UNIT 7 ADOLESCENTS AND SEXUALITY EDUCATION

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7.1 INTRODUCTION

The public controversy centered on sex education for adolescents in public schools is shifting. Where the question was once whether or not sex education should be taught at elementary schools, the focus now questions the methodology of what is being taught. The division exists between those who advocate “sexual abstinence” versus those who advocate the “correct usage and protective qualities of contraceptives”. However, sexuality education at Elementary School level to adolescent children is presented in this Unit as a necessary and legitimate area of study. It is addressed from the dimensions of cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioural domain (communication and decision-making skills). From the moment of birth, children learn about love, touch, and relationships. Infants and toddlers learn about sexuality when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies. As children grow into adolescence, they continue to receive messages about sexual behaviours, attitudes, and values from their families and within their social environment. In this Unit, we have attempted to complement and augment the Sexuality education received from outside the classrooms too. The aim is to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them make sound decisions in sexual behaviour.
7.2 OBJECTIVES

After going through this unit, you should be able to:

- explain the meaning of Sexuality Education;
- explain the meaning of Adolescence;
- describe the characteristics of adolescence;
- identify the problems of adolescence;
- discuss the concerns that HIV/AIDS is posing to future generation;
- motivate students against drug abuse; and
- organise various co-curricular activities for developing life skills among students to negotiate with problems posed by HIV/AIDS.

7.3 MEANING OF SEXUALITY EDUCATION

Sex education is the lifelong process of building a morally acceptable foundation for sexual health. It takes place on a daily basis at homes, schools, faith-based institutions, through the media and other forms daily activities. While this topic is often discussed, myths and misunderstandings persist. It is a process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. In this Unit, we have attempted to complement and augment the Sexuality education received from outside the classrooms too. The aim is to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them make sound decisions in sexual behaviour.

7.4 MEANING OF ADOLESCENCE

The term adolescence comes from the Latin word 'adolescere', meaning "to grow" or "to grow to maturity". "As it is used today, the term 'adolescence' has a broader meaning and includes mental, emotional, and social as well as physical maturity". A functional definition of adolescence states that it is "...that span of years during which boys and girls move from childhood to adulthood, mentally, emotionally, socially, and physically".

Adolescence is the process of growing up from childhood into adulthood. Psychologists have given some age range, 13 to 18 years, for this period. The World Health Organisation (WHO) has given this range from 10 to 19 years. But the age bracket varies from one geographical condition to another and from person to person in the same geography. This is the period which starts with onset of puberty. Puberty is the stage when sexual feeling originates, genitals are matured and menstruation among girls and semen among boys start, hairs grow at the armpits and genitals, breasts start growing among girls, voice is changed among boys, etc. This is the period when a lot of psychological turmoil is experienced by adolescents.

7.5 CHARACTERISTICS OF ADOLESCENCE

i) Excessive Energy: The physical development is at the peak. It results in production of increased energy - both physical and mental. They want to use it in
various activities. If the enormous energy is not properly directed, it gets its gratification in activities not approved by the social norms.

ii) Misunderstanding about sex: The sex organs get full maturity during this period. The primary and secondary sex characteristics get manifested. These manifestations create a lot of misunderstandings and confusions among them. It also creates anxiety and fear, which result in various kinds of abnormal behaviour.

iii) Attraction towards opposite sex: The most significant developmental change that occurs during this period is the attraction towards the opposite sex. It is observed that before onset of adolescence both boys and girls play and work together; but once they enter into this stage, they form distinct groups of the same sex. This is the stage that they become aware of their boyhood and girlhood. This separation generates attraction towards opposite sex. It becomes a cause of many adjustment problems for them.

iv) Physical awkwardness: During childhood the body was in proper shape. The face was smooth and good-looking. But during adolescence the smoothness of face is replaced by roughness and pimples. In case of boys, some hairs also grow on the face. The face becomes triangular and thinner. The body ceases to remain proportionate and good looking. The voice of boys becomes hoarse and heavy.

v) Aggression or withdrawal: Due to compounding of many factors relating to fast development of physical, sexual, emotional, social and intellectual aspects, adolescent’s reactions are at the two extremes - (a) aggression or (b) withdrawal, shrinking within one’s own shell. Both of these are not good from healthy adjustment point of view. It may not be the problem of all adolescents but a good number of them are affected by it.

vi) Rebellious attitude: In the characteristics section we have seen that adolescents are either viewed as children, which they are not or as adults, again which they are not. They should be treated as adolescents, nothing more or nothing less. But, elders do not treat them in this fashion. Consequently, adolescents find all odds against them. To counter it, they consider ‘offence is the best defence’ and they are always in a fighting mood. This mentality propels them to protest against all established rules and norms. In their opinion, these are framed to cow them down.

vii) Excessive day-dreaming: Day-dreaming means to live in a world of fantasy - a world of imagination devoid of any reality. It is ‘building castle in the air’. It is more prevalent when one goes into his/her own shell, when one withdraws. It is a normal common practice. We all are engaged in day-dreaming at one time or the other. It gives us a sort of relaxation in this world of competition and tension. But, if it crosses a limit, it becomes pathological; and some adolescents fall in this category. Then, it leads to maladjustment.

7.6 ADOLESCENCE EDUCATION

Meaning of Adolescence Education: Adolescence education may be considered as an educational effort to impart accurate and scientific knowledge to learners about adolescents’ reproductive health with focus on the process of growing up during this period, in its various dimensions - biological, psychological, socio-cultural and moral. It generates among them rational attitudes towards sex, HIV/AIDS and drug abuse, so that they develop respect for the opposite sex and responsible behaviour towards sex and drugs.
Content of Adolescence Education: The selection of content should be based on the important concern of adolescent reproductive health that is not covered under the existing syllabi at different stages of school education. The content should emanate out of needs and requirements of adolescents of various cultural backgrounds and social values. NCERT has developed the scheme of content under the following three major components:

a) **Process of Growing Up**: This component contains critical issues relating to the process of growth and development of adolescence such as physical, psychological and social aspects of growth including male body clock, female body clock, social and moral issues, self-concept, self-esteem, and other reproductive health related issues such as sexually transmitted diseases.

b) **AIDS**: The component of HIV/AIDS includes contents relating to causes and consequences of HIV/AIDS, preventive measures, and individual and social responsibilities towards persons having HIV/AIDS.

c) **Drug Abuse**: This component includes the circumstances in which adolescents fall prey to drugs; consequences of drug addiction, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities.

### 7.6.1 Adjustment and Conduct Disorders in Adolescents

The adjustment and conduct disorders are very prominent during the adolescence. The stress of menarche every month in girls, problems with parents of boys and girls, pressure of studies, comparison between brother and sister in terms of freedom given to former, sexual experimentation, non availability of right place and people for guidance, teens pregnancy are few of the examples.

Adolescent may present symptom of dysmenorrhea, (girls) lack of interest in studies, headache, nervousness, marked anxiety. Many a times they may present with crying spells or depression or become violent. Some of the adolescents who had been performing well in studies become underachievers. You may find some of the following common adjustment and conduct problems amongst the adolescent girls and boys.

i) **Anxiety and resistance**

Anxieties in adolescents generally arise from an inner conflict and emotional turmoil in adapting to a new identity. For an adolescent to prove as a 'Good Girl' / Good Boy and matured person and yet to be obedient is a real struggle. Amongst, the peer s/he is expected to be social, smart, good in studies. The role expectations changes suddenly from small protected child to young big girl/boy.

ii) **Anger and hostility**

Because of repressed emotions some of the adolescents may express anger. Most of the time they may not harm to self or to others but use the language which may be hurting. Adolescents direct insulting and hostile remarks to parents can be very disturbing.

iii) **Depression**

Depression in adolescents occur because of physical growth. Some of the adolescents withdraw from social activities, family and friends. Fantasies lead to poor academic performance. Masturbation may lead to guilt feeling. Anger and hostility expressed towards mother/father may also lead to withdrawal and depression. As these are due to hormonal changes parents need to be patient with adolescents.
iv) **Violence**

Violence is the expression of hostility and rage through physical force directed against persons or property. It is more common in adolescent boys than girls. But at times, the adolescent girls may also express by throwing things. Violence by hitting at younger sister or brother or even peer group can be observed.

v) **Suicide**

The suicide rate amongst the adolescent girls and boys is on the increasing side. A fight with a boyfriend, a quarrel with parents poor performance or fear of failure could be trivial incidents for suicide. In adolescents, the suicide is a sudden impulsive reaction to a stressful situation.

**Suicidal Tendency** is expressed in various ways. It may be just a statement. For example, ‘if I don’t get good marks in 12th standard I will kill myself’.

**Suicidal Gestures** is a serious warning signal. In the beginning adolescent may take 4 to 5 sleeping pills to attract attention.

**Suicidal Threat** is accompanied by other behavioural changes. Mood swings temper outbursts, decline in school performances, social withdrawal. Adolescent girl/boy may say that s/he does not want to live and would kill herself/himself.

**Suicidal Attempt** is the most serious as it is suicidal attempt with a non fatal outcome. It is believed that a very small percentage of people who attempt suicide also complete suicide eventually.

**Role of a teacher**

- Allow the student to talk about why s/he wants to attempt suicide
- Develop trustworthy relationship
- Help adolescent girl or boy to identify the positive aspects of her/his life and how much family members, teachers and friends care for her/him
- Discourage loneliness
- Provide psychological support to relative also
- Ensure that friends, other teachers and parents are not using taunting language or over protection
- Refer them to counselling clinics if required

**Running away**

Feeling of alienation and rebelliousness is common in adolescent girls though more in boys. In middle class family when the girls start feeling hostile towards significant people at home they may start socializing with peers for guidance and approval. In some instance these alienated young girls and boys may rebel, leave home and drift into a group in which delinquent is the way of life. In case of runaway teenage girls/boys mostly they get affiliated with organized prostitution. ‘Drop Out’ from school also leads to running away.

### 7.6.2 Common Issues Related to Girls

As you have read in earlier unit that puberty is attained by girls between 10 to 14 years. The details about menstruation (menarche) menstrual cycle, menstrual hygiene
can be discussed. Some of the selected issues given below where the girls may be concerned can also be discussed.

**Menstruation**

As teachers, you know that one of the significant changes in girls is menstruation. Menstruation or the monthly shedding of blood from vagina is a natural cyclic process regulated by changes in hormone levels that are controlled by brain. Menarche is the first menstrual period.

a) **Definition**

Menstruation consists of the periodical discharge of bloody fluid from the uterine cavity, when once established, it occurs on the average 28 days from the time of puberty to the menopause, with the exception of periods of pregnancy and lactation (breast feeding). The average duration is four to five days. A very important education which teachers can provide to these young girls is about menstrual hygiene.

b) **Menstrual hygiene**

A girl may start menstruating as early as 10 to 11 years. She may not know how to take care of this sudden physiological change in her body. It is important for a school teacher or school health or nurse working to educate parents and adolescent girls about menstruation and menstrual hygiene.

Menstrual hygiene means care taken by an adolescent girl during menstrual period it includes:

- use of hygienically prepared/clean pads
- changing of pads whenever necessary
- maintenance of perinea hygiene
- disposal of soaked pad
- maintenance of personal hygiene

You as teachers would agree that whatever is taught in the classroom will be listened and followed by students more than what their parents or sisters explain at home.

c) **Care during menstruation**

**Use of pads**

Now-a-day there is availability of sanitary napkins in the market which can stick to the panty. It should be demonstrated to the girls by school teachers or parents. Home made pads can also be recommended. Old clean cloth specially muslin/cotton cloth without starch, washed and dried under sun four to five layers with cotton in between the layer can be used by tying it to panty. Explain to the students that they should secure the pad properly to avoid embarrassing situation to change. You may also explain to the students that if the skirt, shirt, salwar, pant, pyjama or panty is stained the best method is:

- Immediately wash with tap water
- Use soap and water and scrub the area
- If not washed immediately, stain will remain on the clothes and create bad odour/smell.
When to change pads

Teachers may explain to the students that frequency of change of pads differs from girl to girl.

- Soiled pads should be changed immediately otherwise it will lead to itching and irritation on the perineum (private parts).
- There may be burning sensation on sides of thighs. When the soiled pad/panties dry and rub against thighs it may cause bad erosions (injury).
- It may cause discomfort and even infections.

How to dispose of the used pads

Adolescent girls need to be explained how to dispose of the used pads. Due to lack of facilities at the school toilets, students may throw the used napkins in the corner of toilets. So, it is important to teach them to dispose the pads properly for aesthetic sense and environmental hygiene.

- The sanitary napkins sold in the market can be flushed in the flushing system.
- All the Indian flushing systems are not good it may get blocked so it is better not to flush. It may be wrapped in a paper or plastic bag and disposed of in the dustbin.

d) Maintenance of perineal hygiene

During menstruation, the cervix (external opening to uterus) is opened and is prone to any kind of ascending infection in the uterus. So it is important to:

- Wash the perineum properly with water after defecation and urination.
- Wash hands with soap and water after changing pads. If soap is not available at least wash with plain water.
- Frequent and as and when necessary change of pads/sanitary napkins.
- Change the undergarments if soiled, otherwise once in a day.

Dysmenorrhea

The word ‘dys’ means difficult or painful and ‘menorrhea’ means normal menstruation. Dysmenorrhea is difficult or painful menstruation without any pathological findings.

a) Symptoms of dysmenorrhea

- Pre menstrual tension
- Uterine cramps or cramp like pains in the lower abdomen.
- The pain is spasmodic or colicky in nature in the abdomen and low backache, which may radiate in thighs.
- Dizziness, vomiting and diarrhea.
- The spasmodic pain starts with menstrual flow and lasts for 1 to 3 days. Primary dysmenorrhea gets relieved after child birth.
### Role of Teacher

- You may help the girl to do regular exercise.
- Encourage them to take adequate fluid.
- A pain killer may be given on medical advice.
- Help her divert her mind.

#### Puberty Related

**Delayed Puberty:** In some adolescent girls the growth in genital organs and secondary sex characteristics appear very late. The onset of first menstruation (menarche) is also delayed. In these girls there may be very scanty or absence of pubic hair and growth of breasts is also minimal.

In the beginning these girls may not feel much about it, but gradually they can make out the difference in most of the girls and them. These girls may develop low self concept. As a teacher you may talk to the girl and explain about the variation each individual may have. If a girl is too concerned then parents may be advised to take her to the Gynaecologist for opinion.

**Precocious Puberty:** In these girls there may be abnormally early development of sexual maturity, usually before the age of 8. It could be early maturing of sexual organs capable of ovulation. Girls will have secondary sex characteristic. Parents may be advised to consult the gynaecologist.

**Puberty Menorrhagia:** Menorrhagia is an excessive bleeding during menstruation. If in between the classes a girl needs to go to change her napkin, she may be allowed from the classroom. When school health nurse visits, she may be informed about the girls who have excessive bleeding so that iron supplement can be given.

**Obesity:** Some of the adolescent girls may overeat to compensate for love. They may also overeat because of not having intimacy with the opposite sex.

**Anorexia Nervosa:** It is continuous (persistent) lack of appetite by refusal of food accompanied by vomiting, severe weight loss, amenorrhea (absence of menstruation). It is subconscious urge in girls to remain “as thin as a boy.” These girls want to escape the burden of growing and taking up the female sexual and emotional role.

As teachers you can discuss with the girls that it may only lead to deficiencies in girls. Exercise would be the best way to maintain weight.

**Bulimia Nervosa:** Some of the adolescent girls may have ‘hunger of an ox’. These girls may consume a very large quantity of food and drink in a short time (binge eating). It may be due to stress, depression or self condemning attitude. These girls after eating large quantities would induce vomiting for fear of gaining weight.

#### Issues Related to Boys

- **Delay in Puberty:** This may cause concern in boys. Some boys may not develop the physical changes early as compare to their friends who may develop the beards, moustache, axillary's hair or pubic hair. These boys may feel inferior to other boys. As a male teacher you may explain to the students the variations of development. As the boys who grow in height, weight earlier may start bullying other boys and it will affect their self concept of adolescents.

- **ACNE:** This is the another major problem in boys, for which they try using all kinds of soaps, creams and refer magazine. They must be explained to keep
their face clean and dry. If the pus formation is there in the pimples it should be shown to skin specialists.

But eating or not eating specific food has nothing to do with ACNE.

iii) **Night Omissions (Nocturnal Omissions)**: Some of the boys may have discharge from the penis after reading exciting book, watching a movie or during dreams. As a teacher you may explain to the boys that, it is very normal, and they should not be worried about it. They would also not become weak. However, if it is too frequent then they need to consult the physician instead of going to untrained persons.

### 7.6.5 Sexual Behaviour of Adolescents

Sexual development is a meeting ground for the biological, psychological and moral influence that shapes an adolescent’s life. The common sexual behaviour is discussed below:

i) **Masturbation**: It is a normal sexual activity for people of all ages. Masturbation is manipulation of the sex organs especially the clitoris in girls and penis in boys for purpose of sexual gratification. The act is usually accompanied by sexual fantasies. Sometimes, boys or girls indulge in masturbation to express hostility. The only problem is when these adolescents are preoccupied with masturbation, it affects their routine activities. Adolescents may develop guilt feeling. As a teacher

- You may explain that masturbation is normal, and
- If there is too much indulgence the adolescent boys and girls may be encouraged to divert their mind by doing exercises, participating in sports, yoga and talking to friends.

ii) **Homosexual Feelings**: During preadolescences, girls and boys normally choose a member of the same sex to have intimate or loving relationship. This does not mean that there will be sexual relationship but usually it does occur. Female homosexuality is known as lesbianism. It is also called as sophism. Gay is common terms used for male homosexuality. You may be able to identify about homosexuality amongst girls and boys when s/he

- Identifies same sex friend as a sole person in whom s/he can confide.
- Goes out of the way to express affection in public towards a friend of same sex.
- Tries to discuss sexual experience to sound as liberated penis

**You may (if required)**

- Help students to develop relationship with the other classmates.
- Help them to develop a work out exercise plan
- Explain to them to develop hobbies to divert their mind
- Encourage them to identify strengths and weaknesses about the homosexual relationship
- If any student discusses with you as a teacher, maintain the confidentiality.

iii) **Transvestism**: Girls and boys who dress in the clothes of the opposite sex and behave like the opposite sex may get sexual gratification by doing so.
7.7 SEXUALLY TRANSMITTED DISEASES (STDs)

Another area of concern is the reproductive tract infection in the adolescent girls. These infections are ignored by the girls, as they think it is normal or many of their friends have. Or it is also due to shyness and ignorance of where to go and show. The common infections can be white discharge from vagina (luchorrhoea) leading to foul smell, backache and tiredness. Girls may not have good appetite. Gonorrhea is very common sexually transmitted disease through sexual or non-sexual contacts (in boys and girls). It is a yellow or green discharge and pain during urination. Genital itching, Genital herpes pubic hair lice, and HIV/AIDS are other infections.

General Information

These diseases are contracted through sexual relations. These diseases affect sexual organs and can seriously affect the total health of the person. Most STDs are easy to cure, provided they are detected early and treatment started immediately. An infected person may not know it for quite a long time that he has been infected. But during this period he/she may spread the disease to others. There are many types of STDs and if not treated may be very harmful.

Prevention

- **Restrict Sexual Activities**: As it is spread through sexual relation, it better to restrict to only one faithful partner for sex relation.
- **Use of Mechanical Barriers**: Condom prevents skin-to-skin contact. Therefore it protects against contracting the disease.
- **Use Local Application**: Vaginal cream, jelly and foams are helpful in warding off the STDs.
- **Change in Attitude**: In case the symptoms are visible the treatment should be started immediately without any shame or stigma. Avoid sex till the disease is fully cured.

7.8 HIV/AIDS: BASIC INFORMATION

i) **Meaning**

AIDS (Acquired Immune Deficiency Syndrome) is a relatively new phenomenon. It came to notice first in early part of 1980s. We do not know much about it. It is caused by a virus called HIV (Human Immunodeficiency Virus). A virus is a smallest living object (micro-organism) found as a parasite which feed upon its host. It enters into white blood cells of human body and destroys it. This white blood cell protects man from outside germs that causes diseases.

ii) **Immune System and HIV**

Immune system is the combination of body mechanism that provides us the ability to protect ourselves from infection by germs. HIV infects into white cells and in a prolonged battle destroys them. Thus, the immune system is weakened and, in the long run, becomes completely ineffective. HIV may remain dormant in human body for a longer period of even 10 years and no symptom of AIDS will be visible. During this period the HIV continues to gather its strength by producing more viruses. Once a person is infected with HIV, he may transmit it to other persons. There is no way to know if one is infected with HIV except the blood test. This is the most dangerous part of the disease.
iii) Sources of Transmission of HIV

a) Sexual Intercourse: The most common source of transmission of HIV from one person to another is unprotected sexual intercourse. It accounts for nearly 80% of the world’s HIV infections. HIV is present in the semen and vaginal fluid, and the vagina and penis provide entry points to the body.

b) Infected Mother to New-born Child: It can be transmitted to a new-born child if mother is infected with HIV. It is estimated that there are 30% chances that a child born to an infected mother is likely to get infected with HIV. Such children do not survive for more than 2 to 3 years.

c) Blood Infusion: Human blood is a good medium through which HIV spreads and multiply. Therefore infusion of blood or blood products which is infected is one of the most effective ways of transmission of HIV from one person to another.

d) Infected Tools and Appliances: HIV can be transmitted through use, without proper sterilisation of needles, syringes, blades, knives, surgical instruments and other piercing instruments. It may be noted that the possibility of transmission of HIV through normal injection in hospitals and clinics is extremely low because it is essential that they sterilise all appliances before use. Drug addicts who inject drugs into their body are prone to HIV infection.

Check Your Progress

Note: a) Compare your answers with those given at the end of the Unit.

1) i) Adolescence got prominence in 19th Century. (T/F)
   ii) Word adolescence is derived from a Latin word (T/F)
   iii) Puberty is the marked by onset of sexual feeling (T/F)
   iv) Adolescence is a transition period from infancy to childhood (T/F)
   v) Adolescence is the period of
      a) merry-making
      b) stresses and strain
      c) complete independence
      d) getting employment
   vi) ‘Identity arises’ is the characteristic of:
      a) infants
      b) children
      c) adolescence
      d) adults
   vii) AIDS causes HIV (T/F)
   viii) Immune system weakens the body (T/F)
   ix) Maximum number of persons get AIDS through sexual relation (T/F)
   x) Blood infusion is one of the sources of HIV infection (T/F)
iv) HIV is not transmitted through

a) Shaking hands
b) Kissing and hugging
c) Sharing cups, plated and other utensils
d) Through coughing or sneezing or through the air that we breathe
e) Sitting in the same classroom or canteen
f) Sharing work instruments and machinery
g) Swimming together or playing together
h) Donating blood with sterilised needles
i) Bites by insects, e.g. mosquitoes, bed-bugs, etc

v) Prevention and Control of HIV/AIDS

Use of Condom: Sex is central to human growth and development. Decision about sex should be taken after careful consideration. The use of condom is not only for avoiding unwanted pregnancy but also for protecting against STDs, HIV/AIDS. At the same time, it has to be remembered that it does guarantee 100% safe sex. The best guarantee is the responsible sexual behaviour.

Care Relating to Blood Infusion/Donation:

- Use only sterilised instruments
- Use only sterilised syringes and needles
- Use blood which tested against HIV

Mother-to-Child: A woman infected with HIV may like to give due consideration in the matter of decision whether she would like to be pregnant because the newborn will have the possibility of 30% that it would be HIV positive.

“No Risk” Behaviour:

- No pre-marital sex
- Be faithful to one partner
- Follow the traditional Indian values about sex relations
- Discourage extra-marital sex relation
- Carefulness about sterilisation of needles and syringes
- Have pathological checks for HIV infection

Avoid “Risky” Behaviour:

- Having multiple sex partners
- Having sex with a person having multiple sex partners
- Accepting untested blood
- Sharing needles and syringes
7.9 DRUG ABUSE

A drug is a chemical substance which changes the functioning of our body and mind. It may be a product of a factory or extracted from the natural objects. The following cases may be termed as drug abuse:

a) When any drug is taken in the excess amount than prescribed by a doctor.

b) When a small amount of drug is taken more frequently than prescribed.

c) When a drug is taken for a longer duration than prescribed.

d) When a drug is taken for any other reason than medical.

e) When different drugs are mixed together and consumed without advice.

f) When illegal drugs as 'brown sugar' is taken.

Generally, the adolescent who abuses drugs, including alcohol, exhibits at least one of the following characteristics:

- The performance at school or work deteriorates increasingly.

- Adolescent is caught high or in act of getting high by parents or school teachers.

- Resort to drugs in times of stress or boredom.

- Has deficient interpersonal relationship and can relate only when under the influence of drugs.

- Loses interest in interpersonal relationship and prefers to be alone under the effect of the drugs.

- Conforms to specific group.

7.10 MAJOR ACTIVITIES TO BE ORGANISED

- **Question Box**: In this activity, students write a question on a piece of paper and put it in a box. Those questions are answered by the teachers, experts or professionals. In this method students feel free to ask any question relating to adolescent reproductive and sexual health, because they remain unidentified and do not face any kind of stigma or embarrassment.

- **Role Play**: A real life situation is duplicated in the school and the students are required to play roles of different characters. This provides a chance to students to practice the situation before they have to face them in the actual life situation.

- **Value Clarification**: Values are codified concepts involving norms and standards of a culture or society. These values are the sheet anchors of human behaviour in a civilised society. It may be arranged class-wise, in which 10 to 15 students may be actively involved and the rest may be the audience. Two methods may be employed by the teacher for value clarification - discussion and storytelling. The values are provided in the form of statements.

- **Group Discussion**: It is a very common activity and frequently used in literary activities of schools and colleges. It helps to develop many skills among students. It also enables students to learn the power of persuasion. It also helps them in focusing themselves.
- **Debate**: It is an old technique of expression. It is organised around some such topics which are of controversial nature.

- **Case Study**: It is a method used in social sciences research. It can be used effectively in population education programme also. Under it, a student may take up a case and study it in all details.

- **Painting/Poster Competition**: The aim of education is to develop the creativity of every student to its fullest extent. Art is considered to be one of the most important avenues to foster creativity. In population education painting and poster making will be used as one of the co-curricular activities.

- **Essay Competition**: Writing an essay and expressing oneself through it is an age old activity. While writing an essay one has to collect a lot of information relating to the subject on which the essay is being written. This activity will be widely used by schools.

- **Quiz Contest**: Quiz contest has become very popular activity these days. It is being used in and out of school contexts. It has become a very common programme on television. It will be used in schools to encourage students.

### Check Your Progress

**Note:** a) Compare your answers with those given at the end of the Unit.

2. i) HIV is transmitted by:
   a) Kissing
   b) Swimming together
   c) Bite of mosquitoes
   d) Blood infusion

   ii) Use of condom is 100% safe so far as infection of HIV is concerned while taking injection. (T/F)

   iii) To avoid HIV infection, care should be given to:
   a) sterilised needles and syringe
   b) size of the needle
   c) speed of pushing the medicine
   d) size of the syringe

   iv) Having multiple sex partner is a risky behaviour for HIV infection. (T/F)

   v) STDs are spread only through sexual relations. (T/F)

   vi) Match the item of Column A with items of Column B.

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<td>1. Putting one’s views in a forceful manner</td>
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<td>4. Quiz test</td>
<td>4. Giving details about somebody’s problems</td>
</tr>
<tr>
<td>5. Case study</td>
<td>5. Box containing the examinations’ questions.</td>
</tr>
<tr>
<td>6.</td>
<td>6. Acting like some other Character</td>
</tr>
<tr>
<td>7.</td>
<td>7. Putting one’s answer in a container kept for that purpose</td>
</tr>
</tbody>
</table>
7.11  LET US SUM UP

In this unit we have studied about the meaning of adolescence and you have also gone through the special characteristics of adolescence. You have gone through in detail about various special problems that are faced by adolescence. The adolescence being a period of transition in human life requires special attention. For that purpose a separate scheme for their education has to be prepared in which their special problems are being taken care of. The problems relating to HIV/AIDS, STDs and Drug Abuse have been discussed along with preventive measures.

7.12  ANSWERS TO CHECK YOUR PROGRESS

1.  i) FALSE
    ii) TRUE
    iii) TRUE
    iv) FALSE
    v) (b)
    vi) (c)
    vii) FALSE
    viii) FALSE
    ix) TRUE
    x) TRUE

2.  i) (d)
    ii) FALSE
    iii) (a)
    iv) TRUE
    v) TRUE
    vi) 1 : 7
        2 : 6
        3 : 1
        4 : 2
        5 : 4