold, diarrhoea, and constipation. Some of them have the potential for misuse when taken at a higher dose, and can cause severe life-threatening effects on the brain and the heart. Examples include cough and cold medications having

dextromethorphan; chlorpheniramine; diphenhydramine; caffeine tablets; and loperamide, which is used to treat diarrhoea.

Q11. When do I know that my teenager has become addicted to a substance and requires treatment?

Ans: Doctors diagnose Substance Use disorder (SUD) based on clinical criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-V. If two or more of the following criteria are present within a 12-month period:



1. The substance is often taken in larger amounts or over a longer period than was intended.
2. A persistent desire to or unsuccessful efforts in cutting down and controlling use of the substance.
3. A great deal of time is spent on the activities necessary to obtain, use, or recover from the effects of the substance.
4. A craving, strong desire, or urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or at home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems, caused or exacerbated by its effects.

7. Important social, occupational, or recreational activities are given up or reduced because of excessive use of the substance.
8. Recurrent use of the substance in situations where it is physically hazardous.
9. Continued use of the substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by its use.
10. Tolerance to the substance used, i.e., each subsequent use dulls their senses to its effects.
11. Withdrawal symptoms after spending some time away from the substance.

Severity: Mild: 2-3 criteria; **Moderate:** 4-5 criteria;

Severe: ≥ 6 criteria.

However, any indication of your teenager engaging in substance use should alert you that they need help. You should discuss this with your teenager frankly, including problems that can occur from substance use. If use of the substance continues, do not hesitate in taking help from a professional.

More information for parents:

1. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
2. https://e-cigarettes.surgeongeneral.gov/documents/SGR_ECig_ParentTipSheet_508.pdf
3. <https://teen.smokefree.gov/>
4. <https://www.mylifemyquit.com/>
5. <https://teens.drugabuse.gov/parents>

KEY POINTS

- » Teenagers get habituated to substance abuse due to peer pressure, curiosity, to build up their confidence, or to cope with stress or depression.
- » The most common substances used are cigarettes, other tobacco products, alcohol, marijuana, and intravenous drugs. Few medicines such as codeine, diazepam, sedatives, stimulants, and OTC drugs like loperamide, cough medications, and dextromethorphan can also lead to habit formation.
- » It can lead to dangerous driving, accidents, delinquent behaviours, crimes, contracting STIs, depression and anxiety disorders.
- » As parents, spending quality time with one's children, encouraging them to develop healthy activities, involving them in spiritual rituals, and leading healthy lives themselves, are key measures to prevent your child from engaging in substance abuse.
- » A recent change in your child's behaviour, loss of interest in previously enjoyable activities, changes in their friend circle, unusual times of hanging out, and changes in their social interactions, can all be initial signs of substance abuse.

CHAPTER 29



LEARNING DISABILITY - A DIFFERENT WAY OF LEARNING



I am Shankar. Let me tell you a very interesting story.

Learning difficulty in their child is of great concern to parents. Early recognition is very important.

Rachana, the daughter of Mr. Viraj, is not able to get high marks at school. Over the last few years, her academic performance has been getting worse. She is unable to recall a chapter that was read recently, makes big mistakes in mathematics, and her writing skills have also regressed as of late. Her parents have always had an impression that she is not paying attention and that she has a careless attitude towards her studies. They were getting repeated complaints about her low marks on tests. With her being promoted to higher classes but showing no signs of improvement, the anxious parents made a plan to visit a counsellor. Let's see how this problem was solved.

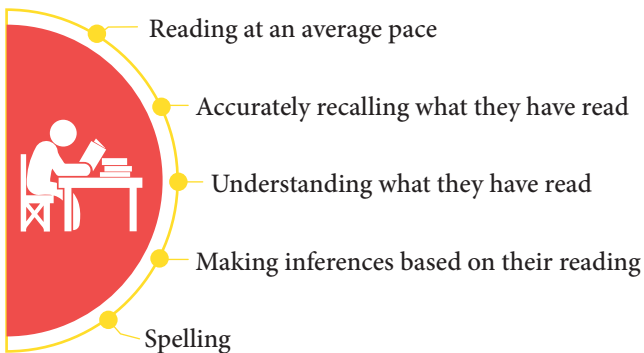
A LEARNING

disorder (LD) is a problem that a teenager or a child might be born with. It can also be the result of an infection or an injury to the brain. Teenagers with LDs have trouble learning at school for a long time before being diagnosed. A LD can make it difficult for a teenager to read, write or do simple math. It affects their self-esteem and motivation.

In LDs, there is a problem in processing specific information in the brain, even though intelligence is normal. This problem presents a hurdle to learning new skills, and therefore, a person with a LD can have average or above-average intelligence. It also leads to poor academic performance. A LD can affect a teenager's ability in different skills separately, such as in reading, writing, math, or non-verbal skills.

Reading: A teenager with a LD in reading finds it hard to understand how letters indicate a particular sound and how combinations of letters make words.

Even after basic reading skills are mastered, an affected teenager may have difficulty in acquiring the following skills:



A LD specifically in reading and language-based processing skills is called dyslexia. A specific definition of dyslexia is an unexpected difficulty in reading, i.e., unexpected in relation to one's intelligence, age, education, or profession. It can also affect one's writing, spelling and mathematical skills, but some specialists may use the term to describe only some of the problems in information-processing.

Written expression: Writing requires complex visual, motor and information-processing skills. A LD with a specific difficulty in writing is called dysgraphia and may manifest in the following ways:

- » Slow and labour-intensive handwriting
- » Handwriting that is illegible or hard to read
- » Difficulty putting thoughts into writing
- » Written text that is poorly organized or hard to understand
- » Trouble with spelling, grammar and punctuation

Math: A LD with a specific difficulty in understanding numbers and math is called dyscalculia and may manifest in the following ways:

- » Understanding how numbers work and relate to each other
- » Calculating math problems
- » Memorizing basic calculations
- » Using math symbols



- » Organizing and recording information while solving math problems

Nonverbal skills: A teenager with a LD in non-verbal skills has good basic language skills and strong rote memorization skills, but finds it difficult to use their visual-spatial skills, visual motor skills, and other skills which require social or academic thinking. They may have trouble with the following:

1

Interpreting facial expressions and non-verbal cues during social interactions

2

Using language appropriately in social situations

3

Physical coordination

4

Fine motor skills such as writing

5

Focusing attention, planning, and organizing

6

Higher-level reading comprehension or written expression skills which generally appear in secondary school



WHEN TO CONSULT A DOCTOR/ COUNSELLOR:



When your teenager shows any signs of having an LD as listed above, or is not doing well in studies.

When your teenager's scholastic performance has dipped suddenly.

When your teenager finds it very difficult to study and understand a particular subject.



FAQs

Q1. What are the causes of LDs?

Ans: Factors that might influence the development of LDs include:

- » **Family history and genetics:** A family history of LDs increases the risk of that teenager developing an LD.
- » **Prenatal and neonatal risks:** Poor growth in the uterus, exposure to alcohol or drugs before being born, premature birth, and very low birthweight, have all been linked with LDs.
- » **Psychological trauma:** Trauma or abuse in early childhood may negatively affect brain development and exacerbate the risk of a LD.
- » **Physical trauma:** Injuries on the head or brain infections might contribute to the development of a LD.
- » **Environmental exposure:** Heightened exposure to toxins such as lead have been linked to an increased risk of LDs.

Q2. What are the signs of LDs?

Ans: Your teenager might have a LD if he or she has/shows the following symptoms:

- » Has not mastered reading, spelling, writing, or math skills at or close to the expected age and standard
- » Has difficulty in understanding and following instructions
- » Encounters trouble remembering what someone just told them
- » Lacks coordination in walking or sports, or skills such as holding a pencil
- » Misplaces or loses homework, school books, etc.

- » Has difficulty in understanding the concept of time
- » Resists doing homework or activities that involve reading, writing, or math
- » Is consistently unable to complete homework without significant help
- » Showing defiance, hostility, or excessive emotional reactions at school, or while doing activities that involve reading, writing or math

Q3. How do I seek help if my teenager has a LD?

Ans: Early intervention is essential to improve outcomes. A teenager who doesn't learn to add in elementary school won't be able to handle algebra in high school. Teenagers who have LDs show performance anxiety, depression, and can have low self-esteem, chronic fatigue or a loss of motivation. Some teenagers might act out to divert attention away from their LDs.

Teachers, parents, doctors, or other professionals can request an evaluation if, in theory, they suspect a teenager of having a LD. First, vision or hearing problems or other medical conditions would be looked for. After that, assessments would be taken by a psychologist, special education teacher, occupational counsellor, and a social worker or nurse.



The results of these assessments, feedback from the teachers, inputs from the parents and guardians, and reviews of the teenager's academic performance, are all necessary in diagnosing if the teenager has a LD, and also in outlining the need for services related to LDs. Associated disorders such as anxiety or ADHD need to be treated as well, since they can lead to delays in the development of academic skills.

Q4. What options are available for the treatment of a LD?

Ans: If your teenager has a LD, the doctor or school might suggest the following:

- » **Extra help:** Specialists in reading, math tutors, and other professionals would be able to teach them strategies on how to improve their academic, organizational and study skills.
- » **Classroom modifications:** These include being seated closer to the teacher to receive focused attention, being given extra time to submit assignments or tests, being granted the use of computer applications that support writing, and being given fewer math problems in math assignments. Audiobooks can also be suggested to supplement reading.
- » **Therapy:** If they have writing problems, occupational therapy can help improve their motor skills. A speech-language counsellor can also help them with their language skills.
- » **Medication:** Will be useful if there are any associated mental illnesses such as depression, severe anxiety, or ADHD.



Q5. Does a LD mean the same as having low intelligence?

Ans: No. Teenagers with LDs have normal or above-average intelligence but have problems in processing specific information, which leads to deficiencies in skills. Apart from their specific disabilities, they may excel in some other areas, so their parents and teachers should focus on those areas of strength.

Your teenager's treatment plan is likely to change as they evolve over time. In the meanwhile, show them why additional services are necessary for them and how they may help in their daily life. Encourage your teenager to pursue interests that can help in their overall brain development.

KEY POINTS

- » LDs are related to difficulties in reading, writing, solving mathematical problems, or in non-verbal communication.
- » Genetic causes, complications during the prenatal and neonatal period, psychological or physical trauma, or exposure to environmental toxins, are all factors that increase the chances of adolescents developing LDs.
- » Early counselling is the first step towards the effective treatment of teenagers with poor academic, social or organizational skills.
- » Professional help to develop reading or writing skills, classroom accommodation as per the needs, occupational therapy, medications, and complementary or alternative medicines are some of the treating modalities available for LDs.
- » Building the confidence of the teenager, having a supportive family environment, and adhering to the dynamic treatment plan of the teenager with the LD, are all necessary actions for success.

CHAPTER 30



**VIOLENCE
SOLVES
NOTHING -
INJURY AND
VIOLENCE**



I am Neeta and let me tell you another story.

Akash, son of Mr. and Mrs. Praneeth, is very happy these days as he enjoys riding the scooty that his parents had gifted him for his 16th birthday. One day, while Mr. Praneeth was coming back from office, he was shocked to see Akash driving his new scooty at a very high speed, going zigzag through the street without a helmet and with his headphones on. Before he could stop Akash, he had collided with a car at the street crossing. Thankfully, Akash escaped with only a few scratches over both legs. Mr. Praneeth was horrified and sought the help of a counsellor to advise Akash.

INJURIES

and violence are common during adolescence.

Apart from the high death toll due to road traffic accidents (RTAs), injuries during childhood and adolescence are also associated with high morbidity: for every injured child who dies, several thousand more survive with varying degrees of disability. The impact of this on the society is tremendous: every day, thousands of families are robbed of their children and thousands of children have to learn to cope with the consequences of their injuries, which, in some cases, can be both long-lasting and profound.

Some definitions:

Injury: unintentional or intentional harm to the body due to exposure to things such as mechanical energy, heat, electricity, chemicals and non-ionizing radiation.

Accidents: A chance occurrence or an unintended mishap that may result in an injury.

Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or a group/ community, that results into or has a high potential to cause injury, death, psychological harm, or deprivation.

Classification of injuries:

I. Intentional injuries

- » Self-inflicted injuries (suicide)
- » Interpersonal violence (homicide, sexual abuse, child abuse (as defined by WHO))
- » Collective violence (war)

(Continued)

(Continued)

Classification of injuries:

- » Other intentional injuries (legal intervention).

II. Unintentional injuries

- » Road traffic injuries
- » Drowning
- » Poisoning
- » Falls
- » Burns
- » Other unintentional injuries (firearm injuries)

Violence:

I. Psychological/mental violence

- » Verbal harassment
- » Bullying/intimidation
- » Verbal coercion
- » Threatening body language such as staring incessantly, blocking one's exit, making rude gestures, etc.



II. Physical violence

- » Sexual (abuse, incest, assault, rape)
- » Non-sexual physical (beating, burning, kicking, punching, biting, choking, pinching, maiming, pulling hair or grabbing other body parts harshly, non-sexual genital violence)
- » With any weapon
- » Using objects (gun, knife, stick, book, chair, plate, etc.)

Factors contributing to violence:

- » Boys are more involved in violence
- » Out-of-school adolescents
- » Broken families
- » Families with unemployment
- » Having a low IQ
- » Exposure to mass media (modelling)
- » Having access to weapons
- » Believing that violence and aggression is normal
- » Misuse of alcohol/substances
- » Having emotional, psychological, or social problems
- » History of childhood physical/sexual abuse
- » Affective states and sensation-seeking behaviour
- » Having uncontrollable anger
- » Having ADHD, CD, Oppositional Defiant Disorder (ODD), or Antisocial Personality Disorder

Factors protecting adolescents from violence:

- » Good support system at the family level
- » Consistent supportive environment
- » Being socially competent and caring for others

(Continued)

(Continued)

Factor protecting adolescents from violence:

- » Competent life skills
 - Empathy
 - Decision making
 - Critical thinking
 - Communication
- » Impulse control
- » Having mental, behavioural, and emotional flexibility
- » High self-esteem
- » Ability to plan and set goals
- » Belief in the future

Injury and death rates increase dramatically from childhood to late adolescence. Adolescents are more likely to get involved in risk-taking behaviours than either adults or younger children. This is due to social and developmental factors such as increasing independence given to teenagers, and the growing amount of time they spend without adult supervision.

Over the past decade, brain development research has found that certain parts of the frontal lobe do not fully mature until 20-25 years of age, particularly the prefrontal cortex, which governs judgment, decision-making, reasoning, and impulse control. This makes adolescents more susceptible to engaging in risk-taking behaviours.

Adolescents have high-risk behaviours

Almost 50% of morbidity and mortality in adolescents stems from sexual activity, substance use and abuse, motor vehicle use, and interpersonal violence. Young children lack the capacity and skill to not inadvertently take risks, but older children and adolescents may often seek out risk, as such behaviour may allow

them to feel that they have control over their own lives or help them in opposing authority. Consequently, young people seek out new situations and experiences to maintain this sense of control, often without calculating the inherent risks of such experiences.



Social norms including peer pressure and having to look and seem 'cool', can affect the way young people drive a vehicle. It has also been found that young drivers go through a greater degree of peer pressure to violate traffic rules such as speed, drive under the influence, and overtake dangerously, than older drivers do.

I. Traffic and Road Safety

An RTA is caused by a collision between two vehicles or between a vehicle and a pedestrian, road debris, animal, or another object in the sight and range of that vehicle. RTAs result in injuries, property damage, and death, killing 1.2 million people each year and injuring millions, particularly in low-income and middle-income countries. Over a 1000 young people under 25 years of age are killed in RTAs around the world. Globally, RTAs are the leading cause of death among people aged between 15-19 years, and the second leading cause of death among people aged between 10-14 years and 20-24 years. Depending on the severity of the RTA, the victims can be permanently disabled, either physically or mentally.



WHEN TO CONTACT A HEALTHCARE PROVIDER/ OR DOCTOR/ COUNSELLOR IMMEDIATELY:



When the teenager has had a RTA and has sustained injuries.

When you see your teenager bleeding or lose consciousness.

When your teenager has been involved in unusual incidences of violence and gets into fights easily.



Preventing injuries

Choosing one's environment, individual behaviour, products, social norms, legislations, policies, and ecologies carefully, can help in preventing injuries and the circumstances related to the injuries. Individual behaviours are important, including using helmets and seat belts, following traffic rules, avoiding situations where violence or fights can happen, taking precautions while swimming, etc. Parents should keep an eye on such high-risk behaviours of their wards. They should try to find out what their children do when they are with their friends, and whether they are involved in such risk-taking behaviours.

FAQs

Q1. What are the causes of RTAs among teenagers?

Ans: Teenagers are more prone to RTAs, as their capacity to understand and reason is not yet fully developed.



Additionally, and typically in developing countries, the increasing number of vehicles on the road, the flagrant disobedience of traffic rules, and the lack of enforcement of road safety laws, are some of the reasons for RTAs. Teenager driving is characterized by:

- » Over speeding
- » Rash driving
- » Not wearing a helmet

- » Not wearing a seat-belt
- » Alcohol and other substance abuse
- » Tailgating, which is driving too closely behind a vehicle
- » Poor lane discipline
- » Violation of rules
- » Failure to understand traffic signs

Q2. What are the risk factors for RTAs?

Ans: In addition to the causes listed above, some risk factors that have been identified for RTAs include the following:

- » Men under 25 years of age
- » Poor socio-economic status of the driver
- » Peer influence
- » Inexperience
- » Speeding
- » Presence of pedestrians and cyclists
- » Young drivers and riders
- » Alcohol and other substance abuse
- » Driver fatigue
- » Hand-held mobile telephone use while driving
- » Inadequate visibility
- » Road-related factors
- » Vehicle-related risk factors



Q3. What are the types of RTAs that teenagers are commonly involved in?

1. Bus accident: collision of bus with pedestrian, motorcycle, bus or bicycler
2. Car accident: collision of car with pedestrian, bicycler, car, bus or motorcycle
3. Cycle accident: crash of bicycle with pedestrian, bicycler, motorcycle, bus or car
4. Motorcycle accident: Bike collision with pedestrian, bicycler, motorcycle or car
5. Pedestrian accident: Crash of pedestrian with bicycler, motorcycle, car or bus/lorry

Q4. What are the effects of RTAs on teenagers?

Ans: Physical injuries are one of the most serious effects of RTAs. Deaths from RTAs account for 25% of all deaths from injury. Disability following RTAs can be either total or partial. ‘Total disability’ includes head and spinal injuries. ‘Partial injury’ includes lacerations, fractures and deep flesh injuries. Complications of head and spinal injuries are usually permanent, with the victims requiring help in all areas of life. They also may never regain their previous level of functioning. Prolonged hospitalization and treatment in a rehabilitation center can restore partial function to some victims. With partial injuries, after treatment, a teenager can resume studying and work. The most common complaint is the persistence of pain.

Psychological problems after RTAs greatly affect teenagers and their families. They can start in the early stages and be present for up to an entire year following the accident. The most common disorders that arise from RTAs include, Acute

Stress Disorder (ASD), Post-Traumatic Stress Disorders (PTSD), anxiety, and depression. The symptoms of PTSD can be debilitating and can include intense fears, helplessness, and a sense of loss of control. In severe cases, victims can lose attachment to their surrounding environments.

Q5. How do RTAs affect the family of a teenage victim?

Ans: The families of the afflicted are greatly impacted socially and psychologically, and require support and care similarly to the RTA victim. Families can be affected psychologically and socially. The most common psychological disorders among such families are anxiety, depression, irritability and mood disturbances. To a lesser degree, family friction or poor tolerance is present within the families, or with other people. The distress caused from an RTA can be resolved or be continuous, depending on how close the individual was to the victim. The victim's social interaction levels will keep decreasing gradually if there is no intervention to pull them out of it.

Q6. How do RTAs affect countries?

Ans: Good health of young people is essential for a society to thrive. Youth health influences several sectors of the society. Young people are the future of a country. Their health affects a country's economy, education status, ecological state, literary wealth, and moral influence. Transgenerational transfer, from healthy young people to the subsequent generations, is often underestimated. Therefore, countries are affected when young people are the victims of RTAs.

Q7. How do we prevent RTAs among teenagers?

Ans: RTAs among teenagers are a definite indicator of a lack of understanding and acceptance of traffic rules. In order to

prevent RTAs among teenagers, the society as a whole should value human life. They need to follow rules while travelling on the road. This can be done if all people familiarize themselves with some basic guidelines while travelling:



- » Be familiar with traffic lights.
- » Pedestrians should cross roads only on the zebra lines and when the traffic light is green.
- » They should look at both directions first before and while crossing the road.
- » They should walk slowly while crossing the road.
- » Always wait to walk across the road on green signals.
- » During nighttime, they should walk on the edge of the road facing the headlights of vehicles, so that they are visible to drivers.
- » They should carry a light source while walking at night in order to prevent accidents.
- » Drivers and owners should regularly check the tires, brakes, chains, and lights of their vehicles in order to prevent accidents.
- » Bicyclers should never allow anyone to sit on the crossbar of their bicycle.
- » They should slow down and look backwards, both while cycling, and before signalling.

- » Helmets are an important safeguard for motorcyclists and cyclists.
- » Remember to overtake from the right side only.
- » Always use a low beam while driving at nighttime or in poor light conditions.
- » Regularly check the lights, horns and brakes of the vehicle in order to prevent accidents.
- » Always get down from a bus only after it has stopped completely.
- » While in a four-wheeler vehicle, reduce speed near hospitals, schools, and crowded areas.
- » A detailed understanding of traffic signs is necessary before driving.
- » Try to drive at lower speeds to have better control over the vehicle.
- » Read the caution signs warning about accident-prone spots so that you can appropriately reduce speed in those areas.
- » Airbags, reflectors, seat-belts, brakes, and other safety measures which come along with the purchase of a vehicle, are important for safe driving.
- » Try to travel only on roads which are in good condition and have proper signage.



- » Alcohol and other substances can slow down reflexes. They disrupt one's personal judgment, and decrease one's mental alertness while driving.

KEY POINTS

- » Injuries and violence (RTAs, drowning, fights) are common during adolescence.
- » Violence is a result of aggressive behaviour. When aggression increases to a high intensity and becomes severe in its impact, it translates into violence.
- » All aggressive behaviour is not antisocial/criminal, and all antisocial behaviour is not violent, but any violence is antisocial.
- » Risk-taking behaviors with friends and the lack of parental supervision increases the chances of an adolescent getting involved in injuries and violence.
- » Counselling of adolescents (and their parents) can help modify the behavioural risk factors in adolescents such as smoking, alcohol intake, unsafe driving, avoiding gang-memberships, situations where violence and injuries are likely to happen, etc.

CHAPTER 31



COVID-19 DISEASE AND VACCINATION IN ADOLESCENTS



Hi, I am Shankar, and I am here to share a recent experience with you.

Rahul, a 16-year-old student, went to his family physician as he had fever, cough and a headache for the last two days. Since the COVID-19 pandemic was at its peak, he was tested and his COVID RT-PCR test was positive. Rahul's parents were a little apprehensive about the pandemic and its impact on their son and the family. They had many questions about COVID-19 and vaccines for adolescents. Rahul's mother was also concerned about the effects of COVID-19 and the pandemic on his diet, studies and future career.

THE COVID-19

disease is caused by a virus named Severe Respiratory Syndrome Corona Virus 2 (SARS-CoV-2). The disease originated in the city of Wuhan, China. It was declared a pandemic on 11 March, 2020 by WHO. Since then, it has peaked in different parts of the world. During the first wave, the COVID-19 infection was not very common in children and adolescents, but OMICRON, the new variant of COVID-19, is highly transmissible, and therefore, a high positivity rate is seen in children as well.

Here are some common features of the COVID-19 disease



Sore throat, running nose (watery discharge from nose)



Cough with/without breathing difficulty



Headache and generalized body ache



Fever



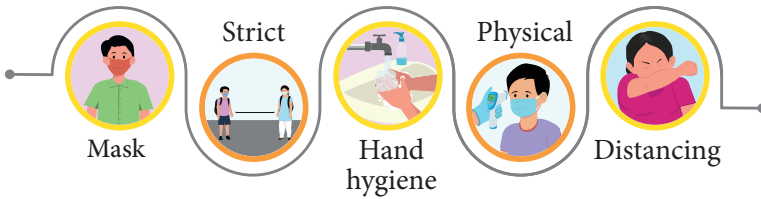
Gastrointestinal symptoms such as diarrhoea and vomiting

Home management of COVID-19

- » Maintain hydration through adequate fluid intake. Ensure consumption of a nutritious diet
- » Give a tablet of paracetamol (500 mg) for an individual weighing 30 kg or more for fever. This may be repeated every 4-6 hours

- » Give throat-soothing agents and encourage warm saline gargles in older children and adolescents
- » No other COVID-19-specific medications are to be given without the doctor's advice
- » Maintain a monitoring chart including oxygen saturation measured by a pulse oximeter, count the respiratory rate 2–3 times a day, look for fast breathing/breathing difficulty and cold extremities, and keep a record of the urine output and fluid intake

Promote COVID-19 appropriate behaviours



- » Advise older children and family members to stay connected and engage in positive conversations through phones and video calls
- » Contact the doctor in case of deterioration of symptoms

Vaccines are very effective in preventing severe symptoms of COVID-19. They work by strengthening the immune system, i.e., the body's power to fight disease-causing organisms. Various types of vaccines against COVID-19 are now available for both adults and children, and they have been proven to have prevented the disease. When breakthrough infections occur in vaccinated people, the disease does not become severe and the vaccine reduces the number of deaths caused by the virus. All parents must ensure that their children and adolescents are given all age-appropriate vaccines against COVID-19, as well as other diseases.

The COVID-19 disease and the pandemic has affected



everyone, particularly children and adolescents. Apart from the direct effects of the pandemic such as contracting the disease, restrictions on schools and socialization have affected the mental health of children and adolescents. Many of them have experienced loneliness, fear of the unknown, and symptoms of anxiety and depression. Parents need to seek help from counsellors and doctors if they notice any significant changes in the behaviour or routines of their adolescents. Mental health issues are described in detail in the other chapters.

Another detrimental effect of the pandemic on children and adolescents has been abuse and neglect. They have suffered various forms of abuse such as physical, emotional and sexual abuse. According to studies, various factors contributing to this exponential increase are the loss of either parent or both, post-traumatic stress disorder (PTSD), unwanted pregnancy, loss of financial support, etc. It is the parents or guardians who are often the first persons to notice such issues concerning their child or adolescent. They need to keep a close watch so as to ensure that no one harasses or abuses their children. Change in behaviour, withdrawal from routine activities, poor academic performance, loss of appetite, disturbed sleep, etc. can be pointers toward child abuse or neglect.



FAQs

Q1. What should I do if my child has symptoms of COVID-19?

Ans: Seek medical help immediately if your child has symptoms and tell them to avoid going to public places (workplace, schools, public transport) to prevent it from spreading to others.

Q2. My son is 15 years old and he was diagnosed COVID-19 positive yesterday. He has cough and fever. What are the precautions I need to take while my child is in home isolation?

Ans: Since it is only day two of the illness, the symptoms may persist for a few more days. Meanwhile, you need to keep monitoring his oxygen saturation using a pulse oximeter: it should be more than 94%, and in case it is lower than 95%, kindly seek medical help. You also need to watch out for other symptoms such as breathing difficulty or fast breathing, or any new symptoms.

Q3. My daughter is 17 years old; can I get her vaccinated for COVID-19?

Ans: Yes, you can get your child vaccinated against COVID-19 as per the recent guidelines released by the Government of India. The policy for vaccination varies from time to time. Your daughter is eligible for vaccination unless there are any absolute contraindications, for example, if they have an allergy to any of the constituents of the vaccine. Experts believe that, in due course of time, all children above 2 years of age would be eligible to receive the COVID-19 vaccine.

Q5. Are the vaccines safe for children?

Ans: The COVID-19 vaccines are put through rigorous testing in clinical trials in order to prove that they have met the internationally-agreed benchmarks for vaccine safety and effectiveness. A vaccine can only be validated by WHO and the national regulatory agencies if it meets these standards. Thus, we can consider the licensed vaccines to be safe.

Q6. Apart from the COVID-19 vaccine, are there any other vaccinations my adolescent should receive?

Ans: Yes, the Indian Academy of Pediatrics recommends tetanus, a low dose of diphtheria and pertussis (Tdap) vaccine, and the human papilloma virus (HPV) vaccine for all children aged between 9 to 12 years. The national immunization programme of India has a provision of giving the tetanus and low dose diphtheria (Td) vaccines at ages 10 and 16 years. If some childhood vaccines could not be given, then these vaccines can also be given as 'catch-up' vaccines. Parents should enquire about this from their pediatrician/physician.

Q7. How can I prevent my child from getting infected with COVID-19?

Ans: The best way to avoid getting infected is by following COVID-appropriate behaviour, i.e., the 3 Ws: watch your distance (more than 2 meters)/practice social distancing, wash your hands with soap and water for at least 20 seconds, and wear a mask. Avoid closed spaces. Comparatively, open spaces are less risky than closed or poorly-ventilated areas.

Q8. Should children aged 5 years and below wear a mask?

Ans: According to WHO, children below 5 years of age are not required to wear a mask.

Q9. My child has asthma, is it safe for him to go school?

Ans: The COVID-19 disease has been found to be severe in children with comorbidities such as asthma, diabetes, and kidney disease. Therefore, it is advised that all precautions be taken to prevent transmission of the disease. You should also get your child vaccinated at the earliest.

Q9. My child has been experiencing a lot of anxiety since the beginning of the pandemic. How can I help him/her overcome such mental health issues?

Ans: There are various studies showing that adolescent children have been experiencing a lot of anxiety and depression due to the pandemic. Those who have experienced early life stress are also more prone to developing mental health issues. Keep them busy and reassure them that this is transient and will pass after some time. Talk to your counsellor or doctor.

Q10. I am a parent of a 17-year-old, how can I support my child during the pandemic?

Ans: The COVID-19 pandemic has brought with it new challenges for families across the world. As a parent, you can create a positive atmosphere at home, so that it is easier for your child to learn how to:

- » Maintain good self-care

- » Give social support, be empathetic and acknowledge their feelings
- » Be eager to listen and do not lecture
- » Get involved in fun activities such as games, dancing, painting, etc.
- » Maintain a well-balanced diet
- » Follow a healthy sleep pattern
- » Make a habit to appreciate small everyday blessings

Engage with them in daily routine activities, for example, in online classes and tasks. Let your child know that you are there for them, fully and unconditionally.

Q11. How can I know whether my adolescent is being abused or has been abused recently?

Ans: You can suspect physical and/or sexual abuse when you find that one or more of the following has begun happening recently:

- » Unexplained or repeated injuries
- » Sudden changes in behaviour
- » Decrease in academic performance
- » Poor concentration in routine activities
- » Difficulty in controlling emotions
- » Long lasting pain without an obvious source
- » Change in eating patterns
- » Problems with sleeping

- » Interpersonal problems (for example, withdrawal, aggression, avoidance)
- » Fear of the unknown, excessive worry, or feeling stressed without apparent reasons
- » Feeling low and not able to do routine activities, self-harm behaviour
- » Forgetfulness and feeling detached from their family, friends and surroundings
- » Problematic sexual behaviour

KEY POINTS

- » In a majority of cases, the COVID-19 disease has been found to be mild in children.
- » Vaccination and COVID-appropriate behaviours are the two most important measures to prevent its transmission and the harm caused by it.
- » COVID-19 disease management measures advised by the national authorities should be followed.
- » Most patients with COVID-19 can recover at home, but some patients may require admission into the hospital.
- » All eligible individuals should take vaccination against COVID-19. Vaccines prevent the severe symptoms of the disease and also death.

(Continued)

(Continued)

KEY POINTS

- » Adolescents have been affected by the pandemic in several ways, including through catching the disease; limitations on movement; closure of schools and colleges; loss of family members, relatives or neighbors; loss/reduction in family income; delay in examinations; etc.
- » There has been a rapid increase in child abuse and neglect during the pandemic, therefore, early recognition and prompt management by the pediatrician/general physician is very important.
- » Doctors and counsellors can help and provide support in most of the above situations.



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