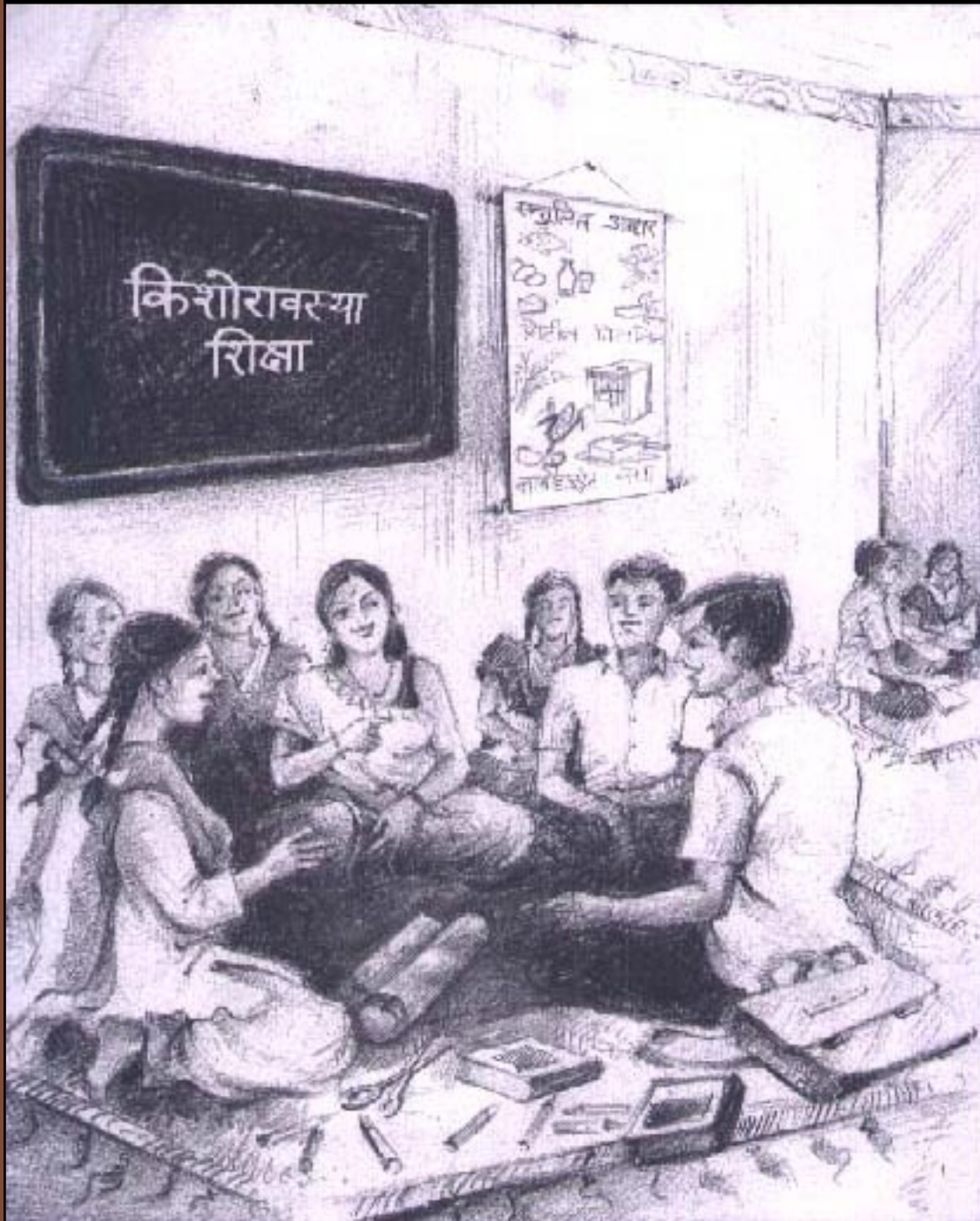


Population Education In Vocational Training Programme

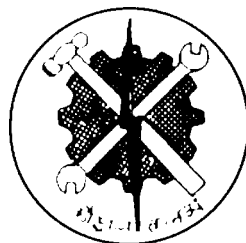
Part 3: Handbook for Trainees



Directorate General of Employment and Training
Ministry of Labour, Government of India, New Delhi

POPULATION EDUCATION IN VOCATIONAL TRAINING PROGRAMME

Part 3: Handbook for Trainees



**Directorate General of Employment and Training
Ministry of Labour
Government of India
New Delhi**

Title

**POPULATION EDUCATION IN
VOCATIONAL TRAINING PROGRAMME**

Part 3 : Handbook for trainees

First Edition

**April, 2000
1000 copies**

Developed by



**PRERANA
(Associate (CEDPA)
J-332, Sarita Vihar, New Delhi**

For



**Directorate General of Employment and Training
Ministry of Labour
Government of India
New Delhi**

Sponsored by



**United Nations Population Found (UNFPA)
New Delhi**

Nodal Agency



**Department of Family Welfare
Ministry of Health and Family Welfare
New Delhi**

This Handbook for Trainees is based on the **Instructor's Handbook on Population Education under Vocational Training Programme** developed by NCERT, New Delhi, 1998.

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FOREWORD

The trainees of the Industrial Training Institute (ITIs) are mainly adolescents and, by and large hail from the weaker sections of the society. They form an important segment of educated youth who are at the threshold of their careers and family formation. Most of the trainees of the ITIs live in rural areas where tradition of early marriage still persists. Often a young mother goes straight from childhood to motherhood, totally missing the vital period of adolescence. Early marriage and pregnancy are dangerous for adolescent girls as they are not fully mature sexually, emotionally and physically.

The psycho-social needs of adolescents governed by the biological demands, if handled effectively would result in a healthier and happier adulthood. These young adults would also contribute substantially to the health of the society as a whole.

Ministry of Labour has considered family life education as one of the most important topics for the well being of the society. Accordingly, Population Education has been integrated in the Social Studies subject under vocational training scheme way back in 1982 but could not be implemented effectively on account of various constraints. DGE&T took meaningful initiatives by collaborating with UNFPA in providing training to about 1030 instructors of ITIs on Population Education from 1988 to 1992 under the UNFPA assisted Project "Population Education in Vocational Training Programme". To further strengthen the gains of Phase-I of the Project, Phase-II of the Project with UNFPA assistance started in July 1996. Under this Project, one instructor each from 1500 ITIs are to be imparted Population Education. In order to overcome the difficulties experienced due to non-availability of proper instructional material during the first phase of the project, it was felt necessary to develop a Training Package for the Instructors and Trainees. This will serve as a base instructional material and help in standardising the training package on the subject.

DGET, in collaboration with UNFPA, has made this attempt and a Training Package has been developed. Due care has been taken to cover the subjects on Population Education based on the recommendations of The International Conference on Population and Development (ICPD) held in Cairo in 1994, such as empowerment of women, awareness of HIV/AIDS, substance abuse, etc.

It is hoped that the Training Package will be of great help to all those engaged in the training activities related to Population Education.



(S. KRISHNAN)

Director General of Employment & Training/
Joint Secretary to the Government of India


19th Jan., 2000

PREFACE

The Directorate General of Employment & Training (DGE&T) in the Ministry of Labour have conceptualised the Phase-II of the Project “Population Education in Vocational Training Programme” keeping in view the lessons learnt during the implementation of the Phase-I. The Phase-II of the Project with UNFPA assistance commenced in July 1996. Under this Project, a Training Package on Population Education for the Instructors of ITIs has been developed on the basis of the recommendations of The International Conference on Population & Development (ICPD) held in Cairo in 1994. Simple language has been used in writing the sessions of the Training Package so that the Instructors of ITIs could deliver lectures with ease and confidence.

This Training Package at the draft stage has been reviewed by experts in a Workshop held at UNFPA, New Delhi in May 1999. Further, it was pre-tested in the two training courses organised one each for State Government Coordinators and Instructors at ITI Sirifort, New Delhi and ITI Dharamshala, Himachal Pradesh, in June 1999 respectively. The suggestions/ observations made during the Workshop and the training courses have been incorporated in the Training Package.

The approach used in the Training Package is participatory, and involves trainees in activities that help them reflect on and analyse their experiences.



(S.I. SIDDIQUI)

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New Delhi

19th Jan., 2000

ACKNOWLEDGEMENTS

The development of this training package on Population Education in Vocational Training Programme has been made possible by the support of UNFPA (India), New Delhi. This package is based on the Instructor's Handbook on Population Education developed by National Council of Educational Research & Training (NCERT), New Delhi.

I extend my gratitude to Dr. Mridula Seth, Technical Advisor, UNFPA, New Delhi, Shri S.P. Malick, Deputy Asstt. Commissioner, Ministry of Health and Family Welfare, Government of India, Shri Dinesh Nijhawan, Deputy Director of Training, Directorate General of Employment and Training, Ministry of Labour, Shri Y.R. Verma, Training Officer, Directorate General of Employment and Training, Ministry of Labour D.G.E.T and the panel of learned reviewers for their support and valuable inputs.

The training package has been developed by M/s. PRERANA, New Delhi. We acknowledge the efforts of Shri Z.H. Qureshi, Shri Ashraf A. Khan and Shri Abrar A. Khan for developing and field testing the package We also acknowledge the efforts of Ms. Aparna Verma for cover designing, Shri Tarun Kumar and Ms. Nishat P. Sherwani for designing the illustrations; and Dr. R.N. Shukla for the Hindi translation.

I also wish to extend my special thanks to the Participants and Resource Persons of the Pre Test Training Courses held in ITI (Women) Siri Fort, New Delhi, and ITI (Women), Dharamshala, Himachal Pradesh, where the training package was pre tested and comments/suggestions offered during pre-test by the participants/resource persons were found useful in editing the training package.



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INTRODUCTION

Rapid growth of population in India has become a matter of concern for one and all. At the beginning of this century, India's population stood at 23.8 crore (Census 1901). The present century has witnessed a four-fold increase in India's population which stood at 84.3 crores in 1991 (Census 1991) and will reach 1 billion on 11th May, 2000. Growing population is not an issue of numbers alone. But it is an issue which is intimately related and has implications for socio-economic development, environment and quality of life of our citizens. In order to slow down population growth and accelerate the process of improving the quality of life of our citizens, multi-pronged initiatives are being taken. Integration of Population Education in all sectors of Education (i.e. formal and non-formal) is one such initiative. The purpose of this initiative is to educate the present generation about population, development and environment for a better quality of life of their own and at their future generations.

Therefore, on the recommendations of National Council for Vocational Training, the Directorate General of Employment and Training, Ministry of Labour, Government of India, introduced Population Education as an integral component of compulsory paper of Social Studies in National Vocational Training System in India. The project was supported by United Nations Population Fund (UNFPA), the Nodal Agency of the Project is The Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, New Delhi.

In the light of the recommendations of International Conference on Population and Development (ICPD) held at Cairo, Egypt in 1994, the course contents of Population Education have been revised. The detailed revised course contents of Population Education under Vocational Training Programme have been prepared by The National Council of Educational Research and Training (NCERT), New Delhi in the form of a Instructor's Handbook on Population Education under Vocational Training Scheme. Based on this Handbook, the present training package has been developed by **Prerana** (Associate CEDPA), New Delhi.

The training package on **“Population Education in Vocational Training Programme”** comprises of three parts including a Manual for Instructors. The relevant parts of the Manual for Instructors have been reproduced in this Handbook for Trainees. This Handbook will help the trainees to reinforce what they have learned in the class and they may also find it useful for preparing for their examinations.

UNIT-1

POPULATION AND SUSTAINABLE DEVELOPMENT

This Unit contains three Topics. The first Topic attempts to develop an understanding of the concept and meaning of Population, Development, Environment and Quality of Life. Topics-2 enables the trainees to establish relationship between Population, Development, Environment and Quality of Life. Topics-3 deals with the phenomenon of Migration and Urbanization, their trends and effects. An overview of these topics is given below and is followed by a details of the Topics.

Topic Number and Title	Course Contents
Topic-1 Population, Development, Environment and Quality of Life	<ul style="list-style-type: none">• Definition of Population Education• Importance of Population Education for Trainees• Concept and Meaning of Population, Development, Environment and Quality of Life
Topic-2 Linkages between Population, Development, Environment and Quality of Life	<ul style="list-style-type: none">• Linkages between Population, Development, Environment and Quality of Life• Effects of over Population on Development, Environment and Quality of Life• Concept of Sustainable Development• India's Population and Growth Rates (1901-1991)• Need to control Population Growth
Topic-3 Migration and Urbanization	<ul style="list-style-type: none">• Concept, Streams Causes and Consequences, of Migration• Concept, Trends and Consequences of Urbanisation

Topic 1

Population, Development, Environment and Quality of Life

Population Education

- There is no single definition of “Population Education”. Different individuals and conferences have given different definitions of “Population Education”.
- For your purpose, three definitions have been shared below.

Definitions of “Population Education”

“Population Education is the process of developing awareness and understanding of population situations as well as national attitude and behaviour toward those situations for the attainment of quality of life for the individual, the family, the community, the nation and the world”.

or

“Population Education is the process of understanding **population issues** and **enhancing the life skills for empowerment** to improve the **quality of life** of self and others”.

or

“Population Education is an educational programme which helps **learners** to **understand the inter-relationship of population dynamics** and other factors of quality of life and to make **informed and rational decisions** with regard to population related behaviours with the purpose of **improving the quality of life of himself, his family, community, nation and the world**”.

In all the definitions, the common objectives/ purposes of Population Education are to-

- i. Understand the prevailing population situation, the dynamic forces that have shaped it and the effect it will have on the present and future welfare of the people, their families, the communities and the world.
- ii. Make conscious and informed decisions based on people’s understanding and evaluation of situations in their interest and that of the others.

You and other trainees like you are in the age when life goals are set, values are formed, self image and identity are developed, entry to a new phase of life i.e. adulthood is to be made. Some of you might be getting married and establishing your families in the next 4-5 years. Therefore, Population Education is important for the trainees of ITIs/ITCs from the following angles.

Importance of Population Education for the Trainees

Population Education will help the trainees to:

1. Develop awareness and understanding about population issues like -
 - Population situation at the national and global levels; Process and causes of population change;
 - Concept of quality of life in different socio-cultural settings;
 - Inter-relationship between population change and different aspects of life at the micro and macro levels;
 - Relationship between population change and consumption of resources now and in the future; and
 - National concerns and priorities.
2. Understand the physiological and emotional changes during the process of growing up.
3. Acquire correct information about sexuality and reproductive health.
4. Acquire information about marriage and responsible parenthood.
5. Form right attitudes about gender roles and family responsibilities.
6. Adopt responsible reproductive behaviour.
7. Develop rational attitudes, values and skills for taking responsible decisions and actions regarding population related issues and quality of life.

Main Concepts in Population Education

The main concepts involved in Population Education are **Population, Socio-economic Development, Environment and Quality of Life**. We will now attempt to understand these concepts.

1. Population

Population can be described in terms of -

- Number of people (Size);
- Rate of increase/decrease in their number (Growth Rate);
- Number of children born (Birth Rate);

- Number of people die (Death Rate);
- Number of infants die (Infant Mortality Rate);
- Average number of people living per unit area (Population Density); and
- Number of people coming in and going out (Migration) etc.

2. Socio-Economic Development

Socio-Economic Development can be described in terms of production/ creation/development of -

- Food
- Shelter
- Clothing
- Health Facilities
- Education Facilities
- Jobs/Employment and
- Infrastructure.

3. Environment

Environment can be described in terms of -

- Flora (Plants)
- Fauna (Animals)
- Air
- Water
- Land and Land Resources (soil, stones, minerals etc.)

4. Quality of Life

Quality of Life can be described in terms of -

- Access to Food, Shelter, Clothing, Health, Education, Employment and Entertainment as per the needs of the people; and
- Access to Safe Drinking Water, Natural Resources, Sanitation and Non-Polluted Air.

Introduction*

Human beings conduct activities to meet their needs. They produce goods according to their consumption needs. Various kinds of activities are conducted by them for economic growth and social development. They make use of natural resources for production, for raising their standard of living and for making the quality of life better. What will be the level of production and use of resources depends on the population situation of a country and the consumption pattern of people. More people and higher level of consumption require more production and greater use of resources. This is what has been happening for many decades. Population in developing countries like India has been growing at a fast rate. Although the growth rate has been declining since the recent past, the total number being added regularly is substantial. The consumption level of the growing population has been much beyond the desirable level, leading to depletion of resources and environment degradation.

Population and Socio Economic Development*

It has been realized that there is a close relationship between population situation, resources, environment and development. There is an urgent need to have a balance between these factors. Unless the goal of population stabilization is attained and the consumption level is rationalized, the environment will continue to be adversely affected. These goals can be attained by adopting an approach for economic growth and social development in the context of sustainable development. Sustainable development means that the development should meet the needs of current generations but it should also take care the level of use of resources so that future generations are able to meet their own needs.

It is generally agreed that human beings and not human numbers should be the center of all population and development activities. Apart from food, shelter and clothing, two traditionally identified basic needs are health and education. Other primary needs now identified are employment and assets which provide certain degree of economic security.

Health includes issues like nutrition, expectation of life at birth, maternal and child health care especially care of the girl child, immunization and reproductive health.

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

Education includes literacy for all, increase in enrolment, steps to reduce dropouts, compulsory education between 5-14 years of age-group, skill formation to improve economic productivity of an individual, and reduce gender disparity in education.

Economic security means an assured source of income by being employed in an economically gainful activity. It also includes certain degree of asset formation to bank upon during the periods of extra need for resources (i.e. for higher education of children or during eventualities (i.e. during illness or old age).

Providing services to the people to ensure health, education and economic security for all, calls for certain achievements in the socio-economic development. However, a high population-growth rate, especially in developing countries, like India, has retarded the socio-economic development. The states find it difficult to meet the demands of the entire population in terms of health, education, employment. In the urban areas, there is shortage of basic services like drinking water, electricity, indoor toilets, housing, forcing nearly one third of the population to live in unhealthy conditions in squatter settlements, and on pavements. They are well below the poverty line. Wide spread poverty remains the major challenge to development efforts.

The International Conference on Population and Development (ICPD) held at Cairo in 1994, suggested strategies of integrating population issues into overall development planning, policies and programme. The Conference laid emphasis on maintaining a balance between population growth and use of natural resources, emphasized on suitable development so as to preserve the natural assets for future generations, and at the same time improve the quality of life of the on- going population. It also stressed the need for a wholesome approach to health including reproductive health care and family planning; gender equality and empowerment of women. Implementation of such a program of population and socio-economic development shall enhance the quality of the people.

Population and Environment*

The three components of natural environment available to the mankind are land, water and air. Land contains forests, minerals, diverse flora and fauna and is used for shelter, agriculture and other human activities. Water is needed for drinking and other domestic uses, irrigation, industry including transport. The role of water-bodies in the rhythm of seasons and climate is crucial. Similarly, the importance of atmosphere and the air that we breathe is well known for the evolution and survival of living species. The importance of fresh and clean drinking water and clean air is emphasized in maintaining good health.

* Source Intsructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

The natural resources of land and water, though abundant, are limited and exhaustible. Some of the natural resources (like minerals) are non-renewable. The renewable resources (like forests) too get depleted unless accompanied by a sound policy of afforestation simultaneously.

With the rise in population, there has been a tremendous pressure on environment especially on resources. The availability of these resources is going to decline further with future population-growth. The per capita availability of cropland will continue to decline. The availability of fresh water which is renewed annually will also decrease during the coming decades.

People affect environment through the use of natural resources. The number of people, their distribution over space, consumption pattern and the technology they use influence the environment.

The industrially developed countries, on account of their high production and high consumption levels, have had a major impact on environment. Their demand on the natural resources for raw material to their industries has depleted the resource base of developing nations. Urbanization led by industrialization and higher consumption patterns have caused acid rains. Scientists have found that Ozone depletion and global warming are caused by large scale emission of carbon dioxide. In the developing countries high concentration of population and high growth-rate have led to large production of waste, and air, water and noise pollution in the urban areas. Urbanization led by industrialization is also responsible for growth of slums and squatters.

The unplanned process of industrialization and the increasing number of automobiles have been the primary causes of large scale emission of carbon dioxide. It has been a major source of air pollution.

The industrialized countries have been in a position to reduce environmental degradation to some extent by introducing environment friendly technologies. The developing countries are also trying to switch over to better technologies. Efforts are on to conserve and preserve the resources and put them to sustainable use.

In India, environmental conservation and protection form an important component of all development programmes. Our National Forest Policy (1988) has set a goal of having at least 33 percent of total land area of the country under forest cover. It also aims to preserve and protect different aspects of environment in India. The National Water Policy (1987) aims at the development of appropriate water resource with drainage basin as the basic unit of planning. River Action Plans are prepared to clean up the river water of its pollution through positive and preventive measures.

Quality of Life*

Quality of life is a very complex concept and is perceived and interpreted differently by different people depending upon their socio-cultural and religious background, personal preferences and their philosophy of life. Perceived qualities of life depend on culture and internalized values and vary like other human requirements. For one society collective life patterns may rank higher. Some societies prize tradition and continuity as important aspects of social quality whilst others place a high premium on innovation and modernity. Some Muslim countries have opted for a renaissance of its Islamic culture, whilst other countries have sought their qualitative goals in different ways. Developing nations may need strong assertion and acceptance of their cultural and political identity as a prerequisite for their qualitative development.

It would be impossible to set standards of quality for human beings in absolute terms. But one can suggest that people should have access to a range of opinions and alternatives which would allow them to select those particular qualities they desire. Various attempts have been made to define the quality of life, ranging from individual subjective evaluations to large-scale cross-national surveys. The quality of life is the sense of being pleased (happy) or satisfied with those life- elements that are most important to a person. In addition, quality is the sense of being pleased with what one has. Although satisfaction, happiness or pleasure is the central element in this definition, it should not be seen as a momentary state of happiness or pleasure but rather a long-run sense of happiness. It is perhaps best expressed as a sense of fullness or completeness of life. The quality of life involves the satisfaction of the emotional needs and social aspirations of the community or society as well as the society's ability to meet the basic needs of food, energy, space, housing, etc. by itself.

One of the criteria which can be applied to assess the standard of living or the quality of life may be the degree to which a society is stable or can live in harmony with nature without endangering itself or the environment for an indefinite period of time. One could identify four principal conditions of a stable society, a society that to all intents and purposes can be sustained indefinitely while giving optimum satisfaction to its members. These are (i) minimum disruption of ecological processes; (ii) maximum conservation of material and energy or an economy of stock rather than flow; (iii) a population in which the recruitment equals the loss; and (iv) a social system in which the individual can enjoy, rather than be restricted by the first three conditions.

*Source: RC. Sharma, An Overview of Population Education in C. Seshadri, J.L. Pandey (Ed.), Population Education: A National Source Book (Volume-I), NCERT, New Delhi, 1991, p. 13-14.

Important Points for Learning

- With the uncontrolled increase in Population, the Quality of Life suffers (Examples from daily life: more the Population - lesser the share of income, food, shelter, clothing, education, health etc. per person).
- In a country like ours, Population Growth is much faster than the development. Therefore, if Population increase is not controlled, development suffers, and beyond a point, it cannot be stretched and it breaks down. Ultimately, it affects every body. (Examples from daily life: more people - smaller houses, smaller agricultural land holdings, crowded buses, crowded hospitals and dispensaries, price rise etc.).
- Increase in the demands of development puts pressure on environment. Beyond a point, the environment is unable to meet the demands of rising population and increasing development. Hence it gets adversely affected and breaks down. (examples from daily life: more people - more deforestation, more waste generation, more air and water pollution, more mining, bad weather conditions etc.)

All this means that if Population growth keeps pace with Development and Environment people have better Quality of Life.

Therefore, in our country if we want a better Quality of Life of our people, we should -

- **Check the Population Growth;**
- **Increase Development;**
- **Preserve our Environment, and**
- **Achieve a balance between Population, Development and Environment to give better Quality of Life to our people and our next generations.**

This is the concept of **Sustainable Development** and it means that -

“The development should meet the needs of current generations and it should also take care of the level of use of resources (including natural resources) so that future generations are able to meet their own needs”.

India's Population and Growth Rates

Having understood the relationship between Population, Development, Environment and Quality of Life, the Population and Development situation in our country can be visualized with the help of the following data:

**INDIA'S POPULATION AND GROWTH
1901-1991**

Year	Population (in crores)	Decadal Growth (in percentage)
1901	23.83	-
1911	25.20	+5.75
1921	25.12	-0.31
1931	27.89	+11.00
1941	31.86	+14.22
1951	36.10	+13.31
1961	43.92	+21.51
1971	54.81	+24.86
1981	68.33	+24.66
1991	84.63	+23.85

Source: Census of India, 1991.

- In the past 90 years, our Population has grown almost four times.
- The population, took first 70 years of this century (1901-1971) to increase by 31 crores whereas it took only 20 years after that (1971-1991) to increase by 30 crores.

Some alarming facts about our Population are:

- India has only 2.4% land area of earth whereas it supports more than 16% of world's population.
- India is the second most populated country in the world after China.
- Presently, 1.7 crore people are increasing every year (estimated figures for 1991-2001) in our country. To meet some of their needs, each year, we require additional -
 - a. 16.43 tons of Food;
 - b. 1.66 lakh Schools;
 - c. 4.88 lakh Teachers;
 - d. 52.40 lakh Jobs;
 - e. 32.86 lakh Houses; and
 - f. 24.73 crore meters of Cloth.

Source Training Handouts, FPAL New Delhi 1999.

“Now you the people of the young generation have to think what should we do about our Population as individuals and responsible citizens?”

Migration

Definition of Migration

Migration is the change of residence from one settlement to another with a view for permanent settlement. It is one of the major factors responsible for population change in any area.

Types of Migration

- 1. Rural to Urban Migration:** from village to town/city.
- 2. Rural to Rural:** from one village to another.
- 3. Urban to Rural:** from town/city to village.
- 4. Urban to Urban:** from one town/city to another.

Causes of Migration

Economic – Employment, business or in search of

Social – a) Education (mainly higher education).

b) Family movement - head of the family transferred, entire family undergoes change of residence.

c) Marriage – particularly in case of women.

Political – Migration due to political instability like civil unrest, wars etc.

Other Reasons – Sometimes due to natural calamities like floods, earthquakes, typhoons etc.

Consequences of Migration

- **Positive**

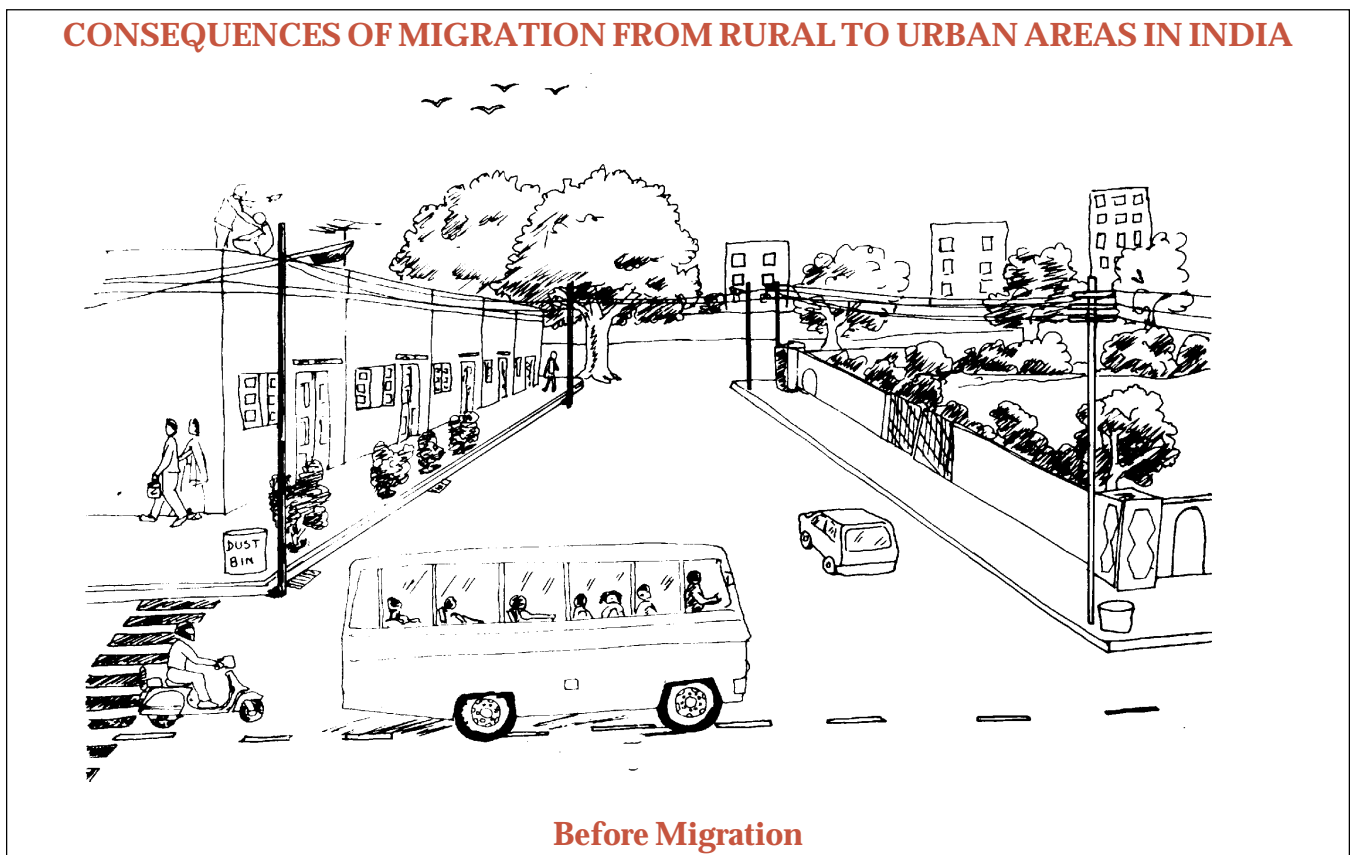
Positive consequences are: provides jobs to jobless, better educational opportunities this way the migrants improve not only their life-style but also improve the quality of life of their family members. Migration on account of natural and political disasters brings relief to the grief stricken families.

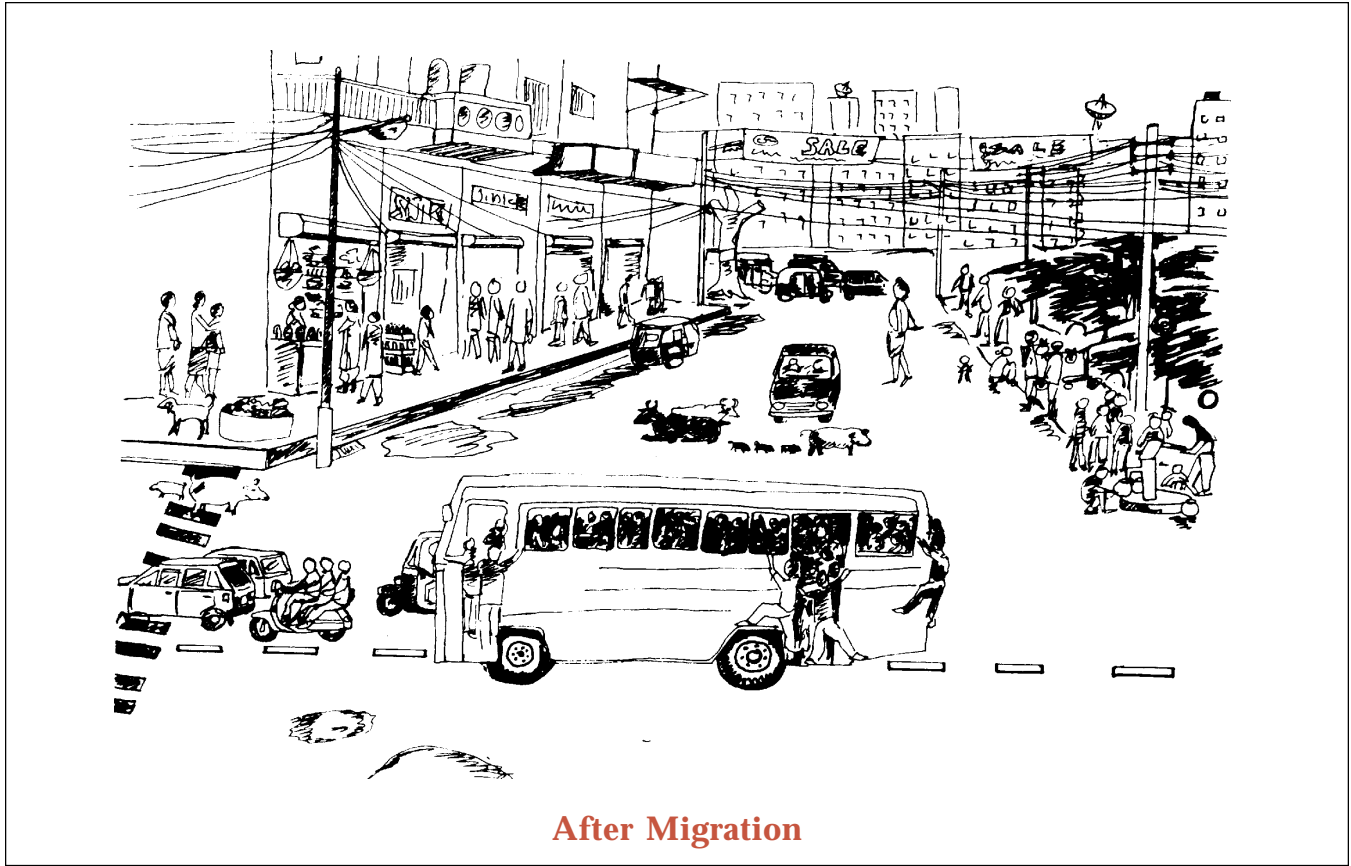
- **Negative**

Negative effects of Migration are quite serious. The current pattern of migration shows an excessive concentration of population from rural to urban areas. This has resulted in the creation of:

- Slums and squatter settlements i.e. poor housing, sanitation and other civic amenities. It is estimated that nearly 30 to 40% of the population in the Class 1 cities of India live in slums or squatter settlements.
- Shortage of public transport system.
- Shortage of safe drinking water, electricity, sewage and garbage disposal services.
- Imbalance of needs and services available in the areas of health, education and institutions of learning.
- There is a general fall in the moral and ethical values resulting in overall degradation of the quality of life in cities.

Study the following illustrations and explore yourself the consequences of Migration from rural to urban areas.





Urbanisation

Definition of Urbanization

Urbanization is the process of becoming urban i.e., moving to cities, changing from agriculture to other pursuits common to cities and corresponding behavior patterns.

Criteria for Urban Settlement

Following criteria are laid down by the Census of India to identify a settlement as “**Urban**”:

- a. It should have a population of 5000 and above.
- b. At least 75% of the male working population should be engaged in non-agricultural activities.
- c. The density of population should be at least 400 persons per sq. km. Besides, all settlements with an urban form of administration like cantonment, notified area committee, municipality are treated as towns.

Urbanization is a process which involves the following aspects:

- i. Movement of people from rural to urban areas.
- ii. Expansion of the urban area boundaries.
- iii. Growth in the number of towns, cities, etc.

The process of Urbanization is an on going one in India. Over the years, there has been a general gradual increase in the number of towns and the percentage of urban population. Since 1901, the number of towns have gone up from 1827 to 3768. Also the percentage of urban population has increased from 10.8% in 1901 to 25.7% in 1991 (see table below).

Trends of Urbanization in India

Census Year	Number of Towns/ Urban Areas	Total Pop. in millions	Urban Pop. in millions	% of U.P. to T.P.
1901	1827	238.4	25.8	10.8
1931	2072	278.9	33.5	12.0
1961	2364	439.2	78.9	18.0
1991	3768	844.3	217.2	25.7

Source: Urban-Rural Population, Paper-3, Census of India, 1991

Consequences of Urbanization

1. Surplus rural workforce can settle in centres where non-agricultural job opportunities are available.
If-
 - Job opportunities are productive and lead to gainful employment-Urbanization becomes a means of economic development.Otherwise -
 - Urbanization is merely a process of transfer of rural poverty to an urban environment resulting in concentration of misery.
2. Urbanization can be -
 - An indicator of socio-economic development and modernization; or can also become -
 - the cause of several problems such as growth of slums, and pressures on educational, health, sanitation and other essential public welfare amenities.

UNIT-2

REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG ADULTS

This Unit has eight Topics (number 4-10). Topic-4 establishes the concept and definition of Adolescence, Physical, Emotional and Social changes during Adolescence and explains Reproductive Organs and their functioning. Other Topics of this Unit deal with subjects like: Body Image and Sexuality related Concerns; Building Life Skills, Nutrition and Hygiene; Safe Motherhood and Integrated Child Development; Conception and Fertility Management; HIV/ AIDS and STDs; and Substance Abuse.

This Unit is expected to develop knowledge and skills among the trainees to deal with adolescence and early adulthood period of their life. Trainees will find this Unit interesting and of immediate relevance to their lives. Introductory information of each Topic under this Unit has been given in the table below which is followed by detailed information.

Topic Number and Title	Course Contents
Topic-4 Adolescence and the Process of Growing-up	<ul style="list-style-type: none">• Definition• Physical, Emotional and Social Changes• Male and Female Reproductive Organs
Topic-5 Body Image and Sexuality Related Concerns of Adolescents	<ul style="list-style-type: none">• Body Image and Changes and their explanations• Sexuality related Concerns and their explanations• Myths/Misconceptions and Facts about Sexuality
Topic-6 Building Life Skills	<ul style="list-style-type: none">• Concept of Life Skills• Areas of Life Skills• Purpose of Life Skills• Enhancing Life Skills
Topic-7 Primary Health Care: Nutrition and Hygiene	<ul style="list-style-type: none">• Balanced Diet• Importance of Nutritional Requirements during Adolescence• Personal Hygiene• Personal Care during Menstruation• Environmental Sanitation and Safe Drinking Water and their importance

Topic Number and Title	Course Contents
<p>Topic-8 Primary Health Care: Safe Motherhood and Integrated Child Development</p> <p>Topic-9 Conception and Fertility Management</p> <p>Topic-10 HIV/AIDS and STDs</p> <p>Topic-11 Substance Abuse</p>	<ul style="list-style-type: none"> • Safe Motherhood: ante Natal, Natal and Post Natal Care • Child Care: Preventable Diseases, Immunization, Breast feeding, Weaning etc. • Puberty • Menstruation • Conception and Pregnancy • Risks involved in Adolescent Pregnancy • Contraception or Birth Spacing • Full form of HIV and AIDS and difference between the two • How HIV/AIDS affect human body and Symptoms of AIDS • HIV/AIDS – Modes of Transmission, Myths and Prevention • STDs • Definition of Drugs, Substance/Drug Abuse and Substance/ Drug Addiction • Short term and Long term effects of Substance/ Drug Abuse/ Addiction • Measures for prevention of Substance/ Drug Addiction as a Parent, Teacher and a Citizen • Hazards of Tobacco Consumption • Alcoholism

Adolescence and the Process of Growing Up

Definition of Adolescence

“Adolescence is the period extending from puberty* to full reproductive maturity”.

- A period generally between 10-19 years of age.
- A period marked by physical, emotional and social changes.

* *Puberty means first external signs of sexual maturation i.e. menstruation in females and first seminal emission in males.*

Changes during Adolescence

- As mentioned in the definition, during this period, three types of changes take place i.e.
 1. Emotional Changes
 2. Social Changes
 3. Physical Changes
- You must also have experienced these changes. You may recall and understand these changes, as described in the following paragraphs.

Emotional Changes

- Attraction towards opposite sex.
- Concerns and worries about body changes and consequently, the emotional stress.
- Frequent changes in moods.
- Crying over small matters.
- Increased irritability, restlessness and anger.
- Positive body image.
- Development of self esteem, self image and self confidence.
- Confusion about values, morals and ethics.

Social Changes

- No more considered as a child.

- Not fully recognized as an adult.
- Defining of relations with peers and opposite sex.
- Inquiries/inquisitiveness.
- Setting goals.
- Finality in choice/making decisions.
- Realistic view of the outside world.
- Peer group take special meaning and friends are selective.

Physical changes

The emotional and social changes taking place during this phase are generally similar in boys and girls but some of the physical changes occurring during this phase are different in boys and girls.

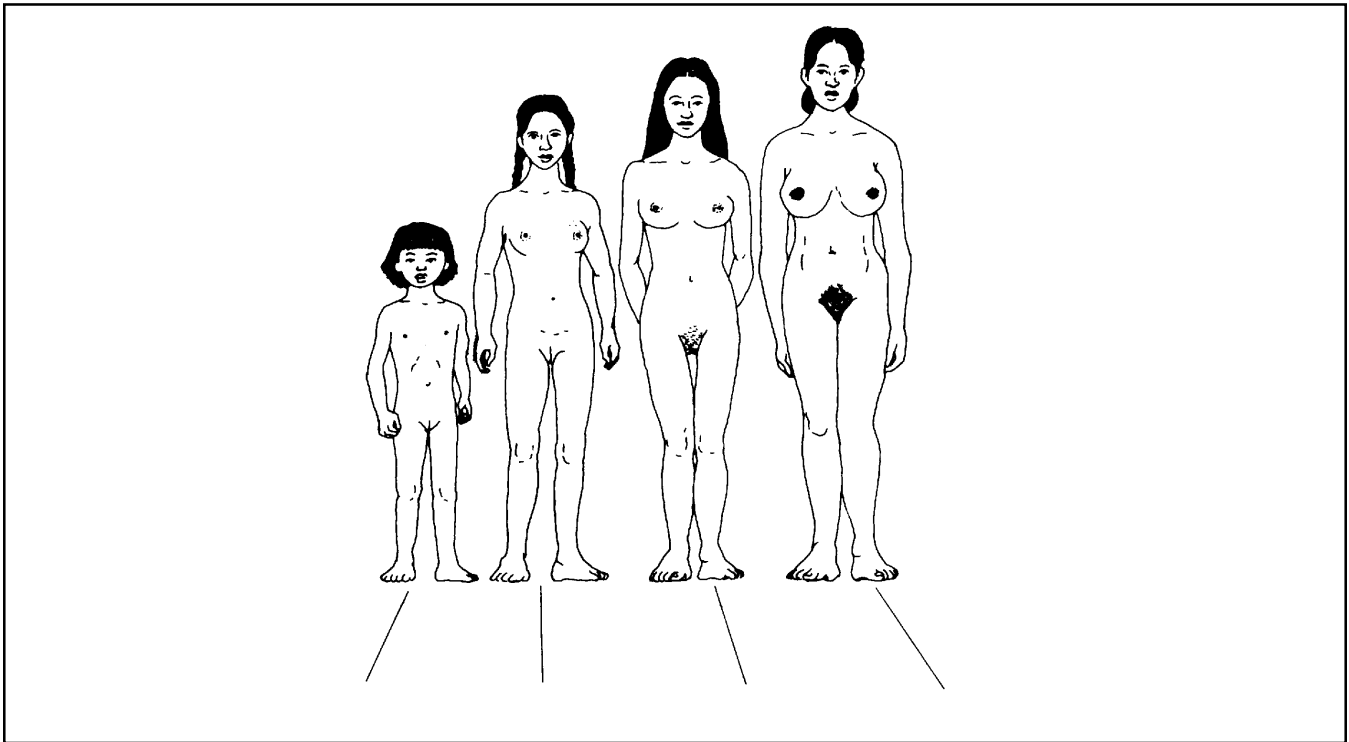
Physical Changes	
Girls	Boys
<ul style="list-style-type: none"> • Breasts develop. • Growth of pubic hair. • Growth of hair in the armpits. • Enlargement of sex organs i.e. Vagina (birth passage), Uterine Tubes, Ovaries, Vulva (external genitals). • Increase in height. • Production of Ova. • Skin problems (Acne can occur). • Attraction towards opposite sex. • Hip bone enlarges. • Menstruation begins. 	<ul style="list-style-type: none"> • Broadening of shoulders. • Deepening of voice. • Increase in height. • Enlargement of penis. • Enlargement of testicles. • Growth of pubic hair. • Growth of body hair. • Growth of facial hair. • Erection of penis in the morning. • Production of sperms. • Acne often occurs. • Attraction towards opposite sex. • Sexual emission/wet dreams.

(Also study the illustrations on the next page given under this topic)

These physical, emotional and social changes are natural and have to be understood and handled instead of getting confused or worried about.

This is the phase when the sex organs of girls and boys become capable of adult functioning and reproduction. Therefore, it is important for us to understand these organs and their functions, given in the next part of this topic.

PHYSICAL CHANGES IN DIFFERENT STAGES OF GROWTH

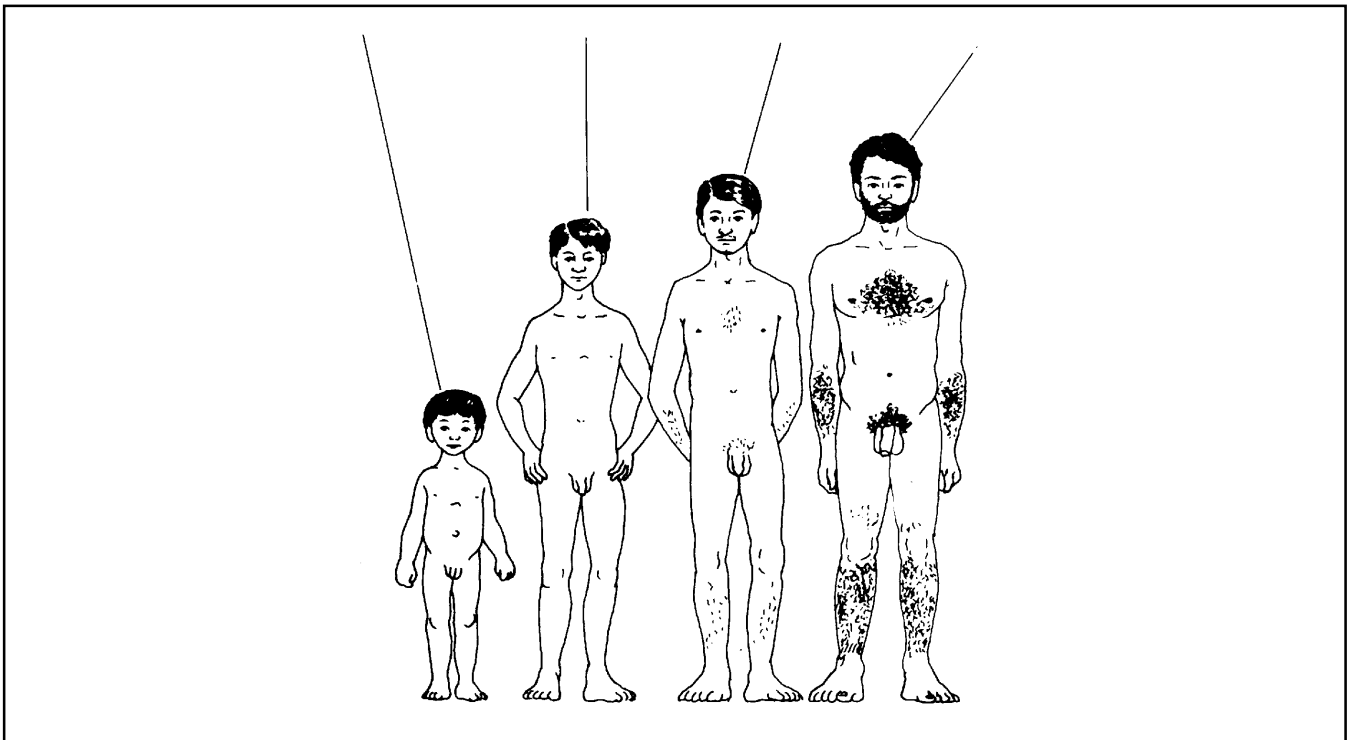


Childhood

Early Adolescence

Late Adolescence

Adulthood



*Source: Choose a future: Issues and Options for Adolescent Girls, CEDPA, Washington D.C., 1996

Female and Male Reproductive Organs and their Functions

Female Reproductive Organs

The parts of the female body that are involved in pregnancy and child-bearing are called Reproductive Organs. They include Internal Organs and External Organs as described below.

1. Internal Organs

- **Ovaries**- These are oval shaped structures containing egg cells, produce female sex hormones-Estrogen and Progesterone. An ovum or egg is about the size of a pin-head.
- **Fallopian Tubes**- These are passage ways for the egg to travel from the ovary to the uterus. This is where the man's sperm meets and fertilizes the egg.
- **Uterus (Womb)**- This is where the fertilized egg grows to become baby before the birth.
- **Cervix**- It is also called as the neck of the womb. It connects the womb to the vagina and normally has a small opening.
- **Vagina**- It is the channel between the womb and outside of the body. It is the canal through which the baby passes during child birth; passage way for the menstrual flow outside the body; place where man inserts his penis during sexual intercourse.

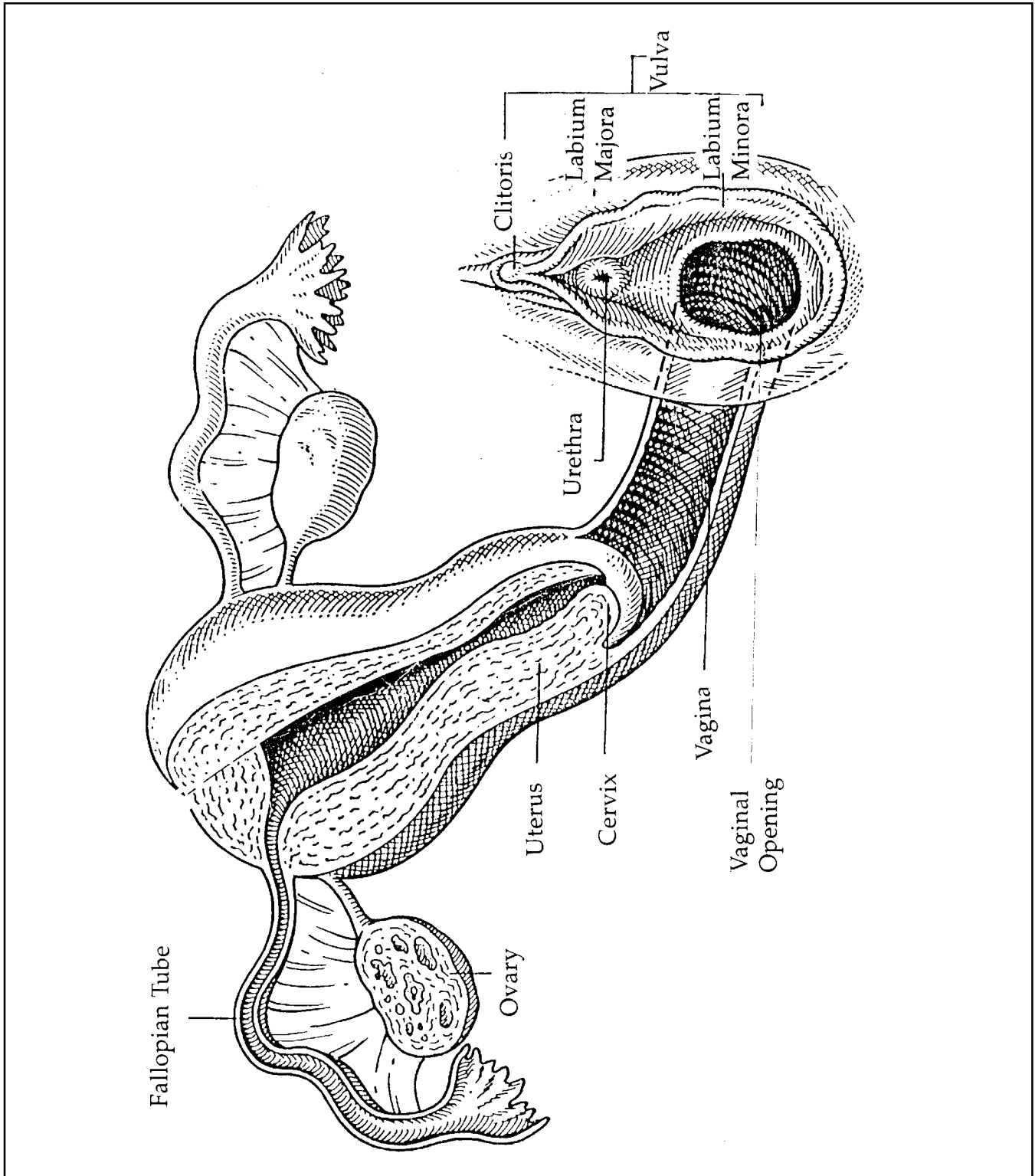
2. External Organs

- There are three openings in the genital area :the **Urethra**, the **Vagina** and the **Anus**. **Urethra** is for the passage of urine. **Vaginal** opening is the outlet for the menstrual flow. The **Anus** (not a part of Reproductive System) is the outlet for the expulsion of the faeces.
- **Labia Majora and Labia Minora**- They are two sets of folds on either side of the Vagina. They protect the clitoris and the Urethral and Vaginal openings .
- **Clitoris**- It is the small structure located above the Urethral opening at the point where the Labia meet; focal point for stimulation; brings pleasurable feelings when stimulated.

(Note: also study the diagrams given under this topic)

THE FEMALE REPRODUCTIVE ORGANS

EXTERNAL AND INTERNAL ORGANS



Male Reproductive Organs

The parts of the male body that are involved in Reproduction are called the Reproductive Organs. They also include Internal Organs and External Organs as described below.

1. Internal Organs

- **Vas Deferens** (sperm tubes) - They are the passage ways for sperms, from testicles to the urethra. Sperms are male sex cells - too small to be seen without a microscope. Production begins between age 12-24 years. Total number per ejaculation is 200-500 million but only one can fertilize the egg. Semen is the sperm containing fluid that passes out of the penis at the time of ejaculation.
- **Urethra**- It is the tube inside the penis which carries semen (sperms + other fluids) for ejaculation outside the male body.

2. External Organs

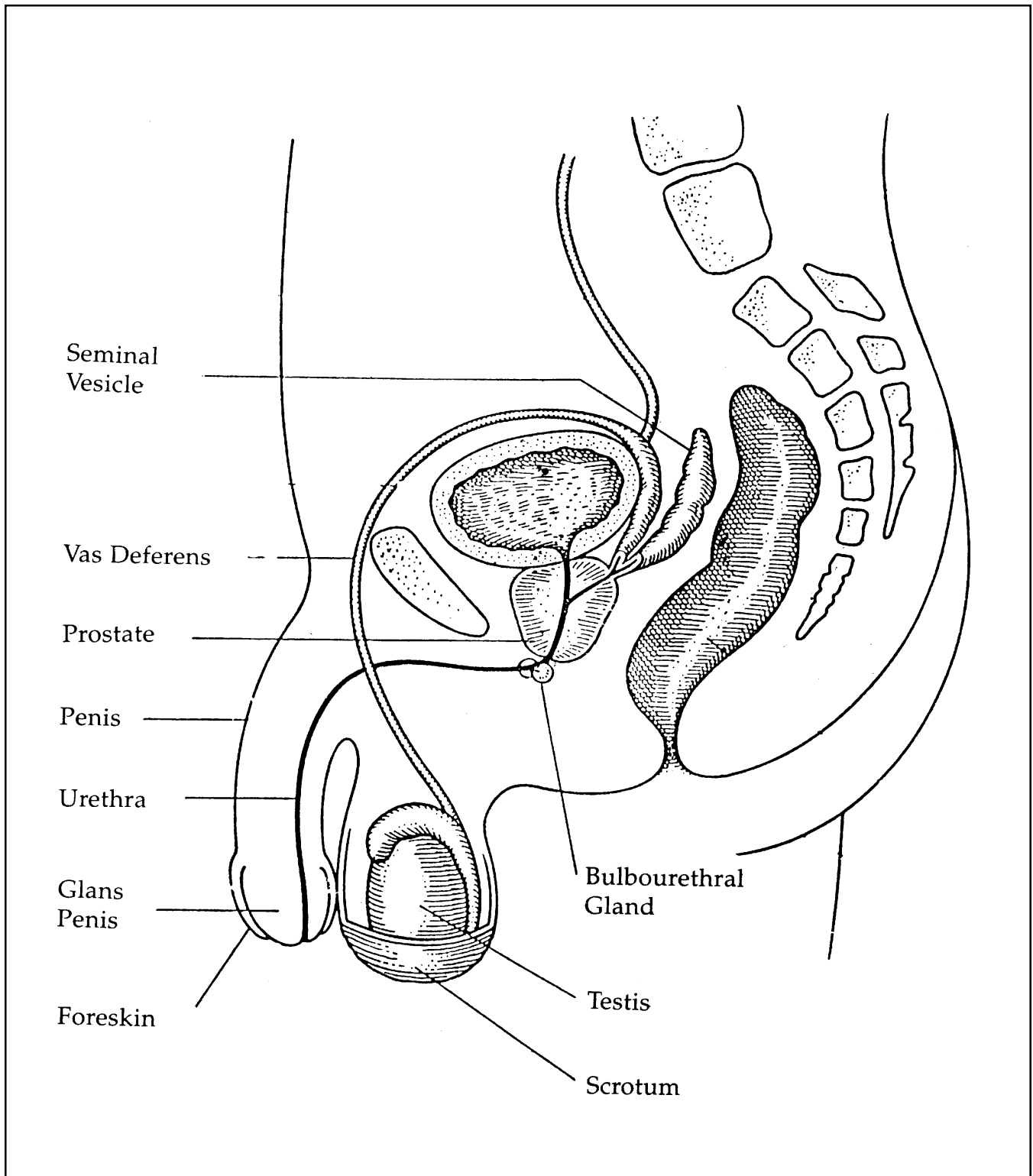
- **Penis** - It places sperms in the woman's vagina during sexual intercourse. When a man is sexually aroused or his penis is stimulated, his penis becomes enlarged (erection) and ejaculation of semen can occur. If sperms meet the egg in the uterus, she becomes pregnant.
- **Scrotum** - It is the pouch located below the penis which contains the testicles. It protects the testicles, controls the temperature necessary for sperms production and survival of the sperms.
- **Testes** - These are two round glands which descend into the scrotum following birth. During puberty, they start producing and store sperms. Also, produce male sex hormone - Testosterone.

Note: Also study the diagram given under this topic

- **Information of other issues related to reproduction i.e., intercourse and conception etc. will be covered in another topic at a later stage.**

THE MALE REPRODUCTIVE ORGANS

EXTERNAL AND INTERNAL ORGANS



Body Image and Sexuality Related Concerns of Adolescents

During adolescence, due to body changes and development of reproductive functions there is an increase in consciousness and anxieties about body image and sexuality. Many questions related with these aspects arise in the minds of adolescents.

- These questions naturally arise in the mind of adolescents and there is nothing unnatural or bad about it.
- It is better to ask these questions rather than not ask them and remain worried or concerned.
- It is better to have correct information about your concerns, rather than having incomplete or wrong information from unauthentic sources.

Some of the concerns/questions and their explanations/answers, which commonly arise during this phase, have been described below.

Body Image and Change Related Questions/Concerns

a. Common to Boys and Girls

Question

Why my height is not increasing like others?

or

Why am I getting so tall?

Explanation

Rate of increase of height varies from person to person. It is affected by many factors like heredity, diet, exercise, race, natural environment, growth hormones in the body etc. One can not possibly change or alter these factors to increase or regulate one's height. However, with some appropriate exercises and diet, it can be increased a little bit.

However, the point to understand here is 'not to compare' and 'not to worry' about it.

For example: Amitabh Bachhan has his own personality and Govinda has his own despite differences in height.

Question

Why have so many pimples/acne come up suddenly?
Are they because of body heat? (traditional explanation)
Will they leave scars on my face?
What to do about them?

Explanation

Sudden appearance of pimples during adolescence in some cases is a natural phenomenon. Their appearance is caused by body hormones. Therefore, it is difficult to stop their appearance. According to allopathic system of medicine, pimples are not caused either by 'body heat' or 'upset stomach'.

Scars of pimples can be taken care of if one takes proper skin care. One should always consult a doctor before using some skin care ointment or lotion.

Question

How does my body appear to others?
How do I look?
Why am I not so attractive/handsome like others?

Explanation

No two individuals look alike (except for twins). The colour, height, features, body image are influenced by socio-cultural factors. One cannot change these factors. However, one should not be worried about one's body image. An attractive personality does not depend simply on physical appearance but depends more on one's abilities, character, attitude, traits, actions etc. Therefore, these later mentioned factors together with a healthy body and mind are more important than physical appearance.

Question

Why have so many hair grown on my body?
Why are my body hair becoming thick?

Explanation

Growth of body hair especially on arms, legs, armpits and around genital area in cases of boys and girls and growth of moustache and beard in case of boys, during adolescence is a natural phenomenon. This growth is caused by the release of sex hormones in the body during adolescence. This growth varies from person to person.

Question

Why has my body/sweat started smelling?

Explanation

During adolescence, oil and sweat glands are activated and this leads to the development of body body. This is very normal.

b. Boy's specific

Question

Why does my nose look swollen?

Why is my nose taking an odd shape?

Explanation

Nose looking swollen or taking an odd shape in some cases is also a part of natural growth during adolescence. There is nothing unusual about it. From birth to adolescence, the shape and size of the nose changes at different stages. But after adolescence, it stabilizes.

Question

Why has my voice become hoarse?

Why is my voice deepening/breaking?

Explanation

Voice becoming hoarse during adolescence is due to the changes which occur in the 'voice box' during this period. These changes in the voice box are caused by release of the male sex hormones and are natural.

Question

Why is my beard/moustache so thin/thick?

Why is it not like others?

Will it grow faster, if I shave regularly?

How will my parents react, if I start shaving?

Explanation

Growth of beard/moustache (its thinness/thickness) mainly depends on secretions of certain hormones in the body which varies from person to person. Therefore, this growth cannot be altered. Hence, one should not worry about

it. Shaving more frequently also does not help. Parents reaction on shaving really depends on socio-cultural environment of your family and community. Therefore, you must understand your environment and decide accordingly.

c. Girl's specific

Question

Why I am getting so fat or obese?

Explanation

Some people grow obese or fat during adolescence. This is a natural phenomenon. One should not worry about it. Little diet control and exercise can help but only on the advice of a doctor.

Question

Why is my height and weight increasing?

Why my hips have broadened and waist has narrowed?

Explanation

These changes are the part of natural growth during adolescence. In this period, the body of a girl starts taking a feminine shape.

Sexuality Related Questions/Concerns

a. Common to Boys and Girls

Question

What does sexuality mean?

Explanation

Sexuality has four components -

- a. biological sex.
- b. gender identity (sense of being male/female).
- c. social sex role (adherence to cultural norms for feminine and masculine behaviour).
- d. sexual orientation - homosexual, heterosexual, bisexual.

Question

Why am I attracted towards that particular girl/boy (opposite sex attraction)?

Is it abnormal to get attracted towards the opposite sex?

Explanation

Attraction towards the opposite sex is a part of the natural growth during adolescence. It is caused- by sexual changes occurring in boys and girls during adolescence. There is nothing wrong about it. These attractions are regulated by socio-cultural factors which differ from society to society.

Question

What is masturbation?

Is masturbation harmful for health?

Does masturbation affects sex life/performance?

Explanation

Masturbation is the manual manipulation of sex organs or other parts of the body for sexual arousal or release of sex drives/tension.

As per the scientific explanation, masturbation is not harmful for health provided body parts are not injured in the process or are exposed to unhygienic objects or conditions.

Masturbation does not affect the sex life/performance.

Question

Can a girl get pregnant by holding hands/kissing/hugging?

Can pregnancy be caused by holding of hands/kissing/hugging?

Explanation

A girl does not get pregnant by holding hands/kissing/hugging.

Note: Pregnancy has been discussed in details in Topic 9 of this Handbook.

Question

Why a child is born after marriage only?

How does pregnancy takes place?

How can pregnancy be prevented?

Explanation

These questions have been discussed in details in Topic-9 on “Conception and Fertility Management”, of this Handbook.

Question

Is homosexuality abnormal?

Explanation

No, homosexuality is not an illness or mental disorder or emotional problem. It reflects one's sexual orientation that emerges for most people in early adolescence without prior sexual experience.

b. Boy's specific

Question

Why is my penis erect when I wake-up?

Why do I get wet dreams/nocturnal emission, is it abnormal or harmful?

Explanation

Erect penis on waking-up (especially in the morning) and discharge of semen during sleep and dreaming are very normal. These are the signs of healthy physical growth and development and are not harmful. However, physical growth and development may be healthy in those cases also who do not experience these wet dreams.

Question

Why is the size of my penis and/or testicles so small or so big?

Does the size of penis and/or testicles matter in sexual intercourse or for making a woman pregnant?

and

Other questions related to reproductive/sex organs of male and their functions.

Explanation

Size of the penis and testicles vary from person to person. The size of the penis or testicles does not affect performance during sexual intercourse or making a woman pregnant.

c. Girl's specific

Question

I am worried about my breasts?

Why have they grown?

Why their shape and size is like that (proportionate/disproportionate or not to my liking)?

Explanation

Development of breasts in girls is part of normal growth process during adolescence.

One should not be worried about the asymmetry of breasts as this is corrected by the time development is complete. However, just like natural differences between body colour, shape and size of two individuals, the shape and size of the breasts of two individuals also cannot be compared.

Question

What is menstruation?

Why it is happening to me?

Is it a disease/Am I injured?

I feel guilty/unclean during menstruation?

and

Many more questions related with it and reproductive/sex organs of women and their functions.

Explanation

Menstruation is part of the normal growth of girls during adolescence.

It happens to practically every girl.

It is not a disease or injury.

One should not feel guilty or unclean about it.

Note: Some more information related with body changes and reproduction is also given under Topic nos. 4, 7, 8 and 9 of this Handbook.

Topic 6

Building Life Skills

What are Life Skills?

Life skills have been defined as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO, 1993 p.1). Life skills, from this perspective, are essentially those abilities that help to promote mental well-being and competency in young people as they face the realities of life.

Core set of life skills areas identified by WHO (1994: p3) for promotion of health and well being of children and adolescents are:

- Problem Solving
- Critical Thinking
- Communication Skills
- Self - Awareness
- Coping with Stress
- Decision Making (including goal setting)
- Creative Thinking (including value clarification)
- Interpersonal Relationship Skills (including Assertiveness)
- Empathy
- Coping with Emotions

Effective acquisition of skills can influence the way we feel about ourselves and others, and will in equal measure influence the way others perceive us. These skills can enhance our productivity, our self-efficacy, self-esteem and self- confidence. Life skills can give us the tools and techniques to improve- interpersonal relations.

Life Skill Areas

a) Thinking Skills

Thinking skills include: a) problem solving; b) thinking critically; c) making decisions and d) setting goals. Decision making is the crux of managing resources. Information is important for making informed choices, therefore, any intervention programme for adolescents should be based on providing information and education which is relevant, timely, comprehensible and given in a form that is interesting to them. When faced with day to day problems, adolescents need to face challenges boldly. The skills to think critically can be developed by providing opportunities and making them realise the consequences of hasty, unplanned decisions. Involving them in situations demanding critical thinking can enable them to develop their thinking skills.

Adolescents are dreamers. They need to translate their dreams into realistic goals which can provide direction. Setting goals based on assessment of their strengths, weaknesses, opportunities and threats requires guidance and role models.

b) Social Skills

Social skills include: a) appreciating/ validating others; b) building positive relationship with friends and family; c) listening and communicating effectively; d) taking responsibility; and e) coping with stress. Social skills enable adolescents to be accepted in society and to accept social norms which provide the foundation for adult social behaviour. Due to generation gap, there are conflicts which can be resolved amicably.

c) Negotiating Skills

Adolescents need to learn to be assertive including learning to say “no” to drug use and other harmful behaviour. Assertiveness without aggressiveness is a skill that in the long run is of immense value to the adolescent in negotiating various aspects of personal and social interests.

Importance of Life Skills

Acquisition of Life Skills can influence -

- The way we feel about ourselves.
- The way others perceive us.
- Our productivity.
- Self esteem.
- Self confidence.
- Interpersonal relationships.

Improvement in Life Skills can result in -

- Individuals making informed choices to serve the interests of self and others.
- Becoming “proactive” and change agents.
- Resolving conflicts and coping with stress.
- Developing negotiating skills for personal and social interests.

Enhancing Life Skills

Conditions for Skill Development

- *External conditions* for skills development are related to the environment; skill instruction; and information. The environment must provide opportunities, be warm and caring, predictable, consistent and safe. Skill instructions refer to the enhancement of thinking and social skills. Adolescents need information in order to practice skills and make wise and healthy decisions.
- *Internal conditions* of adolescents that influence their behaviour are; self-perception; motivation; and cognition. Self-perception is the perception of oneself as capable, worthy and in control of situation. Motivations of young people are influenced by the needs, interests and relevance of activities planned for and by them. Cognition is an important factor for information gathering and critical thinking. Memory, understanding and reasoning determine not only individual perspective, but also contribute towards development of social understanding and “prosocial” behaviour.

How to improve Life Skills?

a) Thinking Skills

- Self awareness - understanding one’s strengths and weaknesses; recognising opportunities available; being prepared to face threats; raising Self Esteem; building Self Confidence; Learning to learn.
- Social awareness - understanding others within and outside the family; awareness of social problems.
- Goal setting - identifying short term and long term goals.
- Problem solving - identifying problems, exploring alternatives, making rational decisions.
- Decision making - weighing pros and cons of alternatives; accepting responsibility for consequences of the decisions; helping others to make decisions (pro-active role).

b) Social Skills

- Establishing relationships - working with others; understanding roles and constraints of others.
- Listening - understanding difference between hearing and listening; understanding importance of listening in inter-personal communication.
- Communicating effectively - verbal and non-verbal communication.

c) Negotiating Skills

- Saying “no” to oneself.
- Saying “no” to peer pressure.
- Learning to be assertive and not aggressive or passive.
- Making mutual compromises.

Values

Skills in adolescent should incorporate a set of values that can promote healthy growth of young people. Although these values are not taught explicitly, they provide a moral and ethical framework for the program. These include the following:

- Self discipline
- Respect and concern for others
- Good judgement
- Responsibility
- Honesty
- Family cohesion
- Trustworthiness
- Involvement in one’s family, community

Being “Pro-active” and Assertive

It is unfortunate that the young today do not have many role models. How can they play a role in shaping not only their own future but that of others as well? Can they become PROACTIVE? Being proactive means the ability to act based on principles and values rather than reacting based on emotion or circumstance. The ability to do that comes from the development and use of five unique human gifts which animals do not have. What are these unique human gifts? Self awareness, conscience, imagination, independent will and humour. These gifts reside in the space we humans have between what happens to us and our response to it. Nothing is more exciting, empowering than the awareness of these gifts and how they can combine together to bring about fundamental personal and social change.

Being assertive is a skill that requires both thinking and social skills. One has to learn to differentiate between aggressive and assertive behaviour.

Behaviour patterns

Passive

- No eye contact
- Looks down
- Talks softly or not at all
- Put self down
- Inaudible

Aggressive

- Looks angry
- Glares and frowns
- Pushes or uses physical force
- Is insulting
- Speaks loudly

Assertive

- Maintains eye contact
- Stands up straight
- Speaks clearly
- Speaks respectfully
- Sounds confident

Nutrition and Balanced Diet

Concepts and Components of Balanced Diet

A Balanced Diet is one which contains all the nutrients in proportion according to the requirement of the body i.e. it has the requisite number of calories and nutrients for a person.

Balanced Diet comprises of Carbohydrates, Proteins, Fats, Vitamins, Minerals and Water.

One should take a variety of foodstuffs in sufficient quantity according to one's age and body requirements. There are energy giving foods, body building foods and protective foods in the form of **Carbohydrates, Proteins, Vitamins, Minerals** and Fats. The food sources of these elements are as follows:

1. Wheat, Maize, other Cereals, Potatoes, Gur and Sugar are rich sources of **Carbohydrates**.
2. Milk, Curd, Paneer, Pulses, Gram, Egg, Meat and Fish are rich sources of **Proteins**.
3. Green Leafy Vegetables, other Vegetables, Fruits, Milk etc. are rich sources of **Vitamins**.
4. Vegetables, Fruits and Milk are rich sources of **Minerals**.
5. Cooking Oil, Ghee and Butter are rich in **Fats**.

Note: *In addition, Adolescent girls require additional intake of Iron as well, which is available in green leafy vegetables besides cereals, millets and pulses.*

Some Methods to Improve Nutritive Value of Food

- Wash vegetables before cutting/slicing. Never wash after cutting/slicing.
- Do not remove too many peels.
- Cut into medium sized pieces and not very small ones.
- Do not discard soaking or cooking liquids.
- Cook quickly and at lowest possible temperature.

- While cooking, cover the utensil with a lid.
- Soak in as little water as necessary to cover.
- Pulses or grains should be used in sprouted/germinated forms.
- Eat mixed variety of foods.

Special Nutritional Requirement of Adolescents

- Rapid body growth needs more nutrients.
- Adolescents have special nutritional requirements because adolescence is a phase of rapid growth.
- Due to concerns for body size and shape, increased social activity and other distractions, eating habits and schedules are disturbed during this phase.
- Therefore, special attention should be given to nutrition during adolescence to pave a way for healthy adulthood.

Personal Hygiene and Personal Care during Menstruation

Personal Hygiene

Besides Balanced Diet, Personal Hygiene is also important to maintain good health.

Personal Hygiene includes keeping body parts clean specially skin, hair, nails, teeth, eyes, ears, nose, hands and feet.

You must be aware of how to keep these parts clean.

Personal Care during Menstruation

One area of Personal Hygiene which is not talked about and which adversely affects the health of millions of girls and women in our country is Personal Care during Menstruation. Following are the few points for personal care which should be taken during menstruation.

- Bathe daily.
- Eat healthy food.
- Change pads or cloth frequently.
- Wash menstrual cloth with soap and dry in the sunshine. If cloth is washed without soap and dried in dark damp conditions, bacteria can grow in it and can cause infections.
- If pads or cloth are not available, identify other local alternatives that are clean and replaceable.

- Get adequate rest.
- Continue normal activities.
- Some girls are a little uncomfortable during their periods. They may experience cramps or pains in their lower abdomen or back. There are several things a girl can do if she experiences cramps: take a warm bath; take a walk; rub the abdomen; lie on the back with knees up - move the knees in small circle.
- Exercise speeds up circulation and helps ease tension.
- The body may retain more water at this time. Cutting down on salty food will help to prevent water retention.

Environmental Sanitation and Safe Drinking Water

Besides Personal Hygiene, Environmental Sanitation and Safe Drinking Water are important for good health in the family and the community.

For **Environmental Sanitation**, we must ensure that:

- i. All the household refuse/garbage should be disposed off properly, away from the dwelling place.
- ii. Waste water from the households should not be allowed to stagnate around the houses, instead it should be channelized into the pit specially made for this purpose.
- iii. No open defecation: encourage sanitation/pit latrines for safe disposal of excreta.

For **Safe Drinking Water** we must ensure that:

- i. Water source should be properly covered.
- ii. Wells should be chlorinated regularly.
- iii. At homes, drinking water should be stored in clean covered pots/containers.
- iv. A container should be used for drawing water from the pot and transferred to one's drinking glass or there should be a small tap attached to the container.
- v. Hands or dirty mug etc. should not be dipped into the drinking water.
- vi. If the drinking water is suspected to come from a contaminated source, it should be boiled for at least 15 minutes, cooled and filtered through a clean thin cloth before use, or add chlorine tablets about 15-20 minutes before using the water.

Topic 8

Primary Health Care: Safe Motherhood and Integrated Child Development

Safe Motherhood and child survival is an important area of health which is often ignored. Lack of information in this area contributes to high maternal and child mortality rates and other problems. It also adversely affects the quality of life of a family. Therefore, for every adolescent, information on this area is very important. Some important information on the topic has been given below in a question answer form.

Question 1 What is Safe Motherhood Programme?

Answer Safe Motherhood Programme aims at preventing pregnancy related death and disability. The long term objective is to improve the health status of mother and child.

Question 2 What simple measures are essential to ensure Safe Motherhood?

Answer Following simple measures can prevent most of the pregnancy related deaths and disabilities:

- good and adequate nutrition;
- hygienic practices;
- regular check-up;
- TT immunization; and
- supplementary iron.

Question 3 What is the period of pregnancy? What are the broad categories into which total period of pregnancy is divided?

Answer The period of pregnancy extends from the time of conception to 42 days after delivery. During this period the progress is not uniform. Therefore, the total period of pregnancy has been divided into three periods: the ante-natal, the natal and the post-natal period.

Question 4 What are the risk factors during pregnancy and what precautions need to be taken?

Answer The risk factors during pregnancy are:

- Pregnancy before 15 years of age.
- First Pregnancy and the fourth pregnancy onwards.

- Previous abortion.
- Unwanted pregnancy.

Pregnant women at 'risk' must visit the sub-centre or any other health centre more often as desired by the ANM or the doctor.

Question 5 What are the signs of danger during pregnancy and what special care is required?

Answer

a. Signs of danger during pregnancy are:

- Bleeding
- Loss of movements of foetus
- High blood pressure
- Swelling of feet and face
- Haemoglobin less than 7%*
- Previous cesarean operation
- Previous still birth

b. All women with signs of danger must ensure regular checkup during pregnancy and go to hospital for the delivery.

* It is called *Anaemia*. *Anaemia is a condition in which concentration of Haemoglobin in the red blood cell is reduced.*

- *More than 50% of the pregnant women suffer from anaemia.*
- *One in five of all natural deaths are due to Anaemia during pregnancy.*

Question 6 What is Ante Natal Care? What type of care is necessary during this period?

Answer

a. This is the care provided to a woman during her pregnancy i.e. from conception to the onset of labour.

b. Following care is required during this period.

- Rest and do not do heavy work.
- Take one extra meal everyday.
- Do not take tea within one hour of taking the meal.
- Do not observe fast.
- Take two tetanus injections with a gap of at least one month.
- Take Iron tablets for 100 days.

Question 7 Why Ante Natal Care is important?

Answer To ensure good health of both mother and the new born at the end of the pregnancy.

Question 8 What is the duration of the Natal period?

Answer Natal period starts from the onset of labour till the delivery is complete.

Question 9 What do you understand by Natal Care?

Answer It is safest to have delivery in an institution with appropriate medical facilities. Delivery in a hospital also ensures new born care and therefore, can reduce the incidence of infant mortality substantially. In such an institution emergency conditions like bleeding, obstructed labour requiring operation can be promptly attended. Such events may not be predicted in advance and also cannot be attended at home. In case the delivery in an institution is not possible, the second best option is to conduct the delivery by a trained health person like an ANM or LHV or a Trained Dai.

Question 10 What types of supports are necessary for complete restoration of the health of the mother and proper care of the new born during Post Natal period?

Answer The following supports are necessary for complete restoration of the health of the mother and proper care of the newborn.

- Breast-feeding
- Nutrition
- Hygiene
- Rest and exercise

Mother, however, should be desisted from strenuous work for at least six weeks. It is advised to follow abstinence during Post Natal period.

Question 11 What precautions are necessary during pre-pregnancy period for healthy outcome of pregnancy?

Answer It is important for all women in reproductive age to ensure good health during the pre-pregnancy period for healthy outcome of pregnancy. Some of the important issues are:

- Avoid pregnancy below 19 years of age.
- Avoid unspaced or too many pregnancies.
- Take proper care of food and nutrition.
- Take Iron tablets.

- Maintain personal hygiene during menstruation to avoid Urinary and Reproductive Tract Infections which may persist during pregnancy and can pose danger to the mother and foetus.

Question 12 What is Post Natal Care?

Answer It is the care of the mother and the newborn after delivery. The post natal period starts from the delivery onto 42 days after the delivery.

Question 13 What is colostrum?

Answer Colostrum is the thick yellowish milk produced by the mother in the first few days after birth of the child.

Question 14 Why is colostrum so important?

Answer Colostrum gives the baby the much needed immunity against diseases and protects the infant from micro-nutrient deficiency disease such as Anaemia.

Question 15 Why breast feeding is recommended?

Answer For infants breast milk is the ideal food it contains all the nutrients required by the body.

Question 16 What are other advantages of breast milk ? Give any three.

Answer Breast milk is-

- i) Safe.
- ii) Clean.
- iii) Hygienic.
- iv) Is of optimum temperature.
- v) Easily digestible.
- vi) Has anti microbial factors which protects the child from many diseases.

Question 17 What is Weaning?

Answer Weaning is the process of a gradual and progressive transfer of the baby from breast milk to usual family diet.

Question 18 Why is Weaning necessary for the child?

Answer Because for an infant above 4 months of age mother s milk alone is not sufficient

Question 19 When the child should be put to the breast?

Answer The child should be put to the breast within half-an-hour of delivery. Children delivered by caesarian section should be put to the breast within 4 to 6 hours as soon as condition of the mother stabilizes. This early initiation is important for successful breast feeding as suckling induces milk formation.

Question 20 What do you mean by Exclusive Breast feeding?

Answer Exclusive breast feeding means that except for breast milk no other food or fluids including water and prelacteal feeds, should be given to a child from birth to 4 months. Breast milk has enough water in it to meet the hydration requirements of babies under 4 months of age even in hot and dry conditions. Feeding anything other than breast milk, including water is not only unnecessary but also harmful. It decreases milk intake and increases risk of infections. Exclusive breast feeding gives babies the best start in life.

Question 21 Should breast feeding be continued even if the child or the mother is not well?

Answer Yes, breast feeding must be continued even if the child is not well so that the child gets adequate nutrition. A malnourished child has a higher risk of death from infectious. Moreover, the act of breast feeding will comfort the baby.

Question 22 Why bottle feeding is not recommended?

Answer Bottle feeding is not safe because of difficulties in sterilizing the feeding bottle or lack of clean water supply. Bottle fed infants are at 14 times higher risk of Diarrhoea. It will also be difficult to breast feed subsequently if the baby gets used to a bottle.

Question 23 What is a good Weaning food?

Answer In babies the stomach capacity is very small. A good weaning food should therefore provide as many calories as possible in small volumes.

Desirable Qualities of weaning foods:

- High in energy.
- Easy to digest.
- Semisolid in consistency.
- Low in bulk and viscosity (not too thick).
- Fresh and clean.
- Affordable and easy to prepare.

Question 24 What weaning food can be given?

Answer The food that the family normally eats must be given to the child. Cereals, legumes, oils and fats, sugar and jaggery, vegetables and foods of animal origin can be given. These can be mixed with the staple food (rice, wheat or millet). Nutritive value can be greatly enhanced by mixing different types of food. Breast feeding should be continued as long as possible.

Question 25 What is full form of IMR?

Answer Infant Mortality Rate.

Question 26 What do you mean by Infant Mortality Rate (IMR)?

Answer Infant Mortality Rate (IMR) is defined as the number of deaths below one year of age per thousand live births in a year.

Question 27 What is present level of IMR in India and developed countries?

Answer IMR for India was 71 in 1997. In developed countries, IMR is 15 or below.

Question 28 Define Child Mortality Rate (CMR) ?

Answer Child Mortality Rate is defined as the number of deaths of children in the age group 0-4 years per thousand population in the same age group. At the national level, CMR was 24.2 in 1995 while the goal is to bring it down to 10 per 1000 children in age group 0-4 years.

Question 29 What are the major causes of IMR and CMR?

Answer The major causes of infant and child mortality are:

- Prematurity due to inadequate Maternal Care and Nutrition during pregnancy.
- Inadequate New Born Care.
- Acute Respiratory Infections (ARI).
- Diarrhoeal diseases.
- Vaccine Preventable Diseases.

Question 30 What are the six killer diseases which can be prevented through timely immunization?

Answer These are Measles, Poliomyelitis, Diphtheria, Pertussis (Whooping Cough), Tetanus and Childhood Tuberculosis (T.B).

Question 31 What is Whooping Cough?

Answer This is one type of respiratory infection in which the cough has a characteristic whooping sound at the end.

Question 32 What is Diphtheria?

Answer It is an entire infection of the respiratory tract caused by a bacteria.

Question 33 How many doses of Tetanus Toxide should be given to a pregnant woman?

Answer Two.

Question 34 When should the Tetanus Toxide dose be given to a pregnant woman?

Answer Between 16th to 36th week of pregnancy with at least one month difference between the two injections.

Question 35 For what DPT vaccine is given?

Answer (i) Diphtheria; (ii) Whooping Cough; and (iii) Tetanus.

Question 36 Which vaccine is given to children to prevent Tuberculosis?

Answer BCG.

Question 37 What causes Anaemia in girls and women?

Answer Folic acid deficiency.

Question 38 What causes Night Blindness?

Answer Vitamin A deficiency.

Question 39 What is the best source of Vitamin A?

Answer

- i) Fresh dark green leafy vegetables.
- ii) Carrots, pumpkins and yellow fruits like papaya and mango.
- iii) Egg, liver, butter, cheese, whole milk and fish.

Question 40 Who should conduct the delivery?

Answer The delivery should always be conducted by qualified/trained persons.

Question 41 What is Diarrhoea?

Answer It is a condition when the sufferer passes loose motions more than three times a day. Vomiting may or may not be there.

Question 42 Why is Diarrhoea dangerous?

Answer The loss of fluids from the body leads to dehydration -which could be fatal.

Question 43 How can one manage diarrhoea at home?

Answer By taking the following step immediately:

Giving the patient plenty of fluids to drink, preferably ORS (Oral Re-hydration Solution) which is a mixture of Water, Sugar and Salt. This solution should be given frequently at small intervals.

Note: *For any other information you may contact the ANM or Medical Officer of your PHC or Sub Centre.*

Puberty and Menstruation

Puberty

Puberty is the time when a girl develops into a woman and a boy develops into a man and they become physically capable of reproducing children. Puberty related changes usually start at 9-12 years of age and continue until about 16 or 17 (girls usually begin puberty a year or two earlier than boys). Some of the changes are externally visible and some are internal. These changes happen to all girls and boys. They are normal and natural.

Menstruation

A major change that occurs amongst girls during puberty is the start of **Menstruation** which has been explained in the following points (see also the diagram).

1. A girl has thousands of egg cells or ova in her two ovaries. Each egg is the size of one grain of sand. The tiny dots in the two balls are the eggs. The two balls are the ovaries.

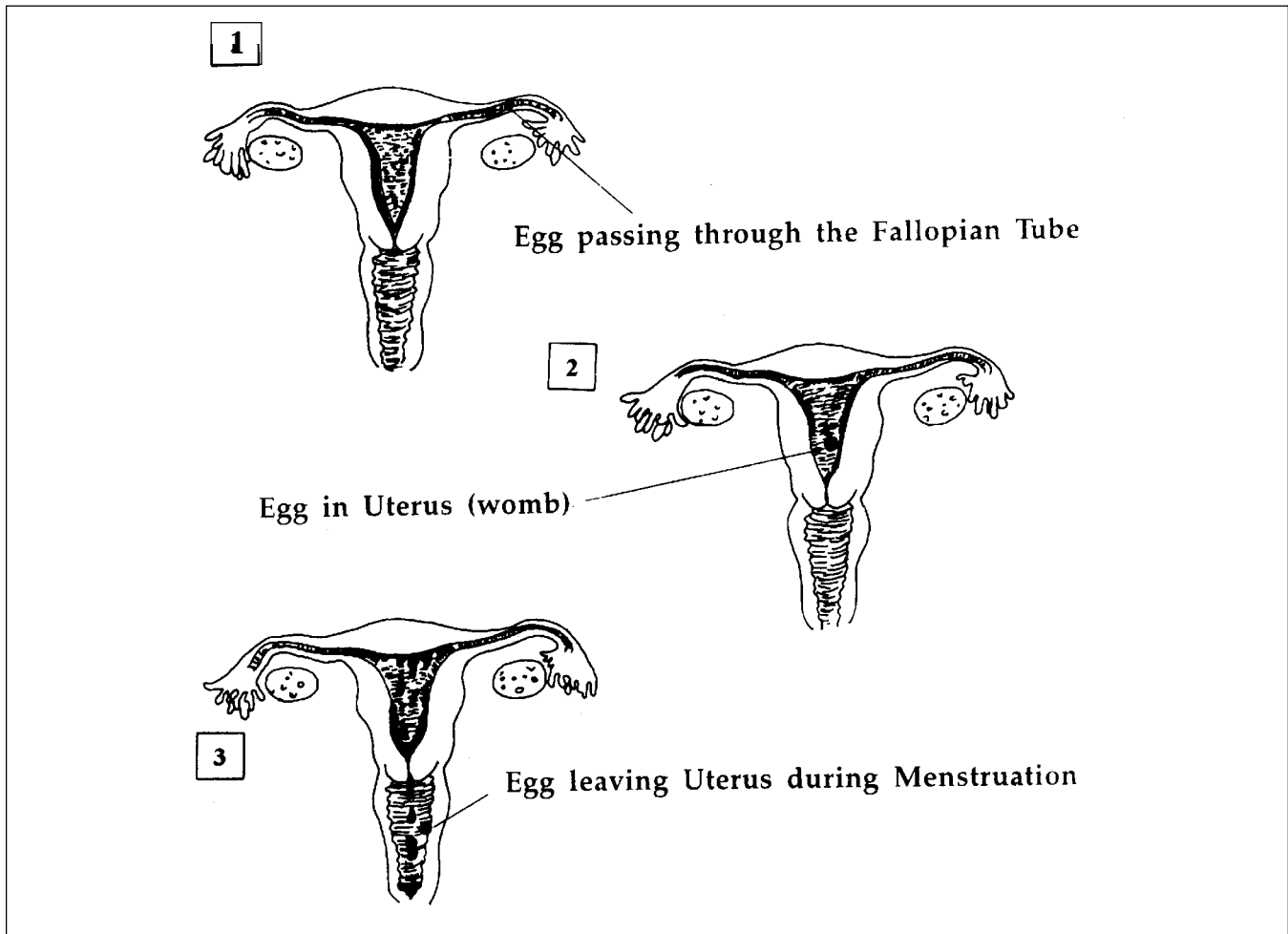
Each month, one egg - the big black dot - ripens and leaves the ovaries. This is ovulation.

The egg is picked up by the broad end of the fallopian tube and it starts moving towards the uterus, the “v” shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining.

2. An egg can grow into a baby only if it meets a sperm cell from a male. If the sperm and egg meet, a woman becomes pregnant. The fertilized egg attaches to the thick lining of the uterus. This lining nourishes and supports the baby until birth.
3. If the egg is not fertilized by a sperm, the lining is not needed and it breaks down.

The lining, tissue and the egg flow out of the uterus through the vagina and leave the body. This is Menstruation. Menstruation occurs approximately 14 days after ovulation, if the egg is not fertilized. Menstrual Periods may last 2-8 days; the average Menstrual Period lasts 4-6 days. The Menstrual Cycle occurs about every month until a woman goes through Menopause. It also stops during pregnancy and starts again after the baby is born.

MENSTRUAL CYCLE

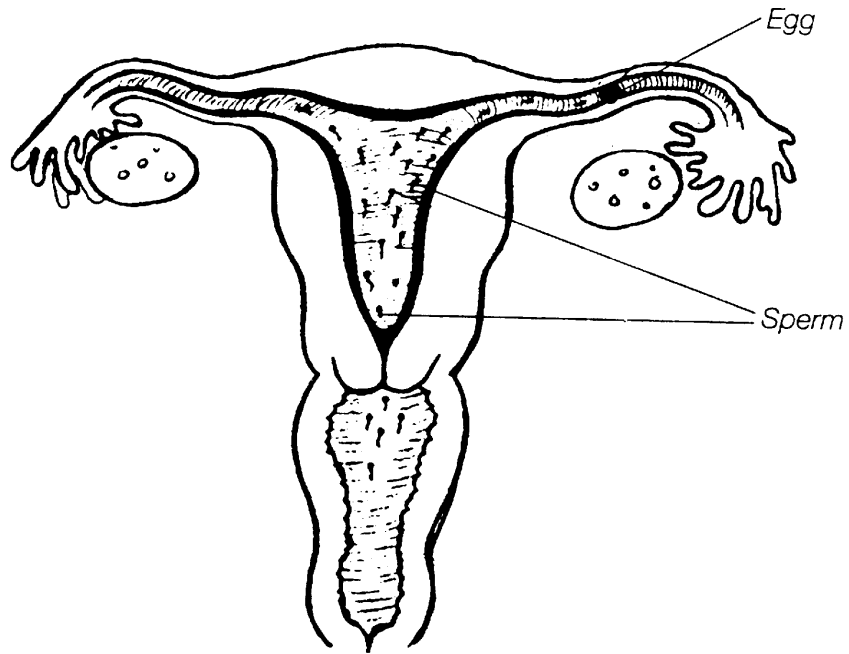


Conception and Risks involved in Adolescent Pregnancy

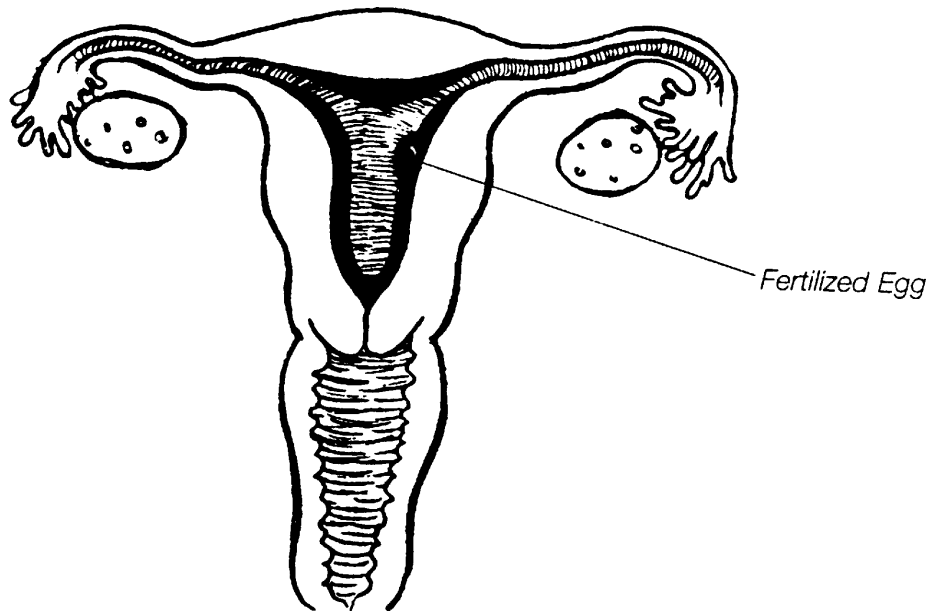
Process of Conception

- Sexual intercourse is the insertion of the penis of the male into the vagina of the female. During intercourse, millions of sperms are ejaculated from the penis of the male into the vagina of the female. The ejaculated sperms swim up through the vagina, into the uterus and through the fallopian tubes seeking an egg. If a mature egg is present, fertilization can take place. Although millions of sperms may be present, only one sperm can fertilize the egg.
- The fertilized egg moves through the Fallopian Tube and implants itself in the uterus where it grows into a foetus. If the egg is not fertilized, Menstruation will occur (see diagram below).
- A girl or woman has the chances of becoming pregnant at every sexual intercourse including the first time.

PROCESS OF CONCEPTION



Sperm meeting the egg in fallopian tube



Fertilized egg implanted in the uterus

Risks involved in Adolescent Pregnancy

- Once the male and female attain puberty, they become capable of reproducing children. But the Reproductive Maturity is reached only when adolescents are physically fully developed. Therefore, if pregnancy and motherhood occur before the Reproductive Maturity is attained, it exposes adolescents to serious health risks and other problems.

Early marriage continues to be the norm in several regions of India inspite of laws stipulating legal age of marriage as 18 years for girls and 21 years for boys. The early marriage and the pressures on young married women to prove their fertility result in high rates of adolescent pregnancy.

- Whether within or outside marriage, adolescent pregnancy leads to the following serious health risks and problems.
 1. Adolescent pregnant mother is more likely to suffer from anaemia.
 2. There is a greater likelihood of prolonged labour which multiplies the hazards to the mother and her child.
 3. Pregnancy at an early age can result in severe damage to the Reproductive Tract.
 4. Adolescents who begin child bearing in their early reproductive years, increase their available period for child bearing. On an average they can have higher number of births than those who begin child bearing late.
 5. Adolescent pregnancy increases the risk of maternal and child mortality.
 6. The adolescent mother is not mentally prepared to play the role of a Mother.
 7. Adolescent pregnancy severely curtails educational and employment opportunities and is likely to have long term adverse impact on the quality of life of the family.

Fertility Management

Conscious use of different methods by couples in their reproductive ages in order to avoid or space pregnancies and achieve the desired family size is termed as **Fertility Regulation/Family Planning or Fertility Management**. It is a means of enhancing the quality of families, which includes regulating and spacing childbirth, helping sub- fertile couples to beget children and providing counselling for parents and would be parents. It is in other words, a way of promoting the welfare of the family. It ensures that every child is a wanted child and protects the health of the mother, children and the entire family.

The methods used to prevent pregnancy are termed as **Contraceptive Methods**. They include permanent and temporary methods. There are various methods. However, one method which is suitable for one, may not be so for the other. One may choose a method according to one's

needs, wishes, culture or situation. Each method has its own advantages and disadvantages. These have been given in following chart and diagrams.

CONTRACEPTIVE METHODS

(See also diagrams on next page)

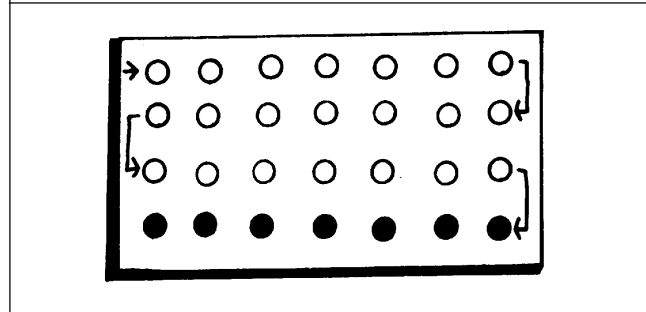
Method	Mechanism	Who is responsible	How and when to use	Advantages	Disadvantages
Condom	Prevents sperms from entering the vagina.	Man	Wear over erect penis just before sex.	Easily available, inexpensive.	May burst or slip off.
Copper T	Prevents implantation of fertilized egg.	Woman	Inserted in uterus. Effective for three years.	Once inserted, stays in.	Doctor's consultation and regular check ups required to insert and assess.
Oral Pill	Prevents ovulation.	Woman	To be swallowed every day of the month.	100% effectiveness if used properly and regularly.	Woman must remember to take it every day.
Vasectomy	Vas is cut so that the sperms cannot come out.	Man	Involves a small operation under local anesthesia.	Simple and permanent.	None
Tubectomy	Fallopian tube is tied or cut.	Woman	Involves an operation by an expert under local and general anesthesia.	Permanent	None

CONTRACEPTIVE METHODS

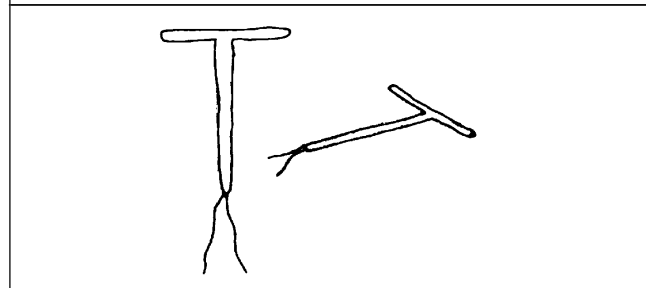
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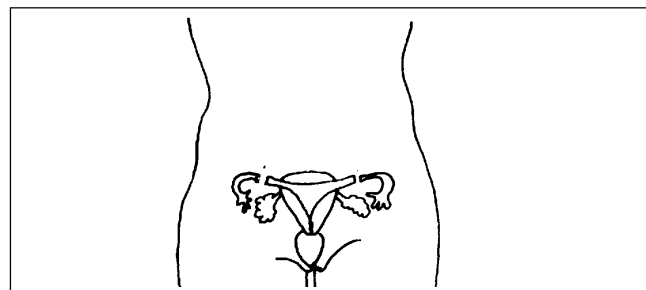


ORAL PILLS

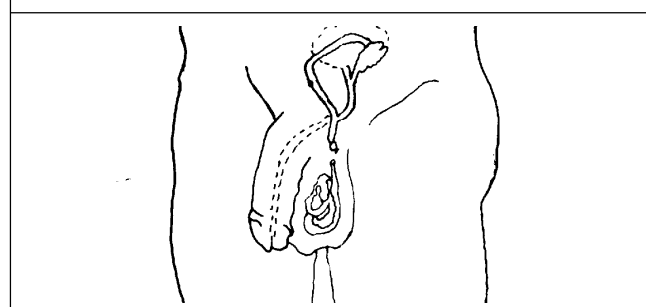


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TUBECTOMY



VASECTOMY

HIV stands for-

Human (means Human beings)

Immune deficiency (means weakness of natural strength of the body to fight with disease)

Virus (means disease causing virus)

AIDS stands for-

Acquired (means not present in body but one gets it from someone)

Immune (means natural strength of body to fight with diseases)

Deficiency (means shortage of immunity)

Syndrome (means a group of diseases or their symptoms and not one disease or its symptoms)

How HIV affects human body? (read with chart given on next page).

- Normal human body has an Immune System. This Immune System defends the body against infections by disease causing foreign bodies (Fig. 1 and 2).
- The Human Immune System cannot defend the body against HIV. Therefore, once HIV enters the body it remains there. (Fig. 3).
- HIV starts multiplying in body without any visible symptoms of illness (Fig. 4).
- HIV keeps multiplying in the body and starts destroying the Human Immune System (Fig. 5).
- Other disease causing germs enter the body and the Immune System is no more able to defend the human body against them. Therefore, more than one diseases are caused which cannot be cured any longer. This stage is called AIDS or Acquired Immune Deficiency Syndrome. (Fig. 6).

AIDS is a disease caused by Human Immune deficiency virus. No cure of AIDS has been found so far.

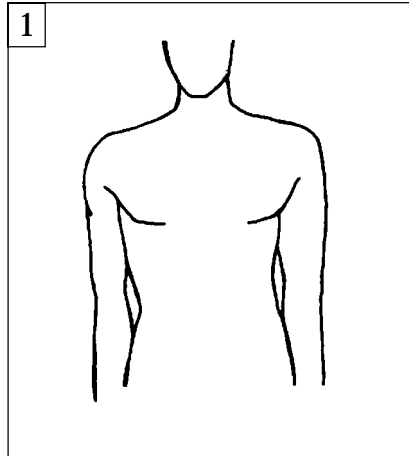
WORKING OF HIV VIRUS IN HUMAN BODY

KEY OF SYMBOLS

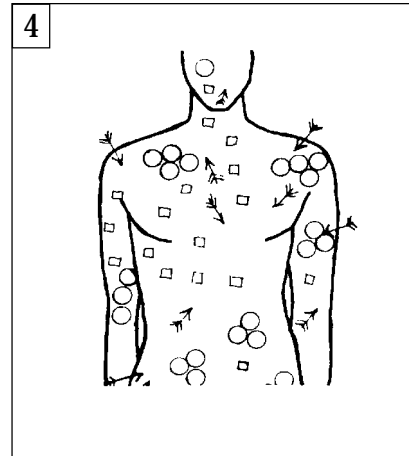
□ Immune System

⇒ Infections

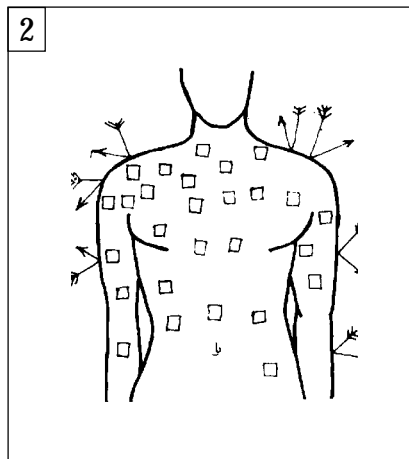
○ HIV



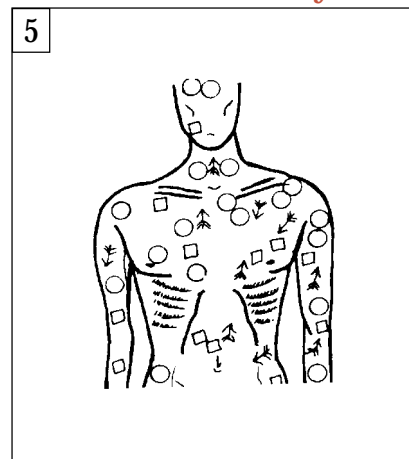
Normal Human Body



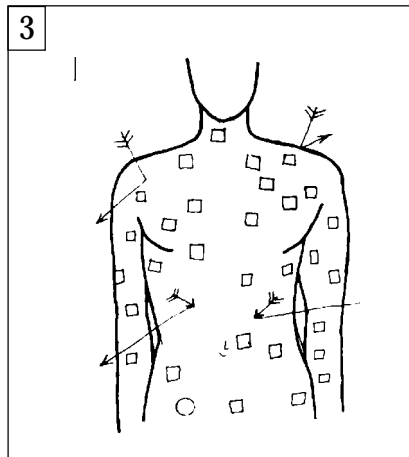
HIV destroying the Natural Immune System



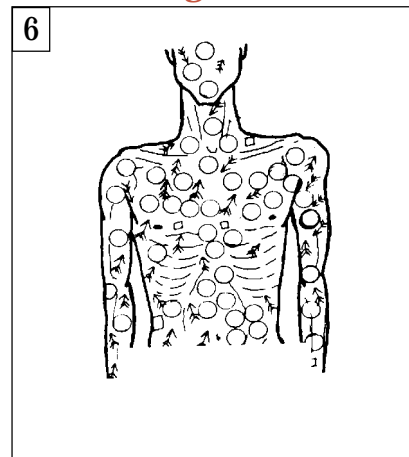
Natural Immune System defending the Body against Infections



HIV multiplying, weakening the System which is unable to defend against Infections



HIV enters the Body



Full blown AIDS: Immune System almost destroyed, infections attacking the body

Signs and Symptoms of HIV/AIDS

Most people those who are affected with HIV show no symptoms of the disease for many years. These people may remain completely healthy and free from symptoms of a disease but they have the virus in their blood and are at the risk of developing AIDS at any time in future. Once a person is infected with HIV, he/ she can transmit the virus to other people even though he/she may appear perfectly healthy and may not know that he/she has been infected with HIV

There is no way of knowing whether a person is infected with HIV except by having a blood test. Some people with HIV infection develop one or more of the signs and symptoms which make up AIDS. These can be easily mistaken for those of many other illnesses. They include persistent fatigue, severe weight loss, night sweats or fevers lasting several weeks, persistent diarrhoea lasting over one month.

The length of time taken for people with HIV to develop AIDS varies widely from person to person.

How is HIV transmitted?

HIV is known to be transmitted through four main routes:

- through sexual intercourse with an infected person;
 - because of breaks in skin or mucous membranes;
 - through infected syringes and needles;
 - through the transfusion of infected blood; and
 - from infected mother to the child in the womb or by breast feeding.
- (See also following diagrams)

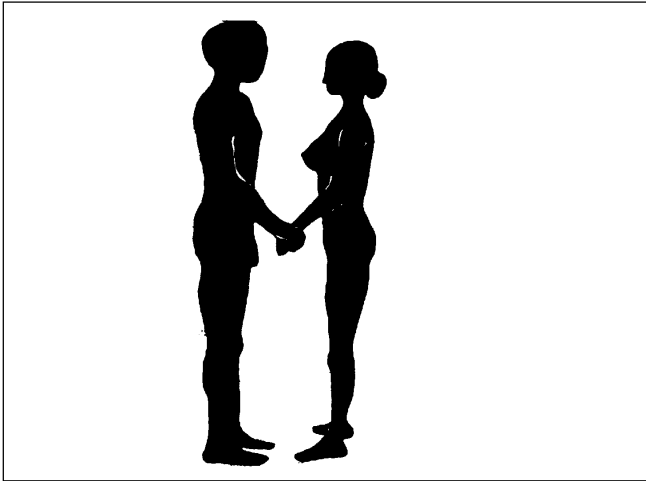
How is HIV not transmitted?

We know that HIV is not passed on in these ways:

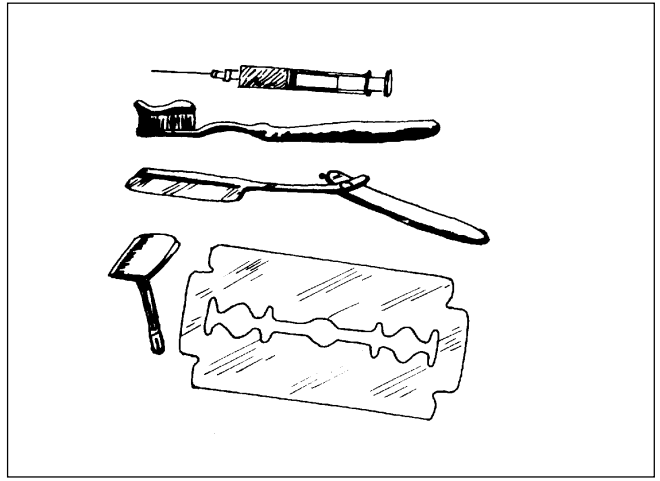
- Shaking hands.
- Kissing and hugging.
- Sharing cups, plates and other eating utensils.
- Sharing toilet and bathroom facilities.
- Through coughing or sneezing or through the air we breathe.
- Sitting in the same classroom or canteen.
- Sharing work instruments or machinery.
- Swimming together or playing together.
- Donating blood to the Blood Bank (with sterilized needles).
- Bites by insects, e.g. mosquitoes, bed bugs, etc.

One cannot get HIV/AIDS through everyday social contact with a person infected with HIV (See also following diagrams).

HIV CAN BE TRANSMITTED THROUGH



Unprotected sexual intercourse



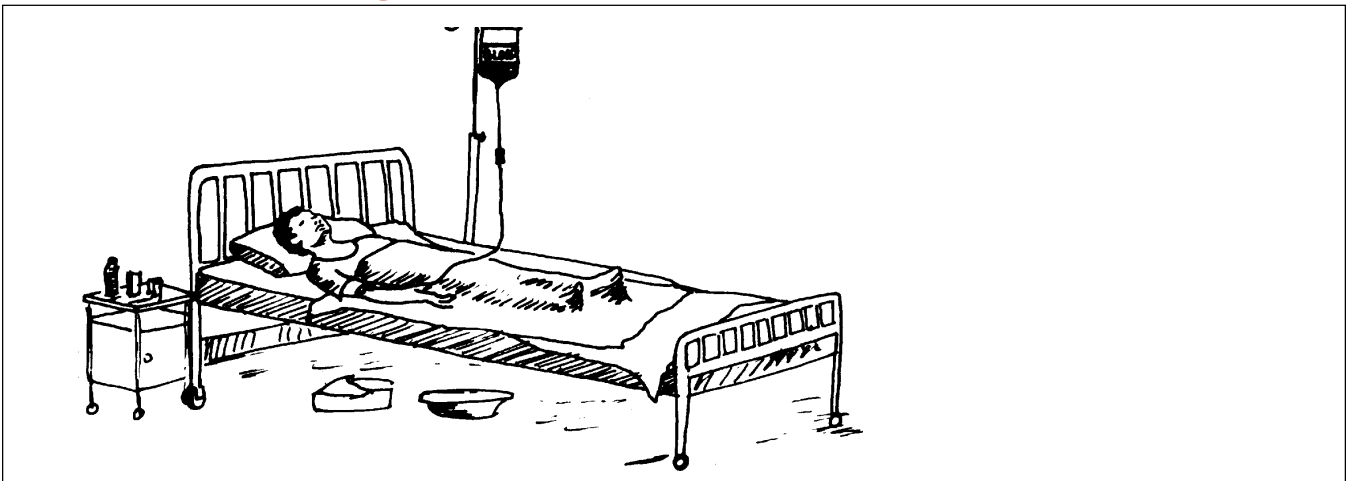
Infected razors, syringes etc.



Infected mother to unborn or breast feeding child

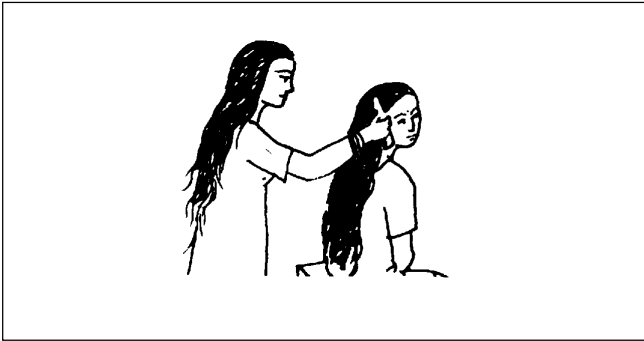


**Infected needles
(e.g. Tattooing, ear piercing etc.)**

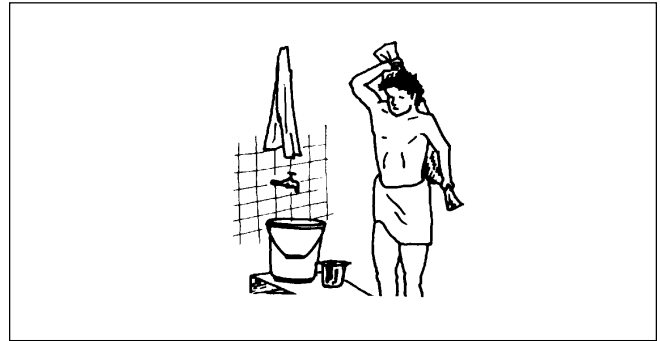


Infected blood

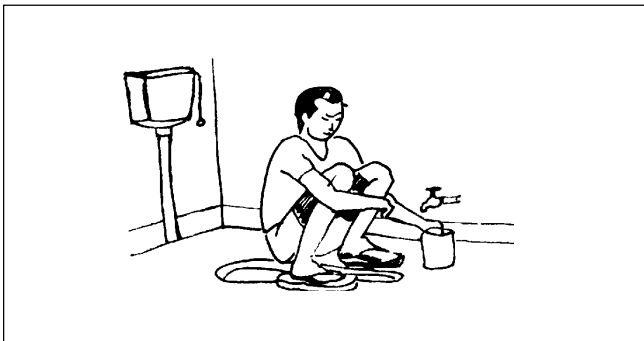
HIV CANNOT BE TRANSMITTED THROUGH



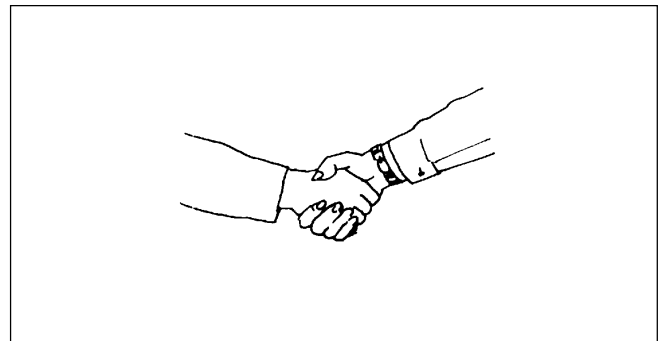
Living with HIV infected patient



Sharing bathroom or towels



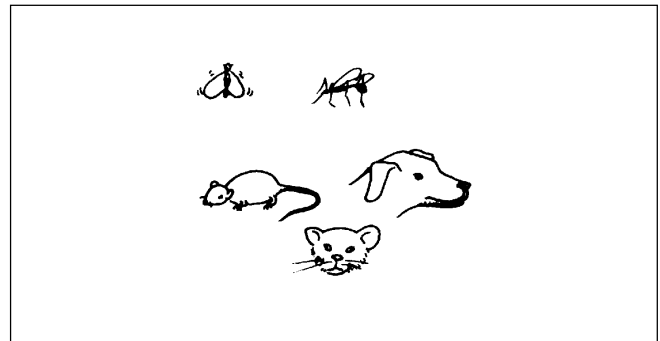
Sharing toilet



Shaking or holding hands



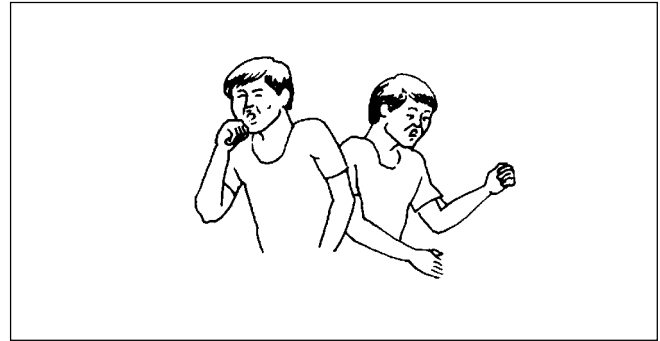
Sharing food and utensils



Common flies, mosquitoes, rats, cats & dog etc.



Hugging and kissing



Coughing and sneezing

Sexually Transmitted Diseases (STDs)

There is strong evidence that Sexually Transmitted Diseases (STDs) put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STDs. There are various types of sexually transmitted diseases. AIDS is only one of the sexually transmitted diseases and knowledge about others is important for understanding AIDS.

What is a sexually transmitted disease?

STDs are those diseases which are transmitted during sexual intercourse. Most STDs if they are detected can be treated early. If they are not detected and treated early, the infection may spread and cause various complications. However, as yet there is no cure for AIDS.

Some common STDs are Gonorrhoea, Syphilis, Herpes, Chlamydia, etc. Some of the symptoms of STDs are:

- Yellow / green discharge;
- Pain/burning sensation when urinating;
- A small painless ulcer at the site of infection - usually around the sexual organs or the mouth, followed by a red rash all over the body;
- Small, usually painful ulcers on or around the genital organs;
- Small blisters at the site of infection - the mouth or the genitals accompanied by fever and general aches and pains; and
- Warts on and around sex organs.

It is important that sexually transmitted diseases are adequately treated. If not, they can become chronic and be the cause of serious complications. For adequate and effective treatment, it is necessary to go to a qualified doctor. Self-treatment or treatment by quacks is not advisable. One should not feel ashamed to go to a doctor. It is the doctor's duty to maintain strict confidentiality.

HIV/AIDS: Its Prevention and Control

How to prevent and control HIV/AIDS is a very difficult question. There is no preventive vaccine or cure. The only option available today is to prevent it by observing practices that are safe, as described in the following paragraphs.

Sexual Intercourse

In most cases, HIV infection is caused by unsafe sex practices. A healthy attitude towards sex and observing responsible sexual behaviour can reduce the chances of getting HIV infection. Abstinence from sex, sticking to one uninfected life partner and not having multiple sexual relations (or not having pre-marital and extra-marital sexual relations) constitute responsible sexual behaviour which are the best guarantees against HIV/AIDS.

Use of Condom

Sex plays a very important role in a person's growth into adulthood and in his/ her subsequent life. Decisions regarding sex must be based on careful and mature consideration. References to sexual behaviour have been made here only in the context of pregnancy but also as a 'protection', it should be remembered that it does not make sex 100 per cent safe.

Sterilized syringes and needles

Great care should be taken to ensure that instruments which draw blood and are used in activities such as circumcision, tattooing or ear piercing, are sterilized after use if they are to be used again.

Do not take 'injection' from an unqualified doctor. The needles and syringes used by such practitioners are not sterile.

If an injection is needed, one must ensure that the syringe and needle are disposable or properly sterilized. There should never be any sharing of needles and syringes while taking an injection.

Blood Transmission

HIV Zonal Board Testing Centers have been set up in many cities and towns of the country. While taking blood transfusion it should be ensured that the blood free from HIV only is used for the transfusion.

Mother to Child

A women who is infected with HIV may wish to consider carefully the pros and cons of pregnancy in the light of a 30% chance of the child getting AIDS.

No Preventive Vaccine or Cure for AIDS

Although there is no preventive vaccine or cure for AIDS, there are various steps people with HIV can take to safeguard their health. In order to maintain good

health and delay the onset of the disease syndrome, it is important for people with HIV to:

Seek early medical treatment for health problems such as oral infections and Pneumonia;

- Eat a varied balanced diet;
- Have regular sleep and rest;
- Relax and enjoy leisure time;
- Take good physical care of the body;
- Practice good hygiene; and
- Maintain morale and a positive self-image.

It is also important for people with HIV to:

- Avoid further HIV infection through unprotected sex;
- Avoid smoking;
- Avoid becoming overtired;
- Reduce stress and worry; and
- Avoid other infections.

These are all practical steps that people can take as individuals.

We know that HIV is not contagious. It is not transmitted through normal everyday contact. But perhaps because the sensitive issue of sex and death are interwoven around AIDS, the negative reaction from the general public to AIDS has been unprecedented.

When you deal with HIV/AIDS patients:

- Do not give them the feeling of neglect;
- Do not show any discrimination;
- Show Sympathy and Empathy;
- Do not deprive them of their present jobs, education and other facilities;
- Give them due care; and
- Look upon them as any other normal person and do not attach any stigma to them.

Topic 11

Substance Abuse

- **Drug/Substance** - is a chemical compound that changes the way our body works or alters the physical or mental functioning of an individual.
- **Drug/Substance Abuse** - means taking drug/substance for reasons other than medical in an amount, strength and frequency or the manner that it damages physical or mental functioning of an individual.
- **Drug/Substance Addiction/Dependence** - means regular excessive use of drug/substance leading to physical and psychological tolerance and dependence for it.

Effects of Drug Abuse

Short term effects

May appear a few minutes after taking the drug-

- a sense of well being;
- a pleasant drowsiness; and
- feeling high (calm or excited).

Long term effects

- Loss of interest in sports and daily routine.
- Loss of appetite/weight.
- Reddening and puffiness of eyes and unclear vision.
- Slurring of speech.
- Nausea, vomiting and body pain.
- Drowsiness or sleeplessness, lethargy and passivity.
- Acute anxiety, depression, profuse sweating.
- Changing moods, temper tantrums.
- Depersonalization and emotional detachment.
- Impaired memory and concentration.

Consequences of Drug Abuse include ill health, economic loss (due wasteful expenditure to purchase drugs), social disapproval and alienation in family, friend and work place, increased chances of accidents and crimes.

Myths and Facts about Drug Abuse

There are some myths and facts associated with drug addiction which are given under.

Myth

One can try drugs just once and then stop.

Most of the addicts get their first drug from a peddler or a pusher.

Drugs increase creativity.

Will power alone can help a drug addict to stop taking drugs.

Drugs sharpen thinking, lead to greater concentration and increase sexual pleasure.

Fact

Almost all the drug addicts start by trying just once.

Most of the addicts get their drug from a friend or an associate in the form of a favour.

Drug addicts lose clarity of coherence in action

Addiction becomes a disease which requires treatment on a scientific basis.

Drugs may remove inhibitions temporarily but ultimately they result in a steep fall in normal functioning.

Role of Parents, Teachers, Citizens and Students in Drug Abuse Prevention

In order to prevent Drug Abuse/Addiction, the parents, teachers, citizens and students can take several measures. These measures are listed below.

Measures to Prevent Drug Abuse/Addiction

As a Parent

- Communicate openly with your child.
- Be a patient listener to his/her problems and explanations.
- Show interest in your child's activity and his/her friends.
- Talk about your child's problems, teach him/her to handle them.
- Do not abuse alcohol or drugs yourself. Set an example.

- Keep track of prescribed drugs in your home.
- Learn as much as you can about drugs, be informed.

As a Teacher

- Talk to your students informally and openly.
- Discuss with them dangers of drug abuse.
- Keep yourself interested in your students interests and activities.
- Encourage them to volunteer information of any incident of drug abuse.
- Talk about the problems of adolescence.
- Guide your students on how to handle them.
- Help them examine career options, set goals.
- Learn as much as you can about drugs before hand.

As a Citizen

- Remain alert to requests to keep/carry narcotic drugs.
- If you notice poppy or cannabis plants/crops, inform the nearest law enforcement authority.
- If you come across anything suspicious, inform the police, even anonymously.
- Advice addicts to seek treatment from government hospitals or counselling/ de-addiction centres funded by the Government.

As a Student

- Communicate with your Peers.
- Do not abuse alcohol or drugs yourself.
- Advice addicts to seek treatment from counselling/de-addiction centres.
- Inform the family of the addict about his addiction.
- Direct the addict's mind when he gets strong urges to take drugs.
- Boost his self-confidence by being supportive.

Tobacco Consumption*

Tobacco is also a drug. Consumption of tobacco in the form of Cigarettes, 'Bidi', with 'Paan', 'Surti/Kheni' or any other form is the foremost single biggest drug

Source: Social Strains of Globalization in India, Merlin Taber, Sushma Batra, 1996

problem in our country. Though tobacco is a “socially acceptable” drug, still it has very serious ill effects especially on health. Let us learn some facts about Tobacco Consumption.

- It is the foremost preventable factor for disease, disability and death in our country.
- About 8 lakh people die every year and many more suffer from tobacco related diseases like heart, respiratory and urine problems and cancer.
- Tobacco’s worst health risks appear 20-30 years after starting smoking.
- 2.3 lakh people develop tobacco related cancers every year.
- Tobacco smoking reduces the life of a person by 10 years if he/she start smoking from teenage and continues through out his life.
- Smoking by pregnant women increases the chances of still birth or low weight baby.
- Tobacco habit results in economic loss. Loss is much greater when measured in terms of disease, disability and health related to tobacco.
- Consuming Tobacco in any form is harmful.

Alcoholism*

Alcoholism is another major problem of Substance Abuse in our society. Let us know some facts about it also.

- Alcoholism is a disease and not merely a habit or a behaviour.
- It affects both the addict and the people immediately around him.
- Family members of alcoholics experience guilt, anger, shame, fear and isolation.
- Children of alcoholics have higher risks of emotional, physical and mental problems.
- Apart from risks of economic, physical, emotional and social problems, alcoholics become more prone to violence, crime and accidents.
- Alcoholism is a problem which in most cases cannot be solved by the alcoholic or his family alone. The problem can be resolved only with professional help.

* Source: Social Strains of Globalization in India, Merlin Taber, Sushma Batra, 1996.

UNIT-3

GENDER EQUALITY AND EMPOWERMENT OF WOMEN

In this Unit, there are three Topics. Topic-12 highlights the important aspects related to Family and Family Life. Topic-13 is aimed at developing understanding about differences between Sex and Gender followed by Gender Discrimination practices against Women in day to day life in our society. The third Topic (No. 14), is directed at familiarizing the trainees with strategies for Empowerment of Women and Legal Provisions for Women.

These Topics will help the trainees to develop more rational attitude and behaviour towards women. The introductory information of the Topics is given in the table below and details in the next few pages.

Topic Number and Title	Course Contents
Topic-12 Family, Marriage and Responsible Parenthood	<ul style="list-style-type: none">• Family and Types of Family• Marriage and Age at Marriage• Responsible Parenthood: Right Age for Child Bearing and Spacing• Male Participation in Family
Topic-13 Gender Issues	<ul style="list-style-type: none">• Differences between Sex and Gender• Gender Discrimination Practices against Women in day to day life
Topic-14 Women Empowerment and Legal Provisions for Women	<ul style="list-style-type: none">• Situation of Women: Sex Ratio, Health, Education, Employment• Some Women empowerment Strategies• Some Legal Provisions for Women Empowerment

Family and Types of Family

Definition of Family

Family commonly means a group of individuals who are related by blood, marriage or adoption, who share a home, extend cooperation to each other and feel ties of affection.

Types of Families

There are 3 types of families as described below.

- i. **Nuclear Family:** consists of mother, father, child/children or only a couple who share a home and companionship.
- ii. **Extended Family:** consists of married children and their off springs living with parents.
- iii. **Joint Family:** consists of uncle, aunts, cousins and all such relatives along with grand parents and grand children.

Importance of Family

- Family is the basic unit of our society. Each individual has roles and responsibilities to perform in a family. We learn these roles and responsibilities which vary from culture to culture.
- Both males and females are equally important in a family. Traditionally, males and females have been assigned different roles. But these are not fixed. These can and shall be changed according to the needs or changing family structures.
- The traditional family structures and values in our society are changing. These changes call for changes in roles and responsibilities of different members.

Marriage and Responsible Parenthood

Important Considerations for Marriage

- Age of the boy should not be less than 21 years and that of the girl 18 years.
- Marriage must be entered into with free and full consent.

- Spouse should be physically, mentally and socially mature before entering into marriage.
- Spouses must have knowledge and understanding about the role and responsibilities of married life.

Concept of Responsible Parenthood

Responsible Parenthood includes the following:

- Pregnancy (first pregnancy and spacing).
- Ante natal care, child birth and post natal care.
- Child rearing and growth and development of child.
- Parents sharing and respecting each other's roles and responsibilities

Note: To further understand the concept of Responsible Parenthood and Male Participation study and analyse the following case studies and illustrations.

CASE STUDY-I

At the age of 20 years, Ashok had just started his career after completing the course of scooter repair from ITI. Disregarding his tender age and limited income, his parents got him married to Anju without consulting him. Anju was 17 years old at the time of marriage. Anju and Ashok both were not aware of the responsibilities of marriage and family.

Soon after their marriage, at the age of 18, Anju gave birth to their first child. In the next three years, Anju and Ashok had three more children. Early and unspaced pregnancies adversely affected the health of Anju and their children. Anju became anaemic and constantly felt weak.

The whole burden of rearing the four children and looking after the family was on Anju. Ashok never helped her in taking care of the children or the household chores; he had seen in his family that looking after the children and all other domestic chores were the responsibilities of his mother, and his father's responsibility was only the earning of money for the family.

In these conditions and circumstances, Ashok and Anju were not able to meet the physical, educational, health, and emotional needs of their children. Unable to manage the family responsibilities, the husband and wife both become very irritable and often kept blaming one another for the situation.

Write down the answers to the following questions.

- Question-1. Do you think Ashok and Anju got married at the right age? Give reasons for your answer.
- Question-2. What is the minimum legal age of marriage for girls and boys in our country?
- Question-3. Do you think Ashok and Anju were following the concept of Responsible Parenthood -
- At the time of marriage?
 - After the marriage?
- Question-4. What is medically prescribed -
- Minimum age at which a women may bear the first child?
 - Minimum time gap between two pregnancies?
- Question-5. Did Ashok act right by not helping Anju in taking care of children or the household work? Give reasons for your answer.

CASE STUDY-2

After completing his senior secondary, Madan, with the financial help of his father, started a grocery shop. His mother hinted that he should get married. Madan however, opposed the move because he was not yet prepared to shoulder the responsibility of marriage and family.

By the time he was 23 years, Madan was earning a reasonable income. Around the same time, the old issue of marriage was once again raised in his family. This time, Madan agreed. His mother suggested a pretty girl, 16 years old who had never been to school. But Madan and his father decided in favour of Veena, who was not so pretty but had studied upto class VIII and was 19 years old.

After marriage, Veena and Madan had their first child when Veena was 21 years old. Madan and Veena then decided not to have another child for the next two years. They consulted a doctor at the Mother and Child Health Centre and adopted the contraceptive method to prevent the next pregnancy. Three years later they had their second child.

Sensing the responsibility of two children and the household work, Madan started helping his wife in taking care of children and other domestic chores. This invited occasional comments from his friends and mother that 'a man doing a lady's work does not look dignified'. But Madan did not pay much attention to these comments. He felt that the children and household work were the joint responsibilities of both husband and wife.

With limited family size, sharing of family responsibilities, reasonable income and better knowledge, Veena and Madan were able to meet most of the physical, emotional and other needs of their children and could also responsibly shoulder and carry out other social obligations.

Write down the answers to the following questions.

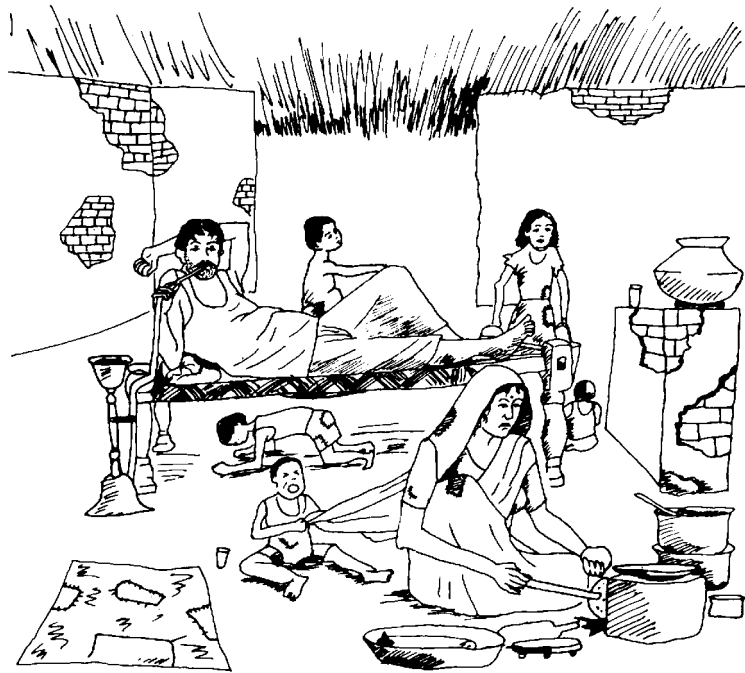
Question-1. Do you think Madan and Veena were following the concept of Responsible Parenthood -

- a. At the time of marriage?
- b. After the marriage?

Give reasons for your answers

Question-2: Did Madan act rightly by helping Veena in sharing household work and in looking after the children? Give reasons for your answers.

RESPONSIBLE PARENTHOOD AND MALE PARTICIPATION IN FAMILY



Family-1



Family-2

Sex and Gender

Sex refers to the biological differences between men and women which are generally permanent and universal.

- Men and women differ in their biological function of procreation.
- Sex or reproductive function is inborn.
- Sex or procreation function cannot be changed easily.
- Sex or procreation function remains unchanged throughout the life e.g. men do not become women in old age.
- Different procreation function of men and women are found in all societies.

Gender refers to the socially-constructed roles and responsibilities assigned to women and men according to the situation in which they live.

- Society has constructed/prescribed different roles and responsibilities of men and women.
- These roles and responsibilities are not inborn.
- These roles and responsibilities keep changing from society to society and time to time.
- Gender roles and responsibilities can be changed.

It is important to understand that-

- In our society in comparison with men, women are often at a disadvantage because of these gender prescribed roles, e.g. girls are not sent to school or withdrawn from school after certain age because of social customs.
- Because of gender discrimination, women in our society are at a disadvantage and their situation is not so good in many areas like Literacy and Education, Jobs and Employment, Treatment in Family etc.

To further understand the gender discrimination practices in day to day life, study the following case studies and try to answer the questions given at the end to each case study (readymade answers have been provided after the case studies).

CASE STUDY-I

Laxmi is the eldest amongst all her sisters and brothers. Fifteen years back when she was born, her grandmother had taunted and ill treated her mother and did not distribute 'laddoos' because she had given birth to a girl. Her mother would have continued to bear the ill treatment and taunts if, she had not given birth to her younger brother on whose birth the grandmother had distributed sweets to the entire village.

Today, Laxmi is 15 years old and has studied upto class III only. She has two younger brothers and one sister. Elder brother is in class VI and the younger one is in class V. The youngest sister (who is 6 years old) is still not going to school as the parents have not yet taken a decision to send her to school.

Laxmi gets up at five in the morning and cleans up the house. After that, she goes to fill water for her father and brother to take a bath. Then she cooks the food for everyone. After the father and brothers get ready, the mother serves them food. The father then goes to work and the brothers to school. Then, according to the tradition/norm of the family, the mother and two daughters eat the remaining left over food.

Laxmi and her younger sister then help their mother in the household chores. When the brothers come back from school in the afternoon, they throw their school bags and clothes in the room. Laxmi collects and puts all things in the proper place, for if she does not do so, her mother scolds her by saying - "If you won't do it, then who will do it? Can't you see your brothers have come from school, they must be tired. After some time, they have to start their homework. Their teacher gives so much of work that they are not even able to play properly and rest properly".

Answer the following question-

Question What kind of discrimination Laxmi, her mother and sister have to face in their daily life?

Answer

1. On her birth - Her grandmother had teased her mother and no 'laddoos' were distributed.
2. Education - She studied upto class III whereas her younger brothers are studying in class V & VI.
3. Household work - She draws water from the well for her brothers to take a bath. She helps her mother in other domestic chores. She has to take care of her brothers' school bags and uniforms.
4. Food and Eating - She, her mother and her sister did not take food with father and brothers and ate the left-over food.
5. Rest and Leisure - She starts working at 5 a.m. but her mother is more worried about her brothers' being tired when they return from the school.

CASE STUDY-2

Meera is 14 years old and she could study only till class III. Now she wishes that she can go to school like her brothers, study and become a doctor or a teacher. Her father doesn't say anything but her mother does not want her to study. She says - "In our community, there is no tradition of girls studying so much. If you study more, it will become difficult for us to get a boy for your marriage". Her father also doesn't say much on this issue because of the views of her mother and the community. He tries to make Meera understand - "You are now grown up. If you go out of the house to study what will people in the neighbourhood say. Moreover, you should now stop/avoid moving out of the house, as we are looking out for a boy to get you married".

Meera doesn't want to get married so soon, but her mother says that they have to remove the burden of her marriage fast and then think of the future of the family.

Meera wonders why all this is happening to her, but at times consoles herself by thinking that whatever decision her parents are taking for her, are correct and for her benefit. "I and my sister have to marry and some day leave this family and go to another family. Then why should I be such a burden on my parents. My brothers will eventually look after the family business and will support my parents in their old age. Whatever my parents have, will rightly be of my brothers".

Answer the following question-

Question In this story, on being a girl, in comparison to her brothers, what kind of discrimination did Meera face?

Answer

1. Achievement of Life Aspirations - She wishes to go to school like her brothers and wants to become a doctor or a teacher.
2. Education - Parents are not in favour of her studying because of social customs.
3. Mobility - Her parents restrict her mobility outside the house because of disapproval of neighbours.
4. Marriage - Parents have started thinking about her marriage at the age of 15 years only.
5. Sharing Family Income or Assets - She is considered a burden. She herself thinks that 'ultimately I have to go to the other family and her brothers are the right inheritors of her father's assets'.

Note: Also study and analyse the following illustrations to point out the differences in gender practices in two families.

GENDER PRACTICES



Family-1



Family-2

These are some areas of life in which girls and women suffer discrimination. Because of this discrimination, their condition is not as good in many areas of life. We will learn more about this in the next class.

Women's Situation in India and Empowerment Strategies

Under an earlier Topic, it has been discussed how girls and women experience discrimination throughout their lives starting from birth because of social norms and customs in our society. Due to this gender discrimination, their situation/position as compared to boys and men is low in many areas of life.

In the present Topic, following selected national data is shared to understand more about the situation of women.

Situation of Women In India

Population

- For every 1000 men there are only 927 women in our country (Census, 1991).
- This difference is continuously increasing since 1941.
- Whereas fact is that biologically females are stronger at the time of their birth than males.

Education

- Only 50% females are literate as compared to 73% males in the age group 7 years and above.¹
- Drop out rates of girls is higher than boys in education.²
- Only 40% girls reach upto middle school level and 36% upto higher school level and 38% upto graduation level. Only 16% girls are enrolled in polytechnics .²

Health³

- Out of 1.2 crore girls born every year, nearly 30 lakh do not survive beyond the age of 15 years.
- 3 lakh more girls die every year than boys.

* Source:1. National Sample Survey Organisation, 1997.

2.Sixth All India Education Survey, NCERT, 1995.

3.Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, 1998.

Employment⁴

- Only 22% women are workers in comparison with 52% men.
- Out of total working women, 94% are in the unorganized sector where there is no job security, no wage differentiation and no protection of labour laws.

Decision Makings⁵

- There are 8% seats held by women in Parliament.
- Only 2.3% Administrators/Managers are women.
- Only 20.5% Professional and Technical persons are women .

Age at Marriage⁶

- 55-60% of girls are married between the age of 10-19 years. This adversely affects the women especially their health .
- In age group 15-24 years, 46% women die due to childbirth and pregnancy.

These are a few facts. There are other areas also where Women's performance or participation or condition is low.

Women Empowerment Strategies

If we have to improve the condition of Women, we have to 'empower' them. The definition of Women Empowerment given below.

“Women Empowerment” means providing opportunities to women equivalent to that of men in all spheres of life- social, political, economic, education, health including Reproductive Health etc.

b. Some strategies for Women Empowerment are:

- Education and training of girls/women.
- Improved health and nutritional status of the girl child.
- Gender education to parents.
- Self awareness through mass media and curriculum.
- Provide positive role models.
- Reservation for women in employment.

* Source: 4.Census of India, 1991.

5.Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, 1998.

6.Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, 1998.

- Gender awareness in community at large.
- Equal sharing of domestic responsibilities.
- Rest for biological and social roles.
- Gender sensitivity training on a large scale.
- Role should be assigned based on needs and aspirations of the girls and not on the basis of sex only.
- Strict implementation by Government of existing laws with regard to women.
- Social and economic placement should be based on capabilities and not on sex.
- Equal social/education/employment/training/political and cultural Legal Provisions for Women Empowerment opportunities for women through policies, programmes and legislations.

Legal Provision for Women Empowerment

One of the strategies of Women Empowerment is to give them Legal Rights and protection. Despite the existence of many laws, women do not avail them because they are not aware about these laws. Therefore, **Legal Education for Women is important.**

Some Legal Provisions for Women Empowerment have been given in following paragraphs.

1. Constitution of India

Prohibits discrimination on the grounds of sex in matters of education, employment, legal rights etc. Positive discrimination for the benefit of women e.g. reservation of seats in Panchayat is allowed. But negative discrimination is not allowed.

2. Laws Relating to Marriage and Divorce

- Prohibits second marriage while first exist.
- A girl given in marriage before the age of 15 years with or without her consent after attaining the age of 15 years but before the age of 18 years can reject the marriage. This rejection renders the marriage void.
- A girl of 18 years of age can marry a person of any caste, community or region.
- A widow or divorcee has the legal right to marry again.

- Child (i.e. girl below 18 years of age and boy below 21 years of age) marriage is prohibited by law.
- Women also have the right to divorce their husbands on several grounds including physical and mental cruelty.
- Wife can claim maintenance from her husband for herself and her children while living separately from her husband even without a separation or divorce case.

3. Dowry Related Law

- Giving dowry or taking dowry is an offence.
- Harassing a women because of dowry is a punishable offence.

4. Succession, Maintenance and Adoption

- Under succession law, the daughter of a Hindu family has equal right in her father's property and wife in her husband's property.
- A widow has the right to claim maintenance from her earning sons and daughters.
- An unmarried girl even if she is a major, has the right to claim maintenance till she gets married.
- Unmarried, widowed or divorced daughter has the right of residence in her father's home.
- Women can acquire property (including house, land, jewellery, cash etc.) in her name and is free to sell mortgage or give it away according to her wish.
- An unmarried, widowed or divorced women has the right to adopt a child.

5. Eve Teasing, Rape and Other Crimes

- Under Indian Penal Code, Eve Teasing is a crime. Eve Teasing could be by obscene gestures, words, body touching, squeezing or pinching or obscenely exhibiting the body.
- Rape is also a crime. In rape cases, the accused person has to prove that he has not committed rape. Whereas in other offences, the public prosecutor has to prove that person has committed the crime.
- If a women commits suicide due to harassment by husband or the in-laws family within 7 years of marriage then it is considered as a murder and husband or in-laws or both are prosecuted.

Legal Aid Agencies

Women can approach following agencies for legal help-

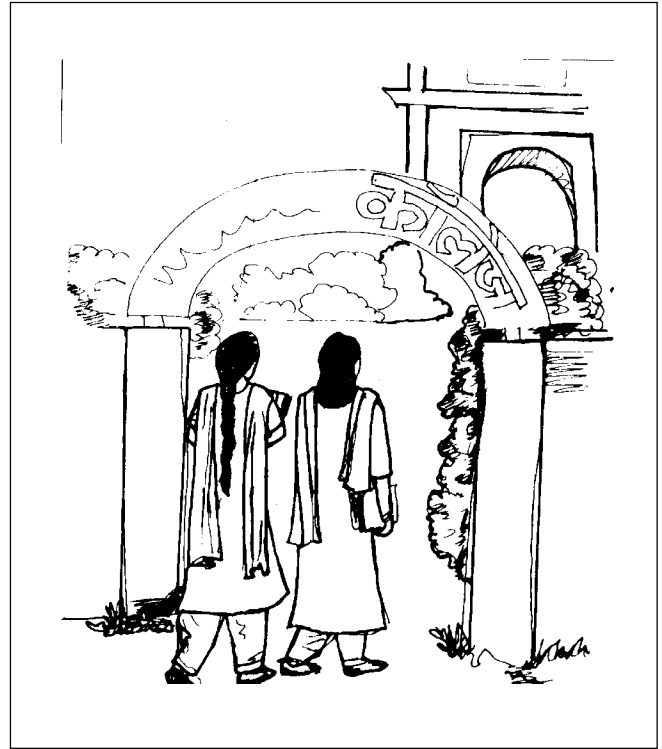
- Special Cells for Crime against Women in big cities.
- Voluntary Organizations working for Women's Rights in some cities and districts.
- Legal Aid Cell at the District Head Quarter.

Note: Also study and analysis the following illustrations to understand some strategies of women empowerment.

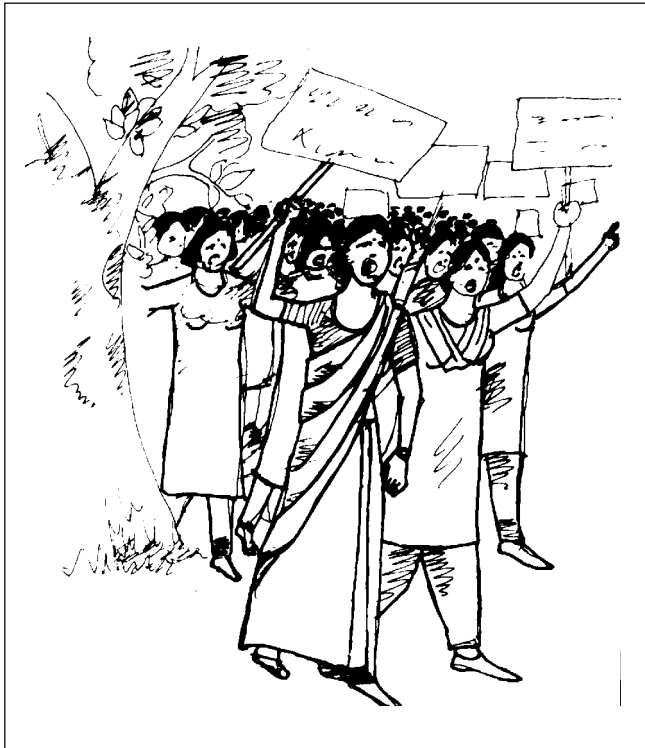
STRATEGIES FOR WOMEN EMPOWERMENT



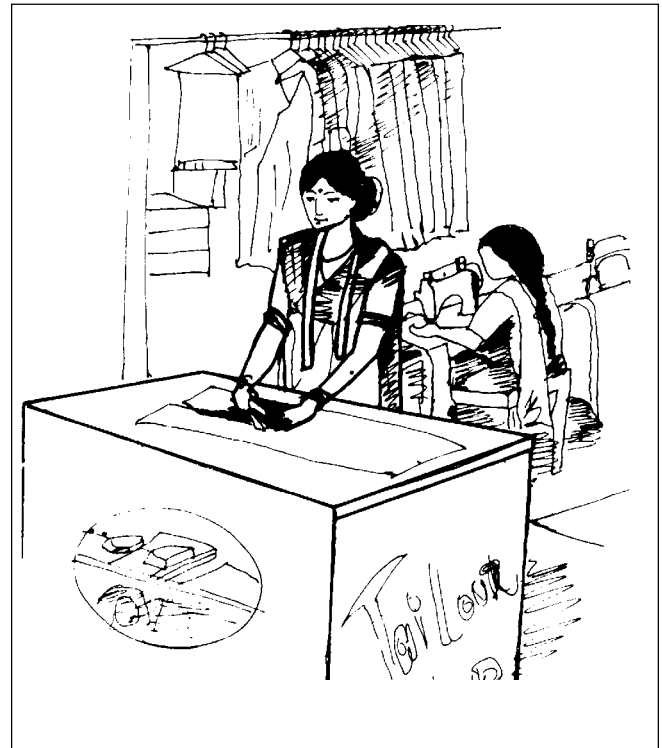
Economic Independence



Education



Political Participation



Vocational Training