8.12
Understanding adolescence

Expectations

Identity

Career

Self image

Peer pressure

Independence

8.12. Understanding adolescence

Overview

This unit aims to facilitate students' familiarisation and understanding about adolescence and the different aspects surrounding it. The unit provides opportunities to think, write, talk, and discuss adolescence in its complexity.

The activity requires students to work in groups of no more than four individuals. In this activity, students will initially read a media article on issues related to adolescence. They will try to identify adolescence related challenges. Individual members of groups will contribute to creating mind-maps **of the issues presented in the media articles**. Examples of mind-maps are provided in this document. Subsequently, each group will present their mind-map to the class and discuss the challenges/opportunities one may face during adolescence.

Background

Engaging students in discussions about adolescence may be a way to show them support and understanding in a period when they are going through a phase of physical, sexual, psychological and social changes. This period is known to require significant adaptations in many areas of adolescents' lives, which may create vulnerability and confusion. At the same time, this phase is a period of awakening of desires, intellect, values and aspirations.

This period which is a transition between childhood and adulthood can often result in conflicts within individuals and with society. Development of empathy (cognitive and emotional) could be one way through which

⌛ Minimum time required

Two sessions; the first one of 55 mins and the second one of 35 mins (the teacher can plan the time flexibly)

🐝 Type of Learning Unit

Classroom

adolescents can help themselves and peers deal with this challenging phase (as well as subsequent phases) in life. An important aspect of empathy is developing the ability to think from another person's point of view and be able to recognize and respond to others' feelings appropriately. These skills help in social problem-solving, managing one's own and other people's emotions and negotiating in conflict situations. To help adolescents develop empathy, discussing their concerns and feelings is important, considering their opinions about matters that relate to them.

Unit-specific objectives

- To understand that adolescence is a period of diverse changes
- To recognise some of the changes that happen during adolescence
- To comprehend and develop empathy about adolescence-related changes and issues
- To identify possible ways for dealing with adolescence-related issues
- To create mind-maps to process the given information

Novelty of the unit

The activity presents media articles related to changes and dilemmas of adolescence occurring in the real world which students are able to relate to. Additionally, students are required to work in groups – identifying and thinking about how various factors may affect their life. Subsequently, they are required to communicate their understanding in a comprehensive manner using a mind-map. Working in groups and mind-mapping provide students an opportunity to collaborate, discuss, and present their thoughts and ideas in a creative manner. Mind-mapping also gives a platform to students to get a holistic view of the topic under discussion and ways in which it might affect the personal and social life of an individual. Importantly, students will understand how certain aspects of adolescence both affect society and can be a result of societal pressures.

This approach will support students by providing them a safe ground to think, reflect, share, acknowledge and respond to sensitive issues connected to psychological, physical and social changes in their adolescent years. The activity has space for individual participation, as well as group interaction. It provides students a chance to share their ideas and discuss critically with peers a highly relevant topic that is scarcely discussed in a classroom environment.

Links to curriculum

NCERT Class 8 Science Textbook, Chapter 10: Reaching the age of adolescence

Care and precautions

In order to facilitate a constructive and smooth session on understanding adolescence, teachers may find the following practices helpful:

- Encourage students to talk and express their views. It would help if we are not critical or disapproving of what students may have to say.
- Accept students' views with an open mind. Their views may differ from our own and may not align with our current understanding of adolescence. Teachers and other participants should practise being non-judgemental in their approach to this activity and to be open and accepting of varied views of students. If we become critical, disapproving, or negative in our approach, students may hesitate to participate and share their thoughts. At the same time, teachers may initially have to face and gently respond to students' hesitation, or even disapproval regarding this activity.
- Initially, if students do not talk, they could be encouraged to write down their thoughts. Students should be allowed to write in their own language, using words they are familiar or comfortable with.
- Encourage discussions when students have become a little comfortable with the topic. Students may be gently probed and encouraged to participate, maybe by asking simple questions initially.
- Students' disagreements will have to be handled with care. Teachers could convey what is currently understood in science and not take sides with any of the students.

Prerequisites for teachers

Teachers need to have an understanding of the concept of adolescence, changes associated – physical, social, and psychological changes, and the skills to encourage and conduct student discussions. It may help if the teacher is familiar with the definitions (and examples, if any) of the terms relevant to this topic, before the activity. If the chapter has already been covered in class, the teacher can do a quick recap of the terms used. Some terms:

- **Adolescence** is an intermediary phase between childhood and maturity in human beings. It may start from 10-11 years and extend to 18-19 years of age. This period is marked by many changes leading to physical and psychological development, in addition to attaining sexual maturity.
- **Puberty** is usually a period during which the immature reproductive system in boys and girls matures making the person capable of sexual reproduction. This stage is usually reached during the adolescence years.
- **Teenage**: A teenager, or teen, is a young person whose age falls within the range from 13-19 years.

- **Secondary sexual characteristics** are physical traits which appear at puberty and may become more prominent later – as opposed to the primary sex characteristics which are present at birth. So, the sexes may differ with respect to body hair, musculature, amount of fat tissue, nature of voice etc.
- **Hormones** are chemical substances produced by the endocrine glands in the human body. These hormones, when released from their glands, travel through blood to convey signals to the target organs.
- **Menstruation (periods)** relates to the menstrual cycle, which is a series of changes that prepare the female body for a possible pregnancy. About once a month, the uterus grows a thick lining of tissue called endometrium, which can hold a fertilised egg. When there is no fertilised egg to start a pregnancy, the uterus sheds its lining. This is the monthly menstrual bleeding (also called menstruation or menstrual period). Menstruation can start (menarche) from early teen years until (menopause) around the age of 50.

Conducting the Activity

For this unit, ask the students to form groups of 3-4 members each. This unit can be done in two consecutive sessions as indicated in the flowchart below.
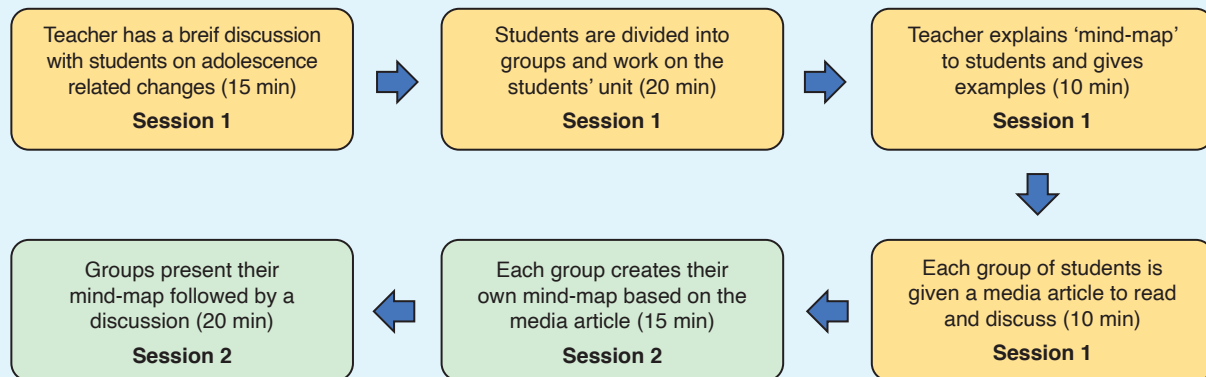
Teacher has a breif discussion with students on adolescence related changes (15 min) **Session 1** → Students are divided into groups and work on the students' unit (20 min) **Session 1** → Teacher explains 'mind-map' to students and gives examples (10 min) **Session 1** ↓

Groups present their mind-map followed by a discussion (20 min) **Session 2** ← Each group creates their own mind-map based on the media article (15 min) **Session 2** ← Each group of students is given a media article to read and discuss (10 min) **Session 1**

Figure T1 *Flowchart for conducting the session*

The activity could be conducted in following manner:

1. Ask the students what they mean by adolescence. If the students are hesitant, use prompts like: "Has anyone lately observed any sudden increase in their height?", "Do you spend more time in front of the mirror or have you seen anyone doing so? (self-consciousness)?" or "Have you felt or seen anyone feeling left out or suddenly depressed?"

The teacher should explain that all the changes happening during adolescence are a result of major biological changes happening in the body as it matures from childhood to adulthood.

2. The teacher may then do a quick recap of the terms mentioned above. If the chapter has not been taught by the time the activity is conducted, the teacher may have to explain the terms to the students.

3. The students are divided into groups. Each group works on the student unit. The teacher may assist the students in answering the questions given in the article in the student unit or raise their own questions for discussion. The questions given in the student sheet can briefly be discussed.

4. The teacher then hands out media articles from this document or articles which appear in the local newspapers covering an adolescence issue, as per his/her choice. Teachers may also choose articles from the internet. Five newspaper articles have been appended.

5. The task can be done as follows:
    i) Let the groups spend 10 minutes reading and understanding the article that has been handed out to them.
    ii) Ask the students if they know what mind-maps are. If they don't, the teacher may explain using the following points. Exemplars are included below.
    *   Students may pick up the key words from the article and write them on the chart paper. Maybe one word can be placed in the centre of the chart paper if it is the central theme. All the students of a particular group can write at the same time, on the same chart paper and create a mind-map collaboratively. The drawing/writing need not necessarily be done by a single student.
    *   Then the students could connect the words with lines radiating out from the central word. Each group should not spend more than 15 minutes on the mind-mapping (Total time: reading + mind-mapping = 30 min). Students may be allowed to use colours, pictures, codes as per their choice for representation or emphasis.

6. The teacher then requests the groups to come forward individually and paste their charts on display boards or

Materials

Chart papers (1 per group), pencils, sketch pens, push-pins or sticky-tape, media articles covering adolescence issues.

blackboard. Each group may come to the front of the class to present / briefly describe their mind-map and the media article. Each group gets a total of 5-10 minutes to explain and discuss their chart.

Other groups could ask questions to the presenting group. The teacher may lead the discussion in case students hesitate to ask questions.

The teacher may also use the following prompts:
  – What kinds of issues were covered by the media article?
  – Why do you think such issues exist/ arise?
  – In what ways do these issues affect the individual, family and the society?
  – What are the possible ways of helping persons in situations mentioned in these cases?
  – Do you think talking to such persons could help solve their problems?
  – Who can an adolescent talk to regarding the challenges he/she faces?

It would be very useful, if the students could write their reflections on the discussion.
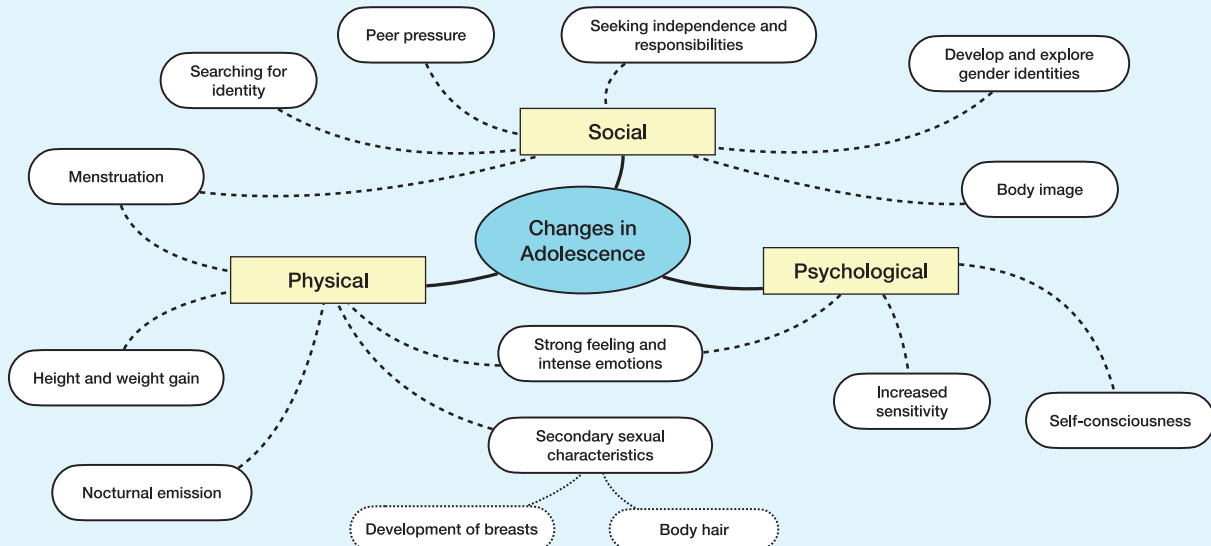
Figure T2 *An example of a mind-map related to adolescence*

213

It is very important that students' views are discussed. If the teacher is unable to conduct the discussion due to time constraints, he/she may allow the students to work on mind-mapping in one session and the discussion can be done in another session. In such a case, we recommend that the discussion be conducted at the earliest.
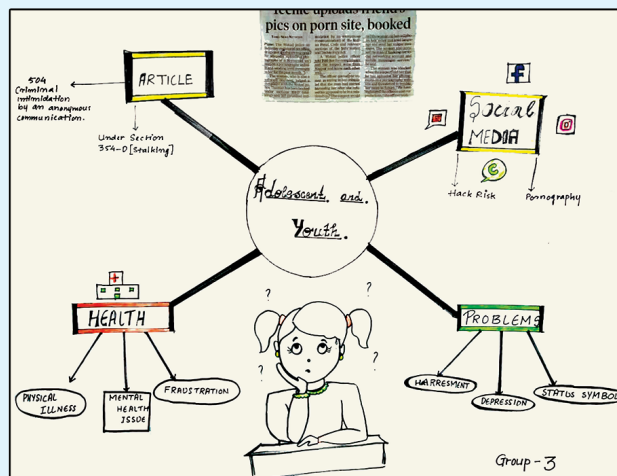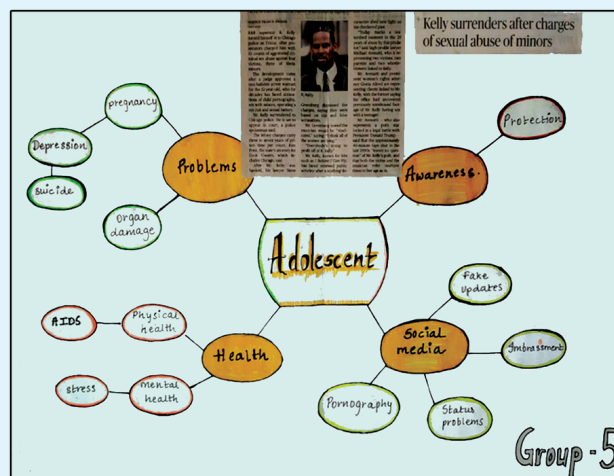

Figure T3

Figure T4

Figures T2, T3, and T4 are representative of mind-maps

References and additional reading/viewing

- World Health Organization. Adolescent development. http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/
- Columbia University's Mailman School of Public Health. (2007, December 18). Teachers play critical role in adolescent health promotion efforts. Science Daily. www.sciencedaily.com/releases/2007/12/071217141431.html

- Godwin, G. (2019). The role of mind mapping in education. https://www.mindjet.com/blog/2019/10/201910201910role-mind-mapping-education/
- Melbourne Child Psychology and School Psychology Services. (2020). How to help teenagers develop empathy. https://www.melbournechildpsychology.com.au/blog/help-teenagers-develop-empathy/
- Research in practice. https://www.researchinpractice.org.uk/search/?query=adolescence&practiceArea=0&topic=0&contentType=0
- A video clip on Period Shaming. https://www.google.com/url?q=https://www.youtube.com/watch?v%3D6I6CH0nCjBc&sa=D&ust=1586359980420000&usg=AFQjCNEs-1d9nXUF78465j1r-EJxw4uEdQ

Figure/Image sources

- Figures T3 & T4 made by students of Kendriya Vidyalaya, Ganeshkhind

News articles for reference (The articles are shortened and not presented in their entirety.)

Article 1: (Student Unit)

All of you are now in a transition period between childhood and adulthood which is called adolescence. In this unit, we will try to understand the process of growing up and other aspects surrounding adolescence.

Adolescence is characterised by several physical, social, physiological, cognitive and emotional changes. Since each one of us is unique, these changes also occur in different ways and at different points of time. This is an exciting phase where you want to take independent decisions, identify your rights, enjoy your freedom, explore and try new things, improve your social skills, form your value systems, develop attractions towards others and so on. However, this is also a vulnerable period where you are sometimes confused. Since this is a phase of experimentation, it is possible that your decisions may not be well informed and might have a negative impact on you or others. You are likely to experience a lot of peer, parental and societal pressure also. We will identify the potentials and capabilities in this stage that will allow you to make positive changes as well as discuss some of the challenges that you might face in dealing with them.

Let us read the following newspaper article and discuss what you feel about the ideas put forward in the article. After discussing the article let us answer the questions given below. Similarly, you can discuss the other articles that your teacher will share with you.

Glossary

Body image: is how one views one's body and the feelings associated with it. Body image, which affects our self-esteem is influenced by many factors such as cultural background, fashion and movie industry, advertisements of cosmetic products, parents' and others' attitudes, etc. Positive body image is when someone feels comfortable and good about themselves and their body, which leads to an increase in their self-worth. Negative body image is when someone has negative emotions or feelings associated with their body.

Anorexia: is a behavioural disorder arising due to distorted body image and the intense fear of gaining weight. Anorexia is characterised by lack of interest in and denial of food. Patients with anorexia may try to lose weight by starving, fasting, excessive exercise, induced vomiting etc. They are often thin and underweight.

Bulimia: an eating disorder characterised by binge eating (eating excess amount in a short period of time) followed by some compensatory behaviour like self-induced vomiting, excessive exercise, fasting, eating at irregular intervals, etc. The patients with bulimia are at average weight or above.

Osteoporosis: a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium and vitamin D.

Anorexia rising at an alarming rate

TNN | Jul 18, 2007, 11.33 PM IST

Rising obesity among children and adolescents might be the concern of many but cases of young girls falling prey to eating disorders are increasing at an equally alarming rate. Ten years ago, the cases of eating disorders — the most common of which is *anorexia* — were rare in India. However, psychiatrists claim that in the past few years, the figure has increased from anything between 5 and 10 times. What is more alarming is that increasingly girls of a younger age are falling prey to anorexia and bulimia.

"Television and the internet have come to rule our world and with both full of super slim models, young girls end up idolising them. There is immense emphasis on being thin by the society as well," says Dr Rajesh Sagar, department of psychiatry, AIIMS. Psychiatrists claim that even when young girls— as young as ten— in the city suffering from anorexia are shown photos of slim and fit women, they shockingly dismiss them as overweight. "Anorexia is about poor body image. When you are constantly told that thin is beautiful, then your opinion about your own body is certain to change to fit the accepted standard," says Dr Sanjay Chugh, founder chairman, International Institute of Mental Health.

An independent inquiry into the health of models in the UK recommended that girls below the age of 16 should be banned from walking the ramp. Talking about this kind of inquiry, psychiatrist Samir Parikh says: "These kind of measures are essential

to project a more healthy body image of women. While eating disorders have disastrous consequences for women of all age groups, it can severely damage the health of an adolescent or pre-adolescent by retarding their growth."

Anorexia and bulimia can lead to severe nutritional deficiencies in young girls especially if it sets in before puberty. Bones are the first to get affected and 50% of anorexic girls end up developing osteoporosis. When young girls are supposed to be packing their bones with calcium and protein rich food, they are actually losing bone mass. Besides, they are also more prone to heart failure and hormonal changes which can lead to absence of menstruation resulting in infertility later on.

Psychiatrists claim that girls as young as seven-eight years of age have been skipping meals to stay thin. "In very young girls it is hard to spot anorexia as refusal to eat food is seen as defiant behaviour. It's not until the disease progresses that parents and doctors are able to diagnose it. I have young girls who don't have any apparent weight problem asking to be put on a diet to lose weight," says Dr. Honey Khanna, dietician, Max Healthcare. Lack of "sports culture" in India has made the problem more acute. "If schools and parents push children to play sports, it would go a long way in fighting both obesity and eating disorders," adds Dr Sagar.

Questions

1. What are the additional nutrient needs during adolescence and discuss how we can incorporate this into daily diet?
2. Discuss how comparisons, body weight-related bullying and criticisms develop a negative-body perception.
3. How is this perceived body image influenced by society, for example, how do the marriage market and matrimonial ads contribute to this?
4. Since adolescence is also a period of identity formation (which is linked to body image), discuss how we can help each other in developing a positive body image.
5. Can body image affect one's achievements and affect aspirations?

We read in the article about how weight concerns may affect body image in adolescents. There are other aspects that might also affect one's body image. Think of any advertisements that you have seen that may relate to body image (reducing weight or gaining height). Discuss such advertisements with your friends and answer the question given below:

a) Discuss some of the messages that the advertisements try to convey.
b) Do you agree with the messages? Why? Why not?
c) Who sets the rules for the "perfect body"? How are these beneficial to those who set them?
d) Discuss how these messages can affect the confidence of many people.
e) Think of other products which also use stereotypical "body" as their marketing strategies, for example, breakfast cereals, gym, products, etc.

Article 2

Bullying and victimisation of adolescents are important concerns. Classroom being the microcosm of the larger society is often characterised by imbalance in power. Bullying can be seen as the abuse of power over vulnerable and marginalised students. Bullying has short and long term psychological and societal effects on both the victim and the students who bully. Bullying can be direct or indirect, it takes different forms - verbal, social, physical, cyber. Victims are often isolated or themselves remain isolated which may lead to depressions, insecurity, anxiety, illness, low self-esteem etc. This will have a detrimental effect on the academic as well as the social life of the victim. Individuals who bully are also at the risk of accepting violence later in their life. They need help in understanding the concepts of equity and respect. The discussions initiated with this article could aim at restructuring the classroom to establish equality, appreciation, recognition and respect among all.

Bullying-related deaths: A new terror in schools

Aparna Kapoor, 1st April 2018, The Free Press Journal

Bullying can be direct or indirect. It could be physical, emotional, or even sexual in nature. Direct bullying occurs when the targeted child is present: It could be calling the child names, physical intimidation or verbal abuse. Indirect bullying is more subtle, but more brutal because this happens to a child through a medium: Spreading rumours, slander through gossip, lashing out at the child over the internet and leaves the child emotionally scared, and scarred.

In today's fast-paced world where parents are at work almost all the time, while children are either left to themselves or given shiny gadgets, bullying should be a matter of concern for everyone. Waving a half-hearted goodbye in the morning and a cursory questioning in the evening is not the way to ensure a child's well-being. Parents need to be more aware of how their children's moods are changing, and when they are not changing for the better.

"You are worthless. You're ugly. Fade away," these are some of the things our children hear from their peers in schools. Some of them call it "having fun" while others call it a way to "become popular". These things scare me; being a mother of a teenage boy and an eight-year-old girl, I keep track of their every thought and expression," admits Monica Dua, an artist and a mother living in Gurgaon.

According to psychologists, a child needs to feel loved, cared and important. And parents have to openly display their affection, every day, especially at these three times: when they get up in the morning; when they come back from school and just before going to bed. This emphasises parents' responsibility and attention required during the children's growing years.

Behind the scenes

While direct bullying can be dealt with, cyber bullying—aggressive behaviour towards a child through the internet—is more menacing. Children revert to the online world to incite others and abuse through disparaging emails or taunting texts and posts across social media and chat rooms. And, who can forget the Blue Whale wave that had children blindly following instructions and putting themselves in harm's way?

Not just children, but teachers, too, unknowingly become bullies while trying to urge the students to perform better or discipline them. Being sarcastic or repeatedly critical is an attack on a child's self-esteem and is bullying, even if it is unintentional.

Most of the schools have policies against bullying, but just having them does not help; they have to be implemented too. Needless to say, a school's role in preventing bullying is pivotal as children spend most of their active hours in school. Now more than ever it is essential that teachers are trained to identify, handle and counsel a child who is a bully, along with the one that gets bullied. Sometimes, though, teachers find themselves unable to do what is required.

"We do encounter various acts of bullying; but, owing to institutional demands, it is not easy to intervene in issues related to school violence. We only use classroom-level interventions, encouraging students to not remain silent," says Meenakshi Chauhan, a teacher with a leading school in Delhi.

In 2009, the UGC announced an amendment made to the University Grants Commission Act, 1956, to prevent ragging in higher education institutions. However, bullying in primary and higher secondary institutions still needs to be tackled. There has been some headway into that as the Central Board of Secondary Education (CBSE) has generated guidelines for its affiliated schools.

However, schools should not be waiting for CBSE to make its announcement. To begin with, schools can form committees to deal with bullying. This body should ideally have the principal, a doctor, a counsellor, a senior teacher, a parent-teacher representative, school management representative and a legal advisor as members.

Sample questions to initiate discussions (other questions may be added by the teacher):

1. Other than schools, what are the other places where one can get bullied?
2. Why do you think some people bully others?

Article 3

Adolescence is a time of change — physically, socially, emotionally, and intellectually. As the adolescents try to cope with the changes, these can lead to erratic behaviour and mood swings. Most high school students start drinking

because of peer pressure and the need to fit in the group. Sometimes they want to experiment with alcohol, some drink for the thrill of it, and others because they assume it helps them relax. Drinking patterns established during adolescence are likely to continue through adulthood, therefore long before the adolescents are presented with a chance to drink alcohol, we need to increase the chances that they'll just say "no." We can do this by creating an awareness, and teaching our students that freedom only comes with responsibility. With this article, we should create an open, honest, age-appropriate communication with the students about alcohol consumption and its outcomes.

Glossary

Booze: a slang word for any alcoholic beverage.

Binge-drinking: Consuming large amounts of alcohol in single sessions; becoming intoxicated by heavy consumption of alcohol over a short period of time.

Number of Indian teenagers consuming alcohol increases: Is the future sloshed?

Heena Khandelwal and Laveena Francis, DNA, January 12, 2017

Easy availability of liquor, access to alcohol at home, curiosity, peer pressure and its association with a certain kind of lifestyle have contributed to this shift in drinking patterns. According to Dr Rajesh Kumar, who has been running a de-addiction centre in Delhi, more teenagers are now consuming alcohol and reasons are still the same — peer-pressure and the need to fit in a group. 'Try at least once' is how it starts for many teenagers, he says. Psychiatrist Dr Avinash De Sousa believes that alcohol is often taken as a status symbol. He says, "For boys, it's about their ability to withstand the amount of liquor."

Liquor inside the school

In a conversation with school students, many admit buying liquor themselves from a store or arranging it from their parents' collection. "My friend brought vodka in a water bottle. We tried it during the lunch break. Nobody got a whiff of it," says Shruti*, a Class 12 student in Indore. She considers it a thrilling experience without having to face any consequences. Her friend had arranged the booze from her father's bar.

While liquor consumption by teenagers was earlier limited to parties, weekend trips, and sleepovers, now taking alcohol to school has become a new trend. "Socially, everything has changed, more so in India where the availability

of drinks is in excess without any monitoring. Bacardi's Breezer has around 4% of alcohol in it, but you need not go to a liquor shop to buy it as it is easily available in regular shops," says Springdales School's Principal Ameeta Wattal.

"Consumption of alcohol among children is rampant. When high school children party, alcoholic beverages are a part of it. These days it has entered school premises as well. On outstation trips, children are smuggling alcohol in shampoo bottles. They drink and that's how it is. My daughter is 16 and I am aware she takes a drink or two socially," adds another mother on condition of anonymity.

Laws in India

There is no uniform law related to legal age of drinking in India as it varies from state to state since the subject of alcohol is included in the State list. While it is legal to drink alcohol at the age of 18 in Puducherry and Rajasthan, it is 25 years in Delhi. In fact, the age at which one can legally buy liquor is different from the age at which it can be consumed. For example, in Maharashtra, one can buy a bottle of whiskey at the age of 18 but can consume it only if the person is above 25.

Drinking and driving is a punishable offence with a jail term or fine or both, but the laws are applicable only for adults since under-18 offenders come under the juvenile category and thus can't be taken for a medical examination or to the police station. It is also the reason why most teenagers get away easily.

Why drinking has an age limit

It is scientifically proven that the sooner a child starts drinking, the higher are chances of him/her developing dependency on it. That's why the drinking age is kept between 21-25 years. Another reason is that the brain of a person develops till the age of 18-20. Underage drinking can therefore affect the development process and is therefore discouraged, says Dr Kumar.

Alcohol is a brain depressant and gets absorbed quickly into the bloodstream from the stomach and the small intestine. If consumed over a prolonged span of time, it may cause damage to major organs, including the liver and/or the brain. It also contains ethanol or ethyl alcohol, an intoxicating agent which produces mind-altering effects and even a small quantity of it can impair the judgment required to take decisions including operation of an automobile. Thus, drinking and driving lead to road accidents as it has happened in the past.

* names have been changed

Sample questions to initiate discussions. Other questions may be added by the teacher:

1. Why would teenagers be likely to try alcohol and other addictive substances?
2. Can you highlight the role of the media in influencing teenagers towards addiction?

Article 4

Adolescents and emerging adults access mobile devices and gadgets and use the internet more than any other age groups. They undertake a higher risk of overuse of technological devices and the Internet, the problem of screen dependency and internet addiction is most relevant to young people. In today's world, technology may not be avoidable, most students need to use computers as part of growing up, for school assignments, communication, research, learning, entertainment, and build tech skills for the workplace. Gadgets and technology should be used in an appropriate manner. With this article we can help students understand that balance is the key to forge healthier relationships with technology while continuing to use it every day. In the classroom the teacher could discuss with the students the right and moderate usage of devices.

Glossary

Insomnia: Insomnia is a sleep disorder that is characterised by difficulty falling and/or staying asleep. People with insomnia have one or more of the following symptoms: Difficulty falling asleep, waking up often during the night and having trouble going back to sleep.

Sleep apnea: Sleep apnea is a serious sleep disorder that occurs when a person's breathing is interrupted during sleep. People with untreated sleep apnea stop breathing repeatedly during their sleep. This means the brain and the rest of the body may not get enough oxygen.

SDD or screen dependency disorder: SDD refers to screen related addictive behaviour. Excessive use of screens can cause sleep problems, difficulties with communication, socialisation and brain development.

Gaming disorder: is a diagnosis characterised by uncontrollable and persistent playing of video and computer games, which can be harmful to an individual's well-being.

Screen addiction a growing public health concern

Afshan Yasmeen

The Hindu, Bengaluru, July 3, 2018

When a 15-year-old academically bright and creative teenager started losing interest in studies and developed an erratic sleep pattern, his parents initially did not sense any serious problem. The boy, who spent 10-12 hours a day playing video games, went to bed at 4 a.m. and slept till 1 p.m. After waking up, he continued playing games. His eating

habits were not regular and he did not bathe for days. He experienced problems in starting and completing routine activities in a timely manner. He avoided social interactions and did not reciprocate a social gesture. He got irritated whenever his parents asked him to stop playing games. That was when his parents took him to SHUT (Service for Healthy Use of Technology) clinic in NIMHANS.

This is just one of the several cases pertaining to excessive use of screen time that psychiatrists and neurologists are seeing. It has raised significant concern over children's physical, psychosocial, biological, and other medical outcomes. An emerging neurological dimension to this growing public health issue is the prevalence of screen-related addictive behaviour, generally being referred to as screen dependency disorder (SDD).

According to a study published in the Journal of the International Child Neurology Association (JICNA) last year, SDDs have become a new challenge for child neurology. The World Health Organisation's (WHO) recent classification of 'gaming disorder' as a mental health condition has again brought the issue into focus. Mobile phones, Internet, television, gaming, and social networking sites are the frequently used technology devices and applications.

Manoj Kumar Sharma, professor of clinical psychology, SHUT clinic in NIMHANS, says addictive use of Internet and resultant screen dependency has an adverse effect in the form of irregular dietary habits and physical problems. It is also associated with insomnia, sleep apnea, headache, weight gain, weight loss, and related problems. Among adults, it leads one to disregard crucial daily responsibilities such as work, academic, family or social obligations. Although this addiction affects children and adults, not many adults come forward to seek help, he said.

According to Sujit Kumar, consultant neurologist at Apollo Hospital, Seshadripuram, it is observed that about 8% to 12% of children and adults have SDD in India and the number is expected to rise in the coming years. "Though the disorder is associated with psychological studies, there are a lot of neurological effects in SDD. There is a definite decrease in the size of both grey matter and white matter of the brain. This means that for a child's still-developing brain, having SDD can cause long-term effects and even brain damage is a possibility," he says. "It is vital for young parents to be more aware of how much screen time their children get every day. Constantly depending on smartphones or computers to keep their children occupied can have a negative impact on their growth and development of their brain," he adds.

Article 5

Marriage at an early age is a violation of the rights of children. It has a negative impact on physical growth, health, mental and emotional development, and education opportunities. Though child marriage is illegal (the Prohibition of Child Marriage Act, 2006) it is still widespread across India. There has been a decline in the incidence of child marriage

nationally (from 54 per cent in 1992-93 to 27 per cent in 2016), however the pace of change remains slow. Child marriage often means the end of education for girls. Conversely, education can be a powerful tool to enable girls to avoid early marriage. With this article we can create an open discussion with students about problems adolescents face as they are forced into marriage at an early age.

Government school slams its doors on married girls

Mohamed Imranullah S.

Madurai: June 23, 2012 02:09 IST

Is there any bar on married girls pursuing their education in Class XI of a government school? This intriguing question has arisen in the minds of many people at Melur, a town situated about 20 km from Madurai, abutting the highway leading to Tiruchi and Chennai.

This year, the only government girls' higher secondary school in the town denied admission to at least two girls, who got married at the instance of their families after completing their tenth standard. And the reason for such denial is that the presence of married girls in the school will set a bad example for other students.

Efforts taken to approach the two girls and their parents were futile as they feared penal action for having solemnised the marriage of minor girls. When contacted, the school Headmistress Nirmala admitted that she had denied admission to them in Class XI. Though the students had studied up to Class X in the same school, admission to Class XI was not automatic.

Asked if there were any married girls studying in the school, the Headmistress said there were cases in the past but no such girl was studying in the school at present. When questioned further, she said that she had denied admission to two such girls in Class XI this year.

Sources privy to the issue said giving minor girls in marriage immediately after completing Standard X was a common phenomenon in the villages around Melur. In the past, previous headmistresses of the school had let married girls continue their studies after taking a written undertaking that they would neither discuss familial matters with other students nor "go the family way" until they complete schooling.

"The present headmistress alone has taken a stand that she will not allow married girls to continue in the school. She refused to budge even after the mother of one of those girls broke down and pleaded to let her daughter study in the school.

M. Ajmal Khan, a senior advocate practising in the Madras High Court Bench here, says that such issues arise because the practice among certain communities to give girls in marriage immediately after attaining the age of 16 runs counter to the definition of a child as one below 18 years of age under the Prohibition of Child Marriage Act 2006.

C. Anantha Raj, Executive Director of Equal Right, a non-governmental organisation here, says that marriages of minor children are not uncommon in the villages of southern districts.

The police do not interfere because not many complain about it. Such cases come to light only when someone blows the whistle due to a family feud. Further, it is only in rare cases that minors are allowed to study after marriage. The general practice is to make them raise a family. "Education is empowerment and if we are going to close the doors of a school to married girl students, then that is going to strike a death knell to women's empowerment," he concludes.

Sample questions to initiate discussions (other questions may be added by the teacher):

1. What are the reasons that adolescents run away from their families to be with the person they love?
2. What are the reasons parents wish their daughters to get married earlier?

VIGYAN PRATIBHA
विज्ञान प्रतिभा