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UGC National Seminar
On
"ADOLESCENTS AT CROSS ROADS: CHALLENGES AND INTERVENTIONS"

17th -18th February, 2017

Organized By

Department of Social Work
SRI PADMAVATI MAHILA VISVA VIDYALAYAM
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About the Conference.....

Adolescents aged 10-19 years constitute about one fourth of India's population. An adolescent is defined as an individual aged 10-19 years (WHO). Today 1.2 billion adolescents (10-19 years) stand at the cross roads between childhood and the adult world (state of the world's children 2011, UNICEF). 243 million of them live in India. This large cohort of young people represents a great demographic dividend with the potential to contribute to India's economic growth and development. In order to realize this potential to the fullest, young people must be healthy, educated and equipped with knowledge, skills and contribute to their communities and the countries socio-economic growth. There has been a concerted effort on the part of the government to address the needs of adolescents through programmes and policies despite these efforts, in the present day world, the challenges faced by adolescents are enormous. For example challenges in growing up, challenges as students, challenges as out of school adolescents etc... They have to measure up to the high expectations (not always realistic) of the parents, teachers, peers and society. As a result of this complex situation, adolescents face cross roads of life. This generates stress and vulnerability for them. In many cases, adolescents find themselves not adequately prepared to handle these challenges. Some may even breakdown, leading to disastrous consequences. Therefore it is our duty in an assured and constructive manner, transit values that are important for the growth of individuals, family, welfare of society and indeed, national development.

Given the above, the objectives of the proposed two day national seminar aims at bringing together leading academic scientists, researchers, research scholars, practicing professionals to exchange and share their research results on challenges of adolescents & interventions. It also provides a premier interdisciplinary platform for researchers, practitioners and educators to present and discuss the

most recent trends, innovative concerns as well as practical challenges encountered and solutions (interventions) adopted for promoting wellbeing among them. It also provide an opportunity for the researchers and delegates to empower themselves with the latest knowledge of worthwhile handling of adolescents. It further aims at enhancing the capacity of adolescents to face the challenges in life effectively. Sub themes for the seminar are- Challenges for adolescents in area of Health, Nutrition, Academic, Child labour, Migration, Abuse and exploitation, Influence of Media, Legal provisions and policies, Child marriage, Child trafficking, Teenage pregnancies, Gender, and HIV/AIDS.

Articles of high standard adjudicated by the seminar resource persons and organizing committee will be brought out in the form of publication in the International Journal with ISSN number. The areas covered under the seminar topic will enrich the knowledge among social work educators and field-practitioners to effectively deal with adolescents in their respective fields. The broader areas covered under adolescents will serve as a ready reconer for the researchers to conduct further research in the field of adolescents and contribute for policy making in the field of adolescents.

Prof. I. V. Lalitha Kumari

C O N T E N T S

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Editorial……

It is heartening to note that our journal is able to sustain the enthusiasm and covering various facets of knowledge. It is our hope that IJMER would continue to live up to its fullest expectations savoring the thoughts of the intellectuals associated with its functioning .Our progress is steady and we are in a position now to receive evaluate and publish as many articles as we can. The response from the academicians and scholars is excellent and we are proud to acknowledge this stimulating aspect.

The writers with their rich research experience in the academic fields are contributing excellently and making IJMER march to progress as envisaged. The interdisciplinary topics bring in a spirit of immense participation enabling us to understand the relations in the growing competitive world. Our endeavour will be to keep IJMER as a perfect tool in making all its participants to work to unity with their thoughts and action.

The Editor thanks one and all for their input towards the growth of the **Knowledge Based Society**. All of us together are making continues efforts to make our predictions true in making IJMER, a Journal of Repute

Dr.K.Victor Babu
Editor-in-Chief

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LIFE SKILLS AND SELF ESTEEM OF SCHOOL GOING ADOLESCENTS IN TIRUPATI (RURAL & URBAN)

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Abstract

In the current scenario adolescence is not only a time of opportunity, but also one of risk. Rapidly changing social, moral, ethical and religious values have ushered in varied 'life styles' among the youth. The stress faced by the adolescents in such a current situation is enormous. Academic stress, issues of sexuality, body image, media profusion, changes in social norms, etc are some of the key factors. Inability to deal these pressures is being reflected by raising suicide rates, strained inter personal relationships, risky behaviors, substance abuse and growing crime and violence among youngsters.

Life skills are essentially those abilities that help to promote mental well-being and competence in young people to face challenges and diversities and ensure their empowerment. Life skills help to increase the self esteem. The present study was conducted to assess the life skills and self-esteem of adolescents studying 8th standard in government schools, Tirupati (Rural and Urban). One hundred twenty students were selected randomly from two high schools (50 boys and 50 girls) using simple random sampling technique. Life Skills scale was used to assess the life skills and Rosenberg Self esteem scale was used to assess the self-esteem. The results revealed that adolescents were having low and moderately good life skills and self esteem.. Significant association was found between the life skills and self-esteem scores of sample adolescents.

Key words: Life Skills, Self Esteem, Adolescence.

Introduction

Adolescence a transitional stage of physical and psychological human development is a period of growth spurt marked by significant changes in the areas of biological, social, cognitive and psychological

development. A sense of identity, self concept, self esteem, relationships, roles and responsibilities are the hall marks of social development in this stage. Adolescence has also been seen as a time of opportunity, and also one of risk. It presents a window of opportunity to set the stage for healthy and productive adulthood and to reduce the likelihood of problems in the years that lie ahead. At the same time, it is a period of risk: a period when several problems that have serious immediate consequences can occur or problem behaviors' that can have serious adverse effects in the future are initiated.

In the current scenario, rapidly changing social, moral, ethical and religious values have ushered in varied 'life styles' among the youth and the ensuing stress for which there are no inbuilt societal buffers available to the adolescents of today. This is reflected by raising suicide rates, strained inter personal relationships, risky behaviors, substance abuse and growing crime and violence among youngsters. There is an urgent need to provide today's adolescents with a new set of ways and systems to deal with the demands of life. It is also essential that they be helped to develop skills inherently to handle a wide variety of choices, changes and stressors in life. Hence, an empowered adolescent with the necessary life skills has the competence to cope with the challenges of life using the available resources even amidst adversities (Bharath & Kishore 2010)

Life Skills

The term 'life skills' has been conceptualized, defined and applied differently by academics and practitioners. While Hamburg (1990) defined life skills training as teaching of requisite skills for surviving, living with others and succeeding in a complex society, Powel (1995) viewed life skills are the life coping skills consonant with the developmental tasks of the basic human development processes. According to WHO (1996) Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.

Self Esteem

Self-esteem refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself. The most broad and frequently cited definition of self-esteem is Rosenberg's (1965), who described it as a favorable or

unfavorable attitude toward the self. Self-esteem, is the judgment we make about our own worth and the feelings associated with those judgments. According to Coppersmith (1967) self-esteem is defined as "the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy". Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioral aspects as well as evaluative or affective ones (Blascovich & Tomaka, 1991).

Life skills & Self Esteem in Adolescents

Assessment of life skills in school children has been an area of interest for some researchers. K. Anuradha(2012) in a study on life skills and self-concept of 100 adolescents studying 9th standard found a strong association between their life skills and self-concept scores, while Swarupa Rani & Sowjanya (2016) found increased lfie skills in boys and more social maturity in girls in a study on 100 children studying in government schools. Nair& Sreehari (2015) in a sample of 484 male and 487 female students did not find any gender or age difference in life skills among the school going adolescents.

Research provides evidence that training adolescents in life skills enhances social development (Sajedi (2009), Ahadi *et al.,* (2009), leads to sustained development (Patel 2006) and promotes emotional adjustment (Tuttle and colleagues,2006; Pour Seydi *et al.,* 2010; Navidi,2008; and Hamidi ,2005) and also paves ways to improved social compatibility (Roodbari et al 2013). It is also reported that training in life skills also promotes increased awareness on reproductive health (Awasthi & Kumari 2012) and Bharath & Kishore (2008) proposed a model school mental health programme using the life skills methodology to promote the psycho social competence of adolescents in schools.

Life skills have been a area of research interest to many other researchers from other regions such as Kerala (M.K.C.Nair,2005) and Khatmandu (Sharma S, 2003) The latter in a cross sectional survey of 347 high schools students of a public co educational secondary school in Kathmandu observed that 51% of the children had high level of life

skills while 49% had low level of life skills. Mother's education was found to be significantly associated with higher life skills levels in the adolescents. Empowering adolescent rural girls by enhancing their life skills has been the interest of some researchers. Pujar et al (2014) found significant improvement on various life skills in a sample of 328 rural girl students in Dharwad taluk, Karnataka. Authors observed that life skill education is helpful for the rural adolescent girls to take positive actions and improving their coping skills of stress and problem solving ability. Parvathy & Pillai (2015) also in a study on adolescent boys and girls in a coastal school in Kerala reported the significant impact of life skills education.

Life skills education to adolescents is also reported to improve their self efficacy and self esteem (Bharath & Kishore 2010) and improved self concept (Sandhya & Shivani 2012). Prakash (2013) in study on 650 high students found a significant correlation between social intelligence and the ten core life skills. Yadav & Iqbal (2009) conducted a study on 60 students (30 boys & 30 girls) in Delhi. The aim of their study was to assess the impact of life skills training n self esteem, adjustment and empathy among the adolescents. Results revealed that subjects improved significantly in post conditions on self esteem, emotional adjustment, educational adjustment and total adjustment and empathy. Bharath & Kishore (2010) maintain that mental health promotion of adolescents using life skills education is essential for empowering the adolescents. They assessed the impact of their programme on 605 adolescents from two schools in Bangalore district and found that the subjects at the end of the programme had significantly between self esteem, adequate coping better adjustment and prosocial behavior. Authors outside India, too report on the effectiveness of life skills training. Esmaeilinasab et al (2011) in a study on 160 students in Karaj City found that life skills training lead to significant increase of self esteem in study group in contrast to control group subjects. Similar findings were reported by Niaraki and Rahimi (2013).

In light of the above this study has been conducted to measure the level of life skills and self esteem in the study population to plan a life skills education programme. A study of this kind will help plan psycho social interventions and promote the mental health of adolescents.

Methodology

Aim: Assess the level of life skills and self esteem of the adolescents in the study.

Objectives:

- Collect the background details of the sample children.
- Assess the level of self esteem and life skills in the sample children.
- Study the relationship between the background characteristics, self esteem and life skills of the adolescents .

Sample:

Adolescent students studying 8th standard in government high schools in Tirupati (rural and urban) constituted the sample. 120 children (60 girls and 60 boys) were selected randomly using simple random sampling technique.

Tools for Data Collection:

The following Research Instruments were used for the Present Study.

S.No	Tool
1	Socio demographic information schedule
2	Life skills scale (LSS) (Vranda, 2007):
3	Self esteem scale (Rosenberg ,1965)

Description of Tools:

Socio demographic information Schedule:

The researcher developed a semi structured socio- demographic data schedule to collect personal and demographic information of children.

Life skills Scale (Vranda, M.N. 2007)

This scale has been developed in Indian setting using school adolescent as subject. It has 115 items related to 10 life skills. Problem solving, Decision making, Creative thinking, Critical thinking, Effective communication, Interpersonal relationship, Empathy, Self awareness, Coping with stress and Coping with emotions. A likert type of 5 point scale is selected as the response choice for the statements. Positive items are scored as 1 for “never” , 2 for “rarely”, 3 for “sometimes”’ 4 for “usually”, 5 for “always”. Negative items are reverse scored as 5 for

"never", 4 for "rarely", 3 for "sometime", 2 for "usually", 1 for "always". Overall score less than 398 indicates - low life skills, Score between 398 and 437 indicates - moderate life skills, and Score 438 and above indicates - high life skills. A higher score indicates greater or mastery over the life skills.

Rosenberg Self- Esteem Scale (1965)

The Rosenberg self esteem scale is perhaps the most widely used self esteem measurement scale in social science research. It is a self administered questionnaire and the time taken for administering this scale is 2-3 minutes. The scale format is Likert type scale, ranging from strongly agree to strongly disagree. It has 10 items/ statements related to overall feelings of self - worth or self – acceptance. The scale range from 0-30, a higher score denotes higher self-esteem.

Data analysis: After collecting the data in the classroom with the informed consent of the children and the school authorities, to answer the objectives descriptive statistics such as frequency distribution, and two tailed test of significance was employed.

Results and discussion:

The present study was aimed to assess the level of life skills and self-esteem among adolescents. For this purpose, the total sample of the study taken was 100 students, out of these 50 were males and 50 were females. The sample was collected on a random basis from the government and private School students in Tirupati.

Table 1. Level of Self Esteem and Life skills in the respondents

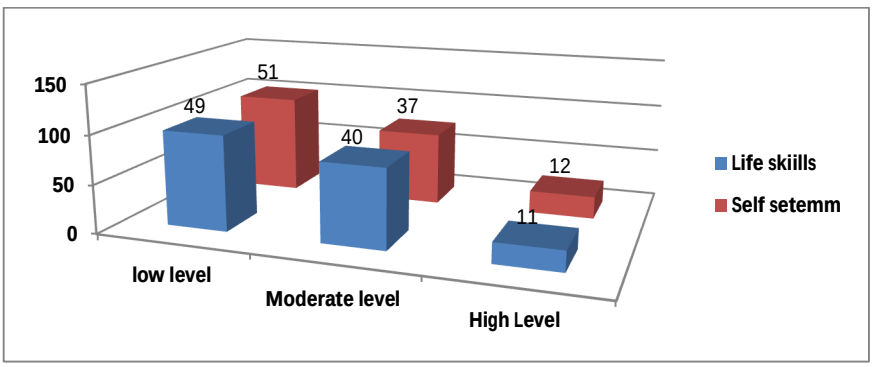

Table 2: Level of life skills in boys and girls.

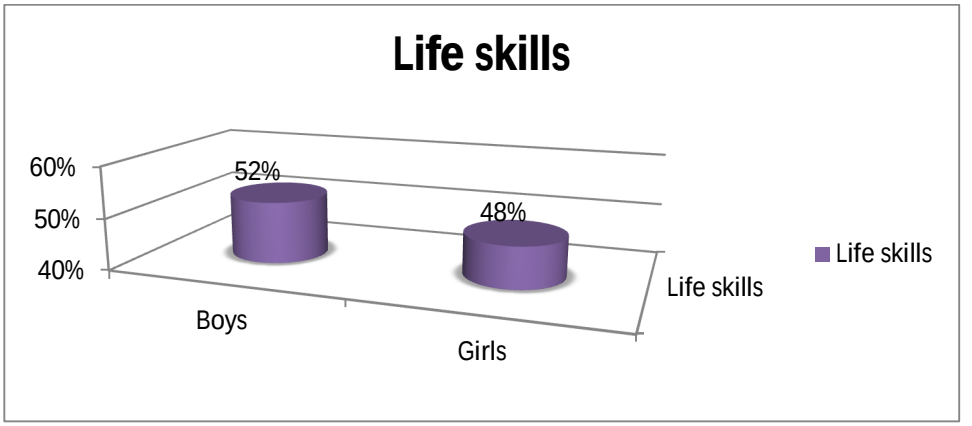

Table 3: Region wise life skills scores

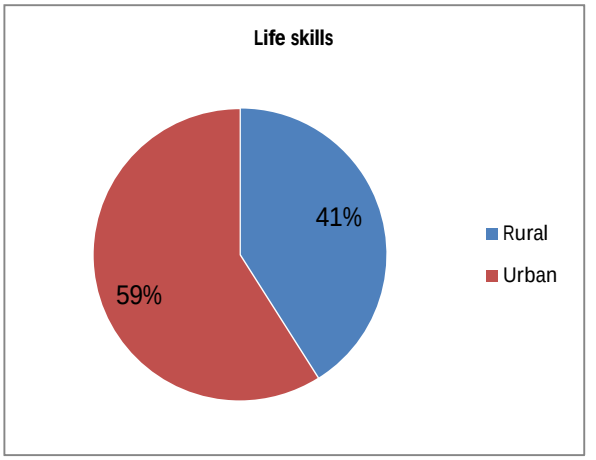

Table 4: Mothers' education and life skills in respondents

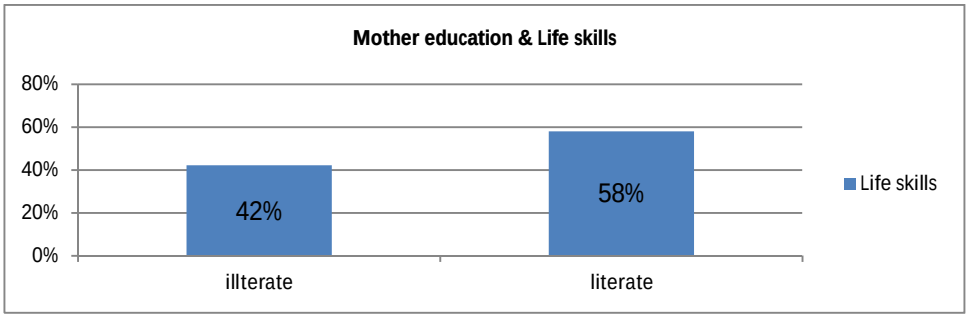

Table 5. Relationship between life skills and self esteem in the respondents

Correlations			
		Life skills	Self esteem
Life skills	Sig. (2-tailed)		
			.000
	N	50	50
Self esteem			
	Sig. (2-tailed)	.000	
	N	50	50

**. Correlation is significant at the 0.01 level (2-tailed).

As evident from Tables 1-5 it can be observed that majority of the respondents are low on life skills and self esteem, boys have higher level of life skills, Urban school students are better on life skills and mothers' education has an influence on molding the life skills in adolescents. Finally it can be seen (table 5) that there is a strong relationship between life skills and self esteem or respondents.

Conclusions:

- Significant relationship observed between the life skills scores and self-esteem scores of sample respondents.
- Comparatively boys have higher level life skills than girls. Children studying in urban school have higher level of life skills than those in the rural areas.
- Maternal education, was significantly associated with higher life skills levels in sample children.
- There is a need for compulsory life skills education programme in a consistent and a planned manner for promoting the wellbeing of adolescents in high school(s). This will strengthen the base for evidence based research and practices.

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PREVALENCE OF RISK BEHAVIOUR AMONG ADOLESCENTS: NEED FOR STRATEGIES TO RESTRAIN

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Abstract

Adolescence is a time for developing independence. Many unhealthy behaviours that start during adolescence such as deterioration in performance at school , poor diet, smoking, tobacco use, drinking, gambling , delinquency, theft, violence, sexual abuse , truancy , running away from home etc. In spite of the GOs and NGOs efforts to impart appropriate behaviours among adolescents the risk behaviours among the adolescents are increasing . The study focus on ascertaining the perception of respondents regarding the causes and the consequences for their involvement in risk behaviours. The researcher by using snowball sampling method identified a total of 100 vulnerable adolescents. With the help of interview and FGDs, data was collected and processed through SPSS . The study reveals that the respondents are having poor socio-economic and educational status and are having bad vices such as smoking, substance use, gambling and indulge in it frequently ; they learned the risk behaviours through neighborhood groups and friends . Nearly three fifths of respondents stated that they are having knowledge on sex and they favoured early sex. Further significant percent of respondents indulged in violence and theft cases. Hence, there is a need to develop strategies to restrain adolescents and to modify their behaviour.

Introduction

Millions of children and adolescents all over the world today are facing many hazardous circumstances. A large number of children/adolescents are being abused , exploited and compelled to indulge in various vulnerabilities and risks. Most of these children are out of parental support and control. The risk conditions they come across influence their physical, psychological and social development . Many factors contribute to an increased risk behaviour for adolescents including gang membership, substance abuse, poverty, parental illiteracy and ignorance, schooling problem , peer pressure, curiosity, modeling,

influence of cinema etc. Adolescents who feel lack of warmth and support from parents are likely to engage in risk behaviours. Further they are mobile and out of the control of parents. Typically, adolescents' behaviour is determined by their own moral and behavioural code. Adolescence is a time of rapid change for kids both physically and cognitively. It is a vulnerable time where kids can develop unhealthy habits that grow into problems in their adult life. Behavior issues of adolescence, which are quite common also, crop up during this time making it impossible for parents to reach out to their teenagers. Adolescence is not an easy time for kids or parents. The only way to deal with is to know about the needs and problems of adolescents and be prepared to face them. The most common problems are physical - emotional changes and problems, behavioral changes, substance use and abuse, educational challenges, health problems, social problems – love affairs and dating , sexual health – unplanned pregnancy and STIs and addiction to cyberspace, aggression and violence.

There are significant evidences which reveals how the adolescents are in crossroads of risk. An estimated 1.3 million adolescents died in 2015, mostly from preventable or treatable causes. Road traffic injuries were the leading cause of death in 2012, with some 330 adolescents dying every day. Other main causes of adolescent deaths include HIV, suicide, lower respiratory infections and interpersonal violence. Globally, there are 49 births per 1000 girls aged 15 to 19 per year. Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.(WHO,2016) Around 1 in 6 persons in the world is an adolescent: that is 1.2 billion people aged 10 to 19. Most are healthy, but there is still significant death, illness and diseases among adolescents. Illness can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can endanger their health. Behavioural ,physiological and socio cultural factors make young people more vulnerable than adults to indulge in risk behaviours. Due to experimenting nature the adolescents may engage in unprotected sex and they may have more than one partner, these behaviours increase adolescents risk of contracting HIV.(Bankole A et.al,2004) . Promoting healthy practices during adolescence and taking steps to protect them from health risks are vital.

Adolescent risk behaviours such as smoking, alcohol use and antisocial behaviour are associated with increased risk of morbidity and mortality. MacArthur *et al.* (2012) present analysis on the patterns of multiple risk behaviour by gender during adolescence from the Avon Longitudinal Study of Parents and Children cohort study. At ages 15–16 there was a high prevalence of physical inactivity (74%) and hazardous drinking (34%). The prevalence of a number of risk behaviours varies by gender with girls having higher engagement in tobacco smoking, self harm and a lack of physical activity. In contrast, anti-social and criminal behaviours, cannabis use and vehicle-related risk behaviours were more prevalent among boys.

Substance use is a major public health concern in global settings and is very common during adolescence period leading to physical and/or mental health complications. According to the study at Woreta high school; the current prevalence of substance use among students was 47.9% and life-time prevalence was 65.4%. The current and lifetime prevalence of alcohol use was 40.9% and 59% respectively. Siblings use of substances , family history of alcohol and substance use and friends use of substances were factors positively associated with substance use. On the other hand, religiosity and social skill were found to be 54% and 39% negatively associated with substance use (Birhanu et. al,2014).

The young people in the age group of 10-24 years in India constitutes one of the precious resources characterized by growth and development and is a phase of vulnerability often influenced by several intrinsic and extrinsic factors that affect their health and safety. Nearly 10-30 percent of young people suffer from health impacting behaviours and conditions that need urgent attention of policy makers and public health professionals. Multiple risk behaviours and conditions often coexist in the same individual adding a cumulative risk for their poor health. (Sunitha and Gururaj, 2014).

The government of India has formulated programmes to impart appropriate behaviour and inculcate moral values among children and adolescents with the help of GOs and NGOs through educational and developmental initiatives . Policies and programmes focusing on education National policy on Education (1986 modified in 1992), Sarva Shiksha Abhiyan, Rashtriya Madhyamik Shiksha Abhiyan, Balika

Samridhi Yojana , 1997; National Policy on Child Labour, 1987, National Policy for Persons with Disabilities, the National Population Policy 2000, the National Health Policy 2002 and the National AIDS Prevention and Control Policy 2002 have all articulated India's commitment to promoting and protecting the rights of adolescents. In spite of many efforts the problem is increasing and it is going to be a hurdle to the society in terms of growth. In this context a descriptive study entitled 'Prevalence of Risk Behaviour among Adolescents: Need for Strategies to Restrain' has been carried out in Nellore with few objectives such as..

The objectives of the study

- To ascertain socio-economic and demographic information of the respondents.
- To understand perception of respondent regarding the causes and consequences of their involvement in risk behaviours.
- To identify the scope for strategies to restrain adolescent risk behaviours and to modify them.

Study area: Nellore town comprises of many slums and most of the children who are runaway from homes, children of poor families and neglected parents who became street children , child labour, school dropouts ,vulnerable migrated children etc. These children are found in areas like municipal wage dump yard, Railway station Bus stand .

Research design: A Descriptive research design was utilized to obtain qualitative and quantitative data to meet the aims and objectives of the research study .

Universe: the universe of the study comprises of those vulnerable adolescents such as child labour, street children, beggars who are wandering on roads unattended in Nellore town area. The exact number is not available.

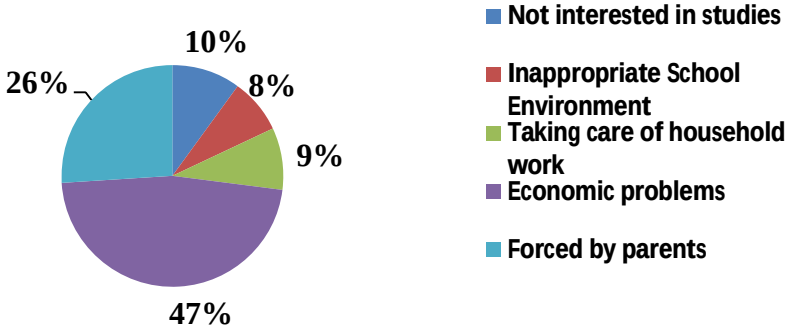
Sampling: The researcher by using snowball sampling method identified a total of 100 vulnerable adolescents and they were interviewed and data was collected pertaining to the objectives of the study. These children/adolescents are scattered all over the hot zones of Nellore.

Tools used in the study : The researcher used interview schedule to collect the information regarding socio - economic and demographic details and about the prevalence of risk behaviour among the respondents.

Analysis: The data collected was coded and tabulated on the basis of frequencies and percentages, then the results were discussed and inferences drawn, statistical tests were used whenever there is a need.

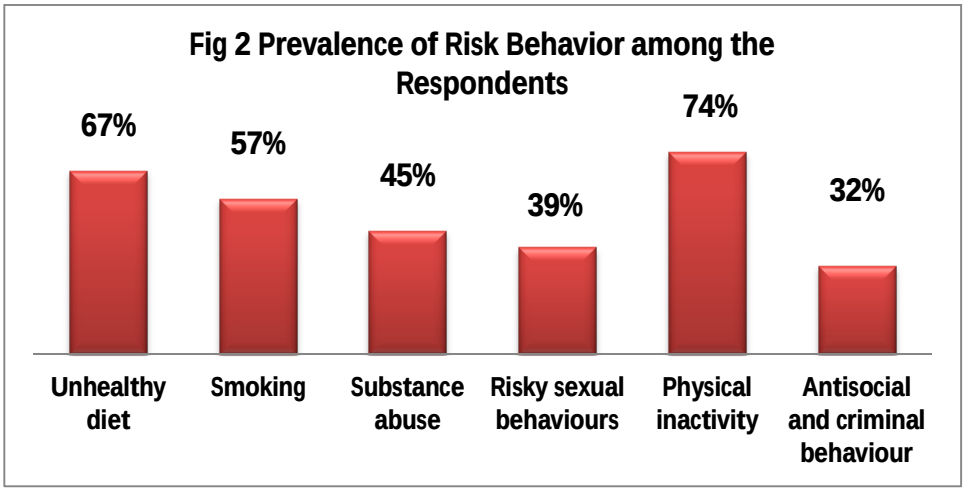
Results and Discussion: The study results pertaining to the prevalence of risk behaviour among adolescents in Nellore reveals that a majority of the respondents are in the age group of 11-14 years male, had their primary education (Long absentee/ dropped out/out of school Fig:1) and belonged to ST Community and Hindu religion. Above half of the respondents family members are working as daily wage workers, their family income is in between Rs 3001to 6000 per month. Most of the families are nuclear families with 4 to 6 members and are from urban areas. Nearly two fifths of the respondents are having health problems and they undergo treatment at government hospital. Nearly two fifths of the respondents reported harsh behaviour and abuse by parents and relatives.

Fig:1 Causes for Respondents School Dropout



A majority of the respondent i.e. 74% stated that poor scholastic performance, lack of interest on education, schooling conditions, family economic status, lack of parental support or control are some of the reasons for their vulnerable condition. The onset of multiple risk behaviours such as smoking, anti-social behaviour, hazardous alcohol consumption and unprotected sexual intercourse are associated with increased risk of poor educational attainment, future morbidity and

premature mortality. Prevention and treatment interventions may impact on more than one outcome (Kipping et.al 2012).



The interaction and prevalence of risk behaviour in adolescents were studied which reveals that most of the adolescents are having unhealthy diet(67%), cigarette smoking(57%), substance abuse(45%) and engaging in risky sexual behaviours(39%) . Over half of boys had consumed alcohol and one-fifth had engaged in binge drinking which leads to aggressive behaviours . The most prevalent risk behaviours were physical inactivity (74%), antisocial and criminal behaviour (32%) and hazardous drinking (34%)(Flg:2). Boys and girls engaged in a similar number of behaviours but antisocial and criminal behaviours, Ganja, whitener etc substance use and vehicle-related risk behaviours were more prevalent among boys. Tobacco use etc is more prevalent among girls. Multiple risk behaviour is prevalent in both genders during adolescence but the pattern of individual risk behaviour varies between boys and girls. Nearly half of the respondents are involved in multiple risk behaviours .The study revealed that most of them started smoking at age 11, further early onset of other substance use is found among male adolescents. Low academic performance, lack of interest in education account for 57% and there is a significant association with risk behaviours. The unhealthy behaviours among the adolescents is more likely in male is related to lower levels of education and in female increase with age. Effective interventions at the individual, family, school, community or population level are needed to address gender-specific patterns of risk behaviour during adolescence.

Strategies to Restrain Risk Behaviour Among Adolescents

The effective interventions are those which simultaneously address multiple risk and protective factors, resilience, positive school environments, positive parent and family interactions. Broader societal factors such as societal norms need to be addressed. Parenting programmes during the adolescent period promote parents being supportive, involved, using communication and problem solving as they relate to their adolescent children and further, using conflict management, family rules, praise and being consistent. Counselling services should be made available for both parents and adolescents to identify and alter the risk behaviour at formative stage itself. Further moral education , inculcating healthy habits through cultural and recreation activities, is essential. Capacity building at individual level education and motivation ,extending social support by family, neighbourhood, community helps the adolescents develop healthy behaviour. Law enforcing agencies, CBOs, NGOs, Panchayats and local bodies has to take initiative to strict implementation of laws, policies and programmes formulated to children and adolescents in to-to. Community Action Teams has to be constituted with the help of likeminded people , school teachers, representatives from child welfare services, youth leaders, local body members, NGO personnel, parents etc., and it serves as law enforcing , monitoring and follow up agent regarding intervention programmes initiated for adolescents.

Strategies to Restrain Risk Behaviour Among Adolescents (FIg:3)

Source: Suneetha et.al (2010), Man and Life, Vol: 36, No: 3-4, PP: 113-124.

Implications:

- Learning by doing, play oriented innovative and participatory teaching methodologies has to be adopted in lower primary classes to create interest in education among children and reduce-dropout rate.

- Measures should be taken to strict enforcement of child laws, compulsory education, child labour prevention programmes etc., is essential to restrain risk behaviours at early stage itself.
- Appointment of social workers, at schools and colleges is necessary, as they solve the problems of students at individual, group with co-operation of parents and teachers. And to also deal with the educational, social and psychological problems of adolescents.
- In schools (NCLP schools also) formation parents association is essential to monitor the development of child and motivate / provide guidance about importance of education and about available services for the children now a days.
- "Community Action Teams" has to be constituted to work effectively to reduce school dropout, child labour and promote continuation of education and developmental activities for children and adolescents .

Conclusion

Adolescent risk behaviours such as smoking, alcohol use and antisocial behaviour are associated with increased risk of morbidity and mortality. Patterns of risk behaviour may vary between genders during adolescence. It is important to highlight that some behaviours and conditions listed above and several others not covered here do not occur in isolation but are often seen as coexisting behaviours and as co-morbid conditions. It is widely acknowledged that tobacco and alcohol use coexists, while binge drinking is closely linked to road crashes and violence. Alcohol is linked to more than 60 health problems and a variety of social issues ranging from domestic violence to diabetes. Similarly, depression and obesity are closely linked to a number of NCDs and depression in particular with suicides. But adolescence is also a window of opportunity for changing the path of future many adolescents are not yet configure their behaviour pattern fully. There is an opportunity for introducing policies, educational programmes and training sessions , welfare services that could change the path of the adolescents from crossroads of risk.

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SIGNIFICANT ROLE-PLAY OF CAREGIVERS IN ENHANCING ADHERENCE AMONG HIV/AIDS INFECTED ADOLESCENTS

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Abstract:

Although there have been Studies on the presence of Human Immunodeficiency Virus (HIV) among the adult and even pediatric population, the adolescent population has been neglected. The objective of this paper is to disclose the factors of Caregivers and the Healthcare Professionals in providing ART treatment to the adolescents living with HIV/AIDS.

Adolescents (aged 10-19 years) make up one-sixth of the World's population and are extremely diverse. Adolescence period of a life is a sensitive, moulding, a dynamic and a transitional period. (UNFPA: 2016)

Demographic, socio-economic and educational status of the caregivers, the commitment of healthcare professionals are significant factors influencing adherence of medication regiment among infected adolescents as disclosed in the study.

Caregivers and healthcare professionals are facing big challenge to disclose the diseases status of the adolescent who are on ART treatment. To increase disclosure rate, to enhance adherence status, it is important to educate caregivers. The adherence levels would be enhanced desirably in order to curb the infectious trend of HIV/AIDS.

Keywords: Infected, Affected, Adherence, ART and Caregivers.

Introduction:

India is the third largest HIV epidemic in the World. By 2015, HIV prevalence in India was estimated as 0.26%. This figure is small compared to most other middle-income countries, but because of India's huge population (1.2 billion; (HIV and AIDS in India 2015/AVERT)) this equates to 2.1 million people living with HIV. In the same year (2015), an estimated 68,000 people died from AIDS-related illnesses,

identified 86,000 new HIV infections. Especially, more HIV positive mothers would unknowingly pass-on the virus to their children.

Adolescents are confined to as individuals in the age group 10-19 years for this study. This phase is characterized by acceleration of physical growth and, psychological and behavioural changes, thus bringing about transformation from childhood to adulthood. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. HIV/AIDS positive Adolescents is a separate cohort with epidemic and needs to be handled and managed separately for the following reason from that of adult HIV/AIDS as; not only they face problems in accepting their HIV status, need for lifelong treatment, sad memories of their lost parent, a big question mark of their future regarding health, education, carrier and marriage.

An adolescent is an individual who gets infected with HIV once but stays infected and affected for life. But HIV infection is not the end of life. People can lead a healthy life for a long time with appropriate medical care. Anti Retroviral Therapy (ART) effectively suppresses replication, if taken at the right time. Successful viral suppression restores the immune system and halts onset and progression of disease as well as reduces chances of getting opportunistic infections, TB. This is how ART is aimed to work. Medication, thus enhances both quality of life and longevity. **Adherence is the extent to which a person's behaviour in taking medications, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider (WHO 2002:3)**

Review of Literature:

Though there are volumes of facts and findings on HIV/AIDS status at various stages, literature directly relevant to subject under study, HIV/AIDS among adolescents is scanty.

Objective: The objective of the paper is to elicit and analyse the significant role of caregivers in enhancing adherence among HIV/AIDS infected Adolescents.

Hypothesis: Disclosure of adolescents HIV status enhances improved treatment Adherence.

Methodology: The actual data is elicited during year 2012 -14.

Area of the Study is confined to four NGOs namely, St. Joseph Hospital, Damian Leprosy Center, Assisi Hospital and St. Xavier's Hospital, who are providing Care and Support to the Positive Adolescents with HIV/AIDS in the four districts of Andhra Pradesh i.e., East Godavari, West Godavari, Krishna and Guntur Districts respectively. Therefore, Purposive Random Sampling Technique is adopted for the selection of the sample. All adolescents who were registered and continuing for the treatment (ART) for HIV/AIDS infection in these four NGOs of four districts are the actual sample of the present study.

Nature of Data:

Data is into two forms as Primary and Secondary data. The Primary data is collected by the researcher himself with the help of an Interview Schedule. The Secondary data is gathered from the NGOs records, and also information is elicited from Medical and Paramedical Professionals of the subject under study.

Tool for data collection:

A well structured **Interview Schedule** is developed, tested through Pilot study is being utilized for the collection of primary data. Secondly, a tool 'Adherence Tool' which is developed by National Aids Control Organization (2012) was also utilized for assessment of Adherence.

Sampling Unit:

An infected adolescent, who is on-ART Treatment, for the last four months and his/her caregiver.

Sample Size:

The total sample size of the study is 331 pairs – infected adolescent in the age group of 10 to 19 years and his/her caregiver.

Analysis of Data Collected:

After collection and editing, the data was analyzed with the help of SPSS.

Operational Definitions:

Adherence: Adherence can be described as taking pharmaceuticals according to the medical standards after a voluntary

agreement has been made between the patient and the health care provider. However, adherence beyond this definition also encompasses other health-related behaviours. "It is the extent to which a person's behaviour in taking medications, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider" (WHO 2003:3).

Caregivers: A caregiver is someone that takes care of an infected child. This person may or may not be a relative. They may or may not be the legal guardian of the infected child.

ART: Anti-retroviral therapy (ART) effectively suppresses replication, if taken at the right time. Successful viral suppression restores the immune system and halts onset and progression of disease as well as reduces chances of getting opportunistic infections – this is how ART is aimed to work. Medication thus enhances both quality of life and longevity.

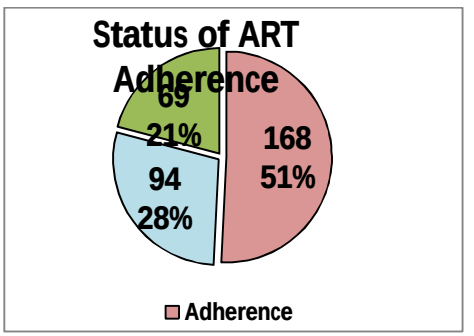
Positive Networks: is a registered body exclusively working on HIV/AIDS positives and their related issue in taking care of their treatment, protection of their legal rights etc.,

Drug Regimen includes timings of medication, frequency of medication and dosage of medication, diversity of the medication, etc.,

Results and Discussion:

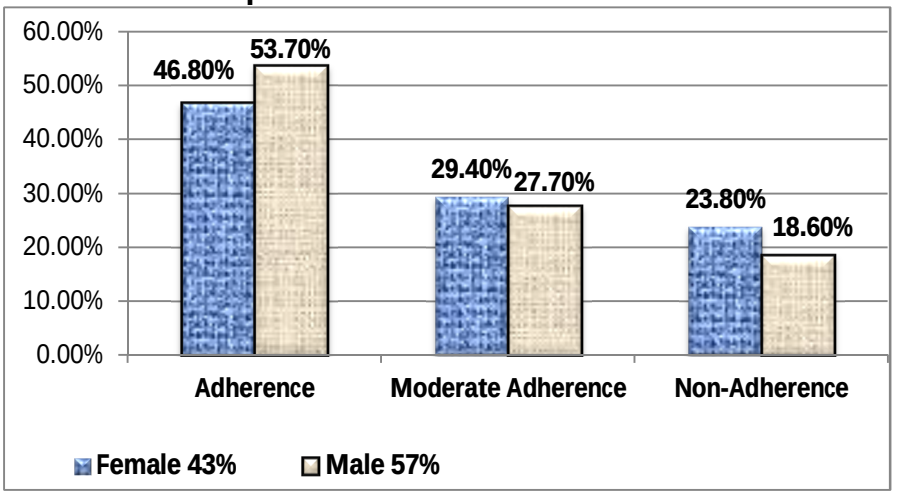
The sample under study, i.e., infected adolescents under ART treatment, are categorised into three groups as '**Adherence**, **Moderate Adherence** and **Non-Adherence**'.

Graph -1: Status of ART Adherence



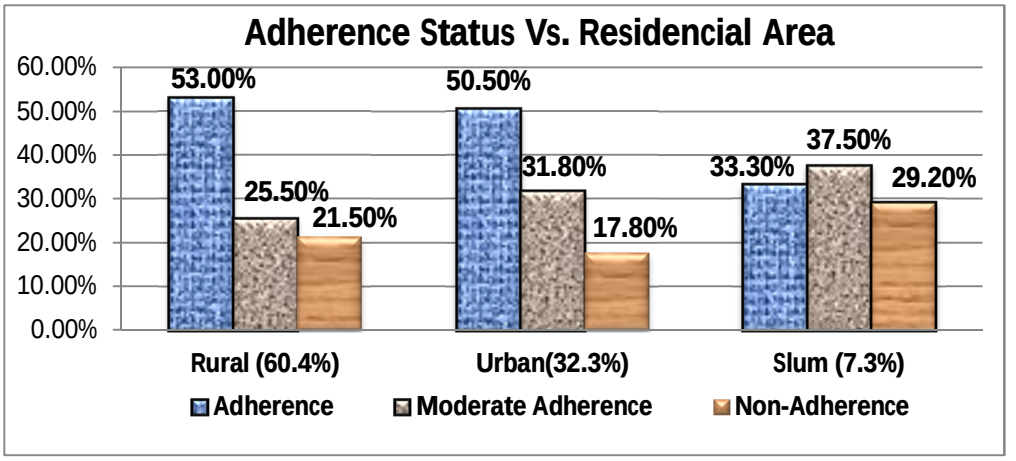
Out of total sample of 331 infected adolescents, the highest proportion 168 (50.8%) are categorised as **Adherence** towards their ART treatment, and 94 (28.4%) are categorised as **Moderate Adherence,** 69 (20.8%) infected adolescents are categorised as **Non-Adherence** towards their ART treatment *(Graph.1).*

Graph -2: Adherence Status Vs. Gender



Out of total sample under study (331), about 57 percent are male and remaining 43 percent are female (143); adherence is observed as highest among male adolescents (53.7%) *(Graph.2)*.

Graphs – 3: Adherence Status Vs. Residential Area



As is commonly observed at global, national and regional level, the infection is high among rural adolescents (60.4%), compare to that of adolescents belong to urban areas (32.3%) here in the present study also *(Graph.3)*.

Table- 1: Adherence Status Vs. Educational Status of the Adolescents

Adherence Status	**High School**	**Intermediate and Above**	**Total**
Adherence	79(48.2)	89(53.3)	168(50.8)
Moderate Adherence	51(31.1)	43(25.7)	94(28.4)
Non-Adherence	34(20.7)	35(20.9)	69(20.8)
Total	**164 (49.5)**	**167(50.4)**	**331(100.0)**

The adherence status of infected adolescents is observed as high among adolescents studying Intermediate and above (53.3%). Normally, by getting older, adolescents' tendency to deviate from restricted schedule of treatment increases as their exposure expands. But, it is to be noted that the risk of disease burden will also increase by getting older *(Table.1)*.

A caregiver is someone that takes care of an infected adolescent. The sample under study, i.e., the infected adolescents who are under ART treatment are analysed with their adherence status and their relation with caregivers. Caregivers are those who are looking after the sample under study. These caregivers may be either father or mother, either grandfather or grandmother, or aunt/uncle, a shelter home or any person in their community under mercy.

The adherence level of infected adolescents is observed as high **(58.6%)** among the adolescents who are taken care by mothers only. Generally and also naturally it is the **mother** who attends more to a child particularly a sick child. Among non-adherence category high proportion **(41.2%)** of infected adolescents are taken care by shelter home and grandparents *(Table.2).*

Table- 2: Adherence Status Vs. Relationship with Caregiver

Adherence Status	Relationship with Caregiver						Total
	Father	Mother	Grand Father / Mother	Aunt/ Uncle	Care Taker (Shelter Home)	Others Specify	
Adherence	32(49.2)	51(58.6)	22(44.9)	17(43.6)	7(41.2)	39(52.7)	168(50.8)
Moderate Adherence	22(33.8)	24(27.6)	12(24.5)	12(30.8)	3(17.6)	21(28.4)	94(28.4)
Non-Adherence	11(16.9)	12(13.8)	15(30.6)	10(25.6)	7(41.2)	14(18.9)	69(20.8)
Total	65(19.6)	87(26.3)	49(14.8)	39(11.8)	17(5.1)	74(22.4)	331(100.0)

Income of the family is an essential factors which contributes to the growth and development of a life, that to, a sick child. More than half of the caregivers of the infected adolescents under study are with annual family income less than Rs. 50,000/- only in the present study.

Table-3: Adherence Status Vs. Opinion of Caregivers on Disclosure of HIV status to the Infected Adolescents

Adherence Status	Opinion of Caregivers on Disclosure of HIV Status to the Infected Adolescents		Total
	Yes	No	
Adherence	150 (52.1)	18 (41.9)	168 (50.8)
Moderate Adherence	83 (28.8)	11 (25.6)	94 (28.4)
Non-Adherence	55 (19.1)	14 (32.6)	69 (20.8)
Total	288 (87.0)	43 (13.0)	331(100.0)

From the above table (Table-3) it is observed that majority of the respondents (87%) have opined as the infected adolescents should be informed about their HIV infection and the related matters.

By disclosing the infectious status of adolescents to the infected adolescents, the coping pattern with ART treatment and improving their health would be better. This opinion is observed high among the category of adherence (52.1%), compared to that of other categories.

Table – 4: Status of Adherence Vs. Duration of Transport/Distance to reach ART Center

Adherence Status	Duration of Transport/Distance to reach ART Center				Total
	Up to 1Hr	2 to 3Hrs	3 to 4Hrs	More than 4Hrs	
Adherence	56 (60.9)	59(42.4)	41(56.9)	12(42.9)	168(50.8)
Moderate Adherence	21(22.8)	45(32.4)	18(25.0)	10(35.7)	94(28.4)
Non-Adherence	15(16.3)	35(25.2)	13(18.1)	6(21.4)	69(20.8)
Total	92(27.8)	139(42.0)	72(21.8)	28(8.5)	331(s100.0)

Travelling long distances to the treatment centres has got negative impact on treatment seeking behaviour among needy in general, and particularly to this type endemic illness. The same is proved here in this study also. Adherence to ART treatment is observed high (60.9%) among who travels less than are equal to one hour from their residence to treatment centre *(Table.4)*.

Table – 5: Status of Adherence Vs. Shortage of Drugs in Supply

Adherence Status	Shortage of Drugs in Supplies		Total
	Stock-out	No stock-outs	
Adherence	6(54.5)	162(50.6)	**168(**50.8**)**
Moderate Adherence	5(45.5)	89(27.8)	**94(**28.4**)**
Non-Adherence	0(0.0)	69(21.6)	**69(**20.8**)**
Total	11(3.3)	320(96.7)	**331(**100.0**)**

Again, about 97 percent of the caregivers have reported as they were supplied with drugs related to ART treatment without any

shortage of supply, and their opinion is observed by high proportion of caregivers of adherence category*(Table.5)*.

Table – 6: Status of Adherence Vs. Pill burden

Adherence Status	Pill burden			Total
	Big	Medium	Small	
Adherence	8(88.9)	16(48.5)	144(49.8)	168(50.8)
Moderate Adherence	0(0.0)	10(30.3)	84(29.1)	94(28.4)
Non-Adherence	1(11.1)	7(21.2)	61(21.1)	69(20.8)
Total	9(2.7)	33(10.0)	289(87.3)	331(100.0)

Similarly, pill burden (size/number of the pills) elicited from the caregivers in this study area. About, 87 percent have expressed that pill burden should be as small as possible*(Table.6)*.

Table – 7: Adherence Status Vs. Support from Community Members

Adherence Status	Support from Community Members			Total
	NGO	Community Member	CBO/ DLNs	
Adherence	124(49.0)	40(57.9)	4(44.4)	168(50.8)
Moderate Adherence	73(28.9)	16(23.2)	5(55.6)	94(28.4)
Non-Adherence	56(22.1)	13(17.6)	0(0.0)	69(20.8)
Total	253(76.4)	69(20.8)	9(2.7)	331(100.0)

As it is known to all, Non-governmental Organization are providing services in the area of HIV/AIDS disease burden with the help of Central and State Government and also from other countries support. Community support in-terms of neighbours and relatives are very much limited to our knowledge and also by studies. But, quite interestingly, 21 percent of caregivers of the sample under study have expressed that they are getting community / organization support in taking care of their infected adolescents. It may be due to awareness camps and follow-up done by NGOs working on HIV/AIDS in that particular area. This finding may be considered as a desirable expectation in human society under humanitarian grounds. About 76 percent of the caregivers have expressed as they are getting support from NGOs of their area*(Table.7)*.

Table – 8: Status of Adherence Vs. Involvement of the Community Agency for Support/Treatment

Adherence Status	Involvement of the Community Agency for Support/Treatment				Total
	Great Extent	Some Extent	No Support	No Response	
Adherence	89(48.9)	67(55.8)	0(0.0)	12(52.2)	**168(**50.8**)**
Moderate Adherence	54(29.7)	31(25.8)	3(50.0)	6(26.1)	**94(**28.4**)**
Non-Adherence	39(21.4)	22(18.3)	3(50.0)	5(21.7)	**69(**20.8**)**
Total	182(55.0)	120(36.3)	6(1.8)	23(6.9)	**331(**100.0**)**

As is known, a community agency may be a Community Based Organizations (CBO), a Stakeholder, a Support Group working on HIV/AIDS areas exclusively in a Community. All ART Centers and Community care Centers are in Coordination with Community Agencies in providing services to the infected and affected adolescents of HIV/AIDS. Here in the present study also, about 55 percent of the caregivers have expressed as they are getting community agencies

support at great extent in taking care of their infected adolescents regarding, nutrition, education, clothing, medication, etc., *(Table.8).*

Table – 9: Status of Adherence Vs. Support received from Positive Networks

Adherence Status	Support Received from Positive Network		Total
	Yes	No	
Adherence	128 (52.2)	40(46.5)	168(50.8)
Moderate Adherence	65(25.5)	29(33.7)	94(28.4)
Non-Adherence	52(21.2)	17(19.8)	69(20.8)
Total	**245(74)**	**86(26)**	**331(100.0)**

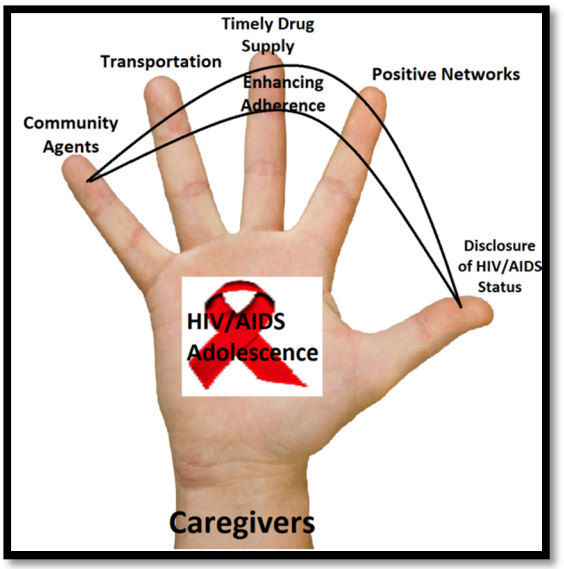
The ART Centers from where the sample under study is being drawn and studied are also functions in coordination with this type of Positive Networks. Usually, the Positive Networks exists and functions at Mandal, Districts, State and at National level.

Whereas, three forth of (74%) caregivers have reported as they are getting support from Positive Networks in taking care of their infected adolescents, the same is expressed highly (52%) by the caregivers belongs to adherence category *(Table.9).*

Conclusion:

Caregivers are instrumental in curbing the infection of HIV/AIDS in the community. The committed involvement of Caregivers towards HIV/AIDS infected adolescents, in terms of disclosing their health status (Secondary Health Services), their Regimen, with the support of Community Agency and Positive Networks would enhance the treatment seeking behaviour of infected adolescents and affected family members, which is proved in the present study also.

Diagrammatic Presentation



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SEXUAL AND REPRODUCTION HEALTH PROMOTION AMONG ADOLESCENT GIRLS – AN EDUCATIONAL INTERVENTION

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INTRODUCTION

Adolescence (10-19 Years) is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. This period results in sexual, psychological and behavioural maturation. Adolescents are a diverse group and are in varying situations of risk, status and environments. For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. Some young people are especially vulnerable. For example, street children, those engaged in sex work, and/or affected by disaster. Each of these groups has varying concerns and need to be appreciated as distinct segments of the population. During adolescence, hormonal changes lead to onset of puberty, sudden and rapid physical growth and development of secondary sexual characteristics. Psychological and emotional changes like assertion of self identity and independence, sex drive, and attraction towards the opposite sex take place simultaneously. Adolescents begin extending their relationships beyond the family.

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They feel an inclination for distancing themselves from parents and expanding their social circle to carve an important place amongst peers. If young people are not well informed or guided, they are likely to make decisions that could harm them. Adolescents are particularly inclined to try out new ideas.

While this is a positive trait, lack of abilities, particularly life skills to assimilate multiple stimuli from media and peers, could encourage them to experiment with risky behaviours. They could engage in smoking, substance abuse, consumption of alcohol, unprotected sex, and while these behaviours may start on an exploratory note, many young people get trapped for a lifetime, and are not able to realize their potential. Often, young people are not informed and/or prepared for the rapid pace of physical, emotional and psychological changes that they undergo during adolescence. Misconceptions about issues related to sex and sexuality, especially those related to masturbation, nocturnal emissions and menstruation make them anxious. Their anxiety and confusion is further compounded by adults who expect them to conduct themselves in a more mature manner without preparing them for their new role. Adolescents, and more so girls, have extra-nutritional requirements that are often ignored, leading to a number of health hazards.

This has been a major cause of widely prevalent anaemia among women. Further, girls are forced into early marriage that seriously undermines their health and limits their opportunities for personal development. Unwanted pregnancies, risky abortions, haemorrhage, obstructed deliveries, low birth weight of the baby, and anaemia are some of the health risks attached to early marriage of girls. Additionally, restricted mobility of girls often limits their access to health services and information on reproductive health. Insensitive attitudes of healthcare providers also prevent them from accessing services. In most cases, they hesitate to seek medical help for treatment of Sexually Transmitted Infections (STIs).

The idea of reproductive rights is inherent to the definition of reproductive health, and these rights are integral to globally recognized human rights. In 1994, in Cairo, the International Conference on Population and Development's (ICPD) Programme of Action urged governments and health systems to establish, expand or adjust health programmes to meet adolescents' reproductive and sexual health (ARSH) needs, to respect their rights to privacy and confidentiality, and to ensure that the attitudes of healthcare providers do not restrict adolescents' access to information and services. Within the framework of human rights established and accepted by the global Community, certain rights are particularly relevant to adolescents and the

opportunities and risks they face. These include gender equality and the rights to education and health, including ARSH information and services appropriate to their age, capacity and circumstance. Actions to ensure implementation of these rights can have tremendous practical benefits: empowering individuals, ensuring well-being, stemming the HIV/AIDS pandemic, alleviating poverty and improving socioeconomic prospects.

REVIEW OF LITERATURE

Sridevi.k.v (May,2011) studied on awareness towards adolescent reproductive health among teacher trainees of awassa, south Ethiopia. The trainees with highly qualified parents were found to have better awareness when compared to the other groups. Trainees whose parents are professionals were found to have better awareness that that of the other groups (F values 39.93, 27.94). Male teacher trainees have better awareness on ARH when compared to that of female trainees Trainees from urban background have better awareness than that of rural background. As the educational level of parents increase the awareness level of trainees on ARH also increases. Trainees whose parents are professionals have better awareness on ARH than non professional parents. P. V. Kotecha**,** etal,A studied on Reproductive health awareness among rural school going adolescents of Vadodara district and found that, Only 31% of the boys and 33% of the girls mentioned that they had heard about contraception. More than half of the adolescent boys and girls knew correctly about various modes of transmission of HIV/AIDS. A large proportion of boys and girls have mentioned changes in the opposite sex such as increase in height, change in voice, breast development, and growth of facial hair, growth of hair in private parts, onset of menstruation in girls, etc. Nearly 70% of adolescents were ready to use AFC. Teachers perceived that adolescents become curious about the changes taking place in them, but they lack information and opportunities for open-discussions to get answers to their queries related to reproductive health. They are willing to take help from teachers but teachers are not equipped with knowledge nor are they comfortable discussing these issues with their students. **M. V. Tolli (2012)** Peer education remains a popular strategy for health promotion and prevention, but evidence of its effectiveness is still limited. This article presents a systematic review of peer education interventions in the European Union that were

published between January 1999 and May 2010. The objective of the review is to determine the effectiveness of peer education programs for human immunodeficiency virus (HIV) prevention, adolescent pregnancy prevention and promotion of sexual health among young people. Although a few statistically significant and non-significant changes were observed in the studies, it is concluded that, there is no clear evidence of the effectiveness of peer education concerning HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people in the member countries of the European Union. Further research is needed to determine factors that contribute to program effectiveness.

Kathrin F. Stanger-Hall mail,(2011) The United States ranks first among developed nations in rates of both teenage pregnancy and sexually transmitted diseases. In an effort to reduce these rates, the U.S. government has funded abstinence-only sex education programs for more than a decade. However, a public controversy remains over whether this investment has been successful and whether these programs should be continued. Using the most recent national data (2005) from all U.S. states with information on sex education laws or policies (N = 48), we show that increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates.

Suneth B Agampodi etal (2007) Adolescents perception of reproductive health care services in Sri Lanka Psychological distresses due to various reasons and problems regarding menstrual cycle and masturbation were reported as the commonest health problems. Knowledge on existing services was very poor and boys were totally unaware of youth health services available through the public health system. On reproductive Health Matters, girls mainly sought help from friends whereas boys did not want to discuss their problems with anyone. Lack of availability of services was pointed out as the most important barrier in reaching the adolescent needs. Lack of access to reproductive health knowledge was an important reason for poor self-confidence among adolescents to discuss these matters. Pyper C. (1999) Reproductive health awareness: an important dimension to be integrated into existing sexual and reproductive health programs.

Singh M, Devi R, Gupt S. (1999) Awareness and health seeking behaviour of rural adolescent school girls on menstrual and

reproductive health problems. Mean age at menarche of the girls was 13.6-P0.83 years. Awareness about the process of menstruation was poor. Commonest reported menstrual problem was dysmenorrhoeal (40.7%) followed by irregular menses (2.3%) of which only 5.3% consulted a doctor and 22.4%, took over the counter medications from the chemist shops. Knowledge about normal duration of pregnancy and need for extra food during pregnancy was poor. Most of the girls knew about importance, duration of child spacing and need for three medical examinations during pregnancy. Major sources of information were television (73.1%), radio (37.1%) and parents (36.1%). Girls preferred to consult parents (49.2%) and doctors (44.6%) for help at times of having reproductive health problems. This study highlights the need for educating school girls about adolescent health, pregnancy and reproductive health problems through schools and 'parents by the health professional.

Kundan (2010) conducted a cross-sectional study among girls in the age group of 15-19 years from different educational institutes of Rohtak city to know the knowledge regarding key reproductive and sex-related issues. A sample size of 743 was calculated at 95% level of significance. The mean age of menarche in the study subjects was 13.1 years. At least two or more modes of contraception were known to 636 girls (80.7%) and oral contraceptive pills (OCP) and Copper-T were the most common known methods. That menstruation is a normal physiological phenomenon was known to 626 (79.4%). The fact that sexual intercourse with an infected person and sharing needles for intravenous drug usage are the most common modes of transmission of STD/AIDS was known to 582 girls (73.9%). Mothers were the most important source of knowledge (in 47.4%) regarding menstruation among the study subjects followed by friends/peers (23.8%), teachers (4.9%), and mass media (4.8%). Regarding contraception, friends/peers were the most important source of information (in 23.2%) followed by mass media (20.1%), mothers (14.8%), and teachers (10.4%). In relation to information regarding abortion, friends were the most important source (in 16.1%) followed by mothers (9.3%), mass media (8.7%), and teachers (5.4%) while for safe sex, friends were the most important source (in 4.0% only) followed by mass media (3.%), teachers (2.4%), and mothers (1.3%).

METHODOLOGY

This study was conducted among out of school adolescent girls in the age of group of 13 to 17 years living in Tirupati Urban slum (Nehru Nagar) Chittoor district, A.P.

OBJECTIVES OF THE STUDY

1. To know the socio economic background of the respondents.
2. To assess the knowledge of the respondents on sexual and reproductive health.
3. To plan and conduct intervention serious.
4. To conduct post assessment to know the effectiveness of intervention.

SAMPLING

As the study is intervention based study the researcher adopted purposive sampling method to select the respondents. The girls who are willing to be the subjects for the study are considered for research as sample respondents. Accordingly 10 adolescent girls were taken for the study.

RESEARCH DESIGN

Pre and Post experimental research design was chosen for this study. The short notation for this design is diagrammed as shown below.

E-Y1 –X –Y2
E-Experimental group
Y1-Pre- intervention measurement
X-Social work intervention
Y2-Post intervention measurement

DATA COLLECTION TOOLS

1. Socio- demographic data sheet used to find out the back ground characteristics of the respondents.
2. The researcher developed self anchored interview schedule on reproductive health

Phase – I:

Pre -intervention: the tool was administered to collect the data from the respondents.

Phase – II: Intervention:

Based on the pre test scores intervention is planned for the respondents on aspects of changes during adolescence, reproductive health, sex and sexuality, Management of RTI/ STI/ HIV/ AIDS, maternal and child health care, fertility, family planning and gender role. This was done in 10 sessions with duration of 30 to 45 minutes per session. Education material developed by the WHO was used for educating the respondents. Lecture cum discussion methods were used to educate the respondents.

Phase – III (post intervention): After the completion of the total intervention sessions again the tool was administer to collect the data related to post test.

DATA ANALYSIS

Data analysis was done after editing the data. Cross tabulations was done for the back ground characteristics of the respondents. Paired sample t- test was done to test the significant difference between pre and post test scores.

FINDINGS

Socio – Economic Characteristics of Respondents:

All the respondents are dropped out from the school after they attain menarche. Majority (90%) live in nuclear Hindu family. Majority (90%) of the respondent family income ranges from Rs. 10,000 to 25,000 per month. All the respondents involved talking care of house hold activities.

Paired sample t-test

Test variable	Mean	N	Std deviation	T-value	P-value
Before intervention	14.3	10	1.159	15.057	0.000
After intervention	23.5	10	2.369		

He above table shows the results obtained from the paired sample t-test. This test was performed by taking the pre-intervention scores from the respondents and also post-intervention scores. This test

was done to test the significance of the intervention. The results presented in the above table reveals that there is significant difference was found at 0.001 levels. Thus it can be said that the intervention provided to the respondents through group work approach was proved to be effective.

CONCLUSION

The ultimate goal of any sexual and reproductive health program is to ensure cost effectiveness, quality and sustainability. Reproductive health awareness is an educational approach which is both relevant and sensitive to many communities' existing sexual and reproductive health needs and concerns. When working with community groups, a participatory approach that includes reproductive health awareness concepts is a simple non-threatening way for programs to quickly expand beyond pure information giving and explore what reproductive health means to people. Although many community sexual and reproductive health programs do not the term reproductive health awareness, they use techniques similar to the reproductive health awareness education approach, when facilitating discussions about sexual or reproductive health. If reproductive health awareness is identified and included as one of the dimensions of future sexual and reproductive health programs, this will hopefully strengthen the program's overall quality and effectiveness.

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A STUDY ON IMPACT OF THE DOMESTIC VIOLENCE ON ADOLESCENTS

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The Census 2011 data shows that there are more than 225 million adolescents (approx. 50 percent are female adolescents) who account for almost 21 percent of the country's populations. The United Nations and Most UN agencies like WHO, UNICEF, UNFPA, etc. consider adolescents as individuals between 10-19 years of age. The domestic violence and abuse between parents irrespective of whether it is direct physical abuse or not is targeted at the child. Children have experienced domestic violence and abuse in the home display increase fear, inhibition, depression, as well as high levels of aggression and antisocial behavior, which can persist into adolescence. The fact that violence in home can have long term damaging effects. Even if the children are not being physically abused themselves, witnessing the abuse of their mother seriously affects their development. The present research is asked on case work. Five adolescent children were selected using purposive sampling technique from the Municipal School, Bommagunta, in Tirupati. In the sense, the school headmaster/ Teachers referred the cases to the researcher. The sample was restricted to five because the present study in an intervention based one. The evidence of research shows that Adolescents are at risk of academic failure, school drop -out, delinquency, and substance abuse. This research has found that five strong cases to show that prevalence domestic violence and abuse is an important cause of long term problems to children and is associated with significant costs. Improvements in early intervention and prevention could have a potentially significant impact on reducing these long term negative consequences.

INTRODUCTION:

Domestic violence is an important cause of long-term problems for children. It has inter-generational consequences in terms of the

repetition of abusive and violent behaviors. **Lewis, J., (2011)** states that impact of domestic violence on children extends far beyond the impact of individual incidence – "the atmosphere of dread that builds up" makes both victim and perpetrator emotionally unavailable to the children. Mothers who are abused can, "become numb, uncommunicative, unresponsive and unable to cope," while violent fathers are, "negative, controlling, authoritarian and punitive in their behavior, and see fatherhood in terms of their rights rather than the child's needs." As detailed by **McGee (1997)** and subsequently highlighted by **Meltzer (2009),** children need not see domestic violence happening for it to impact on them. Children indirectly witness domestic violence between adults in the home by hearing it from another room, by witnessing the outcome of injuries and broken objects, and by noticing and being affected by the resultant depression in the abused parent. These multiple impacts and their interaction with other forms of abuse make it particularly difficult to separate and identify the specific impacts of domestic violence exposure on children.

Holt (2008) identifies numerous methodological difficulties in attempting to do so, stating that domestic violence is, "not a homogenous uni-dimensional phenomenon" whose "impact can be neatly examined in isolation from the potential impact of other stressors or traumas in a child's life". Despite the difficulty inherent in attempting to isolate the impacts and repercussions of witnessing domestic violence from other co-occurring forms of abuse, there are several large reviews that demonstrate the specific impact of exposure to domestic violence on a child's specifically adolescent's psychological and social outcomes. **Macfarlane et al. (2003)** compared 330 children of abused mothers in the US with a comparison group of children of non-abused mothers matched for age and ethnicity, and found that children aged 6-18 years of abused mothers had significantly higher internalizing, externalizing, and total behavior problems. Again causality is unclear but abuse is a very substantial and clear signal of risk.

The Census (2011) data shows that there are more than 225 million adolescents who account for almost 21 percent of the country's populations. The United Nations and most UN agencies like WHO, UNICEF, UNFPA, etc. consider adolescents as individuals between 10-

19 years of age. Hence the present study has been conducted to study the impact of domestic violence on this huge population.

METHODOLOGY:

The researcher has selected Municipal High School, Bommagunta in Tirupati to carry out her research. During the interaction with the staff in the Municipal school, researcher was able to understand that there are many cases of impact of domestic violence on adolescent children in the local area and most of the adolescent children were suffering with various problems. These observations were followed by discussion with the school staff who felt that a supportive intervention would help to alleviate individuals feelings related to their impact status with domestic violence and also their family circumstances and this led to the emergence of this study.

Aims of the Study:

This Study on Impact of the domestic violence in Adolescents has adopted Social Case Work Approach (Datar and Geeta Rao 2010).

Objectives:

- To conduct case work session with the clients.
- To study the impact of domestic violence on the client before and after social case work intervention.

Sample:

Since this is a Case Work based study, five individuals were selected. Thus purposive sampling was the method of choice. In the sense, the school teacher referred the cases to the researcher. The sample was restricted to five because; the present study in an intervention based one.

Results and Discussion:

The socio-demographic profile of the respondents revealed that the age of the respondents was between 12-18 years. In urban area their socio- economic back ground reveals that all were belonged to lower class and nuclear families. Though the selected sample is five adolescents, here in the present research paper only there cases have been presented.

Case –I:

The respondent is 14 years girl. She is studying 9th class in municipal high school in Tirupati town. The respondent lives in a nuclear family and from middle socio-economic status and lives in an urban area. The adolescent girl revealed that her parents have quarrels daily in the home. She stated that her father abuses her mother both verbally and physically. This resulted in psychological disturbances on the adolescent and her education performance in school also found to be was very poor. Due to the frequent incidents of domestic violence and as it effects her mother, the client is forced to do the house hold work. She has no time to study. She stated that her mother also beats her due to the stress of domestic violence.

Due to these problems the respondent is not interested in studying. Every in the class room, she sits silently with lack of interest. Even if the class teacher asks questions or home work, she does not write and not give answers and sits silently and never listens anything. Most of the time she tries to sit alone and doesn't like to mingle with other students.

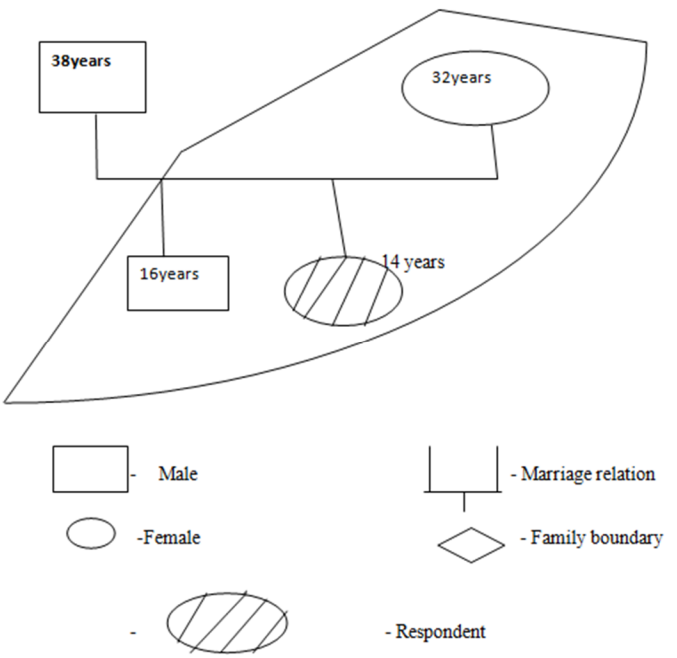
Session in detail:

1. Researcher met the respondent in the school and introduced herself. She explained the purpose and sought the respondent's Class Teacher's and parents' permission to meet her regularly. Researcher and respondent both accepted each other for work though the respondent was hesitant to talk in the beginning, slowly started talking to the researcher. In this process researcher and respondent relationship has been established and respondent mingled freely with researcher. Then in next session researcher took the details from the respondent.
2. In the second session researcher first interacted with respondent and gathered the socio-demographic details. Violence takes place in her family whenever mother does something against father's desire. During that time the whole house is under tension and no one can know what the father is going to do. This is regular phenomenon. Generally, father initiates the violence, after the violence mother beats scolds the respondent due to the stress of domestic violence. She feels that due to domestic violence her educational career has been affected. Respondent's friends pass

ugly remarks about violence in her family. She is fed up of it but there is no alternative, she is now frustrated. After eliciting the reasons for poor interest in education the researcher created the awareness on education and meditation tips to improve the memory power and to improve the positive attitude. The research explained to adolescent that by concentrating on education she can do wonders.

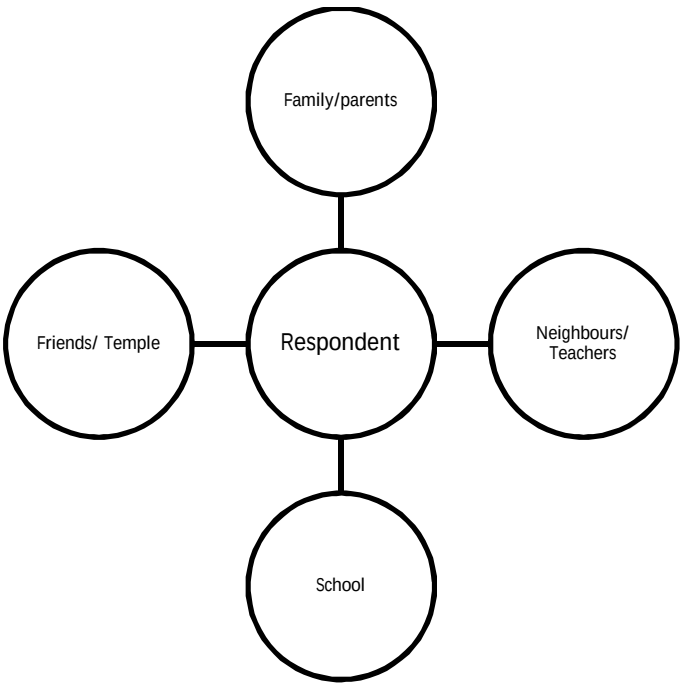
In the third session researcher first interacted with the family members. Researcher had explained the effects of domestic violence on the adolescent to the client of the mother. The researcher also explained to the mother about the also the trauma that the client is undergoing and client poor performance in education. She explained her how the domestic violence is affecting the child psychologically. Then she assessed the family using Eco-map and Genogram. She explained to the respondent that a genogram is used to understand how many members were present in the family, member of male and females, their age, relationship etc.,

Genogram:



In this session researcher also explained about the ecomap and how it is useful to understand about the relationship with others like friends, neighbours, relatives, family etc.,. Researcher gave an example of Ecomap after that involved the respondent in drawing the ecomap. Through the ecomap the researcher analyzed the relationship of the client with other members.

Ecomap:

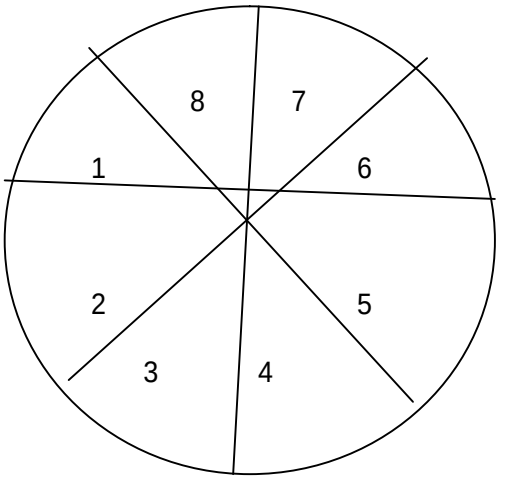


Then researcher thanked the respondent and told that in next session, she would seek information regarding the support network of respondent.

3. In the fourth session researcher visited the respondent's house, interacted with her mother to provide counseling on some important aspects like role of mother in the family and importance of good marital relationship and some coping mechanisms to deal with domestic violence. The researcher explained to the mother how the incidents of domestic violence affects the adolescents and counseled the mother. She also counseled to help the child to come out from the truancy, poor attention span, grade failing and

absenteeism. The respondent was involved in the in network map and support map.

Network Map:

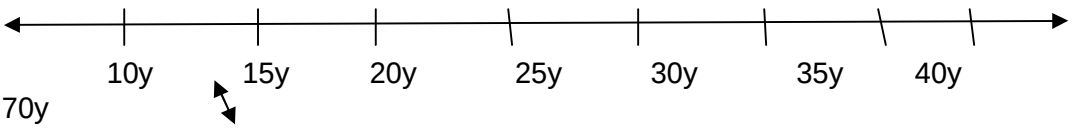


1. Friends 2. Neighbors 3. Relatives (F) 4.Temple
5. Family 6. Hospital 7. Relatives (M) 8.School

Then researcher thanked both mother & the respondent for their co-operation and told in the next session information about Daily Activities schedule will be collected.

4. In the fifth session researcher discussed with respondent about her daily activities and then through drawing she helped the respondent on the events in which her feelings associated with family, school and the events that triggered the emotional problems in the respondent. In this session researcher explained the respondent to draw the life line, conducted the life review activity. Respondent identified her age interval on the life line and recalled her happy movements and sad movements and living in violent home atmosphere and with a constant threat of physical violence or serious neglect of her parents. She is confused, depressed, for lack of love and affection. In this session researcher assessed that the respondents feeling and motivated her to have positive thoughts and guided her to come out from the trauma.

5.



Respondent age

The respondent felt very emotional and showed some interest on studies. She told that happy movement & bad movements were equal. Then researcher thanked respondent then enquired about respondent's understanding about scholastically backwardness and explained the strategies to overcome that.

6. In the last session researcher interacted with the respondent then recapitulated all the above sessions and then she worked on memory tips. The researcher observed improvement in the behavior and education and interaction with peers groups.

Working with individuals and families (Social Case Work) Datar et.al. (2010):

S. no	Phase	Tasks	Illustration
1.	Intake & engagement	Establishing rapport and beginning a relationship. Problem identification. Assessing problem solving efforts of the respondent.	Respondent family was of middle socio-economic status. Researcher built rapport with respondent. Showed acceptance through respondent words. Showed interest while getting information.
2.	Data collection & Assessment	Study the problem Arrive at tentative. Educated about the Positive thinking attitude for the studies	Gathered the social history of the respondent. Understood respondent's concern, i.e. her given by the counselling. Researcher awareness about the importance of education.

3.	Planning & Contracting	Involve respondent in problem solving process. Collaborate objectives and setting goals. Plan tasks.	Explained to the respondent about her/his need to involve in the case work process. Understanding the government services& programmes on the education in present condition.
4.	Intervention & Monitoring	Carry out the plans. Monitor the progress. Revise plan if necessary.	Takes regular time schedule for studying. Meditation for part of life. Entrusted respondent to monitor in her Percentage of marks.
5.	Evaluation and Termination	Evaluation of the progress achieved. End the professional relationship.	Terminated the relationship after respondent developed the necessary confidence to deal with her problem.
6.	Follow up	Continued support. Stabilization of gains. Ensuring respondent functioning remains problem free.	Researcher ensured to the continuous support to the respondent when his continued education in reached the goal.

Case –II:

The respondent is 15 years boy, he is studying 10th class in municipal high school and is from middle socio- economic status and lives in Tirupati Urban town. He is sufferings with nails biting anxiety and isolation, avoiding the sibling and peer group friendships. This behavior has been observed due to the impact of high level of parental conflicts in the house. The community people talk very badly about his father as he is an alcoholic and his mother works as the domestic servant for maintaining the family. Every day respondent's father asks money, for the purpose of drinking, as the mother will not give money it will lead to the quarreling. The father physically abuses the mother and uses bad words on the street. The neighbors told the adolescent to

not come to their house and not to have friendship with their children. When the relatives try to get involved to make the compromise between the parents, his father also shouted at them by abusive words, hence the relatives are not coming to their home. The respondent was feels very isolated, bites nails & always anxious. Though his friends talk to him, the respondent is not interested in mingling with them. He is depressed & anxious and separately sits avoiding the friends in the class room. The parents always quarrel in the streets and his father beats & kicks his mother on the road. He is frightened to see his mothers' bruises& injuries. He stated that if there is any change in the behavior of his parents, he will be happy.

The respondent has been referred to the researcher by the class teacher, as he told all these issues to him. The respondent very actively spoke and requested the researcher to help him in reducing the tension & anxiety. The researcher suggested to do meditation daily for half an to hour and relaxing tips like doing favorite activities like drawing, singing, watching TV for jokes, listening songs, sleeping and so on. The researcher gave intervention and try to help the child to cope with the circumstances.

Case –III:

The respondent is 14 years old child. He was studying 9th class in Municipal government school. Respondent is residing in a Urban slum area along with his relatives. Respondent's parents' behavior has resulted in aggressiveness of the client. His parents gave no proper love and care and every time scolding and beating. He has no freedom because the parents all the time argues loudly in the house. So he has become aggressive. In the school also respondent seems to behaves more aggressive with the peer group children by bullying, kicking, beating, slapping, fighting, threats or attempts to hurts others, His father's behavior had more influence on the respondent. By observation the researcher noticed that his father is the role model to the child and he copies his father's behaviors. The class teacher has so many complaints, refereed by researcher.

The respondent very aggressively spoken to researcher. The researcher told that you have to change your attitude otherwise you loss so many friends & relatives in future and had to lead a lonely life. The adolescent client became silent and started thinking. The

researcher explained how the behavior of the parents affected him, and try to convince to change his behavior first than automatically he can change his family. The researcher gave tips to control his aggressiveness like meditation, reverse counting number, concentration on mind and body and methods of relaxation. After six sessions the researcher noticed changes in the behavior of the client. He was trying to control his anger. The researcher had the follow up and continuously supported the client.

Summary & Conclusions:

These have been presented in the from of tables along with statistics that has been applied, the values obtained, following by the description for each of the tables,

Table -I:

The table shows pre and post intervention scores obtained before and after conducting the intervention based case work with three individuals. The t-test results show that pre and post intervention is found to be highly significance since p- value 0.00<0.01. Hence, we conclude that there is impact of intervention on the adolescent to help them come out from the incidents of domestic violence.

Test Variable	Mean	N	Std .Deviation	T - value	P - value	Remarks
Case pre-I	30.00	9	1.80	**7.74****	**0.00**	**Significant at 1% level**
Case post-I	38.11	9	1.90			
Case pre-II	31.77	9	2.27	**6.52****	**0.00**	**Significant at 1% level**
Case post-II	38.22	9	2.22			
Case pre-III	31.44	9	2.74			**Significant**

Case post-III	38.77	9	1.64	**6.95****	**0.00**	**at 1% level**

Table –II:

Table shows that the impact of domestic violence on adolescent's education. The t-test results show that pre and post intervention is found to be highly significance since p- value 0.00<0.01. Hence, we conclude that there is impact of intervention in reducing the absenteeism & improving the performance in education of the respondent.

Test Variable Absenteeism & improvement in education	Mean	N	Std .Deviation	T - value	P – value	Remarks
Case pre-I	30.00	9	1.80	**7.74****		
Case post-I	38.11	9	1.90		**0.00**	**Significant at 1% level**

Table -III:

Table shows the impact of domestic violence on adolescent. The t-test results show that pre and post intervention is found to be highly significance since p- value 0.00<0.01. Hence, we conclude that there is impact of intervention in reducing the anxiety & nail biting of the respondent.

Test Variable Anxiety nail biting	Mean	N	Std .Deviation	T - value	P – value	Remarks
Case pre-II	31.77	9	2.27			**Significant**

Case post-II	38.22	9	2.22	**6.52****	**0.00**	**at 1% level**

Table – IV:

Table shows that the impact of domestic violence on adolescent. The t-test results show that pre and post intervention is found to be highly significance since p- value 0.00<0.01. Hence, we conclude that three is impact of intervention on reducing the aggressiveness of the client.

Test Variable Aggressiveness	Mean	N	Std .Deviation	T - value	P – value	Remarks
Case pre-III	31.44	9	2.74			**Significant at 1% level**
Case post-III	38.77	9	1.64	**6.95****	**0.00**	

Implications:

Scholastic backwardness:

Education is an important wealth which a person can have in this world. In the modern competitive world in which academic achievements are considered important, scholastic backwardness causes tremendous stress for the students. Academic stress in children can present as physical, behavioral or emotional problems. Self esteem of the children should be improved through counseling and they should be motivated to improve their academic performance. Parents should never have quarrels in front of the child as it affects the academic performance of their children. They should support the child having academic stress and help the child to overcome the learning problem.

Nail biting:

Nail biting is common among toddlers and usually stops as they grow older. However, this isn't same for every child. Some children continue to bite their nails till adolescence or even adulthood. While it's a habit that develops mostly due to idleness and boredom, it also indicates a deep psychological imbalance. Hence engage child from the childhood in activities like painting and sketching, playing with play dough, building blocks with toys, decorating the dollhouse, arranging the picture cuttings are some of the strategies to overcome. And also make fingers taste bitter, go for a run, talking about it, analyze the triggers, increase calcium intake, in the childhood itself are some of the accepted methods to reduce the intensity of the habit.

In case refrain from yelling scolding or punishing the children for biting nails now and then, it will only make it more disturbing for the child and unmanageable. So approach the problem differently. It is more work, much of effort.

Aggressive behavior:

Children who have different levels of difficulties controlling their anger and aggression require different types of intervention. The majority of children who seldom have problems express their anger in constructive ways and finding positive ways to resolve conflicts. They can benefit from the universal and whole school programs designed to promote social and emotional learning. Children who have occasional and moderate levels of problems controlling their anger and aggression will also benefit from the universal and whole school programs, but they may need additional focused support and coaching to express their feelings more constructively and resolve problems without being aggressive.

Finally, the children in our schools who are most at risk require the most intensive interventions. These children and their families affected by domestic violence need intensive interventions that focus on the children's relationship problems and associated emotional, psychological, physical, educational, and social adjustment difficulties. Since their problems have developed over a long period of time in many contexts, these children and their families need specialized attention

from mental health professionals and ongoing support within the school.

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ADOLESCENT CHILDREN WITH AUTISM – CHALLENGES AND INTERVENTIONS

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Abstract

Effectiveness of social case work interventions on enhancing personal skills, social/language skills and academic skills and occupational skills among adolescent children with Autism Spectrum Disorders (ASD)in the community settings of Nellore and Chittoor districts of Andhra Pradesh was examined in the present study by using quasi-experimental research design before and after through pre and Post assessments. The study was conceptualized under ICSSR major research project. Random sampling method was used with 3 case studies. Children with Autism were assessed for level of Autism, and their functional level. The study hypothesized that there will be improvement in personal, social, academic and occupational skills among children with Autism Spectrum Disorders after intervention when compared to base line score. Intervention package with participatory methodology was prepared through literature review and discussion with experts and it was given to the experts for validation. The data collection started with base line assessment followed by intervention for a period of 9 months. The Post assessments were done at the three point time – after 3 months, 6 months and 9 months. Parents/ caretaker were motivated and they involved in the training programme of their children with ASD. Outcome was measured by using percentages. The results showed that there was improvement in the few domains across post assessment. The results were discussed in terms of reinforcing the need for social case work interventions with children with Autism Spectrum Disorders along with applied behaviour analysis programme is very much helpful for inclusion of adolescent children with Autism Spectrum Disorders.

Key Words: Social Case Work, Autism

Introduction:

Autism Spectrum Disorders (ASD) are among the most common neuro-developmental disorders, with an estimated prevalence of 1 in 68 children in the United States having an ASD. (CDC, 2016). ASDs are diagnosed in early childhood, often at or before preschool age. They are diagnosed fundamentally based on behaviour and they have core impairments in social interaction, communication as well as restricted and repetitive behaviour. In addition many individuals with ASD also have impaired cognitive skills, unusual sensory behaviours, or other complex medical and psychiatric symptoms and conditions, such as seizure disorders, motor impairments, hyperactivity, anxiety, and self-injury/aggression.

Interventions used to treat ASD

The expression and severity of ASD symptoms differ widely across individuals and overtime. Interventions may include a range of behavioural, psychosocial, educational, medical, and complementary approaches focused on the transitional process and improving outcomes for parents/families of individuals with ASD during adolescence and adulthood. Present study focused on case studies of adolescent children with Autism from the study area of Nellore and Chittoor districts. This study is a part of Indian Council of Social Science Research (ICSSR) major research project conducted during the period of 2014 to 2016.

Problems faced by Families of children with ASD:

Parenting a child with disability can create great stress on parents and create imbalance in the family. As a group, parents of children with Autism appear to be most adversely affected by rearing a child with disability. Parents face unique challenges related to characteristics of children with ASD. Adolescent stage is a critical stage; generally persons with adolescents face lot of problems and frustrations. Parents of adolescents with Autism have confusion in bringing up their children. Adults with autism face challenges that children with autism often do not. “Adolescents with Autism face discrimination that comes from a lack of understanding about autism. The tolerance that is extended to children with autism is often lacking,”. Specially, autism impairs social relatedness, and exhibit very unusual language and communication patterns, such as stereotyped speech and odd behaviours may create difficulties for parents when they spent time

with their children in public situations, which may be emotionally painful for parents/families of children with ASD.

Perceptions of Society towards adolescents with ASD:

Autism is treated by society as disease or severe disability. The society does not understand the problems of adolescents with Autism Spectrum Disorders (ASD).stigma is attached to these developmental disabilities. Although autism is receiving substantial attention in the scientific community and from the press, adult autism and related issues have been neglected. Country like India, different languages, different educational and income levels, different cultures, customs, have more impact on awareness levels of Autism.

There is no cure for ASD and no global consensus regarding which intervention strategies are most effective. Chronic management, often using multiple treatment approaches, may be required to maximize ultimate functional independence and quality of life by minimizing core ASD features, facilitating development and learning, promoting socialization, reducing maladaptive behaviours and educating and supporting families. There are very few support services are available for children with Autism. Many services (Special Education, Therapies, Vocational training etc) facilities are accessible at cities than semi urban and rural areas. Though there are support services for individuals with developmental disabilities through Sarva Siksha Abiyan (SSA) programme, but support from these services are not adequately meet the challenges of children and families of individuals with Autism. And also the costs of services in cities are very high it is very difficult for the families of individuals with Autism can meet these services. Relating to transitional and employment programs are very little in Indian communities.

Review of literature traces that less data on therapies for adolescents or young adults exists than for younger children (Schall C, McDonough J, 2010) and such research is increasingly important as the prevalence of ASD continues to grow and as children with ASD diagnoses reach adolescence.

The aim of this paper is to study the case studies of adolescent children with Autism, and problems of parents of Adolescent Autism in bringing up their children. The data was collected in Nellore and Chittoor

districts of Andhra Pradesh covered under ICSSR Major Research Project.

Objectives of the study:

- To study the socioeconomic particulars of parents of adolescent children with Autism.
- To Identify the problems faced by the parents of adolescent children with ASD
- To study the social case work intervention for adolescent children with Autism.

Methodology:

Locale of the study:

The study was conducted in community settings of Nellore and Chittoor districts.

Sample Selection:

Adolescent children with Autism were randomly selected from various rural and urban community settings of Nellore and Chittoor districts of Andhra Pradesh with the help of SSA data of both the districts.

Information was collected on the basis of the following methods:

- Observations
- Interviews
- Case Studies
- Focus Group Discussion

Findings from the study:

Case Study No: 1

Name: Janani (name changed)

Age: 13 years

Sex: Female

Town/Village: Chittoor

District: Chittoor

State: Andhra Pradesh

Ms.Janani was born to rural, middle class, Hindu ,joint family. Monthly income of the family is Rs.15,000/- per month.Janani is the eldest daughter of her parents and she has younger brother studying 3rd class. Both parents studied graduation. Janani is diagnosed with moderate Autism. Parents recognize the problem of language difficulties and interaction difficulties at the age of 30 months. At the age of 4 years they attended Christian Medical College, Vellore and diagnosed as Autism and undergone training for 3 months. After identifying the problem in Janani, there were conflicts in the family. Parents came to Chittoor from their village in the year 2009 for education of their children. Janani's mother felt that her husband favoured her son and not shown interest towards daughter and did not treat them equally. He thought that it is the responsibility of the mother to look after the girl and has unenthusiastic attitude towards daughter and more interested towards his son. Mother suffered with emotional trauma during her pregnancy due to adjustment problems with her mother-in-law, sister–in-law and her husband. There is history of medication and changing of schools, and finally they attended Bhavitha centre at Chittoor, but not attending regularly and have dissatisfaction about services available at the centre.

Presenting Problems:

When the research team saw Janani at her home after consultation with the mother over phone.(Information regarding case and address etc. get from SSA data) Janani is young girl attending the small chores with the instruction of mother. She is independent in motor, and few self help skills, can eats herself. Dependent in brushing, self cleaning, wearing dress, taking bath, braiding and talks with cueing i.e., with first word of the sentence and respond with low voice. When mother consistently asked about doing work continuously, she threatened her mother that she will "tell to her father", her intention is he will scold her mother. She was not able to identify colours, writing of name and address with phone number etc. Janani antagonized her mother through rocking behaviour in home and in social gatherings.

Intervention:

The research team visited the homes of cases during August and September of 2014. After initial survey in both Nellore and chittoor districts, the Project Director visited the homes of selected cases and

did assessment, set goals and objectives and train the care taker /family members of adolescent autism in giving training to the wards. Every 20 days once two research assistants visited the homes of cases and providing assistance to them in training the adolescent children with autism. The training was carried over a period of 9 months with 14 sessions to each case. Each session consists of 3 -3 ½ hours and evaluation was done at 3 point of time - 3, 6, and 9 months.

Research team consists of Project Director(Author) and two research Assistants. The team went to home visit with due consultation with both the parents of Janani over phone. Introduce both the parties. Explain about purpose of visit to the mother of janani. Father was not available in home. After introduction, the researcher interviewed mother and collect case history of janani and did assessment by using Functional Assessment Checklist for Programming (FACP, developed by National Institute of Mentally Handicapped, Secunderabad.) and also assessed through ISAA (Indian Scale for Assessment of Autism developed by NIMH) ,Inclusive Education Resource teacher assistance was taken while doing assessment. Janani was diagnosed as moderate autistic child. Goals and Objectives were selected with due consultation with mother. Demonstration was given to mother how to train Janani by using prompts (physical, verbal, gestural, cueing). Task analyses (T.A.) were developed and tell the mother how to mark on the Task Analysis sheet. Clarify the doubts. Tell the parents to reinforce the child for every successful attempt. Same procedure was followed for all the cases.

.Janani has less eye to eye contact while talking. She looks down her eyes and speak. Training was given in maintain eye to eye contact, hand washing, informing about her toilet needs in outside home, mixes rice with curry, removes and wears kurtha, and identifying red and yellow color, writes her father name, mother name, phone number and address and for occupational skills involved janani in Textile work.

After evaluation, it was observed that Janani has achieved 100% assistance in hand washing, toilet indication in outside the home, eats rice with dhal and removes kurtha and write the phone number. And 75% achievement in wearing kurtha, identifying red and yellow colours, writes father and mother name.

During the due course of time Janani's father was slowly show interest after the daughter achieved improvement in skills in home setting. Parents were counseled to attend Bhavitha centre, because Janani needs social interaction at least for half day. Parents also advised to take janani to super market, vegetable market for purchasing groceries, and vegetables.After counseling to start self employment, mother is interested to start Small Scale textile business in her home. The researcher advised mother to involve Janani in Textile business and also asked her to talk with neighbours who have came to her home to purchase clothes. Now Janani is getting training in these areas.

Case study No :2

Name: Delhi Babu (name changed)

Age: 16 years

Sex: Male

Town/Village: Narasapuram

Mandal: Indukurpeta

District: Nellore

State: Andhra Pradesh

Delhi babu was born with normal delivery, birth weight of 4 kg.s..He had head injury at the age of 2 years. He was diagnosed as Autistic child at the age of 5 years. He is younger son of his parents and he has an elder sister got married. Delhi babu is from Hindu, nuclear family and monthly income of family is Rs.10, 000/-. Father studied B.Ed., working in private school as teacher and mother is house wife studied up to primary education**.** Mother has emotional trauma during her second pregnancy due to family conflicts with in-laws and sister-in law.

Presenting Complaints:

Delhi babu is independent in eating, can indicate toilet needs, if toilet door opens he can use it otherwise he will do accidents. Dependent in brushing, dressing and few toileting skills. He will speak with low voice. While talking he has gauze avoidance. He is more interested to do gardening. Delhi Babu has more attachment with father. Both parents are sad and depressive. They keep on moving from doctor to doctor for magical cure. Father is over pampered the boy.

Intervention:

When research team went to home visit, both parents were attended, and they were much interested to know about immediate cure of the child. The parents have high aspirations that their want their son to do some private job.

After assessing Delhi Babu diagnosed as moderate Autism. He has echolalia (repeating the words of others) He was trained in toileting skills, use toilet for defecation, brushing teeth, wears shirt and T-shirt, writes his address and phone number, color identification (Red, Yellow, Blue & Green), counting objects up to 5. And for occupational skills involved Delhi Babu in gardening skills.

After intervention, he has achieved 100% achievement in toileting, brushing, and dressing skills. He achieved 75% improvement in academic skills.

Parents were counseled regarding condition of Autism. Educate patents by showing articles relating to Autism. Explained parents how over pampering hinder the child not to learning any work, at least his own skills.(personal skills/self help skills).Need not depressed. Compared other developmental disabled children, Delhi babu is can walk independently, can do small chores in house as per instructions. Only thing is systematic training is lacking. After counselling parents, especially father corrected himself, involving in training programme of his son systematically within structured environment. Mother felt so happy, and involve his son in kitchen gardening. Networking was developed with IERT of Indukur Peta. Parents also willing to take their son to Bhavitha centre, School for special Needs children at least twice a week for fallow- up.

Case Study No: 3

Name of the Child: John Daniel

Age: 14 years

Level of Autism: Severe

Mandal : Manobulu

District : Nellore

John Daniel 15 years boy with severe Autism. He hails from extended, low class, Christian family. Monthly income is Rs.5000/- . Parents have consanguious marriage. Father studied up to 10 class, mother studied up to Post Graduation. Mother had emotional problem during her pregnancy. John was unwanted child to his mother, because she knew that consanguious marriage leads to defective children. Her first child died soon after birth.

John Daniel born through normal delivery, with 31/2 K.G. birth weight. There is a history of mental retardation (Grand Father) in the family. Father has health problem got paralysis due to high blood pressure, after physio-therapy, he can able to walk slowly. Daniel has younger sister of 10 years old, studying 5th class.

Presenting the Complaints:

John Daniel, severe autistic child has wondering behaviour, aggressive, self injurious behaviour. He has language difficulty (words level- no clarity). He has behavioural problems like hitting, biting, sleep problems, argumentative, bed wetting, cruel to animals, rocking, spinning, flapping hands. He is dependent in self help skills, dressing, brushing, toilet indication, meal time activities. Mother worried about family conditions and feeling depressed.

Intervention:

When research team visited John's home, grandmother welcomed them. When the team introduced themselves, she called her daughter-in-law. She is educated mother and is in depressed mood. Mother in her initial remarks told that there is no use to work in these conditions. She told that "I am interested to train, but I do not have time to train my son".

The researcher observed the family conditions, and contacted with IERT of Manubolu, who was worried about wondering behaviour of the adolescent boy. The researcher has given time table with pictures attached to it and asked the family members to paste it on the way to wash room. Suggested grandmother to train the child in daily activities by showing the pictures every day. By using behaviour analysis (ABC), identify the cause for problem behaviours and explained to the family members that the adolescent boy did self injurious behaviour (biting his hand) because things are not done immediately in proper way. When he was hungry, if mild or breakfast, lunch Dinner became late, or if he

gets ready through sign language he will show that he wanted to go out. If anybody did not take him out, he will bite himself. Likewise whenever, he clearly indicates his need, if family members are not attending to him, he will bite himself.

Researcher explains to the family members that Daniel unable to tell his needs verbally; if you train him to show his need, by showing the picture he will learn how to express his need. Researcher train the grandmother and mother, how to give training to Daniel to recognize pictures. Involve father to take Daniel for half day to Bhavitha centre and father has to stay along with him. This method has given respite relief to the mother. Grand mother is very enthusiastic, she motivated daughter-in-law. Daniel mother ventilate her feelings and pressure after few sessions with her. Researcher explained about other cases in district, under study. After contacting other two parents she developed a hope and she expressed that if her son achieved all personal skills that will be great help for her.

Daniel trained in toilet indication, self cleaning with assistance, brusing teeth, washing hands, wears under pant, eats dosa, chapatti by making pieces, eating mixed rice with spoon and mixed and eats rice. He can write his name and colours within the lines. He has shown 100%improvement in toiletting skills and washing hands, wear s under pant, and colours within lines, 75% improvement in brushing teeth and eating skills, and writing his name.

Results:

The following results are consolidated from the above cases:

- 66.6% of children have born on second birth position.
- 66.6% of children with Autism born with birth weight of 3 k.gs and above.
- 100% of mothers suffer with emotional trauma during pregnancy
- 66.6% of adolescent children with Autism are male persons.
- 66.6% families are nuclear families.
- 66.6% families are belongs to middle income group.
- 66.6% of children have language difficulties

- 66.6% of children have temper tantrums
- 66.6% adolescent children with autism have aggression and the same percentage has flapping hands.
- 100% children with Adolescents with autism have trained and improved in toileting skills
- 75% of improvement in dressing skills and meal time activities observed
- 66.6 % children with Adolescents have trained in Brushing and grooming skills.
- 66.6 % children with Adolescents have trained in colour identification, colours within the lines, counting objects and involved in hand washing.
- Families of ASD ventilate their emotions with the professionals
- Develop self determination and decision making among parents of ASD was observed.

Conclusions:

To meet heterogeneous nature of adolescent children with Autism, Individual, psycho-social family therapy is more helpful for adolescent children with Autism. The researcher used the principles and techniques of social case work viz., acceptance, confidentiality, Empathy, self determination, confrontation, home visits, interviewing and techniques of applied behaviour analysis like task analysis, shaping, chaining, prompting, reinforcement are used and it is concluded that reinforcing the need for social case work interventions with children with Autism Spectrum Disorders along with applied behaviour analysis programme is very much helpful for inclusion of adolescent children with Autism Spectrum Disorders.

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KNOWLEDGE ON PREVENTION OF CERVICAL CANCER AMONG ADOLESCENTS

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Introduction

"A women is the full circle, with in her is the power to create nurture and transform"

--Diane Marie child

Majority of the cancers are related to life style and environmental factors, Cervical cancer is one of the most common cancer amongst women in India .High risk, human papilloma viruses (HPVS), especially HPV – 16 and 18 are the etiological agents in cervical cancer development. In early stage no symptoms are seen, later symptoms may include abnormal intermenstrual bleeding and post coital bleeding. Cervical cancer typically develops from precancerous changes over 10 to 12 years. About 90% of cervical cancer cases are squamous cell carcinoma, 10% are adeno carcinoma and a small number are other types.

Diagnosis is typical by cervical screening followed by a biopsy. HPV vaccine protect against HPV 16,8,18 strains. According to ICO information centre in India (2014)every year in India 1,22844 women are diagnosed with cervical cancer and 67,477 die from the disease. India has a population of 42.2 million women aged 15 years and older who are at risk of developing cancer. It is the second most common cancer in South Asia .Epidemiology of cervical cancer in India is alarming and there is a need for preventive measures against cervical cancer.

The free national HPV vaccination program was introduced in 2007 because extensive trials proved that vaccinating young adolescents with HPV vaccine before exposure to sexual life can effectively prevent cervical cancer. Cervical cancer is the fourth most common cause of the death in women. According to National centers for cancer prevention

in India. Cancer prevalence in 2014 it was estimated 52800 cases of cervical cancers occurred in developing countries. The American cancer society estimated that 11, 00 new cases of invasive cervical cancers were diagnosed in the United States each year and approximately 4000 American women die from the disease each year.

Thus there is immense need to educate young adolescent on cervical cancer prevention because it is the only cancer which can be prevented. Treatment of cervical cancer consists of combination of surgery ,chemotherapy and radio therapy.

Methodology:

The present study objective is to assess knowledge on prevention of cervical cancer among adolescents studying general nursing diploma course, in various schools of Nursing in Tirupati. and attending clinicals at S.V.R.R.G.G. Hospital,Tirupati..

The primary objective is to assess the knowledge levels of adolescent girls on prevention of cervical cancer, to assess the knowledge on healthy practices in prevention of cervical cancer and to provide educational interventional module for the prevention of cervical cancer. The sample design used for the present study is simple random technique. The sample consists of thirty adolescents studying general nursing diploma . Data collection was done by structured questionnaire.

Results and Discussion:

Table 1

Percentage distribution of Adolescents according to Demographic and socio Economic characteristics.

Demographic Characteristic	Description	Frequency	Percentage
Age in years	12-14	0	0
	15-17	3	10.0
	18-20	19	63.3
	>20	8	26.7
	Total	30	100
Education of the student	Inter	16	53.3
	Degree	8	26.7

	Vocational	6	20.0
	Total	30	100
Religion	Hindu	21	70.0
	Christian	8	26.7
	Muslim	1	3.3
	Other	0	0
	Total	30	100
Family income per month	<Rs.10000/-	22	73.3
	Rs.10000-20000/-	8	26.7
	>Rs.20000/-	0	0
	Total	30	100
Type of family	Nuclear family	25	83.3
	Joint family	5	16.7
	Total	30	100
Place of residence	Urban	3	10.0
	Rural	27	90.0
	Total	30	100
Previous knowledge on cervical cancer	T.V	9	30.0
	Radio	6	20.0
	Internet	11	36.7
	News paper	4	13.3
	Total	30	100
Family history of cervical cancer	Parents	0	0
	Siblings	2	6.7
	Grand parents	3	10.0
	Others	5	16.7
	None	20	66.7
	Total	30	100
Had vaccine for cervical cancer	Yes	6	20.0
	No	24	80.0
	Total	30	100

Out of the sample, majority (63.3 percent) belongs to 18 years of age group.(Table no 1). One half of the sample (53.3 percent) were with Intermediate qualification, nearly three fourths (70.0 percent) were Hindus. Majority (73.3 percent) were belongs to family income group of

Rs. 10,000 per month. Major proportions (83.3 percent) were from joint family. An over whelming proportion (90.0percent) were from rural areas. One third of the respondents (36.7 percent) had information on cervical cancer from internet followed by from T.V (30.0percent). Only for one tenth (10.0 percent) of the sample grandparents were having history of malignancy. And only one fifth (20.0 percent) of the sample were vaccinated against cervical cancer.

Table - 2
Frequency and percentage distribution of adolescents according to level of knowledge on Prevention of Cervical Cancer

N=30

Level of knowledge	Frequency	Percentage
Inadequate (<49.9%)	19	63.3
Moderate (50-74.9%)	9	30.0
Adequate (>75%)	2	6.7

Out of the sample 63.3 percent of the adolescent were having inadequate level of knowledge on prevention of cervical cancer(Tableno.2) as against a minor proportion (6.7percent) with adequate knowledge. The remaining one third (30.0percent) were having moderate knowledge on prevention of cervical cancer.

Table - 3
Frequency and percentage distribution of adolescents according to level of knowledge on General information regarding cervical cancer

N=30

Level of knowledge	Frequency	Percentage
Inadequate (<49.9%)	16	53.3
Moderate (50-74.9%)	12	40
Adequate (>75%)	2	6.7

Out of the sample 53.3 percent of the adolescents were having inadequate level
Of knowledge on general information of cervical cancer(Table no3) .Two fourths (40.0percent) were having moderate level of knowledge

and a minor proportion (6.7percent) were having adequate level of knowledge on general information regarding cervical cancer.

Table – 4

percentage distribution of adolescents according to level of knowledge on causes, clinical manifestations and diagnosis of cervical cancer

N=30

Level of knowledge	Frequency	Percentage
Inadequate (<49.9%)	14	46.7
Moderate (50-74.9%)	15	50
Adequate (>75%)	1	3.3

Out of the sample less than half (46.7percent) of the adolescents were having inadequate level of knowledge on causes, clinical manifestations and diagnosis of cervical cancer(Tableno.4).Half of the adolescents (50.0percent) were having moderate level of knowledge only very small portion of the adolescents (3.3percent) were having adequate level of knowledge on causes ,clinical manifestations and diagnosis of cervical cancer.

Table - 5

Frequency and percentage distribution of adolescents according to level of knowledge on treatment of cervical cancer

N=30

Level of knowledge	Frequency	Percentage
Inadequate (<49.9%)	23	76.7
Moderate (50-74.9%)	7	23.3
Adequate (>75%)	0	0

Out of the sample slightly more than three fourths (76.7 percent) were having inadequate level of knowledge on treatment of cervical cancer. (Table no 5) .one fourth(23.3percent) were having moderate level of knowledge ,as against None of them were having adequate level of knowledge on treatment of cervical cancer.

Table - 6

Mean and standard deviation distribution of knowledge scores of Adolescents on Prevention of Cervical Cancer

Test statistic	Knowledge on prevention of cervical cancer
Mean	9.86
Standard Deviation	3.74

Out of the sample the mean knowledge of adolescents on Prevention of cervical cancer is 9.86(Table no.6) and that of standard deviation is 3

Table – 7

Association between knowledge of adolescents on Prevention of cervical cancer with Demographic variables

Demographic variable	N	d.f	chi square value	Table value	P value	Significance
Age	30	4	6.25	9.49	0.05	NS
Educational status	30	4	12.58	9.49	0.05	**
Religion	30	4	1.60	9.49	0.05	NS
Family income per month	30	2	8.47	5.99	0.05	**
Type of family	30	2	0.12	5.99	0.05	NS
Place of residence	30	2	1.25	5.99	0.05	NS
Previous knowledge on cervical cancer	30	6	6.67	12.59	0.05	NS

Family history of cervical cancer	30	6	0.29	12.59	0.05	NS
Had vaccine for cervical cancer	30	2	7.63	5.99	0.05	**

** significant NS- Not significant

There is a significant association between the knowledge of adolescents on prevention of cervical cancer(Tableno.7) with educational status, family income, and had vaccine for cervical cancer and the obtained chi-square values were significant at 0.05 level. There is no significant association between the knowledge of adolescents on prevention of cervical cancer with age, religion, type of family, place of residence, previous knowledge on cervical cancer and family history of cervical cancer and the obtained chi square values were not significant.

Conclusion and implications:

Majority of the adolescents were not having knowledge on prevention of the cancer cervix though it is preventable by vaccination and by adopting healthy lifestyles. Adolescents need to be educated by providing educational interventional module .If vaccinations were given to adolescent girls before getting married this will definitely help in reducing the occurrence of cancer cervix.

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ANXIETY IN ADOLESCENT GIRLS

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Introduction

Adolescence is a distinct and the most crucial period in the life cycle of human beings. It is normally a period of 12 to 21 years of age.

Adolescence is a period of transition when the individual changes physically and psychologically from a child to an adult. This transition involves psychological, emotional, social and intellectual changes. At this developmental level, young people are emerging adults, sexually mature in their final stages of their education or in the early stages of their career, about to undertake many socially accepted adult pursuits including finding and keeping a job and establishing relationships with romantic partners (Patel, et.al. 2007).

Adolescent may get feelings of apprehension irritability and anxiety conditions, which may give anxiety to them, may vary. Anxiety is a kind of uneasiness of mind or a kind of apprehension irritability or distress arising out of disturbances with in a person's inner mind.

Anxiety may arise from sense of insecurity or it may arise out of threat from others. Conflicting pressures always prevail in culture.

Anxiety is a feeling of worry, nervousness or unease about something with an uncertain outcome. It is a strong desire to concern to do something or something to happen.

Anxiety describes the individual's levels of emotionality. Anxiety is therefore primary evidence of a lack of adjustment. Anxiety is a generalized emotional state.

Anxiety affects personality through its effect on behaviour. Anxiety of great strength may motivate some people to greater

achievement. Anxiety is therefore primary evidence of a lack of adjustment and is a key concept of adjustive difficulties.

Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.

Types of anxieties are as follows:

Neurotic anxiety : It develops when people fear that their instincts will get out of control.

Moral anxiety : Sometimes called guilt, occurs when people punish themselves for minor transgressions.

Objective anxiety : The ego perceives a genuine danger in the real world.

Social anxiety : It may contribute to problems in youngsters peer relations, which are critical for normal social and emotional development.

An adolescent with an acute anxiety reaction feels a sudden surge of fearfulness, as if something bad about to happen. He (or) she may become agitated and restless, startle easily, and experience physical symptoms like dizziness, headache, nausea or vomiting. Attention span may be limited and sleep disturbances are common. The anxious adolescent may have difficulty falling asleep, and sleep itself may be limited and restless, with much tossing and turning, perhaps accompanied by nightmares or sleep walking (Nemiah ,1988).

Sing (1990) found that the relationship between stressful life events and adolescents in 300 girls aged 11-17 years. Common stressful life events and various anxieties observed. There was a significant association between stressful life events and anxiety states.

Objectives of the Study

- To study the levels of anxiety in adolescent girls.
- To study the effect of their age, ordinal position and subjects of study on the levels of anxiety in adolescent girls.

Method

The adolescent girls were selected from Sri Padmavati Women's Degree College, Tirupati for pilot study and final study by using simple random sampling. Since only one women's degree college is present in Tirupati it has been selected. The girls were in the age group of 18 and 19 years. They were studying I year B.A. (Indian Culture, Psychology and Social Work (IPSW), Geography, History and Population Studies (GHPS), Economics, Political Science and Sociology (EPS) subjects.

Sinha's (1971) Comprehensive Anxiety Test (SCAT) items were largely constructed on the basis of the symptoms of anxiety by adolescents. The Product moment correlation between the test and retest score was 0.85.

The internal consistency reliability was ascertained by using Spearman brown formula, the reliability coefficient of the test was found to be 0.92. The coefficient of validity was determined and it was significant.

After translating the Sinha's (1971) Comprehensive Anxiety Test into Telugu language which is a regional language the pilot study was conducted on 15 students to see whether the test items are suitable to the subjects and really elicited the desired information or not and to make necessary alterations if needed.

Forty five adolescent girls of I year B.A. (IPSW, GHPS & EPS subjects) girls were selected for final study to collect the data. Administration of the test and scoring was done as per the instructions given in the manual. The scores were analyzed by using the statistical techniques like percentages, mean, Standard Deviation, z_0 test, t_0 test.

Results and Discussion

Table-I

Levels of Anxiety in Adolescent Girls

Levels of Anxiety	Number	Percentage
High anxiety	21	46.6
Low anxiety	24	53.4

From the table 1 it is evident that number and percentage of adolescent girls with different levels of anxiety. Nearly half of the

percentage (46.6%) showed high anxiety level and another half of the percentage (53.4%) showed low anxiety level.

Higher percentage of the adolescent girls are seen with low anxiety .The reason might be the adolescent girls move from childhood to adulthood, mature their minds emotionally, mentally, socially and physically.

Table – 2

Adolescent Girls with Different Levels of Anxiety According to Their Age Groups

Age Groups	High Anxiety		Low Anxiety	
	Number	Percentage	Number	Percentage
18 years	13	28.8	15	33.3
19 years	7	15.5	10	22.2

The total sample is 45 in number, among them 62.1 percentage of adolescent girls are from 18 years age group and 37.7 per cent of them are from 19 years of age group.

From the Table 2 it is seen that number and percentage of adolescent girls with different levels of anxiety according to their age. In the 18 years age group 28.8 per cent girls showed high anxiety and 33.3 per cent showed low anxiety. In the case of 19 years age group 15.5 per cent showed high anxiety and 22.2 per cent showed low anxiety. On the whole the higher percentage of the adolescent girls in 18 years and 19 years showed low anxiety level.

Monck and Graham (1994) elicited information about anxiety and depressive disorders occurring in a community population of older teenage girls (15-20 years). About 17 per cent of girls in a community sample living at home showed anxiety disorder. Even in late adolescence the presence of a mood disorder is closely linked to the quality of family relationships with in the home.

Table 3

Adolescent Girls with Different Levels of Anxiety According to Their Ordinal Position

Ordinal Position	High Anxiety		Low Anxiety	
	Number	Percentage	Number	Percentage
First born	6	13.3	10	22.2
Middle born	4	8.8	4	8.8
Last born	8	17.7	13	28.8

With regard to ordinal position majority (46.5%) of them are last born, 35.5 per cent are first born and remaining percentage i.e., 17.6 per cent are middle born.

The table 3 reveals that adolescent girls with different levels of anxiety according to their ordinal position. The higher percentage (22.2%) of adolescent girls who are first born expressed low anxiety. The percentage of first born adolescent girls (13.3%) are in high anxiety. The middle born adolescent girls are identified equal percentage (8.8%) for high anxiety and low anxiety. It is also observed that the highest percentage (28.8%) of last born adolescent girls showed low anxiety and 17.7 percentage of them are seen with high anxiety.

From the above table it is clearly noticed that most of the first born and last born adolescent girls expressed low anxiety level.

Jashn (2002) revealed that personality measures as tendency, emotional stability, responsibility, sociability and self-esteem were compared across birth order categories. Undergraduates (N=535) reported whether they were the eldest, middle born children of their families, only children or of inconsistent birth order due to parents remarriage. ANOVA did not support any significant effects for these personality traits across birth order categories in females.

Table 4
Adolescent Girls with Different Levels of Anxiety According to Their Subjects of Study

Subjects of Study	High Anxiety		Low Anxiety	
	Number	Percentage	Number	Percentage
IPSW	6	13.3	4	8.8
GHPS	9	20	11	24.4
EPS	7	15.5	8	17.1

A majority (44.4%) of adolescent girls are from GHPS, 32.6 per cent of them are from EPS and 22.1per cent of them are from IPSW subjects.

From the table 4 it is noted that adolescent girls with anxiety levels according to their subjects of study. The percentage of adolescent girls in IPSW subjects with high anxiety and low anxiety are 13.3 per cent and 8.8 per cent respectively. The percentage of adolescent girls in GHPS subjects with high anxiety and low anxiety are 20 per cent and 24.4 per cent respectively. With regard to EPS subjects 15.5 per cent and 17.7 per cent of adolescent girls showed high and low anxiety respectively. On the whole the higher percentage of GHPS subjects girls expressed high and low anxiety level.

Trivedi's (1995) study was intended to find out the anxiety levels of college students. It is found that there are significant differences between the students of commerce and arts and commerce and science in respect of anxiety level. But no significant difference is found between the students of arts and science and between boys and girls. The relationship is positive in the samples of boys and girls.

Table 5

Mean, S.D., and Z_0 Values of Anxiety in Adolescent Girls According to Their Age Groups

Age Groups	Number	Anxiety Scores		Z_0 Value
		Mean	S.D.	
18 years	28	36.32	17.04	0.64 (NS)
19 years	17	35.59	12.06	

Z_0 value: 1.96, NS: Not Significant

From the table 5 it is observed that the mean and S.D. values of anxiety in adolescent girls with regard to their age. In the age group of 18 years the anxiety mean value is 36.32. With regard to the age group of 19 years the anxiety mean score is 35.59. The Z_0 value (Z_0 = 0.64) indicates that there is no significant difference between two age groups in their anxiety scores.

From the clear examination of the mean values, the adolescent girls belong to 18 years age group showed higher mean value in anxiety compared to 19 years.

The anxiety and tensions decrease when age increase because they are able to know how to handle the situations without much stress.

Table 6 (a)

Mean, S.D., t_0 Values of Anxiety in Adolescent Girls According to Their Ordinal Position

Ordinal Position	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
First born	16	40.69	17.15	$0.20^{(NS)}$
Middle born	8	31.75	12.79	

t_0 value: 2.074

Table 6(a) shows that mean and S.D. values of anxiety in adolescent girls according to their ordinal position. The anxiety mean score in first born is 40.69. The mean score of anxiety in middle born is 31.75. The t_0 value shows that there is no significant difference between anxiety in first born and middle born adolescent girls.

From the examination of the mean values, first born adolescent girls showed higher anxiety mean value than the middle born adolescent girls.

Table 6 (b)

Ordinal Position	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
First born	16	40.69	17.15	$1.74^{(NS)}$
Last born	21	34.14	13.92	

The table 6(b) reveals that mean and S.D. scores of anxiety in first born and last born adolescent girls. The anxiety mean in first born is 40.69 and the mean value in last born is 34.14. The t_0 value (t_0 = 1.74) shows that there is no significant difference between first born and last born adolescent girls anxiety.

From the tables 6(a) and 6(b), it is observed that the first born showed higher anxiety mean score when compared to middle born and last born. Since first born adolescent girls are expected to take up the more tasks and responsibilities in the family, they may have high anxiety.

Table 6 (c)

Ordinal Position	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
Middle born	8	31.75	12.79	$1.51^{(NS)}$
Last born	21	34.14	13.92	

The table 6 (c) indicates that mean and S.D. score of middle born and last born adolescent girls with respect to their anxiety. The mean values of anxiety of middle born and last born adolescent girls are 31.75 and 34.14 respectively. The calculated t_0 value (t_0 = 1.51) shows that there is no significant difference between middle born and last born adolescent girls with regard to their anxiety.

From the observation of mean values it is clear that low levels of anxiety in middle born girls when compared to last born girls.

Table 7 (a)

Mean, S.D., t_0 Values of Anxiety in Adolescent Girls According to Their Subjects of Study

Subjects of Study	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
IPSW	10	26.4	11.60	7.65*
GHPS	20	37.5	13.91	

* : Significant at 0.05 level.

Table 7 (a) reveals mean and S.D. of anxiety scores of IPSW and GHPS subjects of the adolescent girls. The mean value of anxiety in IPSW adolescent girls is 26.4 and in GHPS adolescent girls is 37.5 respectively. The t_0 value (t_0 = 7.65) represents that there is significant difference between IPSW and GHPS subjects of the adolescent girls with regard to their anxiety.

The value of anxiety in girls belonging to GHPS subjects is significantly higher than the value of anxiety in girls belonging to the IPSW subjects. The anxiety in the IPSW subjects is significantly lower than the GHPS subjects.

Table 7 (b)

Subjects of Study	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
IPSW	10	26.4	11.60	9.81*
EPS	15	40.53	16.67	

The table 7 (b) indicates that mean and S.D. of anxiety scores of IPSW and EPS subjects of the adolescent girls. The mean value of anxiety in IPSW adolescent girls is 26.4 and in EPS adolescent girls is 40.53 respectively. The t_0 value (t_0 = 9.81) reveals that there is significant difference between IPSW and EPS subjects of the adolescent girls in respect of their anxiety.

Table 7 (c)

Subjects of Study	Number	Anxiety Scores		t_0 Value
		Mean	S.D.	
GHPS	20	37.5	11.60	3.78*
EPS	15	40.53	16.67	

The table 7 (c) reports that mean and S.D. of anxiety scores of GHPS and EPS subjects of the adolescent girls. The mean value of anxiety in GHPS adolescent girls is 37.5 and in EPS adolescent girls is 40.53 respectively. The t_0 value (t_0 = 3.78) represents that there is

significant difference between GHPS and EPS subjects of the adolescent girls with regard to their anxiety.

Conclusions

- The adolescent girls are seen with low levels of anxiety. It may be due to education of the parents, home environment, personality of the teachers, class room environment and peer group.
- At present society the minimum level of anxiety is seen in adolescents girls because of competition in every field. But the focus needs to be on the elimination of needless anxiety in adolescent girls.
- If the anxiety persist in to adult life it may decrease the effectiveness of adolescent girls intellectual functioning. So to reduce the anxiety in them intervention Programmes are necessary.
- The adolescent girls require proper guidance and counseling to manage the stress and anxiety by themselves.

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IMPACT OF SAHAJA YOGA ON MENTAL HEALTH OF ADOLESCENTS

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INTRODUCTION

The present age of speed and competition has increased the stresses and strains resulting in an increasing prevalence of lifestyle-related health problems. Adolescents lives have become a never-ending race against time, technology, and competition in Education. This race creates tension, which leads to dissatisfaction and frustration and eventually manifests itself as psychological and physiological stress with mental and emotional drain. This modern lifestyle intensifies the stress leading to "Excessive Tension" and consequent deterioration in "Academic Efficiency". Yoga which is considered to be a tool for both physical and mental development of an individual, is being recognized around the globe only in the last century although it has been practiced in India over several centuries to promote positive health and well-being.

Yoga is derived from the Sanskrit word *Yuj* which means to link origin, bringing harmony to Body mind relationship. It aims at bringing good health and equanimity of mind to its practitioners at all times under various pressure and tension. Yoga develops Physical, Mental, Intellectual, Emotional and Spiritual components.

It gives solace for the restless mind .. It has become quite fashionable even for the common man to keep fit. With growing scientific evidence, yoga is emerging as an important health behavior-modifying practice to achieve states of health, both at physical and mental levels. Several studies have demonstrated the beneficial effects of yoga on health behavior in many lifestyle-related somatic problems including some psychiatric conditions such as anxiety neurosis and depressive illness.

Sahaja Yoga is a spiritual technique founded by Nirmal Srivastava, more widely known as Shri Mataji Nirmala Devi. It is the

state of self-realization produced by Kundalini awakening and is accompanied by the experience of thoughtless awareness or mental silence. Through Sahaja Yoga process an inner transformation takes place by which one becomes moral, united, integrated and balanced.

Sahaja Yoga is an integrated system of Simplified physical exercises, meditation and steady introspection which leads to individual self realization. It focuses on the development of personality of the individual in the following levels, Physical level, mental level, Intellectual level, Emotional level and Spiritual level.

According to the WHO's definition, "Mental Health is a right for every human being". Emotional balance is an important key to maintain better mental health. Mental Health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well being and an underlying belief in one's own and other's dignity and worth.

Although yoga is getting popular, no previous investigation has systematically evaluated effects of yoga based program on mental health in Adolescents Hence, we have designed present study to assess the efficacy of 21 days of Sahaja yoga Foundation Course (FC) program on Adolescents using general health questionnaire (GHQ).

Objectives

The objective of the study is to assess general health status (total health), which includes four domains namely somatic symptoms (SS), anxiety and insomnia (AI), social dysfunction (SF), and severe depression (SP), using a GHQ.

MATERIALS AND METHODS

Subjects

The subjects for the study were 90 Adolescents from Corporate Schools at Tirupati in Chittoor District of Andhra Pradesh. Clinical examinations showed all of them in normal health, and none was using any other wellness strategy. All of them had high-fiber low-fat vegetarian diet and no caffeinated drinks in any form during the 21 days Sahaja yoga FC program. We got the participants' signed consent to participate in the study after explaining the variables we would record and the study design. The Corporate Schools review board also

had approved the project. We selected participants of the following inclusion and exclusion criteria to meet the study requirements fully.

Inclusion criteria: Age between 12 and 15 years, physically, and mentally fit.

Exclusion criteria: Taking medication, using any other wellness strategy.

Design: A single group pre–post study.

Assessments

The GHQ: A 28-item test using a binary method of scoring (0, 0, 1, and 1) yields an assessment on four robust subscales: SS, AI, SF, and SP. A sum of the scores for these four subscales gives the score for total health. Lower scores in the GHQ indicate better state of the health. The cutoff scores for the GHQ used for this study were 4 or 5 (4/5). It provides information about the recent mental status, thus identifying the presence of possible psychiatric disturbance. This questionnaire has acceptable psychometric properties and has good internal consistency and reliability with Cronbach's alpha of 0.85 and validity of 0.76.

Intervention

All the subjects participated in Sahaja yoga FC program for 21 days.

Table 1: Practical session during Sahaja yoga FC

S.No	Activities	Time
1.	Prayer	5mins
2.	Introduction	10mins
3.	Practical Explanation & Demo – 1	30mins
4.	Tea Break - 1 (Ayurvedic Tea)	10mins
5.	Practical session - 1 (Exercise)	40mins
6.	Lunch (Veg)	60mins
7.	Practical session – 2 (Meditation)	40mins

Program: Cyclic Meditation, a combination of stimulating and calming practices based on yoga was given to the participants.

Data collection

The GHQ data were collected before (Pre) and after (Post) the 21 days of Sahaja FC program.

Analysis

Statistical analysis was done with the help of statistical package. The test showed that the data were not normally distributed. We used the rank test to compare means of the data collected before (Pre) and after (Post) Sahaja yoga FC program.

RESULTS AND DISCUSSION

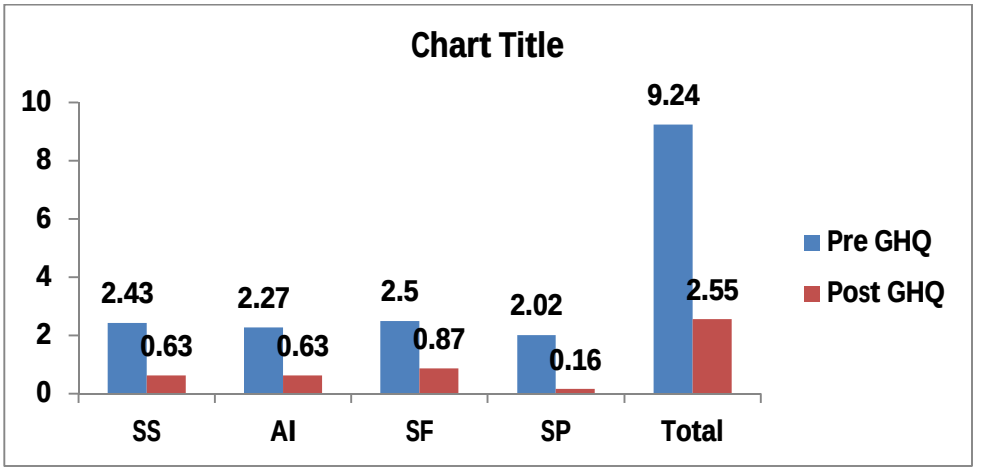
The data analysis [Table 2] showed 68.25% significant decrease ($P<0.001$) in somatic symptoms (GHQ_SS), 66.29% significant decrease ($P<0.001$) in anxiety and insomnia (GHQ_AI), 65.00% significant decrease ($P<0.001$) in social dysfunction (GHQ_SF), 87.08% significant decrease ($P<0.001$) in severe depression (GHQ_SP), and 71.47% significant decrease ($P<0.001$) in all medical complaints [Figures 1 and 2] (GHQ Total).

Table 2. Data Analysis

Variables	Mean ± Standard Deviation Pre FC	Mean ± Standard Deviation Post FC	ṕ
GHQ – SS	2.43 ± 0.64	0.63 ± 0.59	0.0001*
GHQ - AI	2.27 ± 0.79	0.63 ± 0.59	0.0001*
GHQ - SF	2.5 ± 0.75	0.87 ± 0.68	0.0001*
GHQ - SP	2.02 ± 0.45	0.16 ± 0.43	0.0001*
GHQ - Total	9.24 ± 1.67	2.55 ± 1.31	0.0001*

FC – Foundation Course; GHQ – General Health Questionnaire

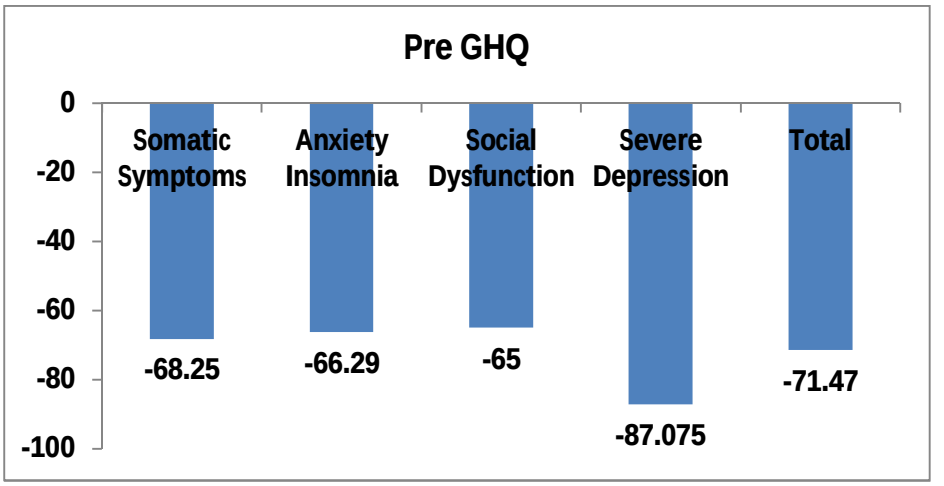
Figure 1: GHQ Mean of before and after Sahaja yoga FC Program



The idea of mental health is closely related with the concept of emotional intelligence. A manager with less medical complaints will be mentally healthy and emotionally balanced and can perform better in his workplace which will reflect in the Academic effectiveness.

Figure 2

Percentage decrease in GHQ after the Sahaja yoga FC program.



Moreover, Adolescents with low medical complaints are happier, healthier, and more successful in their relationships which are signs of high emotional intelligence. Persons with high emotional intelligence may strike a balance between emotion and reason, are aware of their own feelings, show empathy and compassion for others, and have high self-esteem which may be instrumental in many situations in the School and can help achieve Academic effectiveness. Recent research has shown a positive relationship between emotional intelligence and Academic success. Previous studies on yoga reported enhanced mental health as a result of the practice of yoga way of life. The results indicate the importance of yoga as an integral element in improving Academic performance in School. Our study is consistent with these findings, indicating that a systematic adoption of the Sahaja yoga FC program can result in better health among Adolescents for their "Academic Efficiency".

Conclusion

Any exercise, if it has to be of lasting value, must fulfill certain conditions viz., it should be simple, similar and synchronous. The system of Sahaja yoga FC program is may be fulfils all the above conditions. The results from the present study suggest that participation in a Sahaja yoga FC program may be associated with improvement in mental health and may have implications for "Academic Efficiency." Because before and after designs limit inferences about intervention effects, further research is warranted to explore the effects of Sahaja yoga FC program for stress management using a larger, randomized controlled trial.

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EFFECTIVENESS OF COMPUTER ASSISTED TEACHING PROGRAMME ON PHYSICAL AND MENTAL HEALTH ISSUES AMONG ADOLESCENTS AT SELECTED COLLEGES IN HYDERABAD, TELANGANA

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Abstract

The health situation of youth today, which also explores the serious health challenges this vulnerable group, is facing within the context of local and global developments. Most are healthy, but there is still significant death, illness and diseases among adolescents. Illnesses can hinder their ability to grow and develop to their full potential. Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries' future health and social infrastructure.

Aim of the Study: The Study aimed at evaluating the effectiveness of Computer Assisted Teaching Programme on Physical and Mental Health issues among Adolescent Girls at Selected Colleges in Hyderabad.

Methodology: Pre-Experimental design with one group Pre-test and Post-test was taken to evaluate the effectiveness of Computer Assisted Teaching Programme on Physical and Mental Health issues among Adolescent Girls at selected Colleges in Hyderabad using Purposive Sampling technique by employing Knowledge and Attitude as measures for the Study.

Results: The overall Post-test Knowledge mean score (20.86 ± 1.49), paired 't' value (25.1) and the Post-test Practice mean score (26.54 ± 1.47) and paired 't' value (25) was found significantly higher than the Pre-test mean Knowledge (9.38 ± 2.89) and Attitude (18.02 ± 1.65) score and 't' value significant at ($p < 0.001$) level after the administration of CATP on Physical and Mental issues Challenges.

Conclusion: On the basis of the study findings, the researcher concluded that Computer Assisted Teaching Programme on Physical and Mental issues was effective in enhancing the Knowledge and Attitude of Adolescent girls.

Keywords: Effectiveness, Computer Assisted Teaching Programme, Probiotics, Adolescent girls.

Introduction

"*To accomplish great things you must not only act, but also dream; not only plan but also believe" - Anatole France*

An estimated 1.3 million adolescents died in 2015, mostly from preventable or treatable causes. Road traffic injuries were the leading cause of death in 2012, with some 330 adolescents dying every day. Other main causes of adolescent deaths include HIV, suicide, lower respiratory infections and interpersonal violence. Globally, there are 49 births per 1000 girls aged 15 to 19 per year. Half of all mental health disorders in adulthood start by age 14, but most cases are Around 1 in 6 persons in the world is an adolescent: that is 1.2 billion people aged 10 to 19.

Most are healthy, but there is still significant death, illness and diseases among adolescents. Illnesses can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can jeopardize not only their current health, but often their health for years to come, and even the health of their future children.

Promoting healthy Attitudes during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries' future health and social infrastructure.

Hence, the researcher felt that there was need to improve the knowledge of Adolescent Girls on the use of Physical and Mental Health Issues and conducted Computer Assisted Teaching programme on Physical and Mental Health Issues which was an interactive instructional technique.

Statement of the Problem

"Effectiveness of Computer Assisted Teaching Programme on Physical and Mental Health Issues among Adolescent Girls at selected Colleges in Hyderabad, Telangana."

Objectives

i. To assess the level of Knowledge and Attitude on Physical and Mental Health Issues among Adolescent Girls before and after Computer Assisted Teaching Programme [CATP].

ii. To evaluate the effectiveness of CATP on Physical and Mental Health Issues among Adolescent Girls at selected Colleges.

iii. To correlate the Knowledge and Attitude scores on Physical and Mental Health Issues among Adolescent Girls at selected Colleges.

iv. To find out the association between the Pre test Knowledge and Attitude scores on Physical and Mental Health Issues among Adolescent Girls with the selected demographic variables.

Hypothesis

H_1: There is a significant increase in mean Post test Knowledge scores on Physical and Mental Health Issues among Adolescent Girls at 0.05 level of significance.

H_2: There is a significant increase in mean Post test Attitude scores on Physical and Mental Health Issues among Adolescent Girls at 0.05 level of significance.

H_3: There is a significant correlation between the Knowledge and Attitude on Physical and Mental Health Issues among Adolescent Girls.

H_4: There is a significant association between the Pre test Knowledge scores on Physical and Mental Health Issues among Adolescent Girls with the selected demographic variables at 0.05 level of significance.

H_5: There is a significant association between the Pre test Attitude scores on Physical and Mental Health Issues among Adolescent

Girls with the selected demographic variables at 0.05 level of significance.

Assumptions

- Adolescent Girls may have some knowledge on Physical and Mental Health Issues.
- The Computer Assisted Teaching Programme [CATP] may create awareness and will improve the knowledge and Attitude of Adolescent Girls

Delimitations

The study is delimited to:

- Only Adolescent Girls at selected Colleges, Hyderabad.
- Who are available at the time of data collection.

Conceptual Framework

The Conceptual Framework (fig.1) adapted for this study was based on **Modified Imogene King's Goal Attainment Theory (1981).** According to Imogene King, "Nurses who had knowledge of this theory of Goal Attainment were able to accurately perceive knowledge on uses of Physical and Mental Health Issues and Attitude them efficiently."

Review of Literature

In order to accomplish the goal of the present study, the reviews have been organized under the following headings.

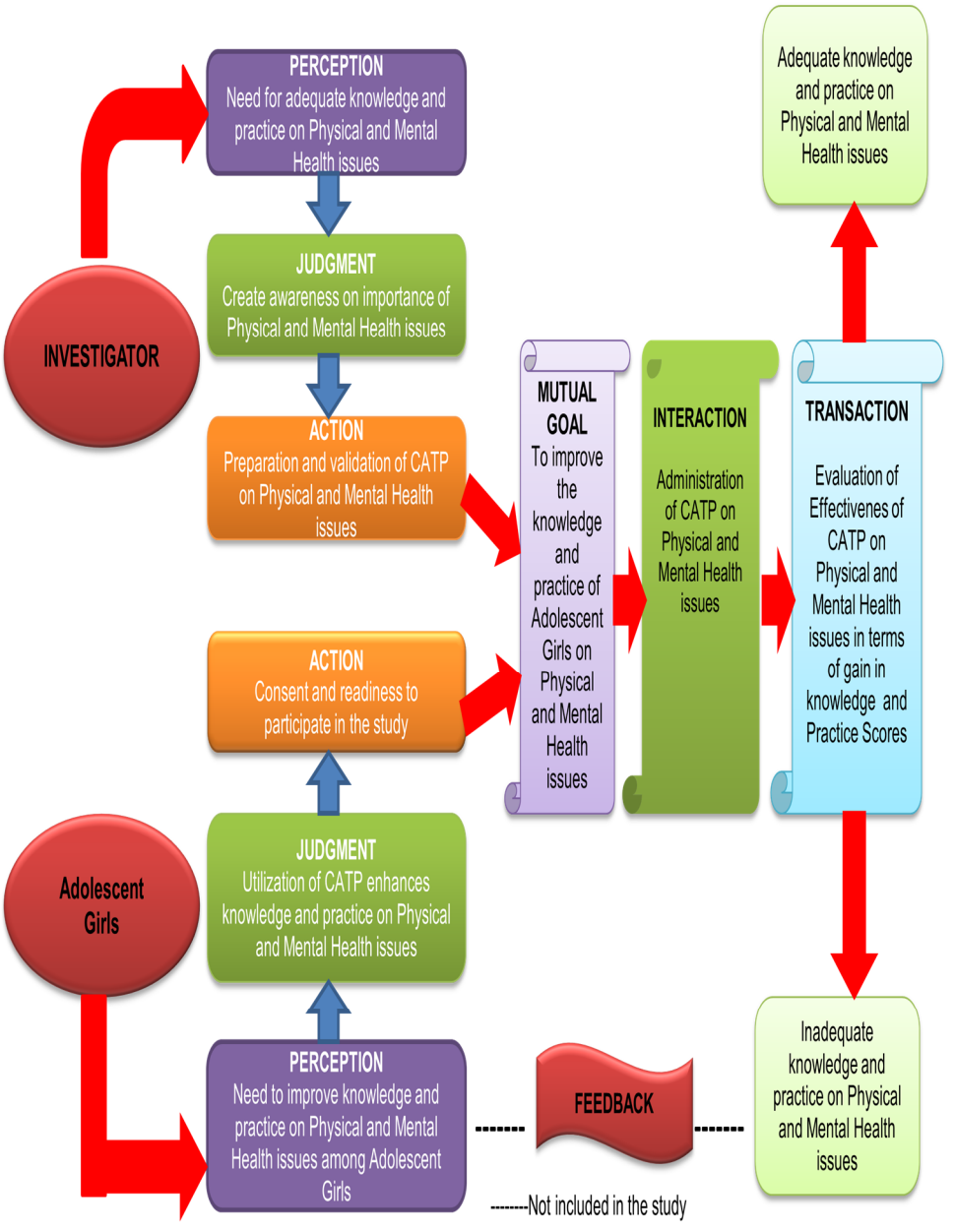
1. General information on Physical and Mental Health Issues.

2. Incidence and Prevalence of Physical and Mental Health Issues among Adolescent girls

3. Effectiveness of various Educational interventions on Physical and Mental Health Issues.

Methodology

Pre-Experimental one group pre test and post test design was considered appropriate for the study. The Research design was presented in Fig no. 2



MODIFIED IMOGENE KING'S GOAL ATTAINMENT THEORY [1981]

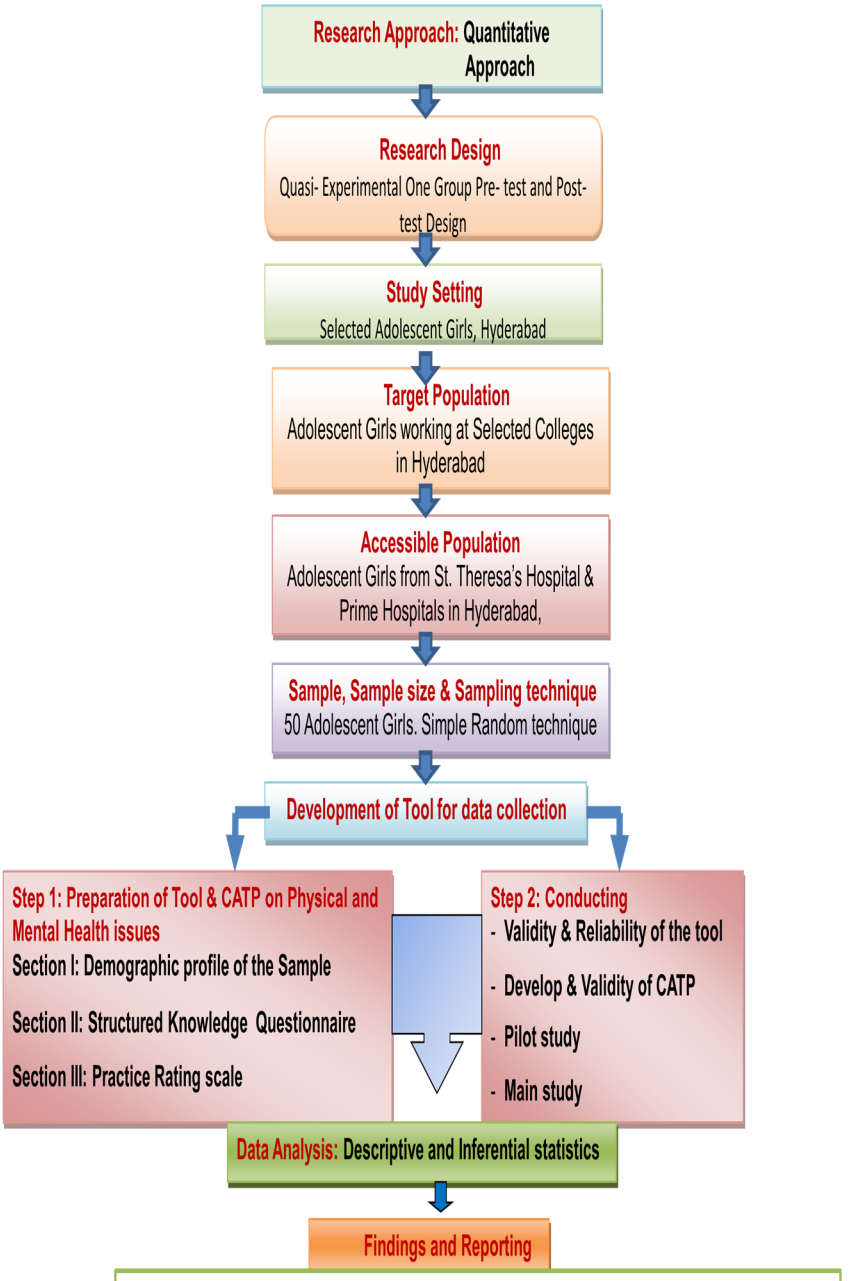


Fig. No. 2: Schematic Representation of the Study design

Criteria for Selection of Sample

1. Inclusion Criteria

The sample includes

- Adolescent Girls studying in selected Colleges.
- Who is between the age group of 16 to 19 years.

2. Exclusion Criteria

The study excludes Adolescent Girls those who were:

- Not willing to participate in the study
- Not available at the time of data collection.

Reliability of the Tool

The reliability of the tool was tested by Split half method without intervention using Spearman–Brown's formula. The "r" value obtained was 0.93 for knowledge and 0.91 for Attitude which indicated acceptable reliability.

Plan for Data Analysis: Both Descriptive and Inferential statistics were used

Results and Discussion:

Table No – 1: Frequency and Percentage Distribution On Demographic Variables Of Adolescent Girls N= 50

S.No.	Demographic Variable	Frequency (F)	Percentage (%)
1	**Age**		
1.1	16 years	45	90
1.2	17 years	05	10
1.3	18 years	0	0
1.4	19 years	0	0

2	**Group**		
2.1	Science	32	64
2.2	Social studies	12	24
2.3	Mathematics	06	12
2.4	Others	0	0
4	**Previous Knowledge regarding Physical and Mental Health Issues**		
4.1	Yes	07	14
4.2	No	43	86
5	**Source of Information**		
5.1	Mass media	02	29
5.2	Friends & relatives	02	29
5.3	Health personnel	03	42
5.4	Others	0	0

Table No - 2 : Frequency and Percentage distribution of Knowledge Scores of Adolescent Girls on Physical and Mental Health Issues

n=50

Knowledge Levels	**Pre- test**		**Post-test**	
	Frequency (f)	**Percentage (%)**	**Frequency (f)**	**Percentage (%)**
Inadequate (< 33.33 %)	24	48	00	0
Moderate (33.33 % - 66.66 %)	26	52	03	06
Adequate (> 66.66 %)	00	00	47	94

Table No – 3: Frequency and Percentage distribution of the Attitude scores of Adolescent Girls on Physical and Mental Health Issues (n=50)

Knowledge Levels	Pre- test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Unfavorable (< 50 %)	04	08	00	00
Favorable (50 % - 75%)	39	78	00	00
Most Favorable (> 75 %)	07	14	50	100

Table No – 4: The Mean and Standard deviation of Knowledge scores among Adolescent Girls on Physical and Mental Health Issues

S.No	Area of Analysis	Test	
		Mean	Standard deviation
1.	Pre-test	9.38	2.89
2.	Post-test	20.86	1.49

From the table-4, it was evident that Mean Pre-test Knowledge score of Adolescent Girls on Physical and Mental Health Issues was 9.38 with a standard deviation of 2.89 had increased to the Post-test mean 20.86 with a standard deviation 20.86.

Table No – 5: The Mean and Standard deviation of Attitude scores among Adolescent Girls on Physical and Mental Health Issues

S.No	Area of Analysis	Test	
		Mean	Standard deviation
1.	Pre-test	18.02	1.65
2.	Post-test	26.54	1.47

From the table-5, it was evident that Mean Pre-test Attitude score of Adolescent Girls on Physical and Mental Health Issues was 18.02 with a standard deviation of 1.65 had increased to the Post-test mean 26.54 with a standard deviation of 1.47. SD indicates that the sample was consistent and more homogenous.

Table No -6: The Mean, Standard deviation, Standard error and Paired't' test on Knowledge scores among Adolescent Girls on Physical and Mental Health Issues

S. No	Test	Mean	Standard Deviation	Standard error	t- value			
					Cal	Tab	df	Inference
1	Pre-test	9.38	2.89	0.41	25	3.46	49	S*
2	Post-test	20.86	1.49	0.21				

*** Significant at 0.001 level**

The Table No.6 shows that the calculated value of 't' test was 25 which was greater than the tabulated value of 't' with 49 Degree of freedom i.e. 3.46 at 0.001 level of significance.

H_2: There is a significant increase in mean Post test Attitude scores on Physical and Mental Health Issues among Adolescent Girls at 0.05 level of significance.

Table No – 7 : The Mean, Standard deviation, Standard error and Paired 't' test on Attitude scores among Adolescent Girls on Physical and Mental Health Issues

S. No	Test	Mean	Standard deviation	Standard error	t- value			
					Cal	Tab	df	Inference
1	Pre – test	18.02	1.65	0.23	25.1	3.46	49	S*
2	Post-test	26.54	1.47	0.21				

***Significant at 0.001 level**

The Table No.7 shows that the calculated value of 't' test was 25.1 which was greater than the tabulated value of 't' with 49 Degree of freedom i.e. 3.46 at 0.001 level of significance.

Hence, the research hypothesis H_1 & H_2 were accepted as there was highly significant increase of Knowledge and Attitude scores

Table No – 8: Correlation Coefficient between Pre test Knowledge and Attitude scores of Adolescent Girls on Physical and Mental Health Issues

n=50

Study Variables	Correlation coefficient
Knowledge and Attitude	0.261

The table No: 8 shows the results of correlation between Pre test Knowledge and Attitude of Adolescent Girls on Physical and Mental Health Issues.

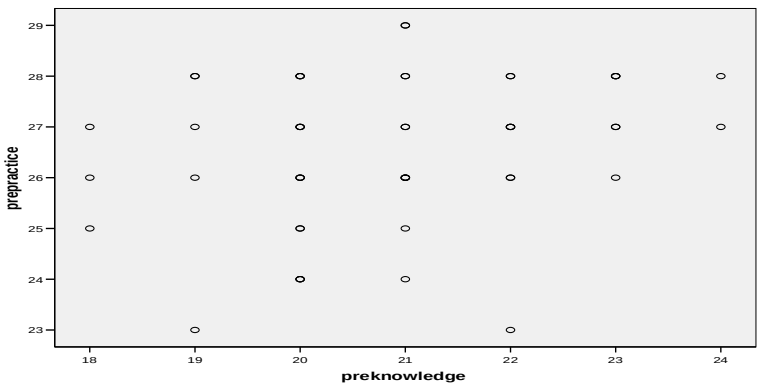


Fig No: 1 Correlation between Pre test Knowledge and Attitude scores

In the Fig No: 1 scatter diagram, the points are widely scattered which shows positive correlation exits between variables

Table No – 9: Correlation Coefficient between Post test Knowledge and Attitude scores of Adolescent Girls on Physical and Mental Health Issues

n=50

Study Variables	Correlation coefficient
Knowledge and Attitude	0.708

Significant at 0.001 level (P < 0.001)

The table No: 10 shows the results of correlation between Knowledge and Attitude of Adolescent Girls on Physical and Mental Health Issues.

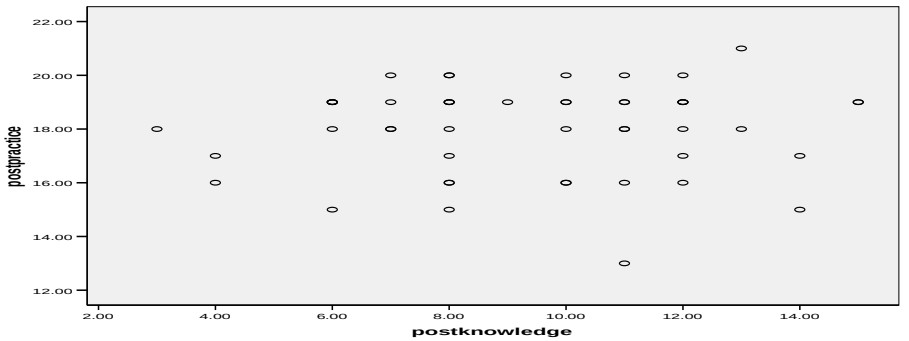


Fig No: 2 Correlation between Post test Knowledge and Attitude scores

In the Fig No: 2 scatter diagram, the points are closely scattered which shows highly positive correlation exits between variables

The correlation coefficient between Pre test Knowledge and Attitude was r=0.261 whereas the corelation coefficient between Post test Knowledge and Attitude was r=0.708 was found to be positive and also statistically significant at 0.001 level.

Hence, the research hypothesis (H_3) was accepted for the correlation between Knowledge and Attitude.

Table No – 10: Association of sample's Pre test Knowledge and Attitude scores on Physical and Mental Health Issues among Adolescent Girls with selected demographic variables

Results shows that the association between Knowledge and Source of Information was X^2 = 6.885, which was greater than tabulated X^2 value (df=2) 5.991 and the association between Attitude and Source of Information was X^2 = 6.736, which was greater than the tabulated X^2.value 5.991

Hence, research Hypotheses H_4 and H_5 were accepted for Demographic variable- Source of information as there was significant association between Knowledge and Attitude scores

5. Implications of the Study

5.1.1 Nursing Education

- Nurses as educators must focus on educating the Adolescent girls to enhance sound Knowledge and good Attitude on Physical and Mental Health Issues.

5.1.1 Nursing Practice

- Nurses need to develop research competences, involving attitudes like: use of the best evidence available, including research results to guide decisions in clinical Attitude.

5.1.2 Nursing Administration

- Nurse administrators should plan and organize various educational programmes for adolescent girls

5.1.3 Nursing Research

- The generalization of the study results can be made by replication of various studies related to Physical and Mental Health Issues.

5.2 Limitations of the Study

The study is limited to

- The study results were confined only to selected Colleges in Hyderabad which possibly decreases credibility of the study.
- The study was limited to 50 Adolescent Girls which reduced the generalizability**.**

5.3 Recommendations

On the basis of the study findings, certain suggestions were given for future studies

- A cross-sectional survey study on the Knowledge, Attitude, and Practices on Physical and Mental Health Issues among Adolescent girls.
- A descriptive corelational study can be conducted to identify the correlation between Knowledge and Attitude regarding Physical and Mental Health Issues among Adolescent Girls.

Conclusion

On the basis of study, Adolescent Girls had inadequate Knowledge and Attitude regarding Physical and Mental Health Issues. The researcher concluded that teaching programmes like Computer Assisted Teaching programme to Adolescent Girls improved their knowledge and enhanced Attitudes regarding Physical and Mental Health Issues.

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DETERMINANTS OF INTERNET ADDICTION AMONG ADOLESCENTS

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Abstract

Along with global growth internet access is a increasing phenomenally in India also.With easy accessibility of internet through home computers and in availability in mobiles, more people are using internet each day. The statistics, shows that the highest number of internet users is the youth.The present study was conducted to assess the determinants of internet addiction among adolescents and its relation with gender, type of college and type of course studied.Multi-stage stratified random sampling technique was used to collect the data. In the first stage two intermediate colleges, two ordinary degree colleges and two professional degree course colleges were identified randomly. In the second stage 20, students from each college (10 boys and 10 girls) were identified using systematic random sampling technique. Thus, 40 students from junior intermediate, 40 from senior intermediate course, 40 students from normal degree course (B.com and B.Sc.), 40 students from professional degree courses (B. tech and B. Pharmacy) constituted the sample. General information schedule and Internet addiction Test (Young, 1998), was used to collect the data. Significant difference was found in the scores of internet addiction according to gender, type of college and type of course studnets were studying. Comparatively boys scored more internet addiction score than girls. Students studying professional and B.Tech courses had high internet addiction score than students studying degree and intermediate. Students studying in private college had high internet addiction score than students of Govt. college.A need to counsel and educate students about negative impact of internet addiction, was identified.

Introduction

Internet access is a phenomenon that is increasing rapidly globallyand with easy accessibility of internet through home computers

and in mobiles, more people are using internet each day in Indian context also. Internet is everywhere, at home, school, university, etc. According to the statistics, the highest number of internet users is the youth.

The Internet is a functional tool, which makes life easier most of the time. But it can also cause trouble if it is used improperly or excessively. The excessive use of internet, which makes people especially adolescents focus almost entirely on the Internet rather than broader life events, arises generally in three forms, excessive gaming, excessive sexual preoccupations and excessive e-mail messaging (Weinstein & Lejoyeux, 2010). These online activities can lead to be isolated from other forms of social contact.

There has been an explosive growth in the use of internet not only in India but also worldwide in the last decade. There were about 42 million active internet users in urban India in 2008 as compared to 5 million in 2000.

The number of internet users in India is expected to reach 402 million by December 2015, registering a growth of 49% over last year, as reported by industry body IAMAI (2015).Internet would be a boon if used to facilitate research, to seek information, for interpersonal communication, and for business transactions etc,. On the other hand, it becomes a menace if used for pornography, excessive gaming, chatting for long hours, and even gambling. There have been growing concerns worldwide for what has been labeled as "Internet Addiction."

Young (1996) defined'internet addiction, as an impulse-control disorder that does not involve an intoxicant and revealed that the pathological gambling is similar to internet addiction, in terms of its compulsive nature.

Studies have shown that adolescents are frequent online users and that there are significant differences in terms of gender, school type, and online behaviours; social desirability had a strong positive relationship with adolescent internet addiction. (Waldo, 2014 and Usman, et.al, 2014)

Hence, an attempt has been made to assess the internet browsing behaviour of adolescents and its relation with gender, type of college and type of course the sample students were studying.

Objectives

1. To assess the internet browsing behaviour of students studying intermediate and

   under graduation courses

2. To measure the internet addiction of sample students using Internet Addiction Scale

3. To assess the relationship among internet addiction, gender, type of college and type of course .

Hypotheses

- Students did not differ significantly in their internet addiction scores according to gender
- Students did not differ significantly in their internet addiction scores according totype of college and
- Students did not differ significantly in their internet addiction scores according totype of course studied.

Methodology

The study sample were 160 college going adolescents (80 boys and 80 girls) studying in Tirupati.

Multi-stage stratified random sampling technique was used to collect the data. In the first stage two intermediate colleges, two ordinary degree colleges and two professional degree course colleges were identified randomly. In the second stage 20 students from each college (10 boys and 10 girls) were identified using systematic random sampling technique. Thus, 40 students from junior intermediate, 40 from senior intermediate course, 40 students from normal degree course (B.com and B.Sc.) 40 students from professional degree courses (B. tech and B. Pharmacy) constituted the sample.

Tools used:

1. General Information Schedule
2. Internet Addiction Test (Kimberly Young, 1998)

General Information Schedule

General information schedule was developed to collect personal and demographic information about students, and their parents.

Internet Addiction Test

Internet Addiction Test (IAT) developed by Young (1998) was used to addictive use of Internet. It consists of 20 items that measures mild, moderate and severe level of Internet addiction (IA).

The questionnaire included 20 questions of 5-point scale from 1 (Rarely) to 5 (Always). The level of IA of each individualwas determined in three levels of severe (80-100 points), moderate (50-79) and mild (20-49). The higher summedscores represent the greater levels of internet addiction and the problems caused by internet usage. The higher the score, the greater is the level of addiction.

The reliability and validity of the tool established were satisfactory.

Analysis of data

The data collected from 160 students was pooled and codes were given appropriately. Based on the raw scores mean and standard deviation of the Internet addiction were calculated. The sample were classified in to categories, andstatistical analysis was conducted using SPSS 20th version.

Results and Discussion

Table 1shows the distribution of sample according to gender, age, birth order.

Table -1 Distribution of Sample Students According to Gender, Age and Birth order

S. No.	Student Variables		Number	Percent
1	Gender	Boys	80	50.00
		Girls	80	50.00
		Total	160	100.00
2	Age	16 yrs.	34	21.25
		17yrs	28	17.50
		18yrs	98	61.25
		Total	160	100.00

3	Birth order	1st born	64	40.00
		2nd born	62	38.75
		3rd born	12	7.50
		Single child	22	13.75
		Total	160	100.00

From table -1 it is evident that the sample were selected such that 50 percent were girls and 50 percent were boys so that comparison can be made. Majority (61.25%) of sample were in the age group of 18 years and few only 17.5 per cent were in the age group of 17yrs, and 21.25 per cent were 16 years age group. Majority (40%) of sample students were 1st born and an equal percent 38.75% were second born children and a few students (13.75%) were single child in the family.

Table 2 Distribution of Sample According to Type of College and Type of Course Studied

S. No.	Variables		Number	Percent
1	Type of college	Govt.	80	50
		Private	80	50
		Total	160	100
2	Type of Course	JuniorIntermediate	40	25.0
		Senior intermediate	40	25.0
		Degree	40	25.0
		B. Pharmacy	20	12.5
		B. Tech	20	12.5
		Total	160	100

Table 2 shows the distribution of sample students according to type of college and course they were studying, the sample students were selected equally so that the comparison can be made easily.

Table-3 Mean Internet Usage Behaviour of Sample acrossGender, Type of College and Type of course studied

S. No	Variables	Internet usage time (minutes)	
		Mean	S.D
1	**Gender**		
	Boys (N = 71)	61.34	41.217
	Girls (N = 53)	39.70	41.138
2	**Type of College**		
	Govt.	55.90	44.045
	Private	49.92	41.564
3	**Type of Course**		
	Junior Intermediate	32.06	26.572
	Senior Intermediate	62.00	11.916
	Degree	37.33	28.646
	B. Pharmacy	70.90	43.459
	B. Tech	86.15	40.710

Table- 3 shows mean internet usage time of sample according to gender, type of college and type of course studied. From the table it is clear that comparatively boys were spending more time in internet than girls (61.34, S.D =41.217).With regard to the type of college, students studying in Govt. college (55.90, S.D. = 44.05) were spending more time in internet than students studying private college (49.92, S.D. = 41.564). From the table it is also clear know that sample of B.Tech students (86.15, S.D= 40.710) were spending more time on internet followed by B. Pharmacystudents (70.90, S.D. = 43.459) and junior intermediate students were spending less time in internet (32.06, S.D. = 26.572).

Table 4Mean and Standard Deviation of Internet Addiction Score

	Internet Addiction Score
N	160
Mean	26.44
Std. Deviation	17.818
Minimum	0
Maximum	57

From the table it is evident that the mean internet addiction score of the sample was 26.44 (S.D = = 17.818).

The first hypothesis framed was "Students didn't differ significantly in their internet addiction scores according to gender"

Table 5Mean Internet Addiction Scores of Sample According to Gender and t- value

	Internet Addiction Score			
Gender	**Mean**	**N**	**Std. Deviation**	**t Value**
Boys	34.50	80	16.415	40.920***
Girls	18.39	80	15.431	(p<0.000)
Total	26.44	160	17.818	

From table it is evident thatthere was significant difference between both boys and girls in internet addiction score. The t-value was significant (40.920p<0.000). Comparatively boys scored more on internet addiction (34.50 SD=16.415) than girls (18.39 SD=15.431).

Hence the first null hypothesis was rejected and can be said that students differed significantly in internet addiction according to their gender.

The second hypothesis framed was "Students did not differ significantly in their internet addiction scores according to type of course they were studying".

Table -6 shows the results of analysis of variance.

Table 6Mean Internet Addiction Scores of Sample According to Type of Course and f-value

	Internet Addiction Score			
Type of Course	**Mean**	**N**	**Std. Deviation**	**f -value**
Junior intermediate	22.33	40	19.900	4.244 ($p < 0.003$)
Senior intermediate	21.25	40	17.957	
Degree	26.80	40	17.966	
B. Pharmacy	35.95	20	8.678	
B.Tech	34.85	20	13.492	
Total	26.44	160	17.818	

Table 6 shows the internet addiction score of sample students according to type of course studied. The f-value was 4.244 ($p < 0.003$) which was significant. It shows that the sample students differed significantly in internet addiction according to type of course they were studying. Students studying B. Pharmacy and B. Tech courses scored more on internet addiction scores than students studying degree and intermediate.

The third hypothesis framed was "Students did not differ significantly in their internet addiction scores according to type of college studied"

Table 7Mean Internet Addiction Scores of Sample According to Type Of College and t-value

	Internet Addiction Score			
Type of College	**N**	**Mean**	**Std. Deviation**	**t- value**
Govt.	80	19.79	19.649	5.081***
Private	80	33.10	12.775	(p<.000)

From table 7 it is known that the t-value was 5.081 (p<0.000) which shows that students differed significantly in their internet addiction score and type of college they were studying.Hence, the null hypothesis framed was rejected. When compared students studying in private college have high internet addiction score than students of Govt. college.

Conclusion:

The results revealed following findings-

- Students differed significantly in internet addiction according to gender
  - Comparatively boys scored more on internet addiction score (34.50 SD=16.415) than girls (18.39 SD=15.431).
- Students differed significantly in internet addiction according to type of course they were studying.
  - Students studying B. Pharmacy and B. Tech courses have high internet addiction scores than students studying degree and intermediate
- Students differed significantly in their internet addiction scores according to type of college studied
  - Comparatively students studying in private college have high internet addiction score than students of Govt. college.

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ADOLESCENT STRESS AND MOTHERS' OCCUPATION

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Abstract

Adolescence is a period of stress and strain. The factors for stress and strain are intraneous and extraneous. One important extraneous variable is parents' intimacy with adolescents . The adolescents' near and dear to whom they can open up without inhibition is the parents . Research also show that if the adolescent sredirect their pentup energies in developmental activities and spell out their anxieties, their stress reduces. Keeping this in view the researchers thought Mothers' occupation may be one of the variable for adolescent stress.Hence the study was planned to find out the adolescent stress difference of IX class students with reference to Mothers' occupation. The tool used for data collection was standardized stress scale in the form of questionnaire for adolescents developed by Mrs. Vijaya Lakshmi (patna) Dr.Shruthi Narain (Patna). The tool consists of 40 items distributed into 4 areas of stress. a) Pressure b) Physical Stress c) Frustration and d) Anxiety. The findings were it was found from the study that there was significant difference between mothers' occupation groups and over all adolescent stress.

Mothers occupation and Adolescent stress

The term **Adolescence** means "to grow to maturity". Adolescence is a period of biosocial transition between childhood and adulthood. During this period the body grows very rapidly: as a result the movements, the voice, the feelings etc turn awkward. Adolescent period is also called as **"Terrible teens**" According to Erikson 1963 the chief task of the adolescent is to develop a sense of personal identity. The significance of stress during this phase of life is that, if not adequately coped with, it can produce a long lasting influence upon the individual.

Adolescence is considered to be the most vital period of an individual. During adolescence an individual is at the doorstep of adulthood. It is the period varying physical, psychological and sociological changes occur. Its a period of **" stress and storm"**. Its a period of goal setting. During adolescence the individual tries to cope with conflicts and complexity.

Stress is the term first coined by French Mathematician Augustine Cauchy in 1822. He defined stress as pressure per unit area. Stress is an invisible invader. Everybody is affected by Stress at some point or other. It disturbs physiological, Psychological and Sociological well being of an individual. If the individual has the capability of coping with stress, he surpasses the hindrances and achieves. If not, he fails miserably. The adolescents need to cope with different stress when they are in developing period. They learn coping strategies with stress from the significant others. Particularly their family members, teachers and other peer groups. Among them particularly the mother plays a significant role.

Mother is a very important person of the environment where an adolescent grows. Mother plays an essential role in the life of an adolescent. Every individual wants to satisfy the needs of life. If he /she fails to achieve his /her desired goals, an individual becomes frustrated and disappointed. Gradually these feelings become intense and take the form of worry leading to stress which is experienced by every individual. Parental high aspirations, great expectations and over estimations cause stress in adolescents. When adolescents cannot live up to parental expectations they tend to become resentful, irresponsible and under achievers. According to Hurlock(1978) Parental demands and aggressive tendencies and they may develop social isolation and alienation. When the parental expectations are unrealistically high, children are doomed to be failures. Inadequate family relations, Parental criticism, lack of communication, conflicts between parents , loneliness, conflicts between siblings, conflicts between adolescents and parents, authoritarian parenting style are also a major cause for stress of adolescents. Keeping these facts in view the present study has been under taken.

Importance of the study

The occupation of the mother is crucial in determining the competence and confidence with which young people face the transition from adolescence to adulthood. The quality of relationships with parents is given its importance in bringing up the adolescents into able beings of the family and society. Conflicts between parents and their adolescents are also a major stress for adolescents. The majority of these conflicts seem to be about day-to-day living and relationship with the family-personal hygiene, disobedience, school work, dress and appearance and conflicts with siblings. Whether mother's occupation is emloyee or self employee or home maker may influence the stress of adolescents.It is pressumed that the amount of time spent by parents with adolescents depend upon the occupation of parents particularly Mother. Hence the researchers showed interest for the present study with the following objectives.

Objectives of the study

1.To study the adolescent stress of IX class students with reference to mothers' occupation..

2.To study the adolescent stress of IX class students with reference to the dimensions

P, PS, F & A.

Hypotheses of the study

1.There would be no significant difference in the overall adolescent stress of IX class students with reference to mothers' occupation.

2.There would be no significant difference in the dimensions P,PS,F and A among IX class students with reference to mothers' occupation.

Methodology

Sample for present study consists of 370 IX class students of home maker mothers 44 students of employed mothers and 86 were the students of self employed group mothers.

Tool The tool used for data collection is the standardized Stress scale in the form of questionnaire for adolescents developed by Dr. Mrs.Vijaya Lakshmi (Patna) Dr. Shruti Narain (Patna)

Procedure

The researcher visited the schools with prior permission from the head masters of the school and collected data from the IX class students through administering the "Stress scale" giving proper instructions . The collected data were analyzed with the help of scoring key.

Mothers' Occupation and adolescent stress

Mothers' occupation may influence the stress of adolescents. Hence it is included for the present study.

Table 1. Means, SD's and F-values of adolescent stress scores of IX class students with reference to Mothers' occupation

Dimension	Mothers' occupation	N	Mean	Std. Deviation	'F' value	Level of stress
Pressure (P)	Home maker	370	5.79	2.222	0.003@	Moderate
	Employed	44	5.82	2.626		Moderate
	Self employed	86	5.80	1.993		Moderate
Physical Stress(PS)	Home maker	370	1.83	1.195	3.497*	Low
	Employed	44	1.34	1.098		Low
	Self employed	86	1.73	1.089		Low
Frustration (F)	Home maker	370	3.65	2.088	1.115@	Moderate
	Employed	44	3.23	2.458		Moderate
	Self employed	86	3.83	2.362		Moderate
Anxiety (A)	Home maker	370	4.81	2.333	4.265*	Moderate
	Employed	44	3.95	2.352		Moderate
	Self employed	86	5.20	2.119		Moderate
Overall Stress	Home maker	370	16.09	5.751	2.196*	Moderate
	Employed	44	14.34	6.884		Moderate
	Self employed	86	16.52	5.379		Moderate

@ not significant at 0.05 level * Significant at 0.05 level

The table No 1 projects significant difference between and within groups in adolescent stress on IX class students with reference to Mothers' occupation. For the overall tool mean scores for the three groups (Home maker group, employed group and self employed group)

were 16.09, 14.34 and 16.52 respectively. The calculated 'F' value 2.196 With reference to the dimensions of stress, for PS and A there is significant difference between and within groups ('F' value 3.497 and 4.265. respectively). Hence the null hypothesis "There would be no significant difference in the dimensions PS and A" is rejected. For the dimensions P and F there is no significant difference between and within groups.('F' value 0.003 and 1.115 respectively). Hence the null hypothesis "There would be no significant difference in the dimensions P and F" is accepted. The calculated 'F' value 2.196 is more than the table value which shows there is significant difference between and within Mothers' occupation groups at 0.05 level. Hence the null hypothesis "There would be no significant difference in the overall adolescent stress and its dimensions with reference to mothers' occupation is rejected.

Mothers' occupation and Adolescent stress (between home maker group and employed group)

To observe adolescent stress difference between home maker and employed group the data was collected, tabulated and analyzed as follows.

Table. 2.Means, SD's and t-values of adolescent stress scores of IX class students with reference to Mothers' occupation Between home maker and employed groups.

Dimension	Mothers' occupation	N	Mean	Std. Deviation	't' value	Level of Stress
Pressure (P)	Home maker	370	5.79	2.222	0.062@	Moderate
	Employed	44	5.82	2.626		Moderate
Physical Stress(PS)	Home maker	370	1.83	1.195	2.767**	Low
	Employed	44	1.34	1.098		Low
Frustration (F)	Home maker	370	3.65	2.088	1.108@	Moderate
	Employed	44	3.23	2.458		Moderate

Anxiety (A)	Home maker	370	4.81	2.333	2.308*	Moderate
	Employed	44	3.95	2.352		Moderate
Over all Stress	Home maker	370	16.09	5.751	1.865@	Moderate
	Employed	44	14.34	6.884		Moderate

@ not significant at 0.05 level ** Significant at 0.01 * significant at 0.05 level

The table No 2 projects the calculation for the difference between home maker and employed groups. For the overall mean scores for the two groups were 16.09 and 14.34 respectively. The calculated 't' value 1.865 which is less than the table value significant at 0.05 level . Hence the null hypothesis " There would be no significant difference in the overall adolescent stress with reference to mothers' occupation(home maker and employed) is accepted."With reference to the dimensions of stress, for P and F there is no significant difference ('t' value 0.062 and 1.108 respectively). Hence the null hypothesis " There would be no significant difference in the dimensions P and F" between the groups" is accepted. For the dimensions PS and A there is significant difference between the groups. ('F' value 2.767 and 2.308 respectively) Hence the null hypothesis " There would be no significant difference in the dimensions PS and A between the groups is rejected.

Mothers' occupation and Adolescent stress (between home maker group and self employed group)

To observe adolescent stress difference between home maker and self employed groups, the data was collected, tabulated and analyzed as follows.

Table. 3.Means, SD's and t-values of adolescent stress scores of IX class students with reference to Mothers' occupation between home maker and self employed groups

Dimension	Mothers' occupation	N	Mean	Std. Deviation	't' value	Level of stress
Pressure (P)	Home maker	370	5.79	2.222	0.040 @	Moderate
	Self employed	86	5.80	1.993		Moderate
Physical Stress(PS)	Home maker	370	1.83	1.195	0.735 @	Low
	Self employed	86	1.73	1.089		Low
Frustration (F)	Home maker	370	3.65	2.088	0.616 @	Moderate
	Self employed	86	3.83	2.362		Moderate
Anxiety (A)	Home maker	370	4.81	2.333	1.484 @	Moderate
	Self employed	86	5.20	2.119		Moderate
Over all Stress	Home maker	370	16.09	5.751	0.666 @	Moderate
	Self employed	86	16.52	5.379		Moderate

@ not significant at 0.05 level

Table No 3 projects the calculation for the difference between the stress scores of Home maker and self employed groups. The mean scores for over all adolescent stress were 16.09 and 16.52 respectively. The corresponding 't' score is 0.666.Similarly for dimensions of adolescent stress the mean scores of home maker group P=5.79 PS=1.83 F= 3.65 and A= 4.81 respectively. For self employed group P=5.80 PS=1.73 F=3.83 and A= 5.20 respectively. The calculated 't' score was 0.666 which was less than the table value showing no significance at 0.05 level. Hence the null hypothesis "There would be no significant difference in the overall adolescent stress and its dimensions with reference to mothers' occupation(between home maker and self employed groups) is accepted.

Mothers' occupation and Adolescent stress (between employed group and self employed group)

To observe adolescent stress difference between employed and self employed group, the data was collected, tabulated and analyzed as follows.

Table. 4.Means, SD's and t-values of adolescent stress scores of IX class students with reference toMothers' occupation between employed group and self employed group

Dimension	Mothers' occupation	N	Mean	Std. Deviation	't' value	Level of Stress
Pressure (P)	Employed	44	5.82	2.626	0.035@	Moderate
	Self employed	86	5.80	1.993		Moderate
Physical Stress(PS)	Employed	44	1.34	1.098	1.929@	Low
	Self employed	86	1.73	1.089		Low
Frustration (F)	Employed	44	3.23	2.458	1.331@	Moderate
	Self employed	86	3.83	2.362		Moderate
Anxiety (A)	Employed	44	3.95	2.352	3.049**	Moderate
	Self employed	86	5.20	2.119		Moderate
Over all Stress	Employed	44	14.34	6.884	1.986*	Moderate
	Self employed	86	16.52	5.379		Moderate

@ not significant at 0.05 level ** Significant at 0.01 * significant at 0.05 level

The table No 4 projects significant difference in the adolescent stress scores between employed and self employed groups. (Employed and self employed). For the overall adolescent stress mean scores for the two groups were 14.34 and 16.52 respectively. The calculated 't' value 1.986 which is more than the table value shows that there is significant ifference at 0.05 level.

Hence the null hypothesis "There would be no significant difference in overall adolescent stress between employed and self employed" is rejected."With reference to the dimensions of stress, for P, PS and F there is no significant difference ('t' value 0.035, 1.929 and1.331 respectively).

Hence the null hypothesis " There would be no significant difference in the dimensions P ,PS and F between employed and self employed groups " is accepted. For the dimension A there is significant difference between the groups. ('t' value 3.049) Hence the null hypothesis "There would be no significant difference in the dimension A" is rejected.

Major findings

- There would be no significant difference in the dimensions P and F" is accepted with reference to over all adolescent stress.
- There would be no significant difference in the dimensions PS and A is rejected with reference to over all adolescent stress.
- There would be no significant difference in the overall adolescent stress and its dimensions with reference to mothers' occupation is rejected.
- There would be no significant difference in the dimensions P and F" between home maker and employed groups" is accepted and the dimensions PS and A is rejected.
- There would be no significant difference in the overall adolescent stress and its dimensions with reference to mothers' occupation(between home maker and self employed groups) is accepted.
- There would be no significant difference in overall adolescent stress between employed and self employed is rejected.
- There would be no significant difference in the dimensions P ,PS and F between employed and self employed groups " is accepted
- There would be no significant difference in the dimension A between employed and self employed groups is rejected.

Conclusions

- ✓ It was found that irrespective of occupation groups of mothers ie (Home maker, employed and unemployed) students have over all adolescent stress.
- ✓ The findings reveal that The adolescents from employed group exhibits more stress than unemployed and home maker mothers group. The reasons may be the mothers lack time to spend with adolescents due to the mother's occupational commitments.

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SOCIAL MEDIA NETWORK PARTICIPATION AND ACADEMIC PERFORMANCE IN HIGH SCHOOLS IN TIRUPATI

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ABSTRACT

Online social media engage students and need to be studied as distributors of information. The medium of internet has evolved with growth in its applications. The social networking sites are being used in various ways like forming communities, chatting, blogging etc. Social networking is the connection of friends or family together which allow one to communicate easily and one can have a long chain of friends one can chat or share information or ideal with. This study looks at social media network participation and academic performance in senior high schools and aimed at identifying social media network sites and their usage among students, how students networked and participated on social media networks, time invested by students on social networks, the effects of social media on students' grammar and spelling as well as the effects of social network participation on the student's academic performance within the context of the social learning and the use and gratification theories.

The study revealed that majority of respondents used Whatsapp and Facebook for making friends and chatting. Moreover, majority of respondents experienced negative effects such as poor grammar and spelling, late submission of assignment, less study time and poor academic performance due to the heavy participation on social media networks. There were cases where others experienced improvement in their readings skills as a result of participation on social media networks. Also, respondents shared ideas, discussed and shared examination questions among themselves on social media networks. The study recommended the strict enforcement of Education Service Rule on electronic devices usage in schools, promotion of social media usage for academic purpose, counselling for addicted students and the use of the right grammar and spelling when participating on social networks.

Keywords: Social Media Networks, Students, Academic Performance, Addiction

INTRODUCTION

The Internet revolution changed the information world with regard to sharing, speed, storage and retrieval of information in whatever form regardless of the person's location. Through the Internet a number of web technologies emerged, and one technology that is making waves with regard to information sharing and communication are the social media networks. The evolution of social media has cut across all facets of society with its positive and negative impacts. Social media has transformed and impacted on communication, learning, research and education in general. Among the vast variety of online tools which are available for communication, social networking sites (SNS) have become the most modern and attractive tools for connecting people throughout the world (Aghazamani, 2010). Davis et al (2012), refer to social media technology (SMT) as "web-based and mobile applications that allow individuals and organizations to create, engage, and share new user-generated or existing content, in digital environments through multi-way communication". Through this platform, individuals and organizations create profiles, share and exchange information on various activities and interests. An interesting aspect of social media is that, it is not limited to desktop or laptop computers but could be accessed through mobile applications and smart phones making it very accessible and easy to use. Examples of these social media platforms both on the web and mobile application include Facebook, Twitter, YouTube, Whatsapp, Instagram, blogs etc.

Senior High School (SHS) education has gone through a number of changes, previously from secondary school to SHS. It was later changed from three years to four years duration and now back to three years duration. These were done by various governments which in their opinion would help in raising the standards and quality of students who graduate from the SHS. A number of factors such as the duration of education, quality of teaching, teaching methods etc. were seen as factors that might be affecting performance of students negatively in these examinations.

Study Area

The study covered two Senior High Schools (SHS). These are SPW Junior College, SPW High School in Tirupati.

OBJECTIVES OF THE STUDY

The study sought to address the following specific objectives:

1. To identify social network sites and their usage among students
2. To ascertain the effect of social media on students grammar and spelling in academic work
3. To find out the effects of social network participation on the students' academic performance
4. To make appropriate recommendations based on the findings of the study

LITERATURE REVIEW

Social Network Sites

Davis et al (2012) refer to social media technology (SMT) as "web-based and mobile applications that allow individuals and organizations to create, engage, and share new user-generated or existing content in digital environments through multi-way communication". Popular social network platforms on mobile and web applications include Facebook, Twitter, YouTube, Whatsapp, Instagram, snap chat, Google Plus etc. These platforms have specific roles, functions and modes of communication although their functions are mostly related. This relates to the definition by Kaplan and Haenlein (2010), who defined Social media as "a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of user-generated content". Ayiah and Kumah (2011) summed up the definition of social network as a web platform where people from different settings can connect and interact with each other. Social networks have become an integral part of student social life. These networks have become important as they serve as platforms for users to interact and relate with their peers. Social networks are now been seen as learning platforms or communities that could be utilized to enhance student engagement and performance.

There have been mixed reactions from academics and researchers with regard to the impact of social networks and how they affect academic performance. Studies have found that the participation of students and young people on social networks may have both positive and negative impact on their studies and for that matter their academic performance. According to Mehmood and Tawir (2013), the use of technologies such as social media networks and the Internet is one of the most important factors that can influence educational performance of students positively or adversely".

According to Apeanti and Danso (2014), students believed that it would be fun for their lecturers to use social media. Also, their grades would be better if they could contact lecturers through social media and lecturers should hold lecture hours on social media. This was revealed in their study among students of the University of Education, Winneba. According to Salvation and Adzharuddin (2014), students are able to formulate group discussions to exchange ideas and communicate to their teachers as well as appeal to their friends about assignments on SNSs. They indicated that teachers share course related materials with their students and create student groups to collaborate on projects and communicate with their fellow lecturers from other universities through SNSs, thus facilitating teaching and learning process and the enhancement of academic performance. English and Duncan-Howell (2008), also used Facebook as a tool to enhance peer support among business education students during their training programme and detected that students' exchanges were mostly of the affective type facilitating group cohesiveness through encouragement and support.

Negussie and Ketema (2014) indicated that there is no significant relationship between times spent on social networks such as Facebook with students' grade point average (GPA). This was also consistent with a study by Ahmed and Qazi (2011) who conducted a study in Pakistan among six universities. They discovered that there no much difference between times spent on social media networks and students' academic performance.

RESEARCH METHODOLOGY

The study used the cross-sectional survey method to find out how social network participation affects academic performance of students. The study also employed the questionnaire as the data

collection instrument for the study. Sri Padmavathi Junior College and SP Girls High School, Kesavareddy High School and SVU Campus School were selected and these will provide a level ground for comparison in terms of how males and females participate on social networks and how it impacts their academic performance. The stratified sampling method was adopted for the study. The Statistical Package for Social Sciences (SPSS) was used to analyze the data collected. The descriptive analysis tools in the SPSS were employed to develop tables and frequencies which were constructively analyzed. The researcher adopted Kendall's coefficient of concordance as analytical tools for the study.

RESULTS AND DISCUSSION

Gender of Respondents

The gender of the respondents is shown in the Table 1 **Table 1**

Gender of Respondents

Name of School	Gender of respondents	
	Male	Female
Sri Padmavathi Junior College	0	25
SP Girls High School	0	25
Kesavareddy High School	50	50
SVU Campus School	50	50
Total	**100**	**150**

Source: Survey data 2015

From Table 1 above, majority of respondents (150) were females out of which 25 were from Sri Padmavathi Junior College, 25 from SP Girls High School, 50 from Kesavareddy High School and 50 (20.2%) from SVU Campus School. However, 100 were male respondents and these included 50 from Kesavareddy High School and 50 from SVU Campus School. Thus, the female respondents formed the majority of respondents in all the schools.

Social media usage among students

All respondents (100%) indicated that they participate on social networks in one way or the other. Respondents were therefore asked to rank the social media networks in the order of usage and importance to them. The Ranking of social media usage among students of secondary schools has been shown in the table 2.

Table 2

Ranking of social media usage among students of secondary schools

Social Media Networks	Mean Rank	Rank
Whatsapp	1.40	1
Facebook	1.96	2
Twitter	3.21	3
YouTube	4.11	4
Google+	4.96	5
Instagram	5.74	6
Snapchat	6.99	7
Myspace	7.62	8

Source: Survey data 2015

From Table 2, Whatsapp had the highest ranking with a mean rank of 1.40, followed by Facebook with mean rank of 1.96. Twitter was ranked 3rd with a mean rank of 3.21 and the least ranked was Myspace with mean rank of 7.62. It can be inferred from the table that the social network sites with the highest number of usage were Whatsapp and Facebook.

Table 3

Test statistics of Kendall's coefficient of concordance

Number of observation	526
Kendall's W	0.848
Chi-Square	3 122.232
Degrees of freedom	7
Asymptotic Significance	0.000

Source: Survey data 2015

In relation to the above, the test statistics shown in Table 3 reveals that the Kendall's coefficient of concordance is 0.848. This suggests that there was 85% agreement in the rankings of the usage of social media networks. The asymptotic significance value of 0.00 indicates that the level of agreement between the rankings of the various social media platforms by the respondents is valid at 99% level of accuracy. **Rate of Whatsapp Usage by Respondents**

This section analyzed responses with a cross tabulation between school and rate of Whatsapp usage. These included respondents who indicated that they used Whatsapp social network.

Table 4

Rate of Whatsapp Usage by Respondents

Name of School	Usage of Whatsapp				
	Not applicable	Not often	Often	Very often	Total
Sri Padmavathi Junior College	2	5	7	11	25
SP Girls High School	3	6	8	8	25
Kesava Reddy	11	19	39	31	100
SVU Campus High School	9	21	42	28	100
Total	**25**	**51**	**96**	**78**	**250**

Source: Survey data 2015 $\chi 2$ = 42.700a df = 9 p-value = 0.00

From Table 4, out of the total responses of 250, 96 stated that they used Whatsapp often and these included 42 from SVU Campus School and 39 from Kesavareddy High School. Furthermore, 78 respondents made up of 31 from Kesava Reddy and 38 from SVU Campus School indicated that they often used Whatsapp. In addition, 51 which included 21 from SVU Campus School and 21 (44.2%) from Kesavareddy High did not use Whatsapp often. The level of significance was 0.00 ($p<0.01$) which indicated a significant relationship between school and rate of Whatsapp usage.

Reasons for Usage of Social Network Sites

This section also sought to find out the reasons why respondents used the social networks very often. Respondents were allowed to choose multiple responses for reasons for using social media platforms. From Table 5 below, 45.7% and 45.3% respondents indicated that they used Facebook and WhatsApp respectively because most of their friends also used them. Also, 46.6% respondents indicated that they found Facebook to be cheap and 44.1% respondents also found Whatsapp to be cheaper. Other reasons also include, easy interaction Facebook – 2.1%, WhatsApp – 2.9%, ability to chat with multiple friends at the same time Facebook – 5.5%, and WhatsApp – 8.0%.

Table 5

Reasons for Frequent Use of Social Media Networks

Reasons for Usage	Facebook	WhatsApp	Twitter	Instagram	YouTube
Most of my friends use it	114 (45.7%)	114 (45.3%)	1 (7.7%)	2 (25.0%)	12 (54.5%)
Cheaper	117 (46.6%)	110 (44.1%)	1 (7.7%)	2 (25.0%)	4 (18.2%)
Easy interaction	5 (2.1%)	6 (2.9%)	7 (53.8%)	3 37.5%)	3 (13.6%)
Chat with multiple friends at a time	14 (5.5%)	20 (8.0%)	4 (30.8%)	1 (12.5%)	3 (13.6%)

Source: Survey data 2015

Purpose for Using Social Networks

This section dealt with the purpose for which respondents used social media networks. The researcher allowed multiple responses to the question because respondents could find themselves in one or two of the situations. Out of the total valid responses, 12.3% respondents indicated that they used social networks for entertainment while 15.8% respondents indicated that they used social media networks for discussions with friends on school matters. In addition, 30.5% respondents claimed that they used social media networks for chatting while 41.4% indicated that they used social media networks for making friends. Friendship making was therefore identified as the main purpose for which students used social media networks (Figure 1).

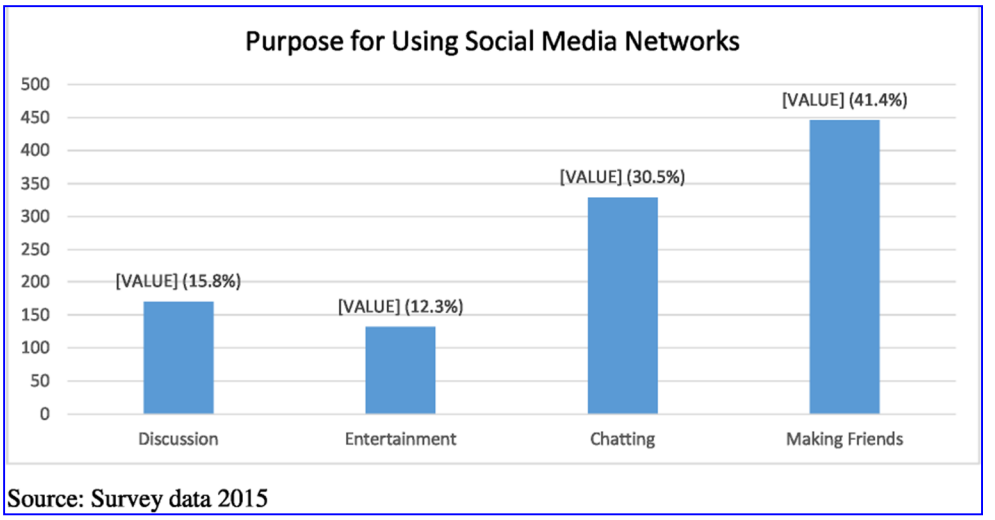

Figure 1: Purpose for using social networks

CONCLUSION

The study has revealed that despite the benefits that come with the participation of students on social media networks, it could impact negatively on their academic performance if not used properly. A lot of benefits abound in the use of social media networks such as sharing information and ideas, improving reading skills etc. Despite the benefits that comes with the participation of students on social media networks, its misuse could affect the academic life of the student and thereby their performance. Social media networks compete with academic work for students' attention. It is therefore the responsibility of the student to make the right decision in relation to the use of social media networks. The learning outcomes of students are influenced by the students' decision on his choice of situation (social media networks and participation) and peers (friendship networks) they could make the right decision in the usage of these media to bring about the positive outcome (academic performance) that is desired.

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IMPACT OF SOCIAL MEDIA ON ADOLESCENT GIRLS: A CASE STUDY OF VISAKHAPATNAM CITY

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Abstract

Social media is most recent form of media and having many features and characteristics. It have many facilities on same channel like as communicating ,texting, images sharing , audio and video sharing , fast publishing, linking with all over world, direct connecting. Social Networking sites provide a platform for discussion on burning issues that has been overlooked in today's scenario. This research is conducted to check the impact of social networking sites in the changing mind-set of the Adolescents. It is survey type research and prepare questionnaire, data was collected through the questionnaire in government and private degree college in Visakhapatnam city. 309 sampled adolescents fill the questionnaire, random sampling techniques was applied to select sample. The main objectives were as (1) Socio demographic profile of the respondent (2) To analyze the influence of social media on adolescents social life (3) To evaluate the attitude of adolescents towards social media and measure the spending time on social media (4) To recommend some measure for proper use of social media in right direction to inform and educate the people. Collected data was analyzed in term of frequency, percentage, and mean score of statements. Findings show that the Majority of the respondents show the agreements with these influences of social media. Respondent's opinion Face book as their favorites social media form, and then the like Skype as second popular form of social media.

Keywords: Social media, Networking sites, face book, Skype, impacts

INTRODUCTION

Media has become one of the most pervasive forces in the world. Social media is most recent form of media and having many features and

characteristics. It have many facilities on same channel like as communicating, texting, images sharing, audio and video sharing, fast publishing, linking with all over world, direct connecting. It is also cheapest fast access to the world, so it is very important for all age of peoples.

Majority of adolescent's girls is shifting speedily from electronic media like as television viewers and radio listeners to the social media among all age of group. Adolescent's girl's rate is very much to shifting into social media so its influences are much on youth. This craze of social media has led to a host of question regarding its impact on society, while it is agreed that the social media affects people's living styles and it is an ongoing process to identify the nature of these influence in every society and country especially on adolescent girls. This study also focused the influences of social media on adolescents girls and their life style, trends, educational and physical awareness, physical activities, social life, their learning and so on, adolescents girls is very important for future of any nation and country's progress and development and they are the future mothers, the family make rule, Now a day Social media is essential for youth, especially for adolescents girls in the field of education to learn new trends in education, to improve writing and communicating skills, cultural promoting, religious and political information gathering and sharing links, better living style, growth and development of society (Merriam Encyclopedia, 2001).

IMPACT OF SOCIAL MEDIA ON ADOLOSCENTS:

Social media having various impacts on adolescent girls life in both ends some time impacts are in the favor of youth's social life and sometimes theses impact are negative to its user. Social Media might be sometimes seemed like just a new set of cool tools for involving young people. The adolescents girls were attracted very fast, Sometimes you may use it this way and that's ok there are some pretty cool new tools around but the emergence of social media potentially has a bigger impact than that. It impacts upon adolescent girls who are growing up in an age where media is not about broadcast content from the TV, but is about interactivity, multimedia and multi-tasking. Social media impact on adolescent girls on both ends good and bad social media is one of most influences impacting source throughout the world especially for girls. Some of the Risk factors towards social media and electronic media are Nervousness, withdrawal, worring and anxiety,

aggressiveness, favorable attitude towards violence, poor family management practices domestic violence exposure to involve in sexual activites.

STATEMENT OF THE PROBLEMS

The study was design to analyzed the impact of social media on adolescent girls, how social media is influencing in different aspects of social life, religious practices, educational learning, trends adopting, sports activities and so on.

SIGNIFICANCE OF THE STUDY

This study is expedient to apply social media in right direction for adolescent girls and create cognizance among them, that proper use of social media become a solid tool to educate, inform and groomed the mentality level of adolescent girls social media refine their living style of public especially for girls it is also create an responsiveness that how it is effecting the social life the deteriorate social norm, society standards and ethics of society and create awareness among them the aspect of social media.

OBJECTIVES OF THE STUDY

(1) Socio demographic profile of the respondent

(2) To analyze the influence of social media on adolescents social life

(3) To evaluate the attitude of adolescents towards social media and measure the spending time on social media

(4) To recommend some measure for proper use of social media in right direction to inform and educate the people.

METHODOLOGY OF THE STUDY

The descriptive method was used to carry this study. And survey type research was conducted, through the questionnaire and perception was discriminate about the impact of social media on girls and statements were developed related to the various aspect of adolescent girls life and society.

DESIGN OF THE STUDY

The descriptive research was conducted by using the procedure survey method that is a type of methodology in social sciences studies.

POPULATIONS

The population of the study contains Sree Chaithanya Intermediate and Degree College for women Gajuwaka, Visakahapatnam.

SAMPLE

From the above population a sample of 309 adolescent girls was selected and none random sampling method was used to select the sample from all over population.

STATISTICAL ANALYSIS

Statistical Package for the Social Sciences (SPSS) was used for the data analysis and interpreted. All collected data was entered at SPSS sheet to analyze the data, to separation the findings and representation the data in appropriate form, to draw the diagrams and tables.

DATA ANALYSIS AND INTERPRETATION

All gathered data entered in special packages for social sciences software and analyze in the form of table and made all percentage, frequencies, mean score by applying SPSS Package.

The research deals with a survey on the usage of the social media networking in the domain of adolescent girls. The social media referencing which is used in the research tool are Face book, Skype, YouTube, Twitter and MySpace. The questionnaire consists of 31 close ended questions while two questions are opening ended. Included socio demographic profile of the adolescents. The survey was being approach by this researcher to 309 adolescents. All the participants actively respond to this questionnaire. The return average of the questionnaire was greatly high with 97 percent.

The average participation of the female respondents is intermediate with 66 percent and the reaming respondents were degree. They belongs to different groups like MPC, MEC, CEC, BiPC, and the group belong to degree level they are BSC, BA and BCOM in Sree Chaithanya Intermediate and Degree College for women Gajuwaka, Visakahapatnam. Majority of the respondents belong to urban area. This shows that the social media is widely used by the urban population while the urban population utilized this with marginalized interests according to this sample survey. The average age groups which are being contacted by this researcher were between 15-20 years.

The majority of the respondents were Intermediate and Degree College students while a smaller proportion were the people belonging to intermediate one year course (preparation for EMCET). This shows that the use of social media is widely used by all groups of educational adolescent girls. The final results of the survey shows that almost 50 percent users like face book as their primary and favorite social media form followed by Skype 39 per cent and the 11 per cent users use other forms of social media like Twitter and MySpace.

This research finds that the excessive users in the educational computer labs use the social media forms for comments, chatting, image and video sharing and texting etc. This average touches the almost half of the sampled population. This shows that they ignore their primary focus on their study and research related activities while utilizing the facility of internet in connecting with their friends on the social media networking forums with their average utilized time between 30 to 60 minutes. But the actual results may cross this maximum time period while utilizing the social media forms as 13 percent responded that they use it more than 2 hours in a single day. Their important features while using social media are SMS, video clips sharing links and comments. The users mostly face problems such as unwanted messages, unwanted friends request and controversial political links and unethical pictures and links, irrelevant religious and anti-religious messages and useless information. Despite agree with the argument that social media is affecting the life of the youth, the sampled youth population is continuously using the social media. It has deliberately affected the physical and sports activities which is being replaced by social media.

The negative images, messages, video links, voice messages are creating negative influence in the society and social groups especially for girls at the minor level to penetrate to destabilize the inter-state harmony in the international relations.

Majority of the sampled population is agreed with this argument that the positive use of social media forms can brought socio-political awareness, enhance the different skills like increase language proficiency, develop online communication skills, create broader visionary power and connectivity. It is also useful for advertising, job hunting portals.

SOCIAL WORK INTERVENTION

Social work is helping the adolescent girls with emotional deviations which helps them the mental problems and in behavioral modification and to develop their self management skills to support the academic purpose, to give the awareness of peer groups problems and guiding them to solve the problems in any kind of situations make them to understand the effects of media and necessary need of that media in their life.

RECOMMENDATIONS

After getting all findings and discussed the conclusion of collected data the researcher recommend some measures to use of social media in right direction and utilize social media favorable and appropriate manner to its users.

- The educational computer labs must provide an organizational platform for the students and the researchers to make their use in an appropriate direction. There should be watchdog software in the server to hunt the students who are using these sites or these sites may be permanently blocked or a specific timing should be given to the students in the university hours for the use of social media websites.
- Positive use of social media can develop the youth's academic career, their skills, better living style, to adopt new trends, fashion, and anthropology so on. Social media is recent and most favorite form of media. it is a useful tool for youth so its use is essential to get information and knowledge when youth going to connect the social media should keep in mind that basic purpose to usage and always remember that they are going to share the information or links are not only for their gratification and interest but also for all their contacts and friends community, so be carefully utilize with social responsibility, ethically, religiously and politically appropriate links should be share. Keep in mind the society standards, social norms, values and do not share the links that create hatred different communities among the different segments, groups, sects, religions, cultures and races. The relevant information should be preferred on social media sites.

- There should extra-curriculum and awareness forum in the educational institution regarding the instruction about the positive usage of social media networking portals.
- The users should be aware about the right to information which is provided to them from their respective states and societies. They should avoid from defamation and hate speech on the social media forums.

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EFFECTS ON EXTREME HANDLING OF SOCIAL NET WORKING SITES BY THE ADOLESCENTS

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Abstract

Day by day the rate of usage of social net working sites by all level of age groups people is increasing numerously, which affects the people in general either negatively of positively. The main purpose of social net working sites used by the people is to build social relations with other people who share similar personal or career interests, activities, backgrounds or real-life connections. Meanwhile the part of adolescents in this area has been unpredictably noticed to the peak end. The extreme handling of social net working sites by the adolescent's impacts on the physical, cultural, mental, moral and ethical development, as Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Most of the adolescents spend their time with social networking sites to stay touch with what friends are doing, to stay up-to-date with news and current events, to find funny or entertaining content etc.

Key Words: social net working sites, Adolescence, development.

INTRODUCTION

Social media is a term used to describe the interaction between groups or individuals in which they produce, share, and sometimes exchange ideas over the internet and in virtual communities. The impact of social networks on adolescents is significant. Adolescents are growing up surrounded by mobile devices and interactive social networking sites such as Twitter, MySpace, and Facebook, which has made the social media a vital aspect of their life. Social network is transforming the manner in which adolescents interact with their parents, peers, as well as how they make use of technology.

Handling of social net work sites by the adolescent effect them both positively and negatively. On the positive side, social networks can act

as invaluable tools for professionals. They achieve this by assisting young professionals to market their skills and seek business opportunities. Social networking sites may also be used to network professionally. On the negative side, the internet is burdened with a number of risks associated with online communities. Cyber bullying, which refers to a type of bullying that is perpetrated using electronic technology, is one of the risks.

Bullies have taken to internet sites such as Twitter and Facebook, where the hide behind the anonymity provided by the internet to carry out their despicable acts. Adolescents also run the risk of inadvertently disclosing their personal information since on most occasions; they usually neglect to read carefully websites' privacy policies. Whenever Adolescents fail to read the policies and disclaimers, they are exposed to risks of having their personal information disclosed. This is especially a serious matter in light o the rising cases of cyber crimes such as identity theft.

It is becoming increasingly clear that social networks have become part of people's lives. Many Adolescents are using their tablet computers and smart phones to check Tweets and status updates from their friends and family. As technology advances, Adolescents are pressured to adopt different lifestyles. Social networking sites can assist adolescents to become more socially capable. However, they may also make them clumsy and incompetent, as well. Therefore, it is imperative to exercise caution and restraint when dealing with such issues.

EFFECTS OF EXTREME HANDLING OF SOCIAL NETWORK SITES

The popularity of the social networking sites increased rapidly in the last decade. This is probably due to the reason that college and university students as well as teens used it extensively to get global access. These social networking sites such as Twitter and Facebook have become a raging craze for everyone nowadays.

The negative effects of these social networking sites overweigh the positive ones. These sites have caused some potential harm to society. The students become victims of social networks more often than anyone else. This is because of the reason that when they are studying or searching their course material online, they get attracted to these sites to kill the boredom in their study time, diverting their attention

from their work. Other negative side effects of social networking sites include the following:

REDUCES THE ATTITUDE OF RESEARCH

Research is the base to find out existed facts and the attitude of research is to be developed among the adolescents so as it helps them to undergo several innovations for the sustainable development of human beings. In fact, the learners at the age of adolescence spent most of their time working with social networking sites which reduces the attitude of research and to complete given projects or assignments they make sure to copy easily whatever they want from the social networking sites instead doing their own.

PAYING LESS ATTENTION ON STUDIES

The students in adolescence age level who were spending more time with social networking sites are showing less attention on their studies which leads to low performance in their academic achievement.

REDUCING THE COMMUNICATION SKILLS

The more time the students spend on these social media sites, the less time they will spend socializing in person with others. This reduces their communication skills. They will not be able to communicate and socialize effectively in person with others. The effective communication skills are the key role to any individual, expertness in which enable them to be well in to maintain good human relations. The age of adolescence is identified as the age of ambiguity

The adolescents are getting more and more unsatisfied with the communication skills The effective communication skills are key to success in the real world.

REDUCES COMMAND OVER LANGUAGE USE AGE AND CREATIVE WRITING SKILLS

Students in adolescence mostly use slang words or shortened forms of words on social networking sites. They start relying on the computer grammar and spelling check features. This reduces their command over the language and their creative writing skills.

WASTAING OF TIME

Students in adolescence, while searching and studying online, get attracted to using social media sites and sometimes they forget why they are using internet. This wastes their time and sometimes students are not able to deliver their work in the specified time frame.

LOSS OF MOTIVATION

The student's motivational level reduces due to the use of these social networking sites. They depend up on the virtual environment instead of gaining practical knowledge from the real world.

EFFECT ON HEALTH

The extreme handling of these sites affects the adolescent's mental as well as physical health. They do not take their meals on time and take proper rest. While they were addicted with huge usage of social networking sites they may fail to have timely food instead eating food they use to take excessive amount of soft or hard drinks or coffee or tea to remain active and focused which effects negatively on their health.

The overuse of these sites on a daily basis has many negative effects on the physical and mental health of Adolescents making them lethargic and unmotivated to create contact with the people in person. The parents should check and balance on their children in adolescence age when they use the internet. They should be on guard whether they are using it for appropriate time period or not. The peers and teachers should also help Adolescents make them aware of the negative effects and explain what they are losing in the real world by sticking to these social networking sites.

Extreme handling of social networking sites causes the following effects on adolescents as well as other age group people

EYE STRAIN: Eye will get strain due to over usage of social networking sites which causing soreness, irritation, blurred vision, redness, dryness and tenderness of the eyes and other symptoms of eye are as follows

- Impaired vision, double vision and blurred vision
- Difficulty looking at one point for a period of time

- Itchy dry eyes and discomfort while looking at the screen of the computer
- Headaches
- Eye fatigue that can have serious impact later in life

STRESS AND DEPRESSION: Computer operators experience more stress than any other occupational group the National Institute of Occupational Safety and Health has studied

OTHER HEALTH HAZARDS: using computer hours together for the purpose of working with social networking sites generate lot of health problems as mentioned below

- Back problems (pain) caused from the efforts of the muscle to hold your posture for long periods of time
- Skin rashes that are caused from the static fields in front of the screen causing ions and pollutants in the air to become positively charged and attach themselves to your negatively charged skin (especially in low humidity)
- Abnormal reproductive outcomes due to electromagnetic radiation's affects on biological functions and biochemical processes inside our cells
- Cancer and leukemia
- Skin aging

ADDICTION TO SOCIAL NETWORKING SITES: The children at adolescent age level easily attracted to these sites and they get attachment regularly and continuously, later it enables them to addict to their favorite sites. The symptoms of addiction are as mention below

- Loosing track of time while surfing the Net
- Staying home more loosing social contacts
- Use Internet every day without days off
- Denial of high usage

CARPAL TUNNEL SYNDROME: Carpal Tunnel Syndrome (CTS) is a Repetitive Stress Injury (RSI) caused when the median nerve is

pushed by the flexor tendons inside the tunnel made up of the wrist bones, or carpals.

How is CTS caused

- The forearm flexor tendons and a few nerves pass through a small tunnel formed by the wrist bones, or carpals, into the hand. As you move your hands and fingers, the flexor tendons rub against the sides of the tunnel, sometimes causing them to swell and push the median nerve. When the median nerve is pushed by the tendons, we feel pain.

Symptoms of CTS injury

- Pain that may run up the hand into the wrist and arm
- Numbness and coldness in the hands
- Loss of strength and/or joint movement
- Discomfort and stiffness in the hands
- The need to massage your hands, wrists and arms
- Swelling and coldness in the hand

CONCLUSION

According to my point of view, everything in this world has its aspects. Then how can we forget about social media? It has also its advantage and disadvantage. But it totally depends on how the adolescents use it in daily practice if they use it for good purpose then it will be good, if we use it for bad then it will be bad. Adolescents should utilize social networking sites properly as it is the stock of information through which they can get lots of information, ideas, and thoughts and can share emotion and ideas by sitting in homes and talk to people who are living far from them. Social networking sites are the main source to have a great look on current issues happening in our daily life and they fasten the people connect with those issue as early as possible. Adolescents should focus on the ethical use of these social networking sites so that they serves our society in a right way. In one hand it provides a way to connect our dear ones on the other side it gives a dais that become danger for our tradition and culture. However, the extreme handling of these social networking sites by the adolescents is the source to damage their mental, physical, emotional and ethical

development and these effects on them continuously effects throughout the rest of their life.

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SCHOOL GOING ADOLESCENT STUDENTS' MULTIPLE INTELLIGENCE – A STUDY

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Abstract:

"The mind, irrespective of whether one is awake or Asleep, travels to far distant corners; this far distant moving mind is the light of lights. May that mind of mine be filled with Goodwill".

Intelligence is considered as very important ability of human. Gardner has profounded the theory of Intelligence and came up with eight independent types of intelligence that grow and develop. These areas in culture are valued as having the ability to solve the problem or to create a product in a peculiar way. The main objective of the present study is to find is there any relationship between multiple intelligence of Xth class students in relation to locality, gender, caste, academic achievement and management of school. A sample of 300 students is studied and found that there is significant influence of locality and management on multiple intelligence of Xth class students.

Keywords: Multiple Intelligence, locality, gender, caste, management, academic achievement

INTRODUCTION

Education is the essence of early civilization. Education is the light that shows mankind the right direction to surge. The purpose of education is not just making a student literate but also to add rationale thinking self sufficiency and knowledge ability from childhood. Each individual is unique. We all have different physical features – we are not all blue eyed, brown haired, five foot a tall men. We each have different personality– some people are jokesters and comedians while others are quiet, reserved and serious. We all have or own a set of talents, gifts, and abilities. Now everyone may excel in Mathematics or

language. Why should we compare how smart children are or how successful they will be based on a test that measures only two aspects of who that little child is?

According to Gardner (1983-1993) each person possesses at least seven kinds of intelligence (Linguistic, Logical-Mathematical, Musical-Rhythmic, Visual-Spatial, Bodily-Kinesthetic, Interpersonal and Intrapersonal) and the degree to which each develops is dependent upon many variables. The most important, however, is freedom to pursue the intelligence. Because schools are deficit driven, they generally devalue or ignore intelligence other than the Logical-Mathematical and Linguistic. Intelligence is the aggregate or the global capacity of the individual to act purposefully, think rationally and to deal effectively with the environment. Multiple Intelligence is an ability to solve a problem or fashion a product that is valued in one or more cultural settings. So to find out the multiple intelligence abilities of school going adolscent students with a set of socio-demographic variables under some specific variables are necessary.

REVIEW OF LITERATURE

Ravindrnad, (2006) investigated that there is significant difference in Secondary School Students rural and urban in the different areas of multiple intelligence namely logical-mathematics, Visual-Spatial, Bodily-kinesthetic, Musical and Intrapersonal and there is significant difference in Secondary School Students in Chittoor and Kadapa, in the different areas of multiple intelligence namely linguistic, logical-mathematics, Musical, Interpersonal and Naturalist.

Sreenivasulu Reddy (2011) investigated that locality has significant influence on the multiple intelligence of IX class students. Gender has significant influence on the multiple intelligence of IX class students. Management has significant influence on the multiple intelligence of IX class students. Annual income has significant influence on the multiple intelligence of IX class students. Religion has significant influence on the multiple intelligence of IX class students. Caste has significant influence on the multiple intelligence of IX class students. Birth order has significant influence on the multiple intelligence of IX class students.

SCOPE OF THE STUDY

The main intention of the present study is to find the multiple intelligence of adolescent school going students in relation to specific factors like locality, gender, caste, academic achievement and management. Here in the study the sample is selected as X class students.

OBJECTIVES OF THE STUDY:

The following are the main objectives of the present study

To know the multiple intelligence of X class students.

To study the influence of locality on the multiple intelligence of X class students.

To study the influence of gender on the multiple intelligence of X class students.

To study the influence of Management of school in the multiple intelligence of X class students.

Hypotheses of the study :

To find the significant influence of locality, gender, caste, academic achievement and management on the multiple intelligence of X th class students.

Tool for the study:

The following tool was used in the study

- Multiple intelligence questionnaire

Scoring:

The multiple intelligence abilities questionnaire contains of 30 items. Each item had two alternatives True or False each item having a response True carries a score of “1” mark and “false” carries a Score “0” mark. The highest score on this multiple intelligence abilities shows high multiple intelligence abilities and low score indicates low multiple intelligence ability in children. The tool is adopted one Gardner theory.

SAMPLE DESIGN

The sample for the investigation consisted of 300, X class students in Chittoor district. The stratified random sampling was applied in three stages. The first stage is management i.e. Government, Private and aided the second stage is locality i.e. rural and urban and third stage is gender i.e. male and female. It is a 3X2X2 factorial design with 300 sample subjects.

RESULTS AND DISCUSSION

1. Locality

The relationship of multiple intelligence of X class students with their locality is studied in the present investigation. On the basis of locality, the X class students are divided into two groups. The rural students form with the Group – I and Group – II forms with the urban students. The multiple intelligence of X class students of the two groups were analyzed accordingly. The multiple intelligence of X class students for the two groups were tested for significance by employing 't' - test. The following hypothesis is framed.

Hypothesis – 1

There would be no significant impact of 'locality' on the multiple intelligence of X class students.

The above hypothesis is tested by employing 't' - test. The results are presented in **Table – 1.**

Table – 1

Influence of locality on the multiple intelligence of X class students

S. No.	Locality	N	Mean	S.D.	't' - Test
1.	Rural	150	23.01	4.83	2.276*
2.	Urban	150	24.24	4.55	

* Indicates significant at 0.05 level

It is found from the Table –1that the computed value of 't' (2.276) is greater than the critical value of 't' (1.97) for 1 and 298 df at 0.05 level of significance. Hence the Hypothesis – 1 is rejected at 0.05 level. Therefore it is concluded that the locality has significant influence on the multiple intelligence of X class students.

2. **GENDER**

The relationship of multiple intelligence of X class students with their gender is studied in the present investigation. On the basis of gender, the X class students divided into two groups. The boys students form with the Group – I and Group – II forms with the girls students. The multiple intelligence of x class students of the two groups were analyzed accordingly. The multiple intelligence of X class students for the two groups were tested for significance by employing 't' - test. The following hypothesis is framed.

Hypothesis – 2

There would be no significant impact of 'gender' on the multiple intelligence of X class students.

The above hypothesis is tested by employing 't' - test. The results are presented in **Table – 2**

TABLE-2

Influence of gender on the multiple intelligence of X class students

S. No.	Gender	N	Mean	S.D.	't' - Test
1.	Boys	150	23.78	4.61	0.574@
2.	Girls	150	23.47	4.85	

@ Indicates not significant at 0.05 level

It is found from the Table –2 that the computed value of 't' (0.574) is less than the critical value of 't' (1.97) for 1 and 298 df at 0.05 level of significance. Hence the Hypothesis – 2 is accepted at 0.05 level. Therefore it is concluded that the gender has not significant influence on the multiple intelligence of X class students.

3. **Caste**

The relationship of multiple intelligence of X class students with their caste is studied in the present investigation. On the basis of caste, the students are divided into three groups. Group – I is formed with OC students. Group – II formed with BC students. Group – III is formed with SC and ST students. The corresponding multiple intelligence of X class students of the three groups were analyzed accordingly. The mean values of multiple intelligence of X class students for the three groups were tested for significance by employing 'F' - test. The following hypothesis is framed.

Hypothesis – 3

There would be no significant impact of 'caste' on the multiple intelligence of X class students.

The above hypothesis is tested by employing 'F' - test. The results are presented in **Table – 3.**

Table – 3

Influence of caste on the multiple intelligence of X class students

S. No.	Caste	N	Mean	S.D.	'F' – Test
1.	OC	83	23.51	4.87	0.038@
2.	BC	128	23.65	4.29	
3.	SC and ST	89	23.70	5.19	

@ Indicates not significant at 0.05 level

It is clear from Table –3 that the computed value of 'F' for the multiple intelligence of X class students is (0.038). It is less than table value of 'F' (3.03) for 2 and 297 df at 0.05 level. Hence Hypothesis –3 is accepted at 0.05 level of significance. It is concluded that the caste has not significant influence on the multiple intelligence of X class students.

4. **Academic achievement**

The relationship of multiple intelligence of X class students with their academic achievement is studied in the present investigation. On the basis of academic achievement, the students are divided into three

groups. Group – I is formed with Academic achievement is up to 49%. Group – II formed with Academic achievement is 50% to 59%. Group – III is formed with Academic achievement is 60% and above. The corresponding multiple intelligence of X class students of the three groups were analyzed accordingly. The mean values of multiple intelligence of X class students for the three groups were tested for significance by employing 'F' - test. The following hypothesis is framed.

Hypothesis – 4

There would be no significant impact of 'academic achievement' on the multiple intelligence of X class students.

The above hypothesis is tested by employing 'F' - test. The results are presented in **Table – 4.**

Table – 4

Influence of academic achievement on the multiple intelligence of X class students

S. No.	Academic achievement	N	Mean	S.D.	'F' – Test
1.	Group – I	132	23.13	4.90	1.620@
2.	Group – II	85	24.31	4.60	
3.	Group – III	83	23.71	4.50	

@ Indicates not significant at 0.05 level

It is clear from Table –4 that the computed value of 'F' for the multiple intelligence of X class students is (1.620). It is less than table value of 'F' (3.03) for 3 and 297 df at 0.05 level. Hence Hypothesis –4 is accepted at 0.05 level of significance. It is concluded that the academic achievement has not significant influence on the multiple intelligence of X class students.

5. **Management**

The relationship of multiple intelligence of X class students with their management is studied in the present investigation. On the basis of management, the X class students are divided into three groups. The Government school students form with the Group – I, Group – II forms

with the Private school students and Group – III forms with Aided students. The corresponding multiple intelligence of X class students of the three groups were analyzed accordingly. The mean values of multiple intelligence of X class students for the three groups were tested for significance by employing 'F' - test. The following hypothesis is framed.

Hypothesis – 5

There would be no significant impact of 'management' on the multiple intelligence of X class students.

The above hypothesis is tested by employing 'F' - test. The results are presented in **Table – 5**

Table – 5

Influence of management on the multiple intelligence of X class students

S. No.	Management	N	Mean	S.D.	'F' – Test
1.	Government	100	23.93	5.22	3.913*
2.	Private	100	22.58	4.65	
3.	Aided	100	24.36	4.07	

* Indicates significant at 0.05 level

It is found from the Table –5 that the computed value of 'F' (3.913) is greater than the critical value of 'F' (3.03) for 2 and 297 df at 0.05 level of significance. Hence the Hypothesis –5 is rejected at 0.05 level. Therefore it is concluded that the management has significant influence on the multiple intelligence of X class students.

Findings:

There is significant influence of locality and management at 0.05 level on the multiple intelligence of X class students .

Conclusions:

In the light of the findings the following conclusions are drawn. Locality and management has significant influence on the multiple intelligence .Gender, caste and academic achievement has no significant

influence on multiple intelligence of adolescent school going X class students.

EDUCATIONAL IMPLICATIONS

The findings of the present research have raised some important questions related to the educational needs of the students with special reference to their multiple intelligence

1. Locality has highly influence on the multiple intelligence of X class students. Urban students have more multiple intelligence than the rural students. The administrators has to provide facilities to rural students on par with the urban students.
2. Management also highly influence on the multiple intelligence of X class students. Aided school students have more multiple intelligence than the private students. The administrators to provide facilities for private school students.
3. Teachers should motivate the students so they can improve their skills.
4. School teachers and authority should maintain good human relations with the students to develop society adjustment efficiency among them.

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ADOLESCENTS AND HIV / AIDS

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Abstract

Adolescents in general are at risk of contracting HIV through sexual transmission, because a large majority engage in sexual intercourse, have multiple partners over a period of time, and fail to consistently use a condom during every act of intercourse. In addition, many young people also become infected with other STDs that facilitate the transmission of HIV. On the other hand, in the United States, most of these adolescents are actually at relatively low risk, because they rarely if ever, have sex with people who are HIV infected. In contrast, adolescents in countries where HIV infection is widespread are at much higher risk of contracting HIV through sexual intercourse, as are adolescents in low-prevalence countries who have unprotected intercourse with members of very high-risk groups (eg, males who have sex with other males or injection drug users). In addition, there are some adolescents who engage in very frequent unprotected sex for drugs, and thereby greatly increase their risk, both by having frequent unprotected sex and by having sex with partners in high-risk groups. These high-risk groups are somewhat bounded by social networks, but this may change. Finally, some adolescents are at risk of contracting HIV through sharing needles used to inject drugs. These patterns have important implications for educational programs. First they suggest that there should be effective HIV education programs for all young people. Furthermore, they suggest that there should be additional, more focused programs targeting those groups of adolescents who are at higher risk of HIV infection. Educational programs for school aged males should adequately address the risks of unprotected intercourse among males who may have sex with injection drug users and the exchange of sex for drugs. Finally, programs should address drug use and needle sharing.

Key words : Adolescents, HIV, AIDS, Suggestions.

INTRODUCTION

This paper analyse Introduction, Theoretical Frame work, Stages in the Development of the Disease, Suggestions to prevent Adolescent HIV/AIDS and conclusion. Adolescents are defined as individuals in the 10-19 year age group. The Government of India, however, in the National Youth Policy, defines Adolescents age group as 13-19 years. This phase is characterized by acceleration of physical growth and, psychological and behavioural changes, thus bringing about transformation from childhood to adulthood. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. In addition, the adolescent experiences changes in social expectations and perceptions. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity. Adolescence is a phase of physical growth and development accompanied by sexual maturation, often leading to intimate relationships. Adolescent HIV/AIDS is a separate epidemic and needs to be handled and managed separately from adult HIV. The adolescents can be subdivided into student, slum and street youth, street adolescents being most vulnerable to HIV/AIDS. Among various risk factors and situations for adolescents contracting HIV virus are adolescent sex workers, child trafficking, child labour, migrant population, childhood sexual abuse, coercive sex with an older person and biologic as well as psychological vulnerability. The most common mode of transmission is heterosexual, yet increasing number of perinatally infected children are entering adolescence. The HIV infected adolescents present as physically stunted individuals, with delayed puberty and adrenarche. Mental illness and substance abuse are important co-morbidities. The disclosure and declaration of HIV status to self and family is challenging and guilt in sexually infected adolescents and tendency to blame parents if vertically affected need special consideration and proper counselling.

THEORETICAL FRAME WORK

AIDS (Acquired Immuno-Deficiency Syndrome) is a disease which is caused by a virus called Human Immunodeficiency Virus or HIV. This virus is fatal and dangerous because it destroys the immune System (the capacity of the body to fight diseases) in the human body and remains in the body for years together without any visible

symptoms. This virus is smaller than even bacteria and is not observable even with the microscope. The virus can be transmitted to other persons in a number of ways. AIDS is the last stage of infection in the virus. It takes about eight to ten years between getting infected with HIV and developing AIDS. No vaccine has been invented till today as a cure for AIDS or for protecting people from the HIV, though some scientists claimed in October 1995 that it was likely to be invented in the foreseeable future. In the United States and some other countries like France, Belgium, Uganda, Zambia, Tanzania, Zimbabwe, etc. the AIDS emerged in the 1980s, though the first AIDS case of a person of 45 years of age was detected in America in 1959. In India, the first case of HIV infection was reported in May 1986 in Madras. The National Institute of Virology, Pune, and the Christian Medical College, Vellore, started 'screening operations' in 1987 on the recommendations of AIDS Task Force of Indian Council of Medical Research, New Delhi. It screened 3,027 persons of high risk groups and detected a good number of cases as being seropositive. HIV is currently spreading in the world at the rate of one new infection every fifty seconds. The HIV/AIDS is not confined to any one class, community, religion, age-group, sex or profession, though according to the Indian Health Organization (IHO), women and children are believed to be more prone to AIDS. The HIV infection is spread over all regions and all Adolescent groups. Adolescents and young people represent a growing share of people living with HIV worldwide. In 2015 alone, 6,70,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 2,50,000 were adolescents between the ages of 15 and 19. To compound this, most recent data indicate that only 13 percent of adolescent girls and 9 percent of adolescent boys aged 15-19 in sub-Saharan Africa, the region most affected by HIV have been tested for HIV in the past 12 months and received the result of the last test. If current trends continue, hundreds of thousands more will become HIV-positive in the coming years. Additionally, AIDS-related deaths among adolescents have increased over the past decade while decreasing among all other age groups, which can be largely attributed to a generation of children infected with HIV perinatally who are growing into adolescence.

STAGES IN THE DEVELOPMENT OF THE DISEASE

Many adolescents engage in sexual intercourse with multiple partners and without condoms. Thus, they engage in sexual behaviours

that place them at risk of sexually transmitted diseases (STDs), including HIV. Among sexually experienced people, adolescents aged 15 to 19 years have some of the highest reported rates of STDs. In addition, particular groups of adolescents (eg. Males who have sex with males, injection drug users, and teens who have sex for drugs) engage in even greater risk-taking behaviour. AIDS is a disease which is caused in a slow and gradual process. Theoretically, four stages have been identified in the development of HIV infection.

1. Initial HIV infection : In this stage, with the entering of HIV virus in the body, some Adolescents come to experience temporary serocon version disease within few weeks which resembles influenza or flu with symptoms like fever, bodyache and headache. The immune system in the body produces antibodies which does not destroy the HIV virus. After this, no characteristic develops for months and years together; but during this period a person can spread the HIV infection to others through sex, shared needles, blood transfusion, etc.

2. Persistently enlarged glands : In the next stage of HIV infection, a person develops enlarged but painless glands in the neck and armpits which are free of any symptoms. They continue to persist for months and years without producing any apparent ill-health. The early symptoms of AIDS are fatigue, weight-loss, chronic diarrhoea, prolonged fever, cough, night sweats and lymph gland enlargement. These characteristics are considered as first symptoms of AIDS in the developed countries but in the developing countries, since these symptoms cannot be differentiated from the ordinary infections, adolescents do not think of going for early treatment.

3. AIDS-related complex : In this stage, the virus damages the immune system which produces symptoms like attacks of diarrhoea, sweating, loss of weight and extreme weakness.

4. Full-blown AIDS : This stage is reached after an average of nine to ten years from the time of containing the HIV infection. The immune system is totally destroyed and many infections and cancers are produced. The patient becomes very weak and always feels tired. This stage is easily recognized by doctors. A man does not survive for more than three to four years after this stage.

SUGGESTIONS TO PREVENT ADOLESCENT HIV / AIDS

a) Medical personnel have also implemented prevention programs in their clinics in an effort to reduce unprotected intercourse in adolescents.

b) Recognizing the complexity of the problem of teen unprotected sex, STDs, and pregnancy, more multi-component efforts have been implemented to change the communities in which teens live in the hope that healthier environments might reduce rates of unprotected sex. These initiatives often combine such interventions as media campaigns, increased access to condoms, sex/HIV education classes for teens, and training in parent / child communication.

c) Sex and HIV / AIDS education programs for parents and their families. Many parents and adolescents have observed a paucity of communication between parents and their own teenagers about sexuality. Consequently, programs have been developed to increase this communication and thereby to decrease adolescent sexual risk-taking behaviour. Because these programs encourage discussion of sexuality between adolescents and their own parents, they avoid controversy that sometimes thwarts the implementation of other effective programs.

d) Professionals concerned with adolescents can help reduce HIV transmission among youth by supporting the adoption of programs that hold promise for reducing adolescent unprotected sex.

e) Voluntary organizations can provide information, services and other social support systems to adolescents in danger of catching the disease. Before catching the infection, knowledge in the spread of HIV infection can be impacted by community based social workers.

f) Media especially through wall posters, pamphlets, Information booklets, wall slogans, cultural programs etc, can help the prevention of spread of HIV/AIDS by advocating abstinence from unsafe sex.

g) HIV / AIDS positive cases can be kept busy in some small scale industries so that they consider themselves to be productive rather than a burden on family and society.

h) Increasing the number of HIV testing network.

i) More effective implementation of the programme for ensuring safety of blood / blood products.

j) Improving hospital infection control and waste management so as to reduce accidental HIV infection.

k) Strengthening sentinel surveillance.

CONCLUSION

AIDS and HIV infection are transmitted mainly through behaviour which is private, secret and often hidden. As such, the infection or even the suspicion of infection leads to stigma and discrimination. Discriminatory practices have targeted adolescents that are subsumed under 'high-risk' groups (like, prostitutes, drug-users and homosexuals). These adolescents are categorized according to the presumed risk that they are identified with. Such categorization not only challenges the rights of the individuals but the categorized Adolescents are also victimized under the guise of preventing AIDS. This undermines efforts to reach these Adolescents and seek their active cooperation in the fight against AIDS. Finding funds to fight AIDS is a serious problem in our country because the potential costs are staggering. On one hand, diverting funds from other problems to AIDS control may distort health priorities, while on the other hand, if proper funds are not made available, the economic consequences may be more devastating. India had received a loan of 85 million dollars from the World Bank for AIDS control but will these funds suffice ? Along with finding more sources of funds, the political will has to be generated, joint action has to be mobilized and the sustainable strategies have to be located for creating necessary awareness. The efforts made so far in dealing with the HIV infection / AIDS pandemic cannot be described as totally inadequate. A beginning has been made. Today is better than yesterday and tomorrow is what we look forward to. Certain issues can be dealt with legally by enacting laws and certain issues can be faced socially by creating the required social environment and providing certain social services.

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KETOGENIC DIET FOR ADOLESCENTS WITH EPILEPSY

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Abstract

The ketogenic diet is one treatment option for children with epilepsy whose seizures are not controlled with AEDs. The diet may help to reduce the number or severity of seizures and can often have positive effects on behavior. Up to 70% of people with epilepsy could have their seizures controlled with anti-epileptic drugs (AEDs). For some children who continue to have seizures, the ketogenic diet may help. However, the diet is very specialized. It should be carried out with the care, supervision and guidance of trained medical specialists. The ketogenic diet was originally developed in USA in the early 1920s. After the appearance of effective treatment with antiepileptic drugs like phenytoin and carbamazepine, the diet was more or less forgotten until the late 1990s, when it was reintroduced. Treatment with the diet has since then become increasingly accepted internationally and it is today considered an important alternative to antiepileptic drug therapy in young children with medically intractable seizures. The ketogenic diet is however difficult to introduce to older children and adolescents and requires the parents to be highly motivated in order to successfully maintain this very restricted diet. One study showed that less than 10% continued the diet at 12 months follow-up probably because of loss of compliance. The modified Atkins diet is a less restrictive alternative to the traditional ketogenic diet, which allows an unlimited protein and fat intake and does not restrict calorie or fluid intake. In the outpatient clinic parents were instructed to use a formula to calculate the content of carbohydrates from labels on food products. This formula helped parents control the daily carbohydrate content of their children's diet, so that dietician counselling was not needed on a daily basis.

INDRODUCTION

The ketogenic diet

The ketogenic diet (KD) is a high fat, low carbohydrate, controlled protein diet that has been used since the 1920s for the treatment of epilepsy. The diet is a medical treatment and is usually only considered when at least two suitable medications have been tried and not worked. The ketogenic diet is an established treatment option for children with hard to control epilepsy. Dietary treatments for epilepsy must only be followed with the support of an experienced epilepsy specialist and dietitian (food specialist). The ketogenic diet is one treatment option for children with epilepsy whose seizures are not controlled with AEDs. The diet may help to reduce the number or severity of seizures and can often have positive effects on behaviour. Up to 70% of people with epilepsy could have their seizures controlled with anti-epileptic drugs (AEDs). For some children who continue to have seizures, the ketogenic diet may help. However, the diet is very specialised. It should be carried out with the care, supervision and guidance of trained medical specialists.

- The ketogenic diet is a special high-fat, low-carbohydrate diet that helps to control seizures in some people with epilepsy.
- Doctors usually recommend the ketogenic diet for children whose seizures have not responded to several different seizure medicines.
- The typical ketogenic diet, called the "long-chain triglyceride diet," provides 3 to 4 grams of fat for every 1 gram of carbohydrate and protein.
- Several studies have shown that the ketogenic diet does reduce or prevent seizures in many children whose seizures could not be controlled by medications.
- The name ketogenic means that it produces ketones in the body (keto = ketone, genic = producing). Ketones are formed when the body uses fat for its source of energy.
- Usually the body uses carbohydrates (such as sugar, bread, pasta) for its fuel, but because the ketogenic diet is very low in carbohydrates, fats become the primary fuel instead.

- Ketones are not dangerous. They can be detected in the urine, blood, and breath. Ketones are one of the more likely mechanisms of action of the diet; with higher ketone levels often leading to improved seizure control. However, there are many other theories for why the diet will work.

Who will it help?

- Doctors usually recommend the ketogenic diet for children whose seizures have not responded to several different seizure medicines. It is particularly recommended for children with the Lennox-Gastaut syndrome.
- Mostly because the restricted food choices make it hard to follow. Yet, studies done on the use of the diet in adults show that it seems to work just as well.
- The ketogenic diet has been shown in small studies (case reports and case series) to be particularly helpful for some epilepsy conditions. These include infantile spasms, Rett syndrome, tuberous sclerosis complex, Dravet syndrome, Doose syndrome, and GLUT-1 deficiency. Using a formula-only ketogenic diet for infants and gastrostomy-tube fed children may lead to better compliance and possibly even improved efficacy.
- The diet works well for children with focal seizures, but may be less likely to lead to an immediate seizure-free result.
- In general, the diet can always be considered as long as there are no clear metabolic or mitochondrial reasons not to use it.

How does the diet working

Usually the body uses glucose (a form of sugar) from carbohydrates (found in foods like sugar, bread or pasta) for its energy source. Chemicals called ketones are made when the body uses fat for energy (this is called ‘ketosis’). The body uses ketones instead of glucose for its energy source. Research in 2015 has shown that another chemical, decanis acid, is also produced as a result of the diet. These chemicals help to reduce seizures for some people.

To whom the diet suitable for

The diet may not work for everyone but is suitable for many different seizure types and epilepsy syndromes, including myoclonic astatic

epilepsy, Dravet syndrome, infantile spasms (West syndrome), and those with tuberous sclerosis. It can be adapted to all ethnic diets, as well as for children who are allergic to dairy products (although this can limit the food choice). The dietitian will calculate the diet and try to include foods your child likes. If your child has feeding problems or has a condition where a high fat diet would cause problems, the diet may not be suitable.

The age range

Some clinics offer the diet for children from 12 months old. However it can be used for younger babies in some specialist centers that offer more detailed monitoring.

What sort of foods included in the diet?

There are different forms of the ketogenic diet. The types of foods eaten and the way each diet is calculated are slightly different, but each diet has shown effectiveness in reducing seizures for some people.

- The typical ketogenic diet, called the "long-chain triglyceride diet," provides 3 the dietician recommends a daily diet that contains 75 to 100 calories for every kilogram (2.2 pounds) of body weight and 1-2 grams of protein for every kilogram of body weight. If this sounds complicated, it is! That's why parents need a dietician's help.
- A ketogenic diet “ratio” is the ratio of fat to carbohydrate and protein grams combined. A 4:1 ratio is more strict than a 3:1 ratio, and is typically used for most children. A 3:1 ratio is typically used for infants, adolescents, and children who require higher amounts of protein or carbohydrate for some other reason.
- The kinds of foods that provide fat for the ketogenic diet are butter, heavy whipping cream, mayonnaise, and oils (e.g. canola or olive).
- Because the amount of carbohydrate and protein in the diet have to be restricted, it is very important to prepare meals carefully.
- No other sources of carbohydrates can be eaten. (Even toothpaste might have some sugar in it!).

- The ketogenic diet is supervised by a dietician who monitors the child's nutrition and can teach parents and the child what can and cannot be eaten.
- To 4 grams of fat for every 1 gram of carbohydrate and protein.

Classical diet

In this diet most of the fat comes from cream, butter, oil and other naturally fatty foods. It includes very little carbohydrate and protein. Each meal needs a strictly measured ratio of fat to carbohydrate and protein.

Medium chain triglyceride (MCT) diet

This diet allows for more carbohydrates and protein, so offers more variety. It includes some fat from naturally fatty foods, as well as some fat from a supplement of MCT oil or emulsion. This can be mixed into food or milk and is only available on prescription. Unlike the classical diet's strict ratio of fats to carbohydrate and protein, the MCT diet is calculated by the percentage of energy (calories) provided by the different food groups.

Similar dietary treatments for epilepsy

The following diets have more flexible approaches, which may suit teenagers or adults. They are still medical treatments, with potential side effects, and need to be approved by the person's neurologist. A ketogenic dietitian needs to individually set the diet for that person so that it is safe and nutritious.

Modified Atkins diet (MAD)

The Modified Atkins diet (sometimes called 'modified ketogenic therapy') uses a high proportion of fats and a strict control of carbohydrates, but is more flexible than the classical or MCT ketogenic diets because fats, protein and calories are not restricted.

Low glycaemic index treatment (LGIT)

This diet focuses on how carbohydrates affect the level of glucose in the blood (the glycaemic index), as well as the amount of carbohydrate eaten. Approximate portion sizes are used rather than food being weighed or measured.

Healthy ways to eat

To make sure the diet is nutritionally balanced, an experienced dietitian works out exactly how much of which foods the child can eat each day. To help with this, parents have individual recipes for their child, are given support on how to plan meals and are guided on which foods should be avoided. As the diet can be quite restrictive, the dietitian will recommend any vitamin and mineral supplements that are needed.

How the child's health monitored

Regular follow-ups with the pediatrician and dietitian will monitor your child's growth (height and weight), health, and their epilepsy and if there is a need for any change to their anti-epileptic drugs (AEDs), such as changing to sugar-free versions. If the diet is followed carefully, children do not usually become overweight.

You may be given a diary to record the number and type of seizures your child has while on the diet. As food can affect how we feel or act, you may be asked to note any changes in your child's mood, alertness and overall behaviour. It usually takes at least three months to see whether the diet is effective. The length of time a child is on the diet may vary, but if a child remains seizure-free, they may slowly come off the diet after two years.

The diet monitoring

To check that the diet is producing ketones, ketone levels are checked using blood tests, or a urine analysis stick, which is dipped into a container of your child's urine. The blood test involves a small pin prick on the finger (similar to monitoring diabetes). You can decide with your child's doctor which method to use.

Side effects of the diet

Constipation is common partly due to fat taking longer to break down than carbohydrates, and also due to lack of fibre. Both of these problems can be easily treated. Hunger, vomiting and lack of energy are also common at the start of the treatment, but side effects may decrease with time and may be avoided with careful monitoring. Many children report an increase in energy and feeling more alert once they are used to the diet.

CONCLUSTION

A clinical trial at Great Ormond Street Hospital in 2008 showed that the diet significantly reduced the number of seizures in some children whose seizures did not respond well to AEDs. After three months, 4 in 10 (40%) children who started the diet had the number of their seizures reduced by over half and were able to reduce their medication. Although not all children had better seizure control, some had other benefits such as increased alertness, awareness and responsiveness. Research studies are investigating how the different diets work, and why dietary treatments are effective for some people and not for others. There are several centres in the UK that offer dietary treatments for children. You can discuss the option of your child starting the diet with their GP or paediatrician.

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- © Epilepsy Society From the ketogenic diet factsheet, Give your feedback on this information
- Epilepsy Society is grateful to Natasha Schoeler, Research Fellow, UCL Institute of Neurology and Institute of Child Health for her guidance on this information.
- Great Ormond Street Hospital (GOSH) (opens new window) - enter 'ketogenic diet' into the search box.
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TREATING TEENS IN TURBULANCE WITH OBCESSIVE COMPULSIVE DISORDERS (OCD)

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Abstract

The therapy component for obsessive-compulsive disorder focuses on the catastrophic thoughts and exaggerated sense of responsibility you feel. A big part of therapy for OCD is teaching you healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behavior.

The primary objective of a family contract is to get family members and individuals with OCD to work together to develop realistic plans for managing the OC symptoms in behavioral terms. Creating goals as a team reduces conflict, preserves the household, and provides a platform for families to begin to "take back" the household in situations where most routines and activities have been dictated by an individual's OCD. By improving communication, and developing a greater understanding of each other's perspective, it is easier for the individual to have family members help them to reduce OC symptoms instead of enable. It is essential that all goals are clearly defined, understood, and agreed upon by any family members involved with carrying out the tasks in the contract.

Families who decide to enforce rules, without discussing it with the person with OCD first, find that their plans tend to backfire. Some families are able to develop a contract by themselves, while most need some professional guidance and instruction. Be sure to reach out for professional assistance if you think that you could benefit from it.

Cognitive therapy

The cognitive therapy component for obsessive-compulsive disorder focuses on the catastrophic thoughts and exaggerated sense of responsibility you feel. A big part of cognitive therapy for OCD is teaching you healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behavior.

Other OCD treatments

In addition to cognitive-behavioral therapy, the following treatments are also used for OCD:

Medication – Antidepressants are sometimes used in conjunction with therapy for the treatment of obsessive-compulsive disorder. However, medication alone is rarely effective in relieving the symptoms of OCD.

Family Therapy – Because OCD often causes problems in family life and social adjustment, family therapy is often advised. Family therapy promotes understanding of the disorder and can help reduce family conflicts. It can also motivate family members and teach them how to help their loved one.

Group Therapy – Group therapy is another helpful obsessive-compulsive disorder treatment. Through interaction with fellow OCD sufferers, group therapy provides support and encouragement and decreases feelings of isolation.

Helping a loved one with OCD

The way you react to your loved one's OCD symptoms has a big impact. Negative comments or criticism can make OCD worse, while a calm, supportive environment can help improve the outcome of treatment. Try to be as kind and patient as possible.

Tips for helping a friend or family member with OCD

Avoid making personal criticisms. Remember, your loved one's OCD behaviors are symptoms, not character flaws.

Don't scold someone with OCD or tell them to stop performing rituals. They can't comply, and the pressure to stop will only make the behaviors worse.

Do not play along with your loved one's OCD rituals. Helping with rituals will only reinforce the behavior. Support the person, not their rituals.

Keep communication positive and clear. Communication is important so you can find a balance between supporting your loved one and standing up to the OCD and not further distressing your loved one.

Find the humor. Laughing together over the funny side and absurdity of some OCD symptoms can help your loved one become more detached from the disorder. Just make sure your loved one feels respected and in on the joke.

In an effort to strengthen relationships between individuals with OCD and their family members, and to promote understanding and cooperation within households, we have developed the following list of useful guidelines. These guidelines are meant as tools for family members to be tailored for individual situations, sometimes more powerfully employed with the help of a therapist with expertise in working with OCD.

1. Recognize Signals

The first guideline stresses that family members learn to recognize the "warning signals" of OCD. Sometimes people with OCD are thinking things you don't know about as part of the OCD, so watch for behavior changes. It is important to not dismiss significant behavioral changes as "just their personality." Remember that these changes can be gradual, but overall different from how the person has generally behaved in the past.

Signals to watch for include but are not limited to:

- Large blocks of unexplained time that the person is spending alone (in the bathroom, getting dressed, doing homework, etc.)
- Doing things again and again (repetitive behaviors)
- Constant questioning of self-judgment; excessive need for reassurance
- Simple tasks taking longer than usual
- Perpetual tardiness
- Increased concern for minor things and details
- Severe and extreme emotional reactions to small things
- Inability to sleep properly
- Staying up late to get things done
- Significant change in eating habits

- Daily life becomes a struggle
- Avoidance

Increased irritability and indecisiveness

People with OCD usually report that their symptoms get worse the more they are criticized or blamed because these emotions generate more anxiety. So it is essential that you learn to view these features as signals of OCD and not as personality traits. This way you can join the person with OCD to combat the symptoms, rather than become alienated from them.

2. Modify Expectations

People with OCD consistently report that change of any kind, even positive change can be experienced as stressful. It is often during these times that OC symptoms tend to flare up; however, you can help to moderate stress by modifying your expectations during these times of transition. Family conflict only fuels the fire and promotes symptom escalation, ("Just snap out of it!'). Instead a statement such as "No wonder your symptoms are worse— look at the changes you are going through," is validating, supportive and encouraging. Remind yourself the impact of change will also change; that is the person with OCD has survived many ups and downs, and set backs are not permanent. You must adjust your expectations accordingly which does not mean to not expect something!

3.Remember That People Get Better at Different Rates

There is a wide variation in the severity of OC symptoms between individuals. Remember to measure progress according to the individual's own level of functioning, not to that of others. You should encourage the person to push him/herself and to function at the highest level possible; yet if the pressure to function "perfectly" is greater than a person's actual ability it creates more stress which leads to more symptoms. Just as there is a wide variation between individuals regarding the severity of their OC symptoms, there is also wide variation in how rapidly individuals respond to treatment. Be patient. Slow, gradual improvement may be better in the end if relapses are to be prevented.

4. Avoid Day-To-Day Comparisons

You might hear your loved ones say they feel like they are "back at the start" during symptomatic times. Or you might be making the mistake of comparing your family member's progress (or lack thereof) with how he/she functioned before developing OCD. It is important to look at overall changes since treatment began. Day-to-day comparisons are misleading because they don't represent the bigger picture. When you see "slips" a gentle reminder of "tomorrow is another day to try" can combat self destructive labeling of "failure," "imperfect," or "out of control" which could result in a worsening of symptoms! You can make a difference with reminders of how much progress has been made since the worst episode and since beginning treatment. Encourage the use of questionnaires to have an objective measure of progress that both you and your loved one can refer back to (for example, the Yale Brown Obsessive Compulsive Scale) Even a 1-10 rating scale can be helpful. Ask "How would you rate yourself when OCD was at it's worst? When was that? How is it today? Let's think about this again in a week."

5. Recognize "Small" Improvements

People with OCD often complain that family members don't understand what it takes to accomplish something, such as cutting down a shower by five minutes, or resisting asking for reassurance one more time. While these gains may seem insignificant to family members, it is a very big step for your loved one. Acknowledgment of these seemingly small accomplishments is a powerful tool that encourages them to keep trying. This lets them know that their hard work to get better is being recognized and can be a powerful motivator.

6. Create a Supportive Environment

The more you can avoid personal criticism the better – remember that it is the OCD that gets on everyone's nerves. Try to learn as much about OCD as you can. Your family member still needs your encouragement and your acceptance as a person, but remember that acceptance and support does not mean ignoring the compulsive behavior. Do your best to not participate in the compulsions. In an even tone of voice explain that the compulsions are symptoms of OCD and that you will not assist in carrying them out because you want them to resist as well. Gang up on the OCD, not on each other!

7. Set Limits, But Be Sensitive to Mood

With the goal of working together to decrease compulsions, family members may find that they have to be firm about:

- Prior agreements regarding assisting with compulsions;
- How much time is spent discussing OCD;
- How much reassurance is given; or
- How much the compulsions infringe upon others' lives.

It is commonly reported by individuals with OCD that mood dictates the degree to which they can divert obsessions and resist compulsions. Likewise, family members have commented that they can tell when someone with OCD is "having a bad day." Those are the times when family may need to "back off," unless there is potential for a life-threatening or violent situation. On "good days" individuals should be encouraged to resist compulsions as much as possible. Limit setting works best when these expectations are discussed ahead of time and not in the middle of a conflict. It is critical to minimize family accommodation to OCD.

8. Support Taking Medication as Prescribed

Be sure to not undermine the medication instructions that have been prescribed. All medications have side effects that range in severity. Ask your family member if you could periodically attend their appointments with the prescribing physician. In this way you can ask questions learn about side effects and report any behavioral changes that you notice

9. Keep Communication Clear and Simple

Avoid lengthy explanations. This is often easier said than done because most people with OCD constantly ask those around them for reassurance. "Are you sure I locked the door?" or "Did I really clean well enough?" You have probably found that the more you try to prove that the individual need not worry the more he disproves you. Even the most sophisticated explanations won't work. There is always that lingering "What if?" Tolerating this uncertainty is an exposure for the individual with OCD and it may be tough. Recognize that the person with OCD is triggered by doubt, label the problem as one of trying to gain total certainty about something that cannot be provided, this is

the essence of OCD and the goal is to accept uncertainty in life. Avoid lengthy rationales and debates.

10. Separate Time Is Important

Family members often have the natural tendency to feel like they should protect the individual with OCD by being with him all the time. This can be destructive because family members need their private time, as do people with OCD. Give them the message that they can be left alone and can care for themselves. Also, OCD cannot run everybody's life; you have other responsibilities besides "babysitting." You need and deserve time to pursue your interests too! This not only keeps you from resenting the OCD it is also a good role model to the person with the OCD that there is more to life than anxiety.

11. It Has Become All About the OCD!

Whether it is about asking and providing reassurance to the family member with OCD or talking about the desperation and anxiety that the illness causes, families struggle with the challenge of engaging in conversations that are "symptom free," an experience that feels liberating when achieved. We have found that it is often difficult for family members to stop engaging in conversations around the anxiety because it has become a habit and such a central part of their life. It is okay not to ask "How is your OCD today?" Some limits on talking about OCD and the various worries is an important part of establishing a more normative routine. It also makes a statement that OCD is not allowed to run the household.

12. Keep Your Family Routine "Normal"

Often families ask how to undo all of the effects of months or years of going along with OC symptoms. For example, to "keep the peace" a husband allowed his wife's contamination fear to prohibit their children from having any friends into the household. An initial attempt to avoid conflict by giving in just grows; however, obsessions and compulsions must be contained. It is important that children have friends in their home, or that family members use any sink, sit on any chair, etc. Through negotiation and limit setting, family life and routines can be preserved. Remember it is in the individual's best interest to tolerate the exposure to their fears and to be reminded of

others' needs. As they begin to regain function, their wish to be able to do more increases.

13. Be Aware of Family Accommodation Behaviors

First there must be an agreement between all parties that it is in everyone's best interest for family members to not participate in rituals (Family Accommodation Behaviors). However, in this effort to help your loved one reduce compulsive behavior, you may be easily perceived as being mean or rejecting, even though you are trying to be helpful. It may seem obvious that family members and individuals with OCD are working toward the common goal of symptom reduction but the ways in which people do this varies. Attending a family educational support group for OCD, or seeing a family therapist with expertise in OCD, often facilitates family communication.

14. Consider Using a Family Contract

The primary objective of a family contract is to get family members and individuals with OCD to work together to develop realistic plans for managing the OC symptoms in behavioral terms. Creating goals as a team reduces conflict, preserves the household, and provides a platform for families to begin to "take back" the household in situations where most routines and activities have been dictated by an individual's OCD. By improving communication, and developing a greater understanding of each other's perspective, it is easier for the individual to have family members help them to reduce OC symptoms instead of enable. It is essential that all goals are clearly defined, understood, and agreed upon by any family members involved with carrying out the tasks in the contract. Families who decide to enforce rules, without discussing it with the person with OCD first, find that their plans tend to backfire. Some families are able to develop a contract by themselves, while most need some professional guidance and instruction. Be sure to reach out for professional assistance if you think that you could benefit from it.

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CASE STUDIES OF CHILD MARRIAGES IN CHITTOOR DISTRICT

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Abstract

Child marriage not only violates the human rights of the girl children but it also leads to several harmful consequences for them such as lack of opportunity to education, sexual exploitation, violence and early pregnancy. It deprives the girl children of their childhood and poses serious health risks for them. Teenage pregnancy, a consequence of child marriage, is quite common in India. The early marriage of girls normally results in the early pregnancy of the adolescent girls leading to the birth of undernourished children. A bout 16% girls with in the age group of 15-19 years had begun child bearing. It also affects the health of the mother as her tender body is not adequately strong for child bearing. This situation enhances the risk of maternal deaths. When a girl marries as a child, the health of her children suffers too. The children of child brides are at substantial greater risk of perinatal infant mortality and morbidity, and still births and infant deaths are50% higher in mothers younger than 20 years than in women who gave birth later. There is ample change that reducing child marriages will help to ensure more children survive into adult hood.

Introduction

Child marriage not only violates the human rights of the girl children but it also leads to several harmful consequences for them such as lack of opportunity to education, sexual exploitation, violence and early pregnancy. It deprives the girl children of their childhood and poses serious health risks for them. Teenage pregnancy, a consequence of child marriage, is quite common in India. The early marriage of girls normally results in the early pregnancy of the adolescent girls leading to the birth of undernourished children. A bout 16% girls within the age group of 15-19 years had begun child bearing. It also affects the health of the mother as her tender body is not adequately strong for child bearing. This situation enhances the risk of maternal deaths. When a girl marries as a child, the health of her children suffers too. The children of child brides are at

substantial greater risk of perinatal infant mortality and morbidity, and still births and infant deaths are50% higher in mothers younger than 20 years than in women who gave birth later. There is ample change that reducing child marriages will help to ensure more children survive into adult hood.

Definition of Child marriage

Throughout the world, marriage is regarded as a moment of celebration and a milestone in adult life. Sadly, as this Digest makes clear, the practice of early marriage gives no such cause for celebration. All too often, the imposition of a marriage partner upon a child means that girls or boy's childhood is cut short and their fundamental rights are compromised. Early marriage which is also referred to as child marriage is common all over the global and has inflicted dangerous and devastating effects on young children who are compelled to tie the knot most cases.

India also has legislation on the age of marriage, the Child Marriage Restraint Act, 1929(CMRA). It prescribes the minimum age of marriage as eighteen years for boys. It does not provide for relaxation in the age of marriage. There is no provision to marry either with the consent of parents or with the special dispensation by the court. Under CMRA does not provide for the registration of a marriage. Nor does it require to give prior notice to such person and has to gives him an opportunity to show person and has to gives him an opportunity to show cause against the issue of such injection. The offence relating to child marriage is allowed to be investigated only for the period of one year from the data of its commission. The law is secular and is applicable to all citizens of India. In spite of having legislative regulation, the practice of child marriage is prevalent on a large scale in India.

Need of the study

Child marriage of girls is a comparatively neglected social problem in India and is seldom given attention by policy makers, law enforcement machinery, and academicians. Recently, a few Ngo organizations have started the issue more seriously. Some efforts are being made by the National commission for women and the National Commission for Human Rights.

The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights (UDHR) and in many subsequent human rights instruments –consent that cannot be 'free and

full' when at least one partner is very immature. For both girls and boys, early marriage has profound physical, intellectual, psychological impacts, cutting off educational opportunity and chances of personal growth. For girls, in addition, it will almost certainly mean premature pregnancy and childbearing, and is likely to lead to a lifetime of domestic and sexual subservience over which they have no control.

Social reformers in the first part of the 20th century were concerned about early marriage, especially in India, and influenced the UDHR and other human rights conventions of the 1950s and 1960s. In the latter part of the 20th century, interest centered on the behavioral determinants fuelling repaid population growth, for obvious reasons. Early marriage extends a women's reproductive span, there by contributing to large family size, especially in the absence of contraception. More recently, advocates of safe motherhood have turned their attention to this issue. Pregnancies that occur 'too early' –When a women's body is not fully mature-constitute a major risk to the survival and future health of both mother and child. Concern with the special health needs of adolescents has also recently been growing in a world where young people are particularly vulnerable to HIV/ AIDS.

However, from a demographic and health perspective, early marriage is seen primarily as a contributory factor to early child-bearing .And sometimes, even in this context, the custom of early marriage is acknowledged as one of the reasons for girl's exclusion from school, especially in cultural settings where girls are raised for a lifetime confined to house hold occupations and are expected to marry very young. Very recently, the situation of children in need of special protection, notably girls vulnerable to sexual abuse and HIV/AIDS, suggests that early marriage is being used as a strategy to protect girls from sexual exposure, or to pass the economic burden for their care to others. Thus, early marriage lingers on as a culturally and socially sanctioned practice according to some traditional sets of values and, among some highly stressed populations, it may even be on the rise. Despite the efforts of reformers in the early part of the 20th century, early marriage has received scant attention from the mode women's rights and children's rights movements.

History of child marriage in Andhra Pradesh

Child marriage to secure girl's protection and giving of dowries for the maintenance of the child wife by the bride-groom and his parents were the evils widely prevalent in the colonial period in Andhra Pradesh. After paying huge dowries, some families were ruined due to bank -ruptecy. The daughters of parents who could not afford to give huge amounts as dowry because the victims of their poverty as they were married to elderly men in second marriage or even third marriage with wide difference of age ranging from fifteen to even fifty years. The parents of the girls used to receive bride's price ie, Kanyasulkam. As such girls were married prior to the attainment of age to a void social boycott, they had badly learnt the three RS and after marriage they were immersed in household duties and so opportunities to suppression and oppression. So from Childhood, women had to develop blind belief in doing whatever they were asked to do by men. For want of literacy, they could not verify the good from the evil of bad from the worse.

Objectives

1. **To find out the causes of child marriage.**
2. **To know the health problems of mother & child.**
3. **To understand the impact of early Marriage on Children and on Society**

Young girls may endure misery as a result of early marriage and the number of those who would seek help, if they thought it existed, is impossible to calculate. Until more is known about their predicament, or of the social damage that is carried forward in the upbringing they give to their own children. One thing is clear: the impact of early marriage on girls- and to a lesser extent on boys-is wide- ranging. Within a rights perspective, three key concerns are the denial of childhood and adolescence, the curtailment of personal freedom and the lack of opportunity to develop a full sense of selfhood as well as the denial of psychosocial and emotional well-being, reproductive health and educational opportunity.

Early marriage also has implications for the well-being of families and for society as a whole, where girls are uneducated and ill-prepared for their roles as mothers and contributors to society, there are costs to be born at every level, from the individual household to the nation as a whole.

Psychosocial disadvantage, forced sexual relations, and the denial of freedom and emotional consequences. The impact can be subtle and the damage hard to assess. It includes such intangible factors as the effect of a girl's loss of mobility and her confinement to the home and to household roles. Obviously there is a marked lack of data in this context. Most girls who are unhappy in an imposed marriage are very isolated. They have nobody to talk to as they are surrounded by people who endorse their situation.

India researchers on child marriage in Rajasthan and Madhya Pradesh state that girl spouses suffer more than boys: "Inadequate socialization, discontinuation of education, great physiological and emotional damage due to repeated pregnancies devastates these girls." If the husband dies, even before consummation, the girl is treated as a widow and given in nata to a widower in the family. Officially she is then his wife, but in fact under the practice of nata she becomes the common property of all the men in the family. The child bride who is widowed very young can suffer additional discrimination.

Widows suffer loss of status and they, along with their children, are often denied property rights, and arrange of other human rights. In parts of Africa, a widow is remarried to a brother- in-law, a custom known as levirate, originally intended, in part, to provide economic and social support. If the widow resists, she may be cast out by the family. Child widows with little education and no means of earning are especially powerless. At a 1994 Conference in Banglore, India, participants told of being married at five and six years old, widowed a few years later, and rejected by their –in-laws and their own families. These widows are, quite simply, left with no resources and nowhere to go.

Causes of Early Marriage:

Early marriage can arise due to a number of reasons such as these:

- To raise the economic and social status.
- Religious hurdles and barriers.
- Gender bias promotes early marriage of girls.
- Lack of education.
- Myths and misconceptions about early marriage.
- Pressures from older members of the family and community.

- The notion that early pregnancy leads to larger family and community.
- The notion that early pregnancy leads to larger families and hence providing for heirs to the throne.
- Some communities regard their girl children as a burden and think of getting rid of them by marring them off early in a patriarchal society.
- **Early marriage problems**

  There are numerous problems a couple can face when marriage happens at an early age for them. Child marriage is also indicative of the levels of development of a region or country and is generally conducted between very young girls and older men. In many parts of the world child marriage is a gratification for overcoming the family's financial and social needs.

Harmful Effects of Early Marriage:

- Psychological and emotional stress like forced sexual relations, denial of freedom and personal development as household chores now become a priority.
- Denial of personal development and education.
- Maturity levels become an issue as the little girl is now expected to play the role of a mother.
- Girl children undergo severe health problems like pregnancy and childbirth.
- Girl brides are also involved in early childhood care.
- Threat to contracting sexually transmitted diseases increase when girl children are exposed to such an environment.
- As girl children are still vulnerable and submissive, they can be subject to the atrocities of domestic violence and abandonment.
- Mental and emotional stress in girl brides is high because they are not old enough to cope with maternal, marital or in law issues.

Schemes for prevention of child marriages in India

The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls: A comprehensive scheme for the holistic development of adolescent girls aged 11-18 years, called the 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – Sabla' was introduced in the year 2010. Sabla is being implemented in 205 selected districts across the country. Sabla includes nutrition provision @ INR 5/- per day for 300 days in a year; iron and folic acid supplementation (52 tablets annually); health check-up and referral services; nutrition & health education; counseling/guidance on family welfare, child care practices, and home management; life skills education and accessing public services; and, vocational training for girls aged 16 and above under the National Skill Development Programme. Kishori Shakti Yojana (Adolescent Girls Scheme): Initiated in 2001 with a focus on improving the nutritional and health status of adolescent girls between 11-18 years of age, and promoting school attendance The scheme now stands merged with Sabla and applies in districts which do not have Sabla. Nutrition Programme for Adolescent Girls (NPAG): The NPAG has also merged with Sabla. Dhanalakshmi: In 2009, the MWCD introduces a pilot scheme (Dhanalakshmi) in selected backward districts of the country, as a conditional cash transfer scheme providing cash to the family of the girl child (preferably the mother) on fulfilling certain conditionalities for the girl child, such as birth registration; immunisation; enrolment retention in school; and delaying the marriage age beyond 18 years. The scheme also included a sub-component for providing insurance cover to the girl child. Conditional Cash Transfer Schemes in the States: State governments too have launched conditional cash transfer schemes. Rajasthan had launched the Raj Lakshmi Scheme in 1992, Haryana initiated Apni Beti, Apna Dhan – ABAD scheme (My Daughter, My Pride) in 1994. Karnataka launched the Bhagyalaxmi Scheme in 12 http://pib.nic.in/newsite/erelease.aspx?relid=0 10 2004. In 2005 and 2006, Dlhi and Madhya Pradesh too launched the Ladli Yojana the Ladli Laxmi Yojana respectively.13 Poorna Shakti Kendras (PSKs): Launched as a pilot project in September 2011 in Pali district of Rajasthan, it set up 150 village level PSKs to demonstrate convergence of programmes and schemes for the purpose of empowering women. Since then PSKs have also been set up in District Kamrup Metropolitan, Assam and Jaintia Hills, Meghalaya. While bringing women together and strengthening their participation in local self governance, women's sabhas (meetings) are mobilised under this project, which take up issues relating to the women and girls, including child marriage. The PSKs are reported to have prevented more than 200 child marriages. 14

Integrated Child Protection Scheme (ICPS): The scheme was launched in the XI Five Year Plan (2007-2012) to strengthen families of children at risk as a measure to prevent children from falling out of the social security and protective net and also to strengthen structures and institutional and non-institutional mechanisms to protect children who come in contact with the law as victims of crimes or as children in conflict with the law. In principle it lays down a strong preventive, protective and rehabilitative framework on child protection. It is a scheme sponsored by the Central Government where the maximum share of the budget (75%) comes from the centre and the states have to put in the rest. All the states and Union territories have signed an MoU with the Centre and some state and district level structures have been set up in the to implement the scheme. Bal Vivah Virodh Abhiyan (Campaign against Child Marriage): In 2005 a nationwide awareness-raising programme against child marriage was started by the National Commission for Women. It focussed particularly on the states of Rajasthan, Bihar, Chattisgarh, Madhya Pradesh, Jharkhand and Uttar Pradesh.

Case studies

1.Prasanna,Age-20y,Educational qualification :Degree, occupation : Student, Name of husband: N. Umapathi, Husband age: 28, Education : 10 th, Occupation: Auto driver, Age at marriage:Wife-15y.After 16 years of age she gave birth to male child the child was died after 7 days, next 2 years she delivered a female child and also died after 10 days. Reason for infanticide is malnutrition, mothers blood is not match the child.

2.Madavi, Age:23y, Education:3rd ,occupation: house wife, husband name: Nagaraju ,Age of husband: 30y, Education: 5th ,Occupation: Lab our, Age at marriage of wife- 15y. She lead 8 years of marriage life, she get 8 times of pregnant, 2 live births, 3 miscarriages, 3 still births. Reason for the miss carriage and still birth ,early pregnancy is due to consanguineous marriage.

3. Jayalakshmi, Age: 28,Education : 5th , occupation: House wife, husband name: Krishna, age: 38, Education: 10th ,occupation: farmer, age at marriage: wife age-16 y. She gave birth 3 female children. 2 girls children are physically handicapped, because of marriage on blood relation.

4.Kumari, Age: 18, Education: 8th , Occupation : house wife, Name of the husband: Ramu, age: 26y, Education: 5th , Occupation: Cooli, Age at marriage: 13y.She gave birth 2 children one male, two female. One child is

mentally retarded and another is physically handicapped, reason is in -laws violence and malnutrion.

5. Roja, Age at marriage: 16y, Education: illiteracy, Occupation: House wife, Name of the husband: Madhu, Education: 5th , Occupation: farmer. After 3 months of marriage she get pregnancy and died at the time of delivery she died due to not having available of hospital and lack of transport facility.

Suggestions

1. Positive guidelines to end the practice of early marriage.

2 .As a responsible citizen of India our intention is to raise awareness of the situation and, where necessary, to intervene or stimulate action.

3. Birth, marriage and death are the standard trio of key events in most people's lives.

4 .By creating awareness on importance of education at grass root level and' Education for all'

Conclusion

Though the respective Governments and society is doing much to abolish early or child marriage through campaigns, laws, policies and individual support of people , it is still a far reaching dream for young girls who are still repeatedly forced into such liaisons.

Early marriages have stretched far and wide through time and countries and finally reached America as well where children in their mid-teens are taking independent steps of tying the knot with their partners. Most early marriages are considered to be forced which their partners. Most early marriages out of choice should also be warned of various personal and health issues that can complicate their lives forever.

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REFLECTIONS ON TEENAGE PREGNANCY

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Abstract:

Teenage pregnancy is pregnancy in human females under the age of 20. A girl can become pregnant from sexual intercourse after she has begun to ovulate which can be before her first menstrual period (menarche), but usually occurs after the onset of her periods. In well-nourished girls, menarche usually takes place around the age of 13- 19 .The terms in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant. About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high.

These pregnancies are planned but 85% of these teens the pregnancy is unplanned. This can cause a lot of endless problems in the life of the teen and the newborn child. There are a lot of things that can cause an unplanned teen pregnancy, such as teens experimenting with sexual encounters at a young age. Another major cause is the lacks of guidance due to guardians that are blind or do not want to believe in such activities. These causes can have devastating effects on the teen and the newborn in the household. Some effects of early pregnancy will include an unexpected rise of responsibility for the teen and can cause many health concerns for both teen and newborn child. This presentation aimed to explain about Teenage pregnancy. The major factors, effects of Teenage pregnancy and the preventive measures of Teenage pregnancy will be discussed in detail.

Keywords: Teenage Pregnancy, Factors, Effects, Preventive Measures.

INTRODUCTION:

Teenage pregnancy has become a growing concern nowadays and hence it has become imperative to look into the various causes of teenage pregnancy in order to deal with this issue carefully. Teenage pregnancies are widely discouraged because the of health risks they raise for the young mothers and their babies.

This problem is more prevalent in developed countries. As the name itself indicates, teenage pregnancy refers to pregnancy in young girls, mostly aged 13 to 17 years. Pregnancy at such a tender age is primarily due to lack of sex education.

Lack of awareness about the causes and effects of teenage pregnancy is more often than not, a result of lack of proper communication between teenagers and their parents. Therefore, it is the duty of the parents to impart adequate sex education and education regarding reproductive health to their adolescent sons and daughters so that their children become aware of the various aspects related teenage sex and pregnancy.

Schools and society also need to emphasize the risk factors associated with unprotected sex as well as the outcomes of unplanned teenage pregnancy, not to mention the significance of moral and ethical values.

REASONS OF TEENAGE PREGNANCY:

Lack of sex education is the most important but not the only cause of teenage pregnancy. Following are some other teenage pregnancy causes that cannot be ignored.

1. **Psychological factors:**

   The immature and irresponsible behavior arising due to complex teenage psychology is another important cause of teenage pregnancies. Teenagers often go through a number of emotions because of their own transition from childhood and peer pressure.

   In addition, weak family relationships fail to provide the emotional support that teenagers require. This lack of attention and affection from family resulting in depression forces them to seek love and support from other people, especially members of the opposite sex.

2. **Adolescent sexual behavior:** As adolescence marks the onset of sexual maturity, it is but obvious that both the sexes show interest in and explore the much hyped topics of sex, with the irresponsible and careless approach of mass media. This makes them vulnerable to teenage sex and pregnancy without adequate sex education. Lack of sexual education causes teens to get abortions as they ultimately realize their inability to bear the responsibilities of being a parent at such a young age.
3. **Lack of discipline and control:** Factors like alcohol and substance abuse accompanied by unrestricted interaction with the opposite sex can ignite the sparks of lust and passion in youngsters very easily ultimately leading to teenage pregnancy. Nonetheless, at times, parents put too many restrictions of their children, especially girls to protect them from dangers. This overprotection gives rise to frustration and a feeling of not being loved and cared for. Thus, balance is the key to avoid this problem.
4. **Socio-economic factors:** Childhood environment, lower educational and income levels have also been associated with high rates of teenage pregnancy because of negligence towards birth control methods.
5. **Sexual abuse** of teenage girls is also one of the most disgraceful causes of teenage pregnancy. Sexual relationships between teenage girls and older men are more likely to end up in teenage pregnancy as compared to sexual relationships between teenage boys and girls.

EFFECTS OF TEEN PREGNANCY:

Teenage pregnancy is a serious issue that may seriously impact the future of a young woman. Any teen pregnancy will be a challenge as teens typically lack skills needed to handle a pregnancy and motherhood. Patience, maturity and ability to handle stress are required by pregnant mothers of all ages. A teen pregnancy may also impact the baby. The Centers for Disease Control and Prevention notes that babies born to teens may have weaker intellectual development and lower skill set scores at kindergarten. They may also have ongoing medical issues and behavioral issues.

1. Medical Complications

Medical complications often occur in pregnant teenagers, according to the American Academy of Child and Adolescent Psychiatry. Too often, teens do not seek adequate medical care during the pregnancy. Complications that may occur during a teen pregnancy include anemia, toxemia, high blood pressure, placenta previa and premature birth of the baby. Ongoing medical care is crucial to prevent these complications from threatening the pregnancy and the mother's well being.

2. Emotional Crisis

A teenager may suffer an emotional crisis if she becomes pregnant and does not want the baby. This crisis may lead to rash behavior such as attempting to self-abort the baby or a suicide attempt

3. Worries about Future

Uncertainty about the future may arise when a teen is pregnant. A teen may feel she does not have enough knowledge to be a mother. She may also have fears about how having a baby will impact her own life and dreams for the future.

4. Delayed Education

Education may be put on hold when a teen becomes pregnant. Some pregnant teens may decide to leave high school. Others who were planning to attend college in the future may put off that experience after becoming pregnant. They may decide to focus on the baby or getting married rather than pursuing further education.

5. Smoking & Drugs

Smoking and drug use may be problematic during a teen pregnancy. A teen may not have the willpower to stop using substances that can harm the developing baby.

6. Exhaustion

Exhaustion may arise during a pregnancy. A pregnant teen should try to exercise during the pregnancy; however, if exhaustion arises it is important to know that this is often a normal part of pregnancy. Getting the standard 8 hours of sleep every night is important.

7. Depression

Depression may arise when a teenager is pregnant. The teen may fall into a depression while trying to handle the emotions a pregnancy creates and all of the possibly negative feedback about the pregnancy from friends and family. The fluctuating hormones that a pregnancy causes may also prompt depression.

8. Neglect of Baby

Once their baby is born, teenagers may not be willing or able to give it the undivided attention it needs. A teen may not be an adequate mother because she is overwhelmed by the constant needs of the baby. She may grow annoyed at the lack of freedom to interact with her peer group due to the baby.

9. Trouble with Finances

Financial difficulty may arise during a teen pregnancy or after the baby is born. It is expensive to raise a baby. Teens who do not have full-time employment may struggle to cover the basic expenses of life upon having a baby.

STRATEGIC INTERVENTIONS FOR HIGH SCHOOL-AGED GIRLS TO PREVENT PREGNANCY:

1. Have the Sex Talk

Generally mothers can't emphasize enough the importance of sitting down with their daughters and sharing all the facts about sex and birth control information they need to make important choices about their bodies, their selves and their futures. It's getting harder and harder for teens not to have sex so mothers will keep on teaching their children about safe sex and birth control.

2. Explain Safe Sex

Explaining birth control options is an important part of educating their teen daughter about safe sex, "As a mother, they have to teach their children about safe sex," generally they know what terrible diseases sex can cause and how most of them can be eliminated by just wearing a condom properly.

3. Teach Her to Respect Herself

Mother's job is to inspire her daughter to care about herself emotionally as well as physically. Mothers must have an interaction with her daughter, ask her questions, and explain to her how boys act and why they seem to always want sex....stuff like that. If girls have good parents and learn to care about themselves, they might not have gone looking for attention in a boyfriend, and may be they won't make the choice of not being careful during sex. Parents will also teach them how to have self control. And how to say 'no' to any advances they may get from boys.

4. Encourage Abstinence

Many schools promote self-discipline as the best choice, and numerous mothers believe in underscoring this message with their daughters. They will also emphasize self-discipline as an option to prevent teen pregnancy.

5. Teach kids comprehensive sex education

At the most basic level, kids need to receive sexual health instruction in order to make healthy choices about their physical relationships. Every student gets comprehensive sex education beginning in middle school. In addition to classes, students can seek out individual counseling sessions. The curriculum covers self-esteem, setting sexual boundaries, and how to effectively use contraception.

6. Target messages at teen boys, not just at the girls.

The comprehensive sex education program recognizes that teen pregnancy is not just an issue for teen girls. That's in sharp contrast to many teen pregnancy prevention campaigns which sometimes focus on blaming girls for their bad choices without putting equal weight on boys' responsibility. "We have sessions where young men and young ladies are there talking together and learning the curriculum together, because it's important for them to have those conversations".

7. Get the whole community involved.

Sex education programs are both school-based and community-based. In addition to making sure students attend sex education classes, in local beauty shops, laundromats, barber shops, and churches are some of the public places to spread the word about safe sex. There's

information about birth control and pregnancy everywhere. "We try to involve everyone—the churches, the schools, the businesses, the parents… so that everyone is send the same messages to the kids.

8. Encourage mentoring.

The older teens are encouraged to serve as mentors to their younger peers, particularly since not every adult in the community is comfortable broaching the issue of sexuality at home. Students have the opportunity to meet together in smaller, one-hour focus groups to talk through topics related to teen sexuality and healthy relationships, and some are specifically trained to act as peer educators. Hearing messages about safe sex from peers is often more impactful than hearing it from adults.

***Adolescent fertility rates is the number of birth per 1000 women ages 15 – 19**

YEAR	PERCENTAGE
1960	86.521
1965	82.114
1970	76.287
1975	72.613
1980	69.77
1985	67.453
1990	65.43
1995	62.38
2000	55.967
2005	49.069
2010	46.709
2015	44.033

Source: United Nations Population Division and, World Population Prospects (World Bank data)

The rate of adolescent's fertility gradually decreasing from 1960-2015.but still we come across many adolescents' fertility cases.

CONCEIVING A TRAGEDY

* According to Third National Family Health Survey. In India 8.52 crore girls get married before legal age .in these 16% or 1.36 crore girls conceived.

* 77% or 9.54 lakh girls who conceive die during pregnancy.Activists believe that deaths may be prevented if girls get married after 18years.

- **82% OF UNDER AGE MARRIAGES REPORTED IN THE FOLLOWING STATES GIVEN BELOW**

Uttar Pradesh	**1.32crore**
West Bengal	**92.9 lack**
Andhra Pradesh	**86.66 lack**
Bihar	**73.35 lack**
Rajasthan	**70.06 lack**
Maharashtra	**73.67 lack**
Madhya Pradesh	**66.20 lack**
Odisha	**38.93 lack**
Thamilnadu	**37.79 lack**
Karnataka	**35.71 lack**

CONCLUSION:

Pregnant teenagers face many of the same obstetrics issues as other women. teenage pregnancies are often associated with social issues, including lower educational levels, higher rates of poverty, and other poorer life outcomes in children of teenage mothers. Laws and policies also may restrict adolescents' access to information and services, for example, by limiting family planning to married people or

requiring parental or spousal consent. A basic challenge in encouragement, especially in traditional societies, is the prohibited on public discussion of sexual issues. So prevention of teenage pregnancy very much needed to save girl by following some precautions such as, Protection from violence and abuse, family support, affordable housing, improved school retention, building self esteem and better educational and vocational opportunities are all required.

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TEENS IN TURBULENCE WITH OCD (OBCESSIVE COMPULSIVE DISORDERS)

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Abstract

It's normal, on occasion, to go back and double-check that the iron is unplugged or your car is locked. But if you suffer from obsessive-compulsive disorder (OCD), obsessive thoughts and compulsive behaviors become so excessive they interfere with your daily life. No matter what you do, you can't seem to shake them. But help is available. With treatment and self-help strategies, you can break free of the unwanted thoughts and irrational urges and take back control of your life.

Exposure and response prevention involves repeated exposure to the source of your obsession. Then you are asked to refrain from the compulsive behavior you'd usually perform to reduce your anxiety.

For example, if you are a compulsive hand washer, you might be asked to touch the door handle in a public restroom and then be prevented from washing up. As you sit with the anxiety, the urge to wash your hands will gradually begin to go away on its own. In this way, you learn that you don't need the ritual to get rid of your anxiety—that you have some control over your obsessive thoughts and compulsive behaviors.

Studies show that exposure and response prevention can actually "retrain" the brain, permanently reducing the occurrence of OCD symptoms.

It's normal, on occasion, to go back and double-check that the iron is unplugged or your car is locked. But if you suffer from obsessive-compulsive disorder (OCD), obsessive thoughts and compulsive behaviors become so excessive they interfere with your daily life. No matter what you do, you can't seem to shake them. But help is available. With treatment and self-help strategies, you can break free of

the unwanted thoughts and irrational urges and take back control of your life.

What you can do

- Stay closely connected to supportive family and friends
- Move your body frequently—don't sit for more than an hour
- Learn to recognize and limit obsessive and compulsive rituals
- Schedule a daily time to review your list of worries
- Learn about and practice relaxation techniques often
- What is obsessive-compulsive disorder (OCD)?

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform. If you have OCD, you probably recognize that your obsessive thoughts and compulsive behaviors are irrational—but even so, you feel unable to resist them and break free.

Like a needle getting stuck on an old record, OCD causes the brain to get stuck on a particular thought or urge. For example, you may check the stove 20 times to make sure it's really turned off, or wash your hands until they're scrubbed raw.

Understanding OCD obsessions and compulsions

Obsessive-compulsive disorder is an anxiety disorder characterized by unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform. If you have OCD, you probably recognize that your obsessions and compulsions are irrational—but even so, you feel unable to resist them and break free.

Cycle of violence

Obsessions are involuntary thoughts, images, or impulses that occur over and over again in your mind. You don't want to have these ideas, but you can't stop them. Unfortunately, these obsessive thoughts are often disturbing and distracting. Compulsions are behaviors or rituals that you feel driven to act out again and again. Usually, compulsions are performed in an attempt to make obsessions go away.

For example, if you're afraid of contamination, you might develop elaborate cleaning rituals. However, the relief never lasts. In fact, the obsessive thoughts usually come back stronger. And the

compulsive rituals and behaviors often end up causing anxiety themselves as they become more demanding and time-consuming. This is the vicious cycle of OCD.

Most people with obsessive-compulsive disorder fall into one of the following categories:

1. Washers are afraid of contamination. They usually have cleaning or hand-washing compulsions.
2. Checkers repeatedly check things (oven turned off, door locked, etc.) that they associate with harm or danger.
3. Doubters and sinners are afraid that if everything isn't perfect or done just right something terrible will happen, or they will be punished.
4. Counters and arrangers are obsessed with order and symmetry. They may have superstitions about certain numbers, colors, or arrangements.
5. Hoarders fear that something bad will happen if they throw anything away. They compulsively hoard things that they don't need or use.

Signs and symptoms of OCD

Just because you have obsessive thoughts or perform compulsive behaviors does not mean that you have obsessive-compulsive disorder. With OCD, these thoughts and behaviors cause tremendous distress, take up a lot of time, and interfere with your daily life and relationships. For example, you may check the stove 20 times to make sure it's really turned off, or wash your hands until they're scrubbed raw.

Most people with obsessive-compulsive disorder have both obsessions and compulsions, but some people experience just one or the other.

Obsessive thoughts

Common obsessive thoughts in OCD include:

- Fear of being contaminated by germs or dirt or contaminating others

- Fear of losing control and harming yourself or others
- Intrusive sexually explicit or violent thoughts and images
- Excessive focus on religious or moral ideas
- Fear of losing or not having things you might need
- Order and symmetry: the idea that everything must line up "just right"
- Superstitions; excessive attention to something considered lucky or unlucky

Compulsive behaviors

Common compulsive behaviors in OCD include:

- Excessive double-checking of things, such as locks, appliances, and switches
- Repeatedly checking in on loved ones to make sure they're safe
- Counting, tapping, repeating certain words, or doing other senseless things to reduce anxiety
- Spending a lot of time washing or cleaning
- Ordering or arranging things "just so"
- Praying excessively or engaging in rituals triggered by religious fear
- Accumulating "junk" such as old newspapers or empty food containers
- The link between hoarding and OCD

The compulsive behavior of hoarding—collecting and keeping things with little or no use or value—is a common symptom of people with OCD. However, people with hoarding symptoms are more likely to also be suffering from other disorders, such as depression, PTSD, compulsive buying, kleptomania, ADHD, skin picking, or tic disorders.

Obsessive-compulsive disorder symptoms in children

While the onset of obsessive-compulsive disorder usually occurs during adolescence or young adulthood, younger children sometimes have symptoms that look like OCD. However, the symptoms of other

disorders, such as ADHD, autism, and Tourette's syndrome, can also look like obsessive-compulsive disorder, so a thorough medical and psychological exam is essential before any diagnosis is made.

Exercise regularly

Exercise is a natural and can be a highly effective anti-anxiety treatment. It can help control OCD symptoms by strengthening your nervous system helping you to refocus your mind when obsessive thoughts and compulsions arise. For maximum benefit, try to get 30 minutes or more of aerobic activity on most days. Ten minutes several times a day can be as effective as one longer period especially if you pay mindful attention to the movement process.

Stay connected to family and friends

Obsessions and compulsions can consume your life to the point of social isolation. In turn, social isolation will aggravate your OCD symptoms. It's important to invest in relating to family and friends. Talking face-to-face about your worries and urges can make them feel less real and less threatening.

Get enough sleep

Not only can anxiety and worry cause insomnia, but a lack of sleep can also exacerbate anxious thoughts and feelings. When you're well rested, it's much easier to keep your emotional balance, a key factor in coping with anxiety disorders such as OCD.

Practice relaxation techniques

Stress can trigger symptoms or make them worse. Mindful meditation, yoga, deep breathing, and other relaxation techniques can help lower your overall stress and tension levels and help you manage your urges. For best results, practice a relaxation technique regularly.

Recognize the role trauma may play in your OCD

In some people, OCD symptoms such as compulsive washing or hoarding are ways of coping with trauma. If you have post-traumatic OCD, cognitive approaches may not be effective until underlying traumatic issues are resolved.

If you have OCD, there are many ways you can help yourself. One of the most powerful strategies is to eliminate the compulsive behaviors and rituals that keep your obsessions going.

Don't avoid your fears

It might seem smart to avoid the situations that trigger your obsessive thoughts, but the more you avoid them, the scarier they feel. Instead, expose yourself to your OCD triggers, then try to resist or delay the urge to complete your relief-seeking compulsive ritual. If resistance gets to be too hard, try to reduce the amount of time you spend on your ritual. Each time you expose yourself to your trigger, your anxiety should lessen and you'll start to realize that you have more control (and less to fear) than you think.

Refocus your attention

When you're experiencing OCD thoughts and urges, try shifting your attention to something else.

You could exercise, jog, walk, listen to music, read, surf the web, play a video game, make a phone call, or knit. The important thing is to do something you enjoy for at least 15 minutes, in order to delay your response to the obsessive thought or compulsion.

At the end of the delaying period, reassess the urge. In many cases, the urge will no longer be quite as intense. Try delaying for a longer period. The longer you can delay the urge, the more it will likely change.

Anticipate OCD urges

By anticipating your compulsive urges before they arise, you can help to ease them. For example, if your compulsive behavior involves checking that doors are locked, windows closed, or appliances turned off, try to lock the door or turn off the appliance with extra attention the first time.

Create a solid mental picture and then make a mental note. Tell yourself, "The window is now closed," or "I can see that the oven is turned off."

When the urge to check arises later, you will find it easier to re-label it as "just an obsessive thought."

Obsessive-compulsive disorder causes the brain to get stuck on a particular anxiety-provoking thought. The following strategies can help you get unstuck.

Write down your obsessive thoughts or worries

- Keep a pad and pencil on you, or type on a laptop, smart phone, or tablet. When you begin to obsess, write down all your thoughts or compulsions.
- Keep writing as the OCD urges continue, aiming to record exactly what you're thinking, even if you're repeating the same phrases or the same urges over and over.
- Writing it all down will help you see just how repetitive your obsessions are.
- Writing down the same phrase or urge hundreds of times will help it lose its power.
- Writing thoughts down is much harder work than simply thinking them, so your obsessive thoughts are likely to disappear sooner.

Create an OCD worry period

Rather than trying to suppress obsessions or compulsions, develop the habit of rescheduling them. Choose one or two 10-minute "worry periods" each day, time you can devote to obsessing. Choose a set time and place (e.g. in the living room from 8:00 to 8:10 a.m. and 5:00 to 5:10 p.m.) that's early enough it won't make you anxious before bedtime.

During your worry period, focus only on negative thoughts or urges. Don't try to correct them. At the end of the worry period, take a few calming breaths, let the obsessive thoughts or urges go, and return to your normal activities. The rest of the day, however, is to be designated free of obsessions and compulsions.

When thoughts or urges come into your head during the day, write them down and "postpone" them to your worry period. Save it for later and continue to go about your day.

Go over your "worry list" during the worry period. Reflect on the thoughts or urges you wrote down during the day. If the thoughts

are still bothering you, allow yourself to obsess about them, but only for the amount of time you've allotted for your worry period.

Create a tape of your OCD obsessions

- Focus on one specific worry or obsession and record it to a tape recorder, laptop, or smart phone.
- Recount the obsessive phrase, sentence, or story exactly as it comes into your mind.
- Play the tape back to yourself, over and over for a 45-minute period each day, until listening to the obsession no longer causes you to feel highly distressed.
- By continuously confronting your worry or obsession you will gradually become less anxious. You can then repeat the exercise for a different obsession.

Treatment for OCD

The treatment for OCD with the most research supporting its effectiveness is cognitive-behavioral therapy. Cognitive-behavioral therapy for obsessive-compulsive disorder involves two components: 1) exposure and response prevention, and 2) cognitive therapy.

Exposure and response prevention for OCD

Exposure and response prevention involves repeated exposure to the source of your obsession. Then you are asked to refrain from the compulsive behavior you'd usually perform to reduce your anxiety.

For example, if you are a compulsive hand washer, you might be asked to touch the door handle in a public restroom and then be prevented from washing up. As you sit with the anxiety, the urge to wash your hands will gradually begin to go away on its own. In this way, you learn that you don't need the ritual to get rid of your anxiety—that you have some control over your obsessive thoughts and compulsive behaviors.

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ROLE OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) IN TEACHER EDUCATION FOR THE 21ST CENTURY TO EQUIP AS COMPETENT TEACHERS

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Abstract:

Information and communication technologies (ICT's) have become inseparable entities in all aspects of human life. In education, ICT has begun to have a presence but the impact has not been as extensive as in other fields of endeavour . The moving of the world to digital media and information has made the role of ict in education to become more important and this importance will continue to grow and develop in21st century.ICT has impact on quality and quantity of teaching, learning and research in tertiary educational institutions.This paper attempts to highlight the role of ICT in teacher education and issues and challenges in integration of ICT in teacher education programme for the 21st century. In the 21st century, te3chnology is considered to be a potential instrument for bringing revolution in social & cultural lives of our society. However, the teacher education institutions and teacher education professions in our country are yet to explore its complete advantages (Mishra, et al, 2006).Capitalizing the potential of new technologies in general and digital technology in particular as a learning tool for effective teaching learning process is the real need in today's world. The knowledge of ICT is very much essential for the both perspective teachers as well as in-service teachers also. This will help teachers to know integrated technology with classroom teaching.

INTRODUCTION:

Technology, when integrated with the curriculum, revolutionizes the teaching and learning process. More and more studies show that technology integration in the curriculum improves students learning processes and outcomes. And the teacher's who recognizsict tools as problem-solving tools change the way they teach.And they move from a behavioural approach to a more contructivist approach. Advanced tools

in ICT are more conducive to project-based learning.Recent technological advances have affected many areas of our lives,the way we communicate, collaborate,learn and teach.Teachers are at the core of any living society technologies play an important role in training programme of teachers. Students access as knowledge and information through TV, digital media, cable network, etc. ICT is very important for pre service teacher education

A strong ICT infrastructure can give an institution a competitive advantage for the best students and faculty and an advantage in competition for absorbing external research grants to execute studies, research etc, in a shorter time and with great resolution. The quality of an institution's environment for digital information storage and retrieval becomes more important than the institution's conventional, library resources in print media.

IMPORTANCE OF ICT IN TEAHER EDUCTION:

Teacher education ratherteacher training needs tochange the future. Technology serves as an extraordinary tool to shape and enhance the learning environment and technology is used tosupplement and not substitute for high- quality instructional methods. The need for teacher training is widely acknowledged. Professional development to incorporate ICTs in to teachers and learners is an ongoing process. Teacher education curriculum needs to update this knowledge and skills as the school curriculum change. The teachers need to learn to teach with digital technologies, even though many of them have not been taught to do so. The aim of teacher training in this regard can be either teacher education in ICTs or teacher education through ICTs. A teacher's professional development is central to the overall change process in education. They are unsure of how to make most effective use of ICT as a powerful and diverse resource and one which can potentially after traditional alter traditional teacher-student relationships. If they are to invest time and energy in embracing the technology, teachers need to understand and experience the potential benefits of using ICT.

Issues In Implementation Of Technology-Mediated Teacher Education Initiatives

Creating a cadre of teacher educators at different levels who are able to appreciate the initiatives of technology-mediated learning is very

important through research and development in the field of teacher education in all the Asian countries. They must appreciate blended learning and paced learning to develop a motivation for effective integration of technology with content of teacher education curriculum (senepaty, 2005). It is imperative to consider the global standard and set a benchmark to correlate their performance with the performance of global standards. Some of the common issues in integration of ICTs in the field of teacher education are as follows

- A well designed technology-mediated teacher education curriculum with appropriate mechanism of assessing and monitoring quality of education should be in place for ensuring, better implementation of integrated teacher education programmes.
- Availabilities of technical capabilities are one of the issues in making course design and its production for technology-mediated learning.
- Policy planning is very important to have outcome-oriented plans, programmes and interventions for the effective use of ICTs in teacher education programmes. It is found that there is a lack of coherence in planning and leadership which consequently affects the implementation aspect.
- It is essential to bridge the gap between the mind set-up of new-age students and old classroom teachers through advocacy and in-service training and capacity-building activities from time to time.
- Availability and accessibility of technology should be made cost-effective for users at all levels.

The Challenges In ICT Integrated Teacher Education

The teacher education institutions should understand the tremendous potential of digital technologies and how best it can be harnessed in teaching-learning process to enable the students to learn meaningfully .with this teacher education institutions can really serve different segments of the society and meet the expectations of the new generation learners (Panda andBasanartia, 2005).making teachers familiar with emerging technologies is also very important.

1. Teacher education institutions find it difficult to collaborate on the development and implementation of ICT courses for pre-service and in-service teachers with agencies within their reach.
2. Teachers face major challenges when they are in schools due to number of demands and expectations .At the same time, they are expected to be innovative in the use of ICTs in classroom teaching-learning process.
3. The effective integration ofICTs for meaningful learning need to be constantly updated to make their current, relevant and pedagogically sound.
4. The course content must be constantly revised and updated as the technology is moving fast from time to time .It is essential to make the content in line with new trends in learning with technology .For example ,mobile can be used as a learning device in view of its accessibility ,cost-effectiveness and ease of operation .
5. Teacher education institutions should aim to capture the potentials and opportunities available to enable students to access their course materials and work collaboratively .The future of using technology for teaching and learning is always challenging.Therefore,it is imperative for teacher education to update themselves with recurrent training and orientation through refresher courses and orientation programmes.
6. Amajor challenge is lack of initiative on the part of formulation of appropriate policy to encourage teachers and teacher educators to incorporate the use of technology in teaching.
7. Content –wise identification of activities is one of the significant challenges in the development of the course ware for effective integration .Real challenge is in providing guidance to student teachers and in following up their work from time to time.

Some of the other common challenges for integration of ICT s in teacher education programmes are summarized as follows:

1. Issues of poor connectivity in rural and remote areas that are inaccessible.

2. Lack of improvised need –based and localized courseware for capacity building of teacher educators, trainers, teachers and students at different levels.
3. Major focus in pedagogical practices is to complete the syllabus through print materials and there is alack of emphasis on ICT based materials.
4. Lack of integration of ICT –based materials with curriculum and course design and course planning.
5. Inadequate training and capacity building process for teachers and teacher educators administrator and policy planners at different levels
6. Schools located in rural and semi-urban areas face difficulties in supply of electricity.
7. Maintenance of hardware in school level is another grey area for ensuring better implementation of technology and integration of technology.
8. Inappropriate feedback mechanism from various formal and informal sources for continuous improvement of technology –mediated practices.
9. Teacher education institution s need to change their nature and structure in the context of integration of ICTs in teacher education curriculum .Aweb –based training environment requires all aspects to be completely revamped.

CONCLUSION :

Technology has created a change in all dimensions across the globe. Effective and efficient integration of ICTs into the system of teacher education is a highly complex process and its success demands team work to fulfill its mission and vision. There is no doubt that allocation of adequate financial resources, qualified and trained human recourses and supporting educational policies are some of the important prerequisites to have outcome oriented integrated teacher education programmes. Effective implementation of ICTs is certainly a powerful means of improving quality of education in general and teacher education in particular. The new technologies and their effective integration with curriculum and classroom processes have enormous

potential to revolutionize teacher education at all levels. Therefore, ICTs are an important tool in the new paradigm of learning. It is essential to capitalize the new technologies, particularly the digital technology by professional development of teachers. Construction of professional knowledge about content, pedagogy and technology is very important for all teachers. This is achieved by providing appropriate learning experiences to teachers through digital technology. Teacher education institutions must creature an environment for teachers to enable them to create appropriate learning experiences for students in new age of learning.

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CHILD ABUSE AND EXPLOITATION IN INDIA – A LEGAL STUDY

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Abstract:

In the present days we are living in an age of consumerism and globalization development has become the key concern of all nations. Emergencies increase vulnerabilities of children to exploitation, abuse and neglect and hence they need special care and attention to ensure that their rights are fulfilled by the Government. Not only youth and elderly people have a role to play in the and progress of nations, to a large extent, the contribution has also come from children. However in spite of their role the involvement of children in labour has become a serious social evil. It is really very difficult to exactly estimate the nature and magnitude of child labour in India. Studies on child labour are many and constitute reports of various types prepared by a excess of organizations like governmental, semi governmental, voluntary agencies of national and international status. Apart from Indian constitution, there are so many legislations brought out by the conscientious policy makers in order to protect the children of working class of the country. This paper is an attempt to think about social problem of child labour abuse, and exploitation, with reference to trafficking children and employing them for various purposes. It includes the male and female child and how they are variously exploited. The paper also briefly studies the legal measures taken by the government to eradicate this evil. Further some suggestions and recommendations are provided for prevention of this evil at the end of the paper.

Key words: Child Abuse, Child Labour, Trafficking children, Exploited, Legal measures.

Introduction

All children due to their age are considered to be at risk for exploitation, abuse, violence and neglect Though age is one component,

Vulnerability is also measured by the child's capability for self-protection. The issue that arises is, are children capable of protecting themselves. Can children provide for their basic needs, defend against a dangerous situation or even recognise a dangerous situation is developing. These questions call for a redefinition of the concept of self-protection. Hence self-protection is more about the ability of the child to lead a healthy life within a child protection system; the ability to protect themselves or get help from people who can provide protection. Age within age: Younger children, especially those below the age of six, are much more dependent on the protection system.

Physical disabilities Mental disabilities

Provocative behaviours: due to ignorance or misunderstanding of children's mental health or behavioural problems, some people can become irritated or frustrated and hence lash out against children or neglect them completely.

Powerlessness: comes of the situations and people that surround the children. If a child is given the power by the state, family or community to participate and fulfil their own rights and responsibilities they are less vulnerable.

Defencelessness: comes from the lack of protection provided by the state or parents or community. If there is no child abuse law than how is a child suppose to defend himself/herself against abuse.

Passivity: due to situation or treatment of the child. For example a child who is enslaved or oppressed does not have the ability to seek help or protection. Illness.

Invisible: Children who the system doesn't even recognise are highly vulnerable.

The Integrated Child Protection Scheme (ICPS) like the Juvenile Justice Act, 2000 defines vulnerability in two categories: children in need of care and protection and children in conflict with law.

Children in need of care and protection is defined as a child :

- Doesn't have a home or shelter and no means to obtain such an abode

- Resides with a person(s) who has threatened to harm them and is likely to carry out that threat, harmed other children and hence is likely to kill, abuse or neglect the child.
- Is mentally or physically handicapped, or has an illness, terminal or incurable disease and has no one to provide and care for him/her.
- Has a parent or guardian deemed unfit or unable to take care of the child.
- Is an orphan, has no family to take care of him/her, or is a runaway or missing child whose parents cannot be located after a reasonable search period.
- Is being or is likely to be sexual, mentally, emotionally or physically abused, tortured or exploited.
- Is being trafficked or abusing drug substances.
- Is being abused for unthinkable gains or illegal activities.
- Is a victim of arm conflict, civil unrest or a natural disaster

Children in conflict with law are juveniles who have allegedly committed a crime under the Indian Penal Code. The ICPS also recognises a third category of children; Child in contact with law. These children are victims of or witnesses to crimes. ICPS lastly outlines that vulnerable children groups also include but are not limited to the following: "children of potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, scheduled castes, scheduled tribes and other backward classes, families subjected to or affected by discrimination, minorities, children infected and/or affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children."

UNICEF views vulnerable children as those who are abused, exploited, and neglected. Child protection is derived out of the duty to respond to the needs of vulnerable groups of children. UNICEF outlines the following groups as vulnerable: Children subjected to violence, Children in the midst of armed conflict, Children associated with armed groups, Children affected by HIV/AIDS, Children without birth registration,

Children engaged in labour, Child engaged in marriage, Children in Conflict with the Law, Children without Parental Care, Children used for commercial sexual exploitation, Female children subjected to genital mutilation / cutting, and Trafficked children.

Child abuse has many forms: physical, emotional, sexual, neglect, and exploitation. Any of these that are potentially or actually harmful to a child's health, survival, dignity and development are abuse. This definition is derived from the W.H.O.

- Physical abuse is when a child has been physically harmed due to some interaction or lack of interaction by another person, which could have been prevented by any person in a position of responsibility, trust or power.
- Emotional abuse can be seen as a failure to provide a supportive environment and primary attachment figure for a child so that they may develop a full and healthy range of emotional abilities. Emotional abuse is also the act of causing harm to a child's development, when they could have been within reasonable control of a person responsible for the child. Examples of these acts are restricting movement, threatening, scaring, discriminating, ridiculing, belittling, etc. In India a rising concern is the pressure children feel to perform well in school and college examinations, which can be seen as a form of emotional stress and abuse.
- Sexual abuse is engaging a child in any sexual activity that he/she does not understand or cannot give informed consent for or is not physically, mentally or emotionally prepared for. Abuse can be conducted by an adult or another child who is developmentally superior to the victim. This includes using a child for pornography, sexual materials, prostitution and unlawful sexual practices
- Neglect or negligent treatment is purposeful omission of some or all developmental needs of the child by a caregiver with the intention of harming the child. This includes the failure of protecting the child from a harmful situation or environment when feasible.

- Exploitation can be commercial or otherwise, where by the child is used for some form of labour, or other activity that is beneficial for others. Example: child labour or child prostitution.

The Ministry of Women and Child Development (MWCD) released a study report on child abuse. The report discusses incidence of child abuse nationwide. The study of the MWCD found a wide spread incidence of child abuse. Children between the ages of 5-12 are at the highest risk for abuse and exploitation. The study found that 69% of children reported to have been physically abused. Out of these 54.68% were boys. 52.91% of boys and 47.09 % of girls reported having been abused in their family environment. Of the children who were abused in family situations 88.6% were abused by their parents. Every two out of three school children reported facing corporal punishment. In juvenile justice institutions 70.21 % of children in conflict with law and 52.86% of children in need of care and protection reported having been physically abused. With regard to child labour 50.2% of children work all seven days of the week. 81.16% of the girl child labourers work in domestic households, while 84% of the boy child labourers worked in tea stalls or kiosks. 65.99 % of boys and 67.92% of girls living on the street reported being physically abused by their family members and other people.

Lastly the study examined emotional abuse and girl child neglect. The study examined two forms of emotional abuse: humiliation and comparison. Half the children reported facing emotional abuse with 83% of that abuse begin conducted by parents. Girl child neglect was assessed girls comparing themselves to their brothers on factors like attention, food, recreation time, household work, taking care of siblings, etc. 70.57% of girls reported having been neglected by family members. 48.4% of girls wished they were boys. 27.33% of girls reported getting less food then their brothers. Of the young adults (ages 18-24) interviewed, almost half of them reported having been physically or sexually abused as children.

Child abuse in India is often a hidden phenomenon especially when it happens in the home or by family members. Focus with regards to abuse has generally been in the more public domain such as child labour, prostitution, marriage, etc. Intra-family abuse or abuse that takes place in institutions such as schools or government homes has received minimal attention. This may be due to the structure of family

in India and the role children have in this structure. Children in India are often highly dependent on their parents and elders; they continue to have submissive and obedient roles towards their parents even after they have moved out of their parental home. That parents and family are the sole caretaker of the child has proved to have negative effects on child protection laws and strategies. Numbers of cases of child abuse in the home are hard to attain because most of these crimes go unreported. Societal abuses that are a result of poverty such as malnutrition, lack of education, poor health, neglect, etc are recognised in various forms by the Indian legal system. But India does not have a law that protects children against abuse in the home. Mal-treatment of care givers has the potential to emotionally and mentally harm children to a very different degree. Studies in intra-familial child abuse in the US have shown correlation to delinquency, crime, teenage pregnancy, and other psychosocial problems. India has launched an Integrated Child Protection Scheme which aims at shielding children from violence aengand abuse.

In 2006 the Ministry of Women and Child Development (MWCD) proposed the adoption of the Integrated Child Protection Scheme (ICPS). In 2009 the central government take the scheme its approval and has begun the extensive task of providing children with a protection and safe environment to develop and flourish. The purpose of the scheme is to provide for children in difficult circumstances, as well as to reduce the risks and vulnerabilities children have in various situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children.

The specific objectives of the scheme are:

- To institutionalize essential services and strengthen structures
- To enhance capacities at all systems and persons involved in service delivery
- To create database and knowledge base for child protection services
- To strengthen child protection at family and community level
- To coordinate and network with government institutions and non-government institutions to ensure effective implementation of the scheme

- To raise public awareness about child rights, child vulnerability and child protection services.

Within care, support and rehabilitation services the scheme will provide CHILDLINE services, open shelters for children in need in urban and semi-urban areas, offer family based solutions through improving sponsorship, foster-care, adoption and after-care services, improve quality institutional services, and general grant-in-aid for need based/ innovative interventions. Beyond this ICPS also outlines the need for human resource development for strengthening counselling services, training and capacity building, strengthening the knowledge-base, conduct research studies, create and manage a child tracking system, carry out advocacy and public education programmes, and monitoring and evaluation of the scheme.

Indian Constitution

The first step to fulfil the rights of children can be found in the Constitution of India. There are a number of articles that address various needs of children as outlined below. The articles are divided into two categories: Fundamental Rights and Directive Principles of State Policy. Fundamental Rights are justifiable in a court of law and are negatives that prohibit the states from doing thing. The courts are bound to declare a law as invalid if it violates a fundamental right. Directive principles are positive suggestions for states, and are not justifiable in a court of law.

Fundamental Rights

- Article 14- The State shall not deny to any person equality before the law or the equal protection of laws with in the territory of India.
- Article 15- The State shall not discriminate against any citizen..Nothing in this Article shall prevent the State from making any special provisions for women and children.
- Article 21-No person shall be deprived of his life or personal liberty except according to procedure established by law.
- Article 21 A-The State shall provide free and compulsory education to all children of the age of 6-14 years in such manner as the State may, by law, determine.

- Article 23-Traffic in human beings and beggary and other forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with the law.
- Article 24-No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.
- The Constitution (86th Amendment) Act was notified on 13th December 2002, making free and compulsory education a Fundamental Right for all children in the age group of 6-14 years.

Directive Principles

Article 39(e) and (f) provides that the State shall, in particular, direct its policy towards securing to "ensure that the health and strength of workers, men and women and the tender age of children are not abused" and "that the citizens are not forced by economic necessity to enter avocations unsuited to their age or strength" and that "the children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity" and that the childhood and youth are protected against exploitation and against moral and material abandonment.

- Article 45- The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.
- Article 47- The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties
- Article 243G read with Schedule 11 - provide for institutionalization of child care by seeking to entrust programmes of Women and Child Development to Panchayat (Item 25 of Schedule 11), apart from education (item 17), family welfare (item 25), health and sanitation (item 23) and other items with a bearing on the welfare of children.

Conclusion

India is a developing country; socio-economic conditions prevailing in the society are strongly responsible for abuse of child in different forms. The problem of child abuse is deeply rooted in the socio-culture spectrums. High literacy and low literacy rate, both equally contribute to the problem of child abuse. This is a challenge to the civil society, which can be tackled by bringing attitudinal and behavioural change. Mindset of the people can be changed by imparting value based education and culture. Capacity building in children especially during abusive situations and school age children need to be sensitized to different forms of child abuse. Perceptions and attitudes of parents and people towards children be modified to understand the problem of child abuse.

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CHILD MARRIAGES AND ITS EFFECTS

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ABSTRACT:

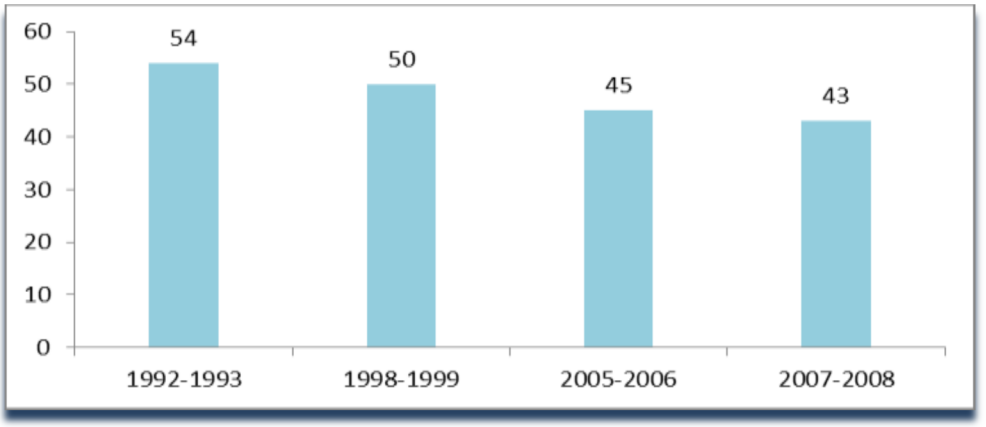
Child marriage is common practice in many countries around the world. However it is especially prevalent in India, where more than one third of all child brides live. According to UNICEF 47% of girls are married by 18 years of age 18% are married by 15 years of age. These marriages are often performed without consent of girls involved in the marriage, it effects both boys and girls, but statistic show that girls are far more likely to be forced in to child marriage. Here we are going to discuss about the harmful effects caused due to child marriages like health, education and the factors which leads for child marriages in India and what are the commitments are taken by the government.

Introduction:

Child marriage is a major social concern and a violation of children's rights – whether it happens to a girl or a boy – as it denies the basic rights to health, nutrition, education, freedom from violence, abuse and exploitation and deprives the child of his/her childhood.

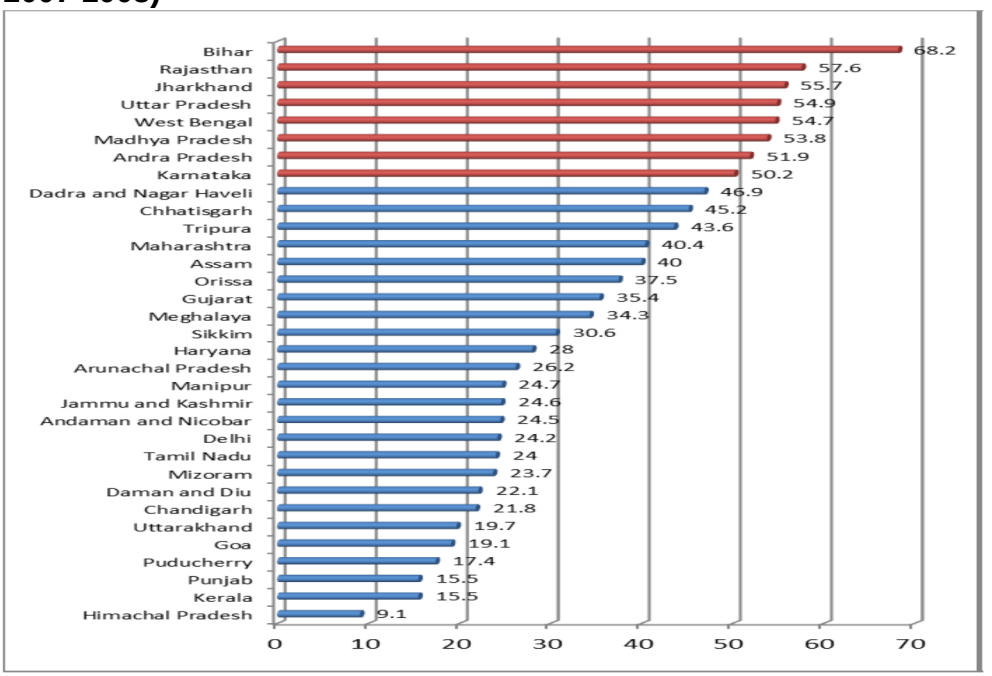
In India, nearly half (43%) of women aged 20 to 24 are married before the age of 18. There has been a decline in the incidence of child marriage nationally and in nearly all states (from 54% in 1992-3 to 43% in 2007-8), but the pace of change remains slow.

Percentage of women age 20-24 married before age 18 in India(2007-2008)



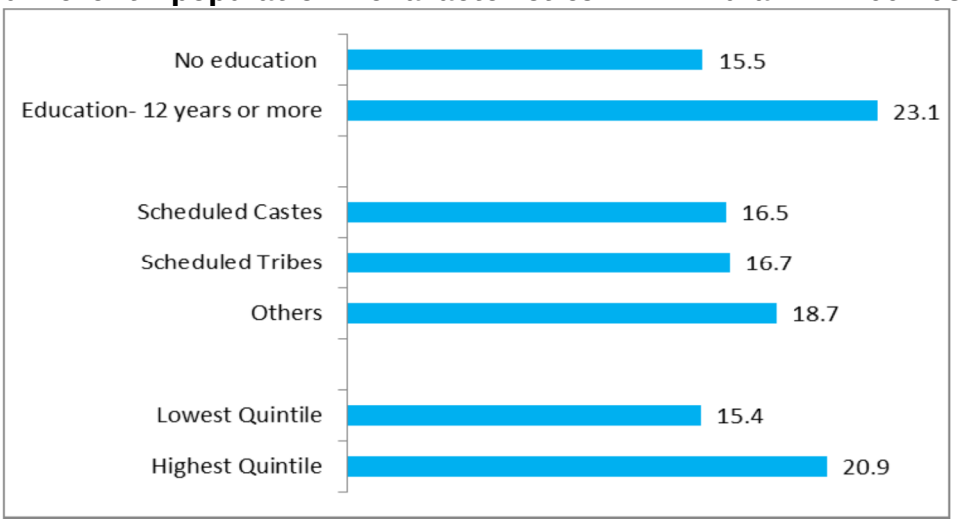
The states with the highest incidence of child marriage in the country are Bihar, Rajasthan, Jharkhand, Uttar Pradesh, West Bengal, Madhya Pradesh, Andhra Pradesh and Karnataka.

Percentage of women age 20-24 married before age by State (2007-2008)



Child marriage is a common practice all throughout the country but it affects girls in rural areas (48%) more than in urban regions (29%).1 Disparities may also be seen across different groups. Girls from poorer households and scheduled castes and tribes in addition to girls with less education tend to marry at a younger age.

Median age at first marriage among women of age 25-29 by different population characteristics in India – 2007-08



Harmful Effects of Child Marriage

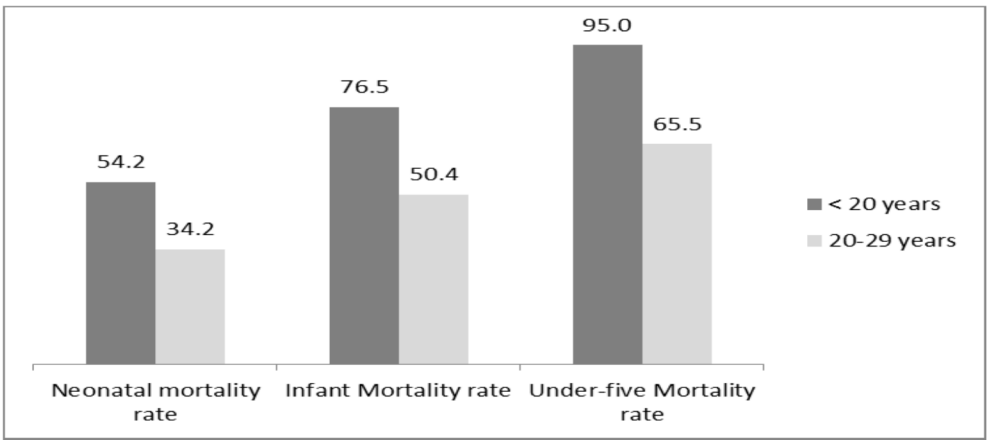
Child marriage has adverse effects for the child and for the society as a whole. For both girls and boys, marriage has a strong physical, intellectual, psychological and emotional impact, cutting off educational opportunities and chances of personal growth. While boys are affected by child marriage, this is an issue that impacts upon girls in far larger numbers and with more intensity.1 The consequences for girls are especially dire, as they are usually compelled into early childbearing and social isolation. Child brides will frequently drop out of school and be exposed to higher risk of domestic violence and abuse, increased economic dependence, denial of decision-making power, inequality at home, which further perpetuates discrimination and low status of girls/women.

Child Marriage and Health

Child marriage is associated with several health risks for the young mother, as early marriage may translate into repeated pregnancies at a

tender age when the body is not fully prepared for child bearing. Girls age 15-19 are more likely (66.6%) to experience delivery complications compared to 30-34 year-old women (59.7%) and neonatal, infant and child mortality rates are much higher for younger girls, as shown in the graph below. Risks of HIV/AIDS infection are higher among young girls as their negotiation skills and experience to ensure a healthy sexual life are less developed.

Child mortality rates by age-group of mother in India - 2007-2008



Evidence suggests children of young mothers are less healthy. For instance, for young children under the age of 5 years, the risk of malnutrition (stunting and underweight) is higher in children born to young mothers (married when they were still children themselves – i.e. below the age of 18) than in those born to women married after the legal age.2

Child Marriage and Education

Investing in girls‟ education is perceived as a waste of resources since families believe that a girl's education will only benefit her husband's household, and not the family of origin. Girls are married off into the groom's family and as a consequence they drop out of school. In urban areas of India, only half of girls between 15-17 years of age attend school. The situation is even more acute in rural areas, where less than a third of the girls in the same age group attend school. 5.8 % of girls in the age group 6-17 years in rural areas dropped out of school as they got married (NFHS 2005-2006).

Child marriage and Protection

Girls who are married at a younger age are more likely to be victims of violence and abuse and are often forced to obey by the household rules as they have less power and negotiating skills. They are usually devoted to household chores with limited alternative means to earn a living. For both boys and girls, child marriage implies no freedom of choice regarding their future.

Factors for Child Marriage in India

There are many factors which sustain the continuation of the practice of child marriage in India. Poverty and social norms intended to ensure family honour and protect girls are significant factors that increase the risks for a girl to be married while still a child.

These factors manifest themselves in the following collective and individual attitudes and beliefs which are still widespread in India:

- Unmarried girls are considered a liability to family honour. Child marriage is a way to ensure chastity and virginity of the bride, thus avoiding potentially dishonouring of the family.
- Dowry perpetuates child marriage as it encourages parents to marry off their girls early to avoid an increase in the dowry amount (more educated girls usually require a higher dowry). Although giving or receiving dowry is a crime under the Dowry Prohibition Act, 1961, it is still a common practice.
- Girls are considered an economic burden for their family of origin and a "*paraya dhan*" or property that belongs to the marital family. Hence, the tendency is to marry girls as early as possible and reduce investment in their daughters.
- Investing in girls‟ education is not considered worthy as girls will be moving to the groom‟s household and will be employed in household chores. On the other hand, the limited education and livelihood options for girls lead to marriage being one of the few options for girls‟ future.
- With the aim of reducing the costs of wedding ceremonies parents often marry off their children early seizing the opportunity of collective/community marriage ceremonies3, marrying off all girls/daughters in one ceremony when there are

multiple daughters in a family, and coupling a wedding with other celebrations – such as funerals - held in the community.

- Impunity, weak law enforcement and limited knowledge of the law by society perpetuate child marriage.
- Attendance of child marriages by local politicians and government officials contradicts their role as duty bearers against child marriage.
- Skewed sex ratio in some states has led to trafficking of girls in the name of marriage.

Millennium Development:

Child marriage constitutes an obstacle to nearly every development goal:

- Eradicate Poverty and Hunger : poverty is both a cause and consequence of child marriage;
- Achieve Universal Primary Education : Girls are compelled to drop out of school in order to get married;
- Promote Gender Equality : Girls face economic and cultural pressure to drop out of school, and face social isolation;
- Reduce Child Mortality : Babies born to adolescent mother have higher risk of dying;
- Improve Maternal Health : Pregnancy at a young age jeopardizes the health of young mothers; 5
- Protection from Violence: Girls may be exposed to violence when married at a young age into the groom's household with little decision-making power.

National Commitments

Convention on the Rights of the Child (1989), ratified by India in 1992 - articles 19, 24, 28 and 34.

- Convention on the Elimination of All Forms of Discrimination against Women (1979), ratified by India in 1993 - article 16.
- Prohibition of Child Marriage Act, 2006
- Compulsory Registration of Marriages Act, 2006

- The Dowry Prohibition Act, 1961
- Right to Free and Compulsory Education Act, 2009.
- Eleventh Five-Year Plan 2007-2012 calls for the 'compulsory registration of marriages and verification of age at the time of marriage'.
- National Plan of Action for Children 2005 sets the goal of eliminating child marriages by 2010.

Legislation and Enforcement:

The Government of India has adopted the Prohibition of Child Marriage Act in 2006, replacing the Child Marriage Restraint Act, 1929. Complementarily, the Compulsory Registration of Marriages Act, 2006, The Dowry Prohibition Act, 1961 and Right to Free and Compulsory Education Act, 2009 reinforce India's legal framework against child marriage.

Prohibition of Child Marriage Act 2006 - Snapshot

- The legal age for marriage is 18 years for females and 21 years for males;
- Child marriage is an offence punishable with rigorous imprisonment, which may extend to 2 years, or with fine up to Rs. 1 Lakh, or both;
- Child marriage is a cognizable and non-bailable offence;
- Child marriages are voidable and can be annulled;
- Persons who can be punished: those performing child marriages; male adults above 18 years marrying a child; and persons responsible for the child (i.e. parent, guardian promoting, permitting, participating or failing to prevent a child marriage).

Following the adoption of the Prohibition of Child Marriage Act, 2006 State Governments/Union Territories are required to appoint Child Marriage Prohibition Officers and to frame Rules. So far 21 States have framed their Rules and 15 have appointed Prohibition Officers. [7]

Prosecution and convictions of persons perpetrating child marriage is a pending challenge. In 2010 only 111 cases were reported under the PCMA and only 11 were convicted (National Crime Records Bureau).[8]

Government in Action:

In addition to the national legal and policies to eliminate child marriage, the central and state governments have many initiatives in place to address child marriage indirectly by focusing on the development of the girl child and promoting girls‟ education. At central government level, such schemes and programmes include:

Ministry of Women and Child Development

- Dhan Laxmi Scheme (2009) conditional cash transfer scheme to encourage retention of the girl in school;
- Balika Samridhi Yojana (BSY) (1997) scheme to address the problem of declining sex-ratio and gender discrimination through cash transfers at different stages.
- Integrated Child Protection Scheme (ICPS) (2009) promotes convergence of services for children in need of protection and care at all levels.
- Kishori Shakti Yojana (Adolescent Girls Scheme) (2001) focusing on improving the nutritional and health status of adolescent girls between 11-18 years of age, and promoting school attendance.
- Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) (2011) – recently launched with the objective of promoting empowerment, better nutrition and healthy habits, including reproductive health, education and life skills.

Department of Education

- Mahila Samakhya (Education for Women's Equality) (1989) - scheme which promotes residential and bridge schools for girls called *Mahila Shikshan Kendra.*
- Sarva Shiksha Abhiyan – SSA (Education for All) (2010) programme which aims to universalise elementary education for all children in the 6 to 14 age group through community-ownership of the school system.10
- National Programme for Education of Girls at Elementary level (2003) - a component of the SSA which provides additional

support for education of underprivileged/disadvantaged girls at elementary level beyond the normal SSA interventions.

- Kasturba Gandhi Balika Vidyalaya (KGBV) (2007) a component SSA for setting up residential schools at upper primary level for girls belonging predominantly to the Scheduled Castes, Scheduled Tribes and Other Backwards Castes and minorities in difficult areas.

National Commission for Women

-Bal Vivah Virodh Abhiyan (Child Marriage Protest Programme) (2005) - a nationwide awareness-raising programme against child marriage.

The Central Government has also established mechanisms for public recognition of positive role models, such as the National Bravery Award for Indian Children of Indian Council for Child Welfare in place since 1957, to children who performed outstanding deeds of bravery and selfless sacrifice. Several children have been awarded this prize for their actions against child marriage.In addition to schemes, State Governments are also engaged in awareness-raising against child marriage and developing state-wide action plans on the issue.

Conclusion:

Although the above listed efforts are needed across India, it must be recognized that rural, poor and less educated girls and women remain most vulnerable to child marriage and its consequences. These findings speak to the need for strong national economic and women's development efforts that have the capacity to reach these least empowered in Indian society.Social change programs in the country must provide better educational and job opportunities for rural girls to provide them and their families with economically feasible options other than early marriage. Although rural health care and health care access has been in crisis within India, the country has been working towards addressing these concerns via initiatives such as the building of public-private partnerships to expand reach into rural areas and which has shown some capacity to improve maternal health and heath care access in India. However, more federal efforts are clearly needed to meet child marriage prevention and intervention needs in rural areas. other rural health initiatives, must establish child marriage reduction as a key element of its programmatic work given the preponderance of these issues in rural India. Maternal and child health,

as well as family planning, are existing priorities for the country; expansion of these existing efforts is needed to provide programs tailored to reach adolescent and young adult wives and mothers, as well as their male partners.

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LEGAL PROTECTION OF ADOLESCENT GIRLS FROM TRAFFICKING IN INDIA

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Abstract:

Trafficking has become a growing problem not only in India but also in the whole world it involves some form of forced or coerced sexual exploitation adolescent girls are also facing the problem of trafficking. World health organisation defines adolescence as the age of 10 to 19 years old

The risk factors that affect many young women in communities across regions, such as lower levels of secondary education, restricted mobility, lack of identification documents, limited access to protective services, social isolation and limited support networks and relationships. These factors make girls more vulnerable to specific forms of abuse (e.g. sexual coercion and assault; forced marriage; sexual exploitation and trafficking).

In India the scale of trafficking is steadily rising. The government of India signed the trafficking protocol on12 December 2002, this is a huge step forward in advancing the human rights of trafficked people It not only prevent and protects the victims but also punishes the traffickers. Under article 23 of the Indian constitution traffic in human beings is prohibited and any contravention of this provision shall be an offence punishable in accordance with law. Thus trafficking is a critical issue that requires legal attention.

Key words: Trafficking, commercial sexual exploitation, protection, adolescent, women

The WHO defines adolescence as the age of 10 to 19 years .first age is early adolescence (10to14) puberty begins during this stage this period is characterised by Sexual curiosity. Second age is the middle adolescence (15to17) by this time puberty has passed and finally the teen age starts. Trafficking is the recruitment and transportation of a person with in and across national borders it takes place due to poverty, slavery, illiteracy etc. Human trafficking is a crime that robs the rights

of an individual. It is a global problem and no country is exempt. Every region of the world is affected by trafficking. Human trafficking is now the third largest form of transnational organised crime. Adolescent girls and women undergo trafficking mostly national senses 2011 projected 12.2 corer adolescent in India are aged 15 to 19.further it is estimated that at least 50 million women's and girls are missing from India's population according to the NGO estimation nearly 12000-50000 women and children are trafficked from neighbouring states into the country annually. Nearly 200,000 Nepalese girls under age of 16 years are in prostitution in India. Andhra Pradesh, Karnataka, west Bengal and Tamil Nadu have the largest number of people trafficked. Intra stats/inter district trafficking is high in Rajasthan, Assam, Meghalaya, Bihar, Uttar Pradesh Andhra Pradesh Karnataka , Tamil Nadu, Maharashtra, Delhi and Goa are the major receiver states. The national human rights commission shows at their survey only 11 percent of trafficked adolescents are trafficked by stranger 35 % by family members and 53% by acquaintances. However a large percent of adolescent girls were trafficked by a stranger who has gained the trust of a girl or of their family some traffickers approached women and minor girls through informal social networks and family contacts others approach directly them at bus stations, train stations, markets, cafes and restaurants beauty contests venues beauty parlours national highways and construction sites.

Trafficking for sexual exploitation is the most prevalent form of exploitation. Several South Asian countries including India were known for extensive trafficking of minor girls for CSE. India has made several commitments for eliminating human trafficking but it continues to be wide spread due to critical gap in implementation of IPC 1860ACT and ITPA1956ACT.

Acts punishable under ITPA include: Brothel keeping (Section 3) Living on earnings of sex work (Section 4) Procuring, inducing or detaining for prostitution (Section 5 & 6) Penalties are higher where offences involve children (< 18 yrs) Prostitution in areas notified by Police & near public places (Section 7) Soliciting (Section 8). All offences are cognizable i.e. Police do not require a warrant to arrest or search. (Section 14) Police personnel entrusted with the implementation of the Act locally (Special Police Officers) as well as at the national level (Trafficking Police Officers) are accorded special

powers (Section 13) to raid, rescue & search premises suspected of serving as brothels (Section 15). Magistrates are authorized to order arrests & removal, direct custody of rescued persons, close down brothels & evict sex workers (Sections 16, 17, 18 & 20).The Act provides institutional rehabilitation for. Rescued" sex workers. (Sections 19, 21, 23 & ITPA State Rules).

There are many laws in India that prohibits trafficking adolescent girls the IPC has called for the protection of girls and imposition of criminal penalties for offences related to trafficking. Some laws are; Slavery, labour or marriage (section 366), Procreation of adolescent girls (section 366-A), Importation of girls foreign country (section 366-B), Selling minors for purposes of prostitution (section 372), Buying minors for purposes of prostitution (section 373), wrongful restraint of women and girls (section339), wrongful confinement of women and girls (section340). The criminal law (Amendment) bill 2013 has amended several provisions of the IPC relating to sexual offence (ministry of law and justice 2013). The ITPA 1956 act is the most important instrument for the prevention and combating trafficking The protection of children from sexual offences act 2012 is of particular relevance for the prevention of trafficking of minor girls for commercial sexual exploitation. A part from the ITPA provisions in the juvenile justice and the prohibition of child marriage act 2006 can be involved to protect children.. there are also many policies and schemes to prevent adolescent trafficking for commercial sexual exploitation .in India in 1998 the national plan of action to combat trafficking of women and children .this plan account to establish state advisory In 2005 the national plan of action for children to protect their rights of children those who are under 18 years the central concerns of this scheme is to prevent child trafficking from the purposes of marriage, labour, adoption, organ trade, begging. National policy for empowerment of women2001 deals with trafficking in women and minor girls the ministry of labour and employment has also formulated the protocol on prevention of trafficking The Supreme Court has given a mandatory order in 2009 that each state should establish a state advisory committee for preventing trafficking. The MOWCD has launched two key programmes to prevent trafficking and to support victims. Those are The UJJAWALA and SWADAR schemes. The UJJAWALA scheme was launched in 2007, exclusively for the prevention of trafficking SWADAR was a scheme for women in difficult

circumstances 2002 it provide basic needs and there are several schemes to find factors that increase risk of adolescent girl trafficking such as Rajiv Gandhi scheme for empowerment of adolescent girls kishori shakti yojana2000-01 integrated child development services the salba scheme focus on both empowerment and health status of adolescent girls. A programme with national coverage is the Balika samridhi yojana launched in 1997 and Dhanalakshmi conditional cash transfer for girl child with insurance cover scheme. The twelfth five year plan 2012-2017 acknowledgements that trafficking of women and adolescent girls. United nations office on drugs and crime was established in 1947 to give support to the countries to implement three conventions on drugs after the UN general assembly in 2000 UNODC adopted the protocol to prevent trafficking in persons especially women and children . UNODC has launched the blue heart campaign in march 2009 blue heart campaign aims to encourage the public to eradicate the trafficking.

Community, family and individuals are also responsible for increase of trafficking at the community level social and cultural practices that discriminate against women and adolescent girls are child marriage dowry united nations inter- agency project on human trafficking The factors such as death or illness of income also increase the risk.The social status of the family has also been linked to the risk of adolescent girl trafficking .scheduled caste and scheduled tribes are at a great risk of being trafficked than those belonging to other groups. First of all being adolescent girl is itself a risk to be trafficked.

After trafficking mainly the adolescent girls face many health consequences such as unwanted pregnancies un safe abortions and sexually transmitted disease including aids physical and sexual violence to experience mental health problems such as depression, anxiety, guilt, shame and feeling of self blame attachment disorders mistrust of adults and anti social behaviours reduced cognitive functioning lack of self worth suicidal ideation dependence on alcohol and drugs. Rescue of adolescent girls from brothels entailing raiding of brothel and removing those to safe locations free from exploitation Typically rescue operations consist of a number of steps the police or NGOs are informed about a trafficked adolescent girl in a brothel and through independent confidential investigation they may verify the authentically of the information once authenticated police persons

together with NGOs representatives conduct the rescue operation. Rescued trafficked adolescent girls are taken to a police station to register a first information report (FIR). The police with support from NGOs arrange for medical tests. If required to determine the age of those rescued many minor girls were rescued from brothel due to raids conducted by police .Rehabilitation is an important stage after rescue during this period trafficked girls are addressed with multiple needs such as their immediate and long term physical and mental health needs Adolescent girls are sent to special homes for custodial care un till they find the original parents of the girl the homes to which the girls are sent provide counselling and impart income generating skills for alternative employment. Reintegration refers to assimilation of rescued victims by their source or home community to enable them to lead a normal life and be socially accepted.

Some steps to be taken to prevent adolescent trafficking are the battle to stop trafficking deserves gods favour, power, wisdom and protection so has to increase spiritual forces. Educate all people about trafficking increase education rate improving the habit of reading good books; Express your concern to political representatives to support local NGO. Law enforcement beware of traffickers talk with your children school administrators youth leaders and any one working with children be alert with strangers while travelling, trust gut instincts. Use face book, twitter and all other resources to speak up to prevent trafficking. Host a social issues dinner in the community. Invite a speaker from an anti-trafficking ministry to address education institutions, poverty force the people to move to traffickers so help the poor people. Be a volunteer with a group which is involved in preventing the human trafficking

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ADDICTION OF ADOLESCENTS TO SOCIAL NETWORKING SITES AND ELECTRONIC GADGETS : POSITIVE AND NEGATIVE ASPECTS

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Abstract

In the last few years, Social Networking Sites and Electronic Gadgets have spread widely all over the world and are used by various users for several reasons and purpose. Social Networking Sites (SNS) is a buzz word in today's world due to its enormous growth, customer base and usage. The main focus of this paper is to present an insight into impact of SNS and electronic gadget usage on the minds of adolescent population. SNS has created a fourth world without boundaries, it is a platform for people to connect and share on any time. This platform has provided the adolescents a golden opportunity in exchanging knowledge, finding employment and social quotient among them. Increased participation in issues of social importance, providing quick help for the needy are other positive effects of SNS among youth population. On the other side it has created new issues to society to solve. Privacy has taken beating due to over-exposure to social media. Participation in chats and discussions in subjects of least importance is killing the valuable creative time among adolescents. Recent studies has also pointed out that SNS has created change of character,lose in concentration and spike in psychological disorders.The influence of social websites can be good on adolescents but if we have a closer look on the real impact of social media. Today 2.5 billion people across the world have their profiles in social networking Media. Everything looks nice when you create a profile on social Media websites, but how you feel when hackers start blackmailing using your personal information.The social media websites are continuously distracting adolescents from their studies. The main focus of adolescents should be education but unfortunately today's students are emphasizing on social networking sites and electronic gadgets which can be a complete

wastage of time. It has become an addiction for adolescents,college students, teenagers and adults also. The usage of social area networks and electronic gadgets have both positive and negative impact on adolescent's future life.

In the present paper, the authors have tried to explore both merits and demerits of using social networking sites and electronic gadgets by adolescents.

Keywords: Social networking sites (SNS), Adolescents, Addiction, Website, Academic performance,Social media, Health threat, Privacy and Security Threats.

INTRODUCTION

Knowledge is power, through social media, anyone online is empowered by an unrestricted flow of information to add to their knowledge bank. We are in the period of 'Information Explosion'. The electronic and digital media have completely changed the Indian social scenario. All types of information reaches home easily. This has not only changed the psychology of people but also changed their behaviour and life style. Even though information explosion has affected all sections of society,but it is the youth and adolescents who are most influenced by the technological spurt. Information Revolution has given impetus to the process of Globalisation. Internet is the heart of the Information revolution but when we talk about the social media,the social media is "the relationships that exist between network of people". Youth and adolescents are more diligent social media consumers. Internet occupies a central position in present day mass media society and social media seems to be a natural element in leisure. Social Media today not only serves as a mirror of society but also as an instrument of social change The use of media is now more and more individualized. Social relations are lifted from the physical context. This is all because of technological development. A radical change is evident in the norms and lifestyle of adolescents in modern India. The impact of westernization and globalization has made young generation techno savvy and leisure oriented. One of the most noticeable change is the adolescents preoccupation with social networking sites and electronic gadgets such as mobiles, I pads, laptops etc.

The past ten years have witnessed the emergence of a new phenomenon i.e. Social Networking Sites(SNS). Social Networking is as old as

Human Society,human beings have always sought to live in social environment.However, now socialnetworking has shifted towards Internet to a significant extent. This is an activity in which millions of Internet Users are involved both in their leisure time and at work. The world of Internet continues to expand as does the research about its use by adolescents. Thus, with this background an attempt is made in this study to bring out the positive and negative impact of social networking sites and electronic gadgets on adolescents and their life style.

BACKGROUND

Social media offers the ability to form a group for like-minded people to work together. Social networking sites help students do significantly better in school, primarily through utilizing connecting with each other on school assignments and collaborative group projects outside of class. In mid of 1990's social media sites are born with Web 2.0 technology included www.Classmates.com in 1995 focusing on ties with former school mates, and www.SixDegrees.com in 1997 focusing on indirect ties. User profiles can be created, messages sent to a friends list and other members found out from their profiles. These websites are simply were not profitable and eventually shut down due to fewer features. In 2003 a new face of social network website www.linkedin.com and www.myspace.com was reportedly getting more page views than Google, with Facebook, a competitor, rapidly growing in size. In 2005, www.Facebook.com began allowing externally-developed add-on applications, and some applications enabled the graphing of a user's own social network - thus linking social networks and social networking. www.orkut was quietly launched on January 22, 2004 by Google, the search engine company which is now quite popular in India, U.S.A and Brazil.

It is said that Internet,social networking sites and electronic gadgets addiction of adolescents has become a common disorder in today´s society. Thought of as a world wide problem, it is nevertheless most commonly accepted as a term and most known of, in countries where computer access is general. The disorder has been associated with both neurological and psychological characteristics like depression, anxiety and poor impulse control. It is said that we become so addicted to the usage of the Internet that we disregard the given terms of condition and thus ignore all security threats. Researchers do nevertheless state themselves that more research is needed on the matter, and that all

research has to be considered with respect to the amount of respondent that were tested, along with factors like age, gender and location .

REVIEW OF LITERATURE

Today's adolescents are exposed to all types of technologies in many aspects of their lives (Browning, Gerlich, & Westermann, 2011). On a daily basis they use desktop computers, laptops, E-readers, tablets, and cell phones to actively engage in social networking, text messaging, blogging, content sharing, online learning, and much more (Cassidy, Griffin, Manolovitz, Shen, & Turney, 2011).

Reynol Junco (2012) in his article named too much face and not enough books: The relationship between multiple indices of Facebook use and academic performance found that the time spent on Facebook and checking Facebook were negatively related to overall GPA, and time spent on Facebook is slightly negatively related to time spent studying. In addition, the ability of time spent on Facebook to significantly predict overall GPA shows that there may be negative academic effects for students who use Facebook in certain ways. Facebook has nearly one billion users worldwide (Smith, 2012) with more than 90% of teens (Common Sense Media, 2012) and college students (Junco, 2011) actively engaged.

However, as results the authors found that corroborating the work on the impact of social media on academic performance, participants who accessed Facebook one or more times during the study period had lower grade point averages. Furthermore, Junco (2011) discovered that sharing links and checking up with friends on Facebook more often predicted higher college grades; making status updates more often predicted lower grades; and that overall GPA dropped 12 points for every 93 min above the average of 106 min per day spent on Facebook.

A review of the current literature on Internet,social networking sites and electronic gadgets addiction of adolescents showed that while many have thought broadly about these phenomena, few have been able to define them or clearly separate an addict from a highly engaged user. Internet addiction, there is still little clarity on what exactly an addict looks like and how to treat their problem. Social media addiction, on the other hand, has barely even been uncovered, with but a few academic studies currently published that explore this subject. There is a great deal of literature that looks at Internet addiction in general—

and even a respectable amount that looks at certain activities associated with Internet addiction—but there is virtually no research available that truly explores themes associated with heavy social media use.

EFFECT OF SOCIAL NETWORKING SITES AND ELECTRONIC GADGETS

Effects of the mass media have been found to be far-reaching and potentially harmful in influencing the health-related behaviors of children and adolescents, many of whom are not yet mature enough to distinguish fantasy from reality, particularly when it is presented as "real life." This is particularly important for very young children who developmentally think concretely and are unable to distinguish fantasy from reality. Furthermore, time spent with media decreases the amount of time available for pursuing other more healthy activities such as sports, physical activity, community service, cultural pursuits, and family time.

Adolescents, who observe (in the media or in the environment around them) others exhibiting a specific aggressive behavior, *e.g.* hitting, are more likely to perform the same aggressive behavior immediately. Exposure to media violence has been positively related to subsequent aggressive behavior, ideas, arousal, and anger. Additionally, there is a significant negative effect of exposure to violence on subsequent helping behavior. Survey research results demonstrate that TV programs watched by adolescents contains high levels of sexual content, include little information about sexual risks, and are an important source of information about sex(41). Almost 75% of 15 to 17-year-olds believe that sexual content on TV influences the behavior of their peers "somewhat" or "a lot."

SOCIAL NETWORKING SITES AND ELECTRONIC GADGETS ADDICTION AND USAGE

The term "internet addiction" was first proposed by Dr. Ivan Goldberg in 1995 for pathological compulsive internet use whereas the famous psychologist K. Young described it after publishing a detailed case report of problematic Internet use in 1996 62 since then its use is expanding at an alarming rate globally[2,3]. Internet Addiction, is now getting many shapes and forms such as from Internet addiction disorder (IAD)-which covers a variety of impulse-control problems, to

computer addiction, online addiction etc. The most common variety of Internet addictions currently seen are cybersex, online gambling, and cyber-relationship addiction. The problematic Internet use is therefore currently experienced all across the globe by many individuals of diverse backgrounds. While Internet addiction has been broadly recognized and has raised widespread attention and concern, it has yet to be clearly defined. A few have attempted to define it, some using specific criteria to attribute it to people such as those "who lose control overtheir actions in life and, in general, spend more than 38 hours a week online" (Liu & Kuo, 2007). Internet itself was not addictive, but rather that people are addicted to certain highly interactive Internet applications. The largest problem with Internet use was the participants' incapability to regulate their usage, as spending excessive amounts of time online often caused problems in their lives.

The association of Internet addiction with depression also brings up the question of risk factors. Links exist between Internet addiction and a variety of other factors, including "being a male, drinking, dissatisfaction with family, and experience of recent stressful event[s]" (Lam, Peng, Mai, & Jing, 2009). Internet addiction is also believed to be linked with adolescents' intolerance of frustration and emotional discomfort, and those suffering from Internet addiction also have greater hostility both online and in the real world (Ko, Yen, Yen, Chen, & Wang, 2008; Yen, Yen, Wu, Huang, & Ko, 2011). Thus, individuals with these emotional attributes may very well be at a higher risk than others of becoming addicted to the Internet.

While Internet addiction can be looked at wholly, it can also be broken down and evaluated more specifically by activity. Online gambling, cybersex and online gaming are all thoroughly studied online activities in which addiction is considered prominent and can thus be studied as examples of Internet addiction.

People now check Facebook while exercising, shopping, dining with family and even while driving. With notifications popping up throughout the day, it is next to impossible for many people to stay away from their social networks for more than a few hours. All of this begs the question, is social media truly an addiction, or is it merely a habit?

ADDICTION VERSUS HABIT

To evaluate whether social media is in fact an addiction, one must first consider the definitions of both habit and addiction, then evaluate social network usage according to the aspects required for addiction to exist. In 1903, the *American Journal of Psychology* defined a habit as a "fixed way of thinking, willing, or feeling acquired through previous repetition of a mental experience" (Andrews, 1903). Today, the Macmillan Dictionary defines a habit as "something that you do often or regularly, often without thinking about it" (Definition of habit by Macmillan Dictionary). These definitions seem to align with the way social media is integrated in people's lives today, especially Millennials. Because Millennials now have virtually unrestricted access to their social networks online through social media smartphone applications, social media has become such an integral part of life that most people do not even realize how often they use it.

IMPACTS OF SOCIAL NETWORKING SITES ON ADOLESCENTS

In today's modern technology driven world , people connect with one another and with the world through digital technology. In fact, even adolescents, teenagers and kids don't want to spend their time in playgrounds, malls and games center, rather they like to socialize on these social media networking sites. Social networking can be unsafe or risky too as reputation or safety of their users can be on stake but if used properly, these sites can provide a reasonably positive effect on today's youth. The addiction of social media are going far from your friends, family, teachers and other associations could be very much dangerous for life and education. It changes the mind of Indian students completely like imagination.

POSITIVE IMPACTS

There are many positive impacts of social networking sites and electronic gadgets on our adolescents:

(a) Opportunities for community engagement through raising money for charity and volunteering for local events, including political and philanthropic events,

(b) Enhancement of individual and collective creativity through development and sharing of artistic and musical endeavors,

(c) Growth of ideas from the creation of blogs, podcasts, videos, and gaming sites,

(d) Expansion of one's online connection through shared interests to include others from more diverse backgrounds, and

(e) Fostering of one's individual identity and unique social skills.

(f) easier to make friends and connect them from anywhere, anytime, mainly thanks to social networking sites. Social sites connect everyone to anyone and let them stay friends with the easy approach at a very reasonable cost.

(g) Social networking sites offer a chance to communicate in a speedy and well organized manner. Even voice media, visual media and word media, any methods can be used to commute with other in seconds

(h) Social networking sites allow everyone to communicate easily and effectively anytime and from anywhere , any place on the world. By using social networking we are connected with the world. Each news , messages, updates can be reached and well versed updated within the seconds. It is like capturing the whole world in a hand. When it comes to social networks, everyone is equal, regardless of any demographic changes.

NEGATIVE IMPACTS

One of the negative effect of social media or networks is it leads to addiction. Spending immeasurable hours on the social sites can deflect the focus and concentration from a particular task. It lowers the motivational level of the people, especially of the teenagers an students. Social networking mainly relies on technology and the internet instead of learning the practical knowledge and expertise of the everyday life. After all the advantages, the problem that arises is of information overload and security. Social networks, unlike the common media, do not have a pattern as to how much information has to be conveyed and where to draw the line. Too much of information may confuse users. Security might be another area of concern where people can get illegal access to a user's information. The future of social networking looks very promising but still it has to deal with the problems associated with it.

Peer relationships are a social context influencing adolescents' achievement of developmental tasks such as:

- Learning to get along with friends of both sexes,
- Accepting ones' physical body and keeping it healthy,
- Becoming more self sufficient,
- Making decisions about marriage and family life,
- Preparing for a job or career,
- Acquiring a set of values to guide behavior, and
- Becoming socially responsible
- Online on Social networking is time consuming process. Indian youth spend more times that waste a lot of time on these web sites.
- On Social networking, there is no privacy of personal information. In fact case, any unknown person accesses the personal information.
- Revealing, children to online predators.
- Encouraging poor grammatical errors, usage and spelling mistakes.
- Decreasing productivity as workers consistently check social networking sites while even at workplace or studying.

CHALLENGES ROSE AGAINST SOCIAL MEDIA USAGE

Social Networking sites has great impact on the Indian Youth. It has many challenges which we have to face. There are many question arise in mind about the impact of Social media.

- What does it mean to manage online privacy in an decent manner?
- How do online spaces make possible and challenges ethical thinking about privacy?
- How much personal information is reasonable to share online?
- How social media do useless students from their study?

- Young people who share personal experiences online taking steps to protect their own another's identity and are these steps adequate?
- Is it reasonable for young people to expect a certain measure of privacy when it comes to their online lives?
- Who is at fault when an unintended audience can read a young person's revealing blog or any other online updating?
- Problematic Internet use in Indian adolescents is an upcoming serious issue.
- Meta analysis of Indian studies reveal heterogeneity but significant effect size.
- Social-Networkig addiction is rising among Indian Adolescents.
- This area needs further in depth proper research to have more accurate results.

CONCLUSION

The media has a disturbing potential to negatively affect many aspects of adolescents healthy development, including weight status, sexual initiation, aggressive feelings and beliefs, consumerism and social isolation. Media also has potential for positive effects on their health. The growth of social media sites shows an important change in Indian Students and teenagers behavior in their life. It could extinct the future of Indian teenagers and children and it had a very bad effect on education as it is argue above. We need to find ways to optimize the role of media in our society, taking advantage of their positive attributes and minimizing their negative ones. The ultimate goal is to reach youth with positive messaging. Embracing media rather than trying to counteract it promises to be an effective tool in shaping the behavior of children and adolescents.

It is also a strong recommendation for international and Government cyber control to take part and ban these type of social networking websites, other than government and jurisdiction, every parents should closely banned the use of social networks on their children and secure their future.

Social media comes in different forms and structures. Mapping social media networks can enable a better understanding of the variety of

ways individuals form groups and organize online. Social media is used by millions of individuals who collectively generate an array of social forms from their interactions. Social media network maps can be useful in understanding the variety of social structures that emerge. Network maps can reveal the structures of the crowd and highlight strategic locations or roles in these webs of connection. By mapping social media network spaces, researchers and practitioners can learn about the most common and best uses for these communication services.

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MENTAL HEALTH OF ADOLESCENTS IN RELATION TO SOCIOCULTURAL FACTORS

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Abstract

Mental health and psychosocial factors seem to influence the educational aspirations of adolescents, which are also known to be related to educational skills and socio demographic factors. Mental health is an important aspect of one's total health status. Mental health is based upon not one but many factors, like the total make up of the individual as a biological organism, his inter-related physical, emotional and mental traits. Thus, mental health in relation to social, familial and cultural contexts must be addressed to foster adolescents' educational development. The present study aims to explore the mental health of adolescents in relation to socio-cultural factors. To a sample of 260 IX class students in Chittoor District, Mental Health Inventory (developed by Thorpe, Clark and Tiegs (1959) was administered. The mental health status was studied in relation to gender, locality, caste, birth order and parental occupation of the subjects. Results indicated that adolescent girls have better mental health status than compared to adolescent boys. Significant differences occur among adolescents with respect to their socio-cultural factors namely locality, caste and parental occupation. However no significant differences were obtained in the mental health status of the subjects with respect to their birth order.

Key Words: Mental Health, socio-cultural factors.

INTRODUCTION:

Mental health is an important aspect of one's total health status. It is a quality of emotional well-being which provides the individual with effective living concerned with the everyday living conditions or situations. Harmonious adjustment and integrated living play a major role in the health status of the individual. The basic factors on which mental health of any individual depends upon are the

heredity, physical health status, happy home, an adequate schooling and healthy community. Mentally healthy person is always productive and unalienated. Wikipedia Dictionary (2010) explains the meaning of mental health as, "a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life".

Mental health is inter-related with other dimensions of health. In everyday living excessive anxiety, tension and worry lead to head-aches, fatigue and inefficient thinking. These in turn can interfere with one's work and inter-personal relations. Life is full of ups and downs, successes and failures, victories and defects. Mental health is a lifelong process in which people strive for happiness during each new stage of life. It changes as a result of one's total experience.

Adolescents are the young people aged between 10 to 19 years. It is a transitional stage of physical, physiological and psychological development from puberty to legal adulthood. Adolescents form a socially important segment of the population. Adolescents have specific needs which vary with gender, life circumstances and socio economic conditions. They face challenges like poverty, lack of access to health care services, unsafe environments etc. It is a period of preparation for undertaking greater responsibilities like familial, social, cultural and economic issues in adulthood. Apart from physical health, a positive social health constitutes holistic health of the adolescents.

Mikaela .H et al., (2016) investigated adolescents' own views of health care in relation to socio-economic status. Data were collected through focus groups with 11 girls and 12 boys. Results indicated that the girls have better mental health status than adolescent boys. Poh Keong, .P. et al., (2015) studied the relationship between the mental health and the academic achievement for students. Mental health well-being helps an individual realizes her/his true potentials, capable of handling pressure and stress, and more importantly, to perform the given tasks productively. Shashi Kala.S (2015) studied the impact of mental health on academic achievement of students. For this purpose 200 students (100 boys & 100 girls) were selected from different schools of Ranchi town. The result showed that male group was mentally healthy than female group. Mental health was positively related with academic achievement.

Atilola. O (2015) opined that mental disorders are currently a major source of morbidity among children and youth globally. The bulk of the epidemiological data about childhood mental health morbidity currently comes from the industrialized countries which paradoxically host a small (about 20%) proportion of global children and youth population. Elisabeth.et al., (2015) viewed that the mental health and psychosocial factors seem to influence the educational aspirations of adolescents, which are also known to be related to educational skills and socio-demographic factors such as gender, ethnicity, religious affiliation, and socioeconomic status. Results indicated that the higher average mark were associated with higher aspirations; lower average mark was associated with lower aspirations.

James and Prout (2015) studied the relationship between socio-economic status and mental health and considered the relationship between children, families and mental health services. The study concluded that exploring 'parity of esteem' and 'stigma reduction' may inadvertently exacerbate the individualization of children's mental health.

Viswanatha Reddy (2015) studied the mental health status of High School Students in relation to their gender, locality and caste. Results revealed that there is significant relation between gender, locality and caste on the mental health of students and boys possessed better mental health than girls; urban students have better mental health status than the rural students and OC students have better mental health than BC and SC/ST students.

Catherine Bradshaw et al., (2014) studied the social inclusion of youth with mental health conditions. Young people are at greater risk of a range of mental-health conditions doing their transition from childhood to adulthood. Sarah-Jayne .B et al., (2014) viewed that adolescence is a period of formative biological and social transition. The changes in social environment that occur during adolescence might interact with increasing executive functions and heightened social sensitivity to influence a number of adolescent behaviors. Results indicated that there is a significant difference between the boys and girls with regard to their mental health. Girls were found to be mentally healthier than boys.

Evelina .L et al., (2009) explored adolescent mental health and the influence of social processes, gender and gendered power relations. Boys' more positive mental health appeared to be associated with their low degree of responsibility-taking and beneficial positions relative to girls.

Vasuki and Charumurthy (2004) found that male and female, who exhibits rivalry towards their siblings, differ significantly in their levels of achievement motivation, poor mental health status and high frustration than the non-rivalry siblings. Chand Prasad (2004) studied mental health and intelligence among high school students. A sample of 462 high school students (262 boys and 200 girls) participated in the study. Mental health of adolescents, their academic achievement, and intelligence were positively and significantly correlated. Krishna Kumar (2000) studied the impact of urbanization on mental health among children, who came from rural areas and settled in urban or semi-urban towns were compared. Urban and semi-urban locality resident children performed very well in co-curricular and non-co-curricular activities and had better mental health than rural students.

OBJECTIVES:

- To study the mental health status of adolescents in relation to socio-cultural factors like gender, locality, caste, birth order and parental occupation

TOOLS USED:

Mental health Analysis questionnaire developed by Thorpe, Clark and Tiegs (1959) and restandardised by Viswanatha Reddy and Nagarathnamma (1998) was used to assess the mental health status of the subjects. The scale consists of 100 items with two responses that is 'YES' and 'NO'. Higher score on the scale indicates better mental health status of the subjects.

SAMPLE:

The sample of the study comprises of 260 1X class adolescent students. The schools were selected randomly from Chittoor district of Andhra Pradesh. Systematic random sample technique was used to collect the data. The age of the adolescents ranged from 14 to 15 years. Out of 260 students, 130 were boys and 130 girls, hailing from both rural and urban areas were selected as the subjects of the study.

RESULTS AND DISCUSSION:

Suitable statistical tools such as Mean and SD were used to analyze the data. 't' test and one way ANOVA were used to study the significant differences among the variables that is gender, locality, caste, birth order and father's occupation. The results discussed below.

Table-1: Influence of Gender and Locality on Mental Health Status of students.

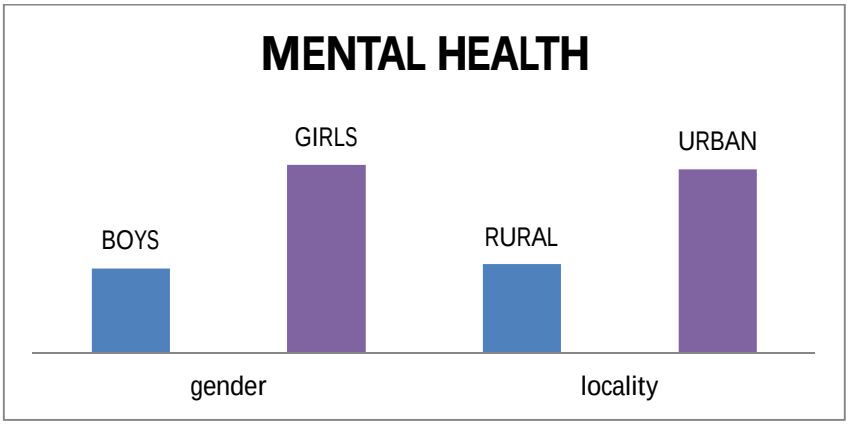
Variables		N	Mean	SD	t-value
Gender	**Boys**	130	67.78	7.41	2.321*
	Girls	130	69.97	7.81	
Locality	**Rural**	130	67.87	7.46	2.122*
	Urban	130	69.88	7.79	

* Significant at 0.05 level.

Table-1 shows that mean score on mental health for girls (69.97) is higher than the mean score for boys (67.78). Thus, mental health status of the girls is better than the boys. The computed 't' value of 2.321 for gender difference is significant at 0.05 level. Thus, it can be inferred that there are significant gender differences among IX class students with regard to their mental health status.

The mean score on mental health status for urban students (69.88) is higher than that of the rural students (67.87). Thus, mental health status of the urban students is better than the rural students. The computed 't' value of 2.122 for difference in locality is significant at 0.05 levels. Thus, it can be inferred that there is significant differences among IX class students of rural and urban localities with regard to their mental health status.

Graph-1 Represents means scores mental health status among IX class students:



The graphical representation of the mental health indicates better mental health status among the girls than the boys. Similarly urban students show better mental health than the students of the rural areas.

The results of the present study are in tune with earlier studies by Mikaela .H et al., (2016), Elisabeth.et al., (2015), Catherine Bradshaw et al., (2014), Sarah-Jayne .B et al., (2014), Evelina. L et al.,(2009), Chand Prasad (2004). These studies also emphasize that adolescent girls have better mental health status than the adolescent boys. The early studies by Viswanatha Reddy (2015) and Krishna Kumar (2000) these studies also emphasize that the urban students have better mental health status than the rural students.

Table-2: Influence of Caste, Birth order and Parent Occupation on Mental Health Status of Students.

Variables		N	Mean	SD	F-value
Caste	SC/ST	53	65.19	7.95	8.131**
	BC	88	69.63	7.53	
	OC	119	69.96	7.22	
	Third and last Born	30	70.13	7.13	0.795 @

Birth order	Second Born	120	69.11	8.18	
	First Born	110	68.27	7.26	
Father Occupation	Labour	50	66.18	7.60	
	Agriculture, small business	142	68.86	7.43	5.592**
	Clerk, Teacher, other	68	70.88	7.75	

** Significant at 0.01 level * significant at 0.05 level @ Not significant.

Table-2 Shows that mean score on mental health status for OC students (69.96) is higher than the mean score for other BC (69.63) and also SC/ST (65.19). Thus, mental health status of the OC students is better than that of the BC and SC/ST students. The computed 'F' value of 8.131 is significant at 0.01 level. Thus, it can be inferred that caste has significant impact on the mental health status of IX class students.

Regarding birth order, the mean score on mental health status for the third or last born (70.13) is higher than the mean scores for second born (69.11) and first born (68.27) child in the family. Thus, mental health status of the children who are the third or last born is better than the mental health status of second born or first born child. The computed 'F' value of 0.795 birth order is not Significant. Thus, it can be inferred that birth order has no significant impact on mental health status of the IX class students.

The mental health status for subjects whose father's occupations such as clerk, teacher or other jobs which are related to some educational qualification is better (mean=70.88) than compare to the students whose fathers are labour (mean=66.18) or in agriculture or have some small business (mean=68.66). The computed 'F' value of 5.592 for father occupation is significant at 0.05 level. Thus, it can be inferred that father's occupation has significant impact on mental health status of IX class students.

The earlier studies of Viswantha Reddy (2015) and Vasuki and Charumurthy (2004) also emphasize that the OC students have better mental health status than BC and SC/ST students. A study by James and Prout (2015) emphasized that the birth order has no significant

impact on mental health status of the students. A study by Elisabeth. et al., (2015) also emphasized that the father's occupation has significant impact on mental health status of the students. Thus, the results of the present study correlate with the earlier investigations.

CONCLUSIONS:

- They are significant gender differences among adolescents with regard to their mental health status. Girls have better mental health than compare to the boys.
- There are significant differences among rural and urban adolescents with respect to their mental health. The urban students have better mental health status than the rural students.
- Caste has significant impact on mental health status of the students: OC students have better mental health status than the other BC or SC/ST students.
- There is no significant impact of birth order on mental health status of the IX class students.
- Parent's occupation has significant impact on mental health of the IX class students. Where children of educated parents in some qualifying jobs have better mental health than compared to children of agricultural farmers and labours.

SUGGESTIONS AND IMPLICATIONS:

- The present study emphasizes the importance of socio-cultural factors for developing better mental health among adolescents.
- As family conditions, occupation of the parents are important indicators of mental health of adolescents, steps should be taken to create awareness regarding educating the adults in the family.
- As students belonging to BC and SC/ST castes show poor mental health: intervention, training and awareness programmes should be conducted in the within the school premises to enhance their mental health status.
- As the present study includes a small sample of 260 IX class students. generalizations cannot be drawn. Thus, a study on

large groups of varied cultures can be carried to drawn relevant conclusions.

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MENTAL HEALTH STATUS AND ACADEMIC STRESS AMONG PROFESSIONAL AND NON-PROFESSIONAL STUDENTS

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Abstract

Mental health is defined as the full and harmonious functioning of the total personality. It includes a feeling of emotional, physical and social wellbeing with satisfaction to self and benefits to society. Stress is the first and foremost problem of people's life in the present scenario. Though the science and technology has invented a lot of ways and things of convenience and advancement but the remarkable growth of economy and resources has affected the life style of the people. In the present investigation it is aimed to examine the mental Health status and Academic Stress among Professional and Non-Professional students. The data are collected (60 men and 60 women) from Professional and Non-Professional Students in Tirupati town. Mental Health Status inventory scores were collected by using Jagadish and Srivastava (1983) and Students Academic Stress Scale Scores were collected by using Kumar Reddy's (1999). The data was analysed by using appropriate statistical techniques and results were discussed.

Introduction

Adolescence is the period when boys/girls become conscious of their changing status in the society. They need to reevaluate themselves socially, emotionally in relation to their peers and society in general. Establishing a sense of identity and belonging is a lifelong process. Our environment and the experiences with which we interact provide us with the knowledge base and skills to cope with life's daily challenges. It also helps us to gain insights into whom we are and explores what we want to become.

Health is an indispensable quality in human being. Health indicates psychosomatic well being. To Bhatia (1982) "Health as a state of being hale, sound are whole in body and mind"

Thus, health is broader concept including physical, social and Mental health has been reported as an important factor influencing individual's various behaviour, activities, happiness and performance.

Stress is an internal state which can be caused by physical demands on the body by environmental or social situations which are evaluated potentially harmful, uncomfortable (or) exceeding our resources for coping life events and pressure or every day life.

Stress is a part of life and everyone experiences stress in daily life, but people may differ in their level of stress experience. It may range from mild to serve.

The most important fact concerning the term stress is its persistence, wide spread usage in Biology and Psychology. In today's life, Stress has become so significant in every body's life and its has become pervasive and major concern for Scientists in various field for e.g. Medicine, Psychology, Sociology, Neurobiology, Environmental science etc. Thus research in the above said fields is directly or indirectly concerned with the question of understanding the antecedent and consequences of stress and its management in such a way that quality of life of people is improved. A problem of such a way that quality of life of people is improved. A problem of such magnitude requires to have proper understanding of the concept stress and its related phenomena. So that we may handle our own life as well as those of others.

However, an optimum stress is productive and it facilitates the growing performance of the individuals. Academic stress plays an important role in the students life and it accounts for variation in performance, achievement or success (Vivekananda Kendra Yoga Research Foundation, 1999).

Review of Related Literature

Mental health is the adjustment of individual t themselves and world at large with maximum effectiveness, satisfaction, cheerfulness, society considerate behaviour and the ability to face and accept the realities of life (Bernard, 1951).

Hurh and Kim (1990) studies correlates of male and female Korean immigrant's mental health and found that subjects who were married, highly educated and currently employed in a high status

occupation indicated better subjective mental health than others. Significant gender differences in the correlates of mental health were observed.

The study of Priyanka and Aruna (1994) attempted compare subjective mental health of the two groups employees, i.e., managers and supervisors in private sector organization. The results showed that managers and supervisors differed significantly on four variables of subjective mental health scale.

George et.al., (1987) examined the association between the characteristics of dental students and their academic stress levels along with the correlation of stress due to drug addiction and health problems. Greater stress was associated with a higher level of Type A behavior and a lower level of career commitment.

Rao (2007) in his research on 'Stress and Coping Strategies among Adolescent Students', reported that gender has significant impact on academic stress of the adolescent students. Type of college also has significant impact on their academic stress.

Singh. A and Singh .S (2008) found that Stress in modern life leads to several poor emotional adjustment among the professional students. The main findings were professional students have more stress. The result also indicated that professional students were poorly emotionally adjusted in comparison to non-professional group. It was conclude that Professional students have more stress as compared to non-professional students. Psychological intervention inform of therapy will help these students to help better.

A study was conducted by Robert et. al., (2009) the findings show that dental students had greater levels of stress than medical students in three of the five categories. The only category in which medical students demonstrated greater stress levels than dental students was in professional identity. Measures of comparative levels of stress between male and female students for either profession did not demonstrate any significant differences. Stress levels related to clinical work varied significantly between the type of professional student and his or her year in school.

A. N. Supe (2010) in a study determined incidence of stress and factors controlling stress in medical students at various stages of MBBS

course at Seth G S Medical College. Stress was not found to differ significantly on the basis of sex, stay at hostel, model of travel, time spent in travel every day, medium of study in school, place of school education. Stress was found to be significantly more in students having more than 95% of marks at 12th Standard as compared to others. Academic factors were greater perceived cause of stress in medical students. There was no significant difference in the students at different levels of MBBS regarding academic factors and social factors as a stress inducing factors. Emotional factors were found to be significantly more in First MBBS students as compared to Second & Third MBBS students.

Kavitha (2011) studied the academic, psychological and general stress and adjustment among rural and urban college students. Analysis of results were done by using correlation for the scores on stress and adjustment, 't' was computed for the scores on stress and adjustment of rural and urban students. Results indicated a significant level of stress both psychological and academic, among the rural based students than their counterparts in the urban areas.

Pakkiraiah (2012), investigated that locality has significant influence on the mental health of 9th class students, employed and unemployed fathers. Size of the family has significant influence on the assets, liabilities and mental health of 9th class students.

Shameem (2013), investigated that gender, management, locality and educational of father and mother annual income academic achievement have significant influence on the mental health of 9th class student, size of the family has significant influence on the assets, liabilities, and mental health of 9th class student.

M. Rajendra Nath Babu (2013) conducted a study on Impact of Mental Health Status on Academic Achievement. The objective of this study was to know the impact of mental health status, on academic achievement among IX standard students. For the purpose of the study a sample of IX standard students (N=320) was selected by stratified random sample technique. It was found that there is a significant influence of gender, management, locality and academic achievement on the mental health of IX standard students.

Dr. M.S.Talawar, Mrs. Anindita Dass (2014), Conducted a study on the relationship between academic achievement and mental health

of secondary school tribal students of Assam. Found that There is a significant influence of the family of secondary school tribal students of Assam with respect of their mental health.

A.K.Kansal and Chanchal Bala (2015) conducted a study on Relationship among Mental Health and Emotional Maturity of 10Th Class Adolescents. The study was conducted on a sample of 580 adolescents of 10th class of Bhatinda District of Punjab state. Stratified random sampling technique was used to collect the sample. Mental health battery by Singh & Gupta (1983) and Emotional Maturity Scale by Singh & Bhargava were used for data collection. The data was analyzed by using coefficient of Correlation. The study revealed that no significant relationship exists between mental health and emotional maturity of adolescents. (a)Significant negative correlation is found between emotional stability, security- insecurity and intelligence dimensions of mental health and emotional maturity. (b)Mental health and overall emotional maturity of adolescents are negatively correlated.

Satinder Kaur, Ram Niwas and Vijay Kumar Rai (2016) Conducted a study on A Study of Mental Health in Relation to Emotional Intelligence and Personality Factors of 10th Class Students. Present study was conducted to find out relationships of mental health with emotional intelligence and personality factors- neuroticism and extroversion. Six hundred 10th class students were selected from six districts of Punjab. Mental Health Scale by Rai (1994), Emotional Intelligence by Rai (2006) and Eysenck's Maudsley Personality Inventory (M.P.I) by Jalota and Kapoor (1975) were used to collect data. Pearson Product Moment Correlation Coefficient was used to calculate relationships. Present study reveals that positive and high correlation exists between mental health and emotional intelligence. High and positive correlation was found between mental health and personality factor extroversion. But high and negative correlation was found between mental health and personality factors neuroticism. This study suggested that extroversion personality and emotional intelligence should be cultivated in classroom to develop sound mental health of students.

Methodology

In the present study 30 men and 30 women studying in Engineering College students were selected on random basis as sample

of the Professional group. The mental health status inventory was the well established by Dr. Jagadish and Dr. A. Srivastava (1983). The reliability of the inventory was 0.75 and validity was 0.54. Students Academic Stress Scale was developed by Kumar Reddy's (1999). Similarly 30 men and 30 women selected randomly from the local degree college students were also admistered at the same tools.

Objectives

1. To assess the differences between professional and Non-Professional students with regard to Mental Health Status.
2. To assess the differences between professional and Non-Professional students with regard to Academic Stress.
3. To assess the differences between men and women students with regard to Mental Health Status.
4. To assess the differences between men and women students with regard to Academic Stress.

Hypotheses

1. There would be significant difference between Professional and Non-Professional students with regard to Mental Health Status.
2. There would be significant difference between professional and Non-Professional students with regard to the Academic Stress.
3. There would be significant difference between men and women students with regard to the Mental Health Status.
4. There would be significant difference between men and women students with regard to the Academic Stress.

Results and Discussion

Table-1 Mean, S.D and t-value for the scores of Professional and Non-Professional students on Mental Health.

Group	Mean	S.D	t-Value
Professional	142.56	16.22	4.91**
Non-Professional	129.15	13.04	

Note- ** Significant 0.01 level

It is found from the above table-1 that the 't'-value of 4.91 indicates that there is significant difference between Professional and Non-professional students with regard to their mental health. Professional students (M-142.56) have better mental health than the Non-professional students (M-129.15). Therefore, the hypothesis which states that there would be significant difference between Professional and Non-Professional students with regard to the mental health was accepted as warranted by the results.

Table-2 Mean, S.D and t-value for the scores of Professional and Non-Professional students on Academic Stress.

Group	Mean	S.D	t-Value
Professional	58.08	14.41	6.27**
Non-Professional	43.28	11.24	

Note- ** Significant 0.01 level.

It is found from the above table-2 that the 't'-value of 6.27 indicates that there is significant difference between Professional and Non-professional students with regard to their academic stress. Professional students (M-58.08) have more prone to academic stress than the Non-Professional students (M-43.28). The professional students are better in mental health and cope with their academic stress than the Non-professional students. Therefore, the hypothesis which states that there would be significant difference between Professional and Non-Professional students with regard to the academic stress was accepted as warranted by the results.

Table-3 Mean, S.D and t-value for the scores of men and women students on Mental Health.

Gender	Mean	S.D	t-Value
Men	132.45	13.80	2.35*
Women	139.26	17.63	

Note- * Significant 0.05 level.

It is found from the above table-3 that the 't'-value of 2.35 indicates that there is significant difference between men and women students with regard to their mental health. Women students (M-139.26) have

better mental health than the men students (M-132.45). Hence, the hypothesis which states that there would be significant difference between men and women students with regard to the mental health was accepted as warranted by the results.

Table-4 Mean, S.D and t-value for the scores of men and women students on Academic Stress.

Gender	Mean	S.D	t-Value
Men	51.76	12.52	0.79@
Women	49.60	16.92	

Note- @- Not Significant

It is found from the above table-4 that the 't'-value of 0.79 indicates that there is no significant difference between men and women students with regard to their academic stress. Men students (M-51.76) have more prone to academic stress than the women students (M-49.60). Hence, the hypothesis which states that there would be significant difference between men and women students with regard to Academic Stress was not accepted as warranted by the results.

Findings of the Study

1. Professional students are better in their mental health than the Non-Professional students.
2. Academic Stress is more among Professional students.
3. Women students are better in mental health than men students.
4. Academic stress is more among men students.

Conclusion

1. Non professional students have poorer outcomes than professional students, and are less likely to get the support they need. Non professional students report poorer recognition and awareness of mental disorders, greater stigma about mental health and help-seeking, and are less likely to hold favorable attitudes about seeking professional help.
2. Academic stress is more among professional students, because courses like engineering, MBA and law students will have stress because of academic load, fear of employment after graduation, lack

of confidence etc. Anxiety, depression, fear about future, academics and peer pressure are some of the stress factors taken into account.

3. Academic pressure, limited social and personal time can append to the normal stress of life and thus can lead to a negative impact on professional students.
4. Professional students should collaborate with educational experts in developing a curriculum that is more student-orientated, which would enhance the psychological well-being of students and thereby improve their academic, as well as clinical performance.
5. Academic stress is more among men students. It has been agreed that observing sex differences in academic stress may reflect different ways of coping with stress by gender. Even thus, it appears that male undergraduates are likely to experience the same amount of stress as their female counterparts, they may not like to show it, because they have been taught that accepting being stressed express a feminine trait, which should not be exposed. Moreover, because female students naturally appear to be less defensive than their male peers, lead those to admit willingly that they are stressed.

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